



