



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

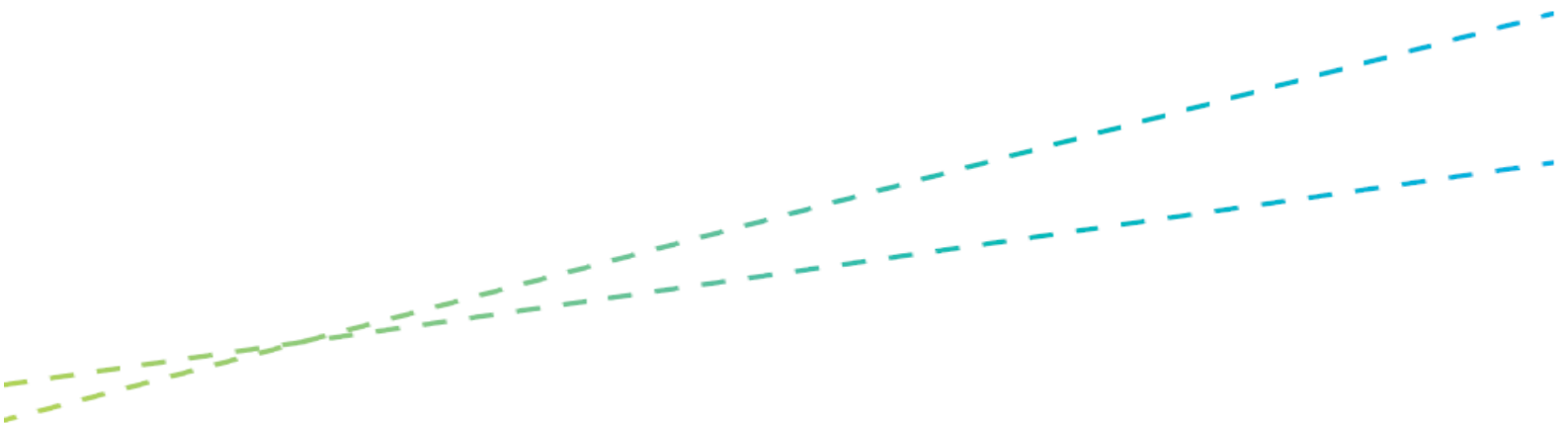
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 050

Year: 2018

Lead inspector: Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Home Again
Registered Capacity:	Six young people
Dates of Inspection:	17th July 2018
Registration Status:	Registered from 28th February 2017 to 28th February 2020
Inspection Team:	Sinead Diggin Sharon McLoughlin
Date Report Issued:	05/09/2018

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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 2000. At the time of this inspection the centre were in their seventh registration and were in year two of the cycle. The centre was registered without attached conditions from 28th February 2017 to 28th February 2020.

The centres purpose and function was to accommodate six young people of both genders from age thirteen to seventeen years on admission. At the time of inspection there were four young people residing in the centre. The centre's model of care was described as working with young people using a strengths based model.

The inspectors examined standards 2 'management and staffing' and 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 17th July 2018.

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) Twelve of the care staff
- b) One young person residing in the centre
- ◆ An examination of the centre's files and recording process.

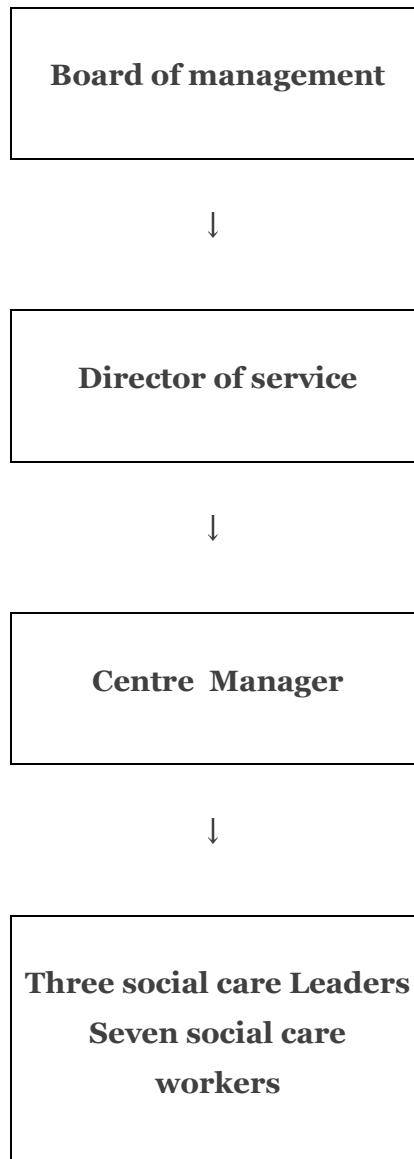
- Management meetings
- Supervision records
- Team meetings
- Personnel files
- Child protection and welfare policy

- ◆ 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 manager
 - b) Two social care leaders
 - c) One 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.

1.3 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 9th August 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 17th August 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: 050 without attached conditions from the 28th February 2017 to 28th February 2020 pursuant to Part VIII, 1991 Child Care Act.

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

The manager of the centre had been appointed seven weeks prior to the onsite inspection. Prior to this the centre had been without a manager for seven months and the director of service had to step in as acting manager of the centre until a new manager was recruited. The registration and inspection service had been made aware of the changes. The current manager of the centre had previous experience of managing a centre, had a recognised qualification and they were currently studying for a masters in leadership and management. In interview the manager stated to inspectors that there was an induction period whereby the director of service went through the day to day running of the centre and communication with Tusla, the Child and Family Agency. They also met with the social care leaders who had taken on more responsibility within the centre in the months without a permanent manager. The manager of the centre informed inspectors that their focus in the first few weeks was to get to know the staff and they had one to one meetings to establish the strengths and weaknesses within the team. The manager stated that their initial focus was on identifying the areas in where leadership was most needed. They had also made some changes in the centre such as reviewing the filing system and adapting to make it easier to navigate. The last inspection identified that increased accountability and oversight within the centre was required. Inspectors did not meet with the director of service as they were on extended leave at the time of inspection. Inspectors reviewed minutes of management meetings, team meetings and supervision records. There was evidence of oversight with findings raised with social care leaders and social care staff. There was evidence that the director of service was present at handovers and team meetings and, staff interviewed valued their presence and leadership in the absence of a permanent manager. Inspectors found documented evidence that the oversight had improved since the last inspection. The manager stated to inspectors that a member of the board would be available to them

until the director of service returned to work. Inspectors view that if the director of service is off work for a significant period of time, then a plan must be put in place for a replacement to ensure that external oversight and governance is maintained. The manager is due to go on maternity leave in the coming months and arrangements have already been put in place for one of the social care leaders to act up in their absence.

Register

There was a register present and it contained all the relevant and required information. 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

There was a system in place for the recording of significant events (SEN's) and professionals were notified in a prompt manner. The last inspection identified that although there was a local forum which is attended by regional residential services for reviewing significant events, it was having little impact on the learning for staff in day to day practice within the centre. In this inspection, inspectors found evidence that sen's were discussed at team meetings and from this, individual pieces were identified to be completed with the young people concerned. A social care leader interviewed stated that the systems for reviewing sen's at team meetings were altered to be more reflective with a focus on learning and trying different approaches. There was evidence in centre paperwork of the director of service overseeing sen's.

Staffing

The staff team consist of three social care leaders and nine social care workers, two of whom job share. The centre also had two relief staff to cover annual leave and sick leave. The staff team were very experienced and there had been little change in staffing since that last inspection, with only two relief social care workers being recruited. The centre do accept students from relevant colleges. At the time of inspection there were no students on placement in the centre.

The rota allows for two staff to complete a sleepover shift with a third member of staff on duty during the day. The manager stated to inspectors that live nights can be put in place if required to meet the needs of the young people. Records reviewed showed that this was put in place to respond to a specific identified risk with one young person, and when the risk reduced this was removed. All but one member of staff has

a recognised qualification. As identified in the previous inspection, management have made efforts to facilitate this person in obtaining a qualification and inspectors recommend that this continues to be encouraged. Staff welcomed the appointment of a permanent manager but felt that leadership and support remained present from the director of service and the social care leaders during the absence of a permanent manager. From reviewing staff questionnaires and interviews conducted, staff displayed good knowledge of the needs of the young people and the model of care practiced in the centre. Inspectors reviewed a cross section of files and found that all staff had been appropriately vetted.

Supervision and support

The centre had a policy on supervision and inspectors found from a review of supervision records it was provided in line with their policy. Two social care leaders provide supervision to the social care workers. There was evidence of the director of service reviewing the supervision records and evidence that the manager had also reviewed records since they were appointed. In interview with the manager, they stated to inspectors that the quality of supervision required improvement and identified that staff needed to prepare more for the supervision session. The third social care leader provides case management supervision to the young people's key workers. The manager stated in interview that the social care leaders would continue to supervise the staff as they would be going on maternity leave soon. Supervision records displayed that the young people were discussed including plans around key working. The records would benefit from identifying clear goals of the placement and whether these were being met. From reviewing the records inspectors found that some staff expressed frustration of not being clear about what they needed to achieve with the young people. Inspectors noted that some supervision records were not signed on the date of supervision but at a later date following notification from inspectors of the upcoming inspection.

The manager is due to take maternity leave soon and in the absence of supervision, as stated earlier in the report had one to one meetings with the staff. Inspectors found evidence of this when reviewing records. Inspectors found that the records did not clearly identify who each staff member was. The records were also on loose pages and not numbered so this needs rectifying going forward.

The staff were trained in a specific model of care. Reference to the model of care was referred to in interviews conducted and staff questionnaires reviewed. The certified

trainer attends the team meeting every six weeks which the staff find beneficial in assisting them in their daily practice with the young people.

Handovers occur daily with the manager or a social care leader in attendance. Team meetings are held fortnightly and minutes reviewed displayed that young people are discussed. Monthly reports are presented by key workers with updates provided. The minutes also reflected that the young people's individual absence management plan's and behaviour management plan's are reviewed with decisions around whether changes are required.

Training and development

A recommendation from the last inspection identified the need for additional training in areas such as mental health and drug awareness. The manager informed inspectors that no additional training had taken place and inspectors recommend that the staff team are provided with this to assist them in their work with the young people.

Administrative files

The files reviewed were well organised and easy to navigate. The inspectors reviewed minutes of team minutes management meetings and supervision records. The manager must ensure that minutes of meetings are not recorded on loose pages. The minutes of meetings should also clearly identify who is present for the meeting. There was evidence that these records were overseen by the director of service and manager with direction given to ensure accountability and address deficiencies found.

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

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

None identified.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The centre had a policy on child protection. A staff member interviewed stated that the policies had been reviewed recently and needed to be updated. Inspectors reviewed staff questionnaires and staff named a variety of ways to safeguard young people. Some of the responses included supervision of young people, linking in with young people and teaching young people skills. The majority of staff named following Children's First guidelines. Not all staff were clear or consistent in the procedure to be followed in the event of an allegation being made. One staff interviewed appeared to be unclear in whether to wait to speak with the designated liaison person before sending in a child and welfare notification report. Inspectors view that updated training in Children First must be provided for all staff.

3.7.3 Practices that did not meet the required standard

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 had received training in Children's First National Guidance for the Protection and Welfare of Children 2012 with acknowledgement from a social care leader that update was needed. Staff had also completed the E-learning programme in Children's First 2017. Inspectors reviewed the centres child protection policy and found that it was not in line with the updated Children's First Act. When inspectors requested to see a copy of the centres child safeguarding statement, they were informed that the centre did not have one and the manager was not aware that this should have been completed. Inspectors informed the manager that due to the centre not having a Child Safeguarding Statement in place, the inspectors would have to report this to the Child Safeguarding compliance unit. Inspectors informed the manager that they should begin reviewing their child safeguarding policies and develop a safeguarding statement immediately following the onsite inspection. Following the inspection, inspectors were forwarded a copy of their new safeguarding statement within two weeks. The manager informed inspectors that they had consulted with the safeguarding compliance unit who had then reviewed their statement and deemed them to be now in compliance.

Required Action

- Management must ensure that staff are provided with updated training in Children First.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.7	Management must ensure that staff are provided with updated training in Children First.	All staff have completed the introduction to new Children's first training. However, in response to this recommendation we have sourced comprehensive full day training. The next available date is January 2019 which has been booked.	A yearly training schedule will now be devised from January 2019 and revised promptly in response to any changes in policy or legislation.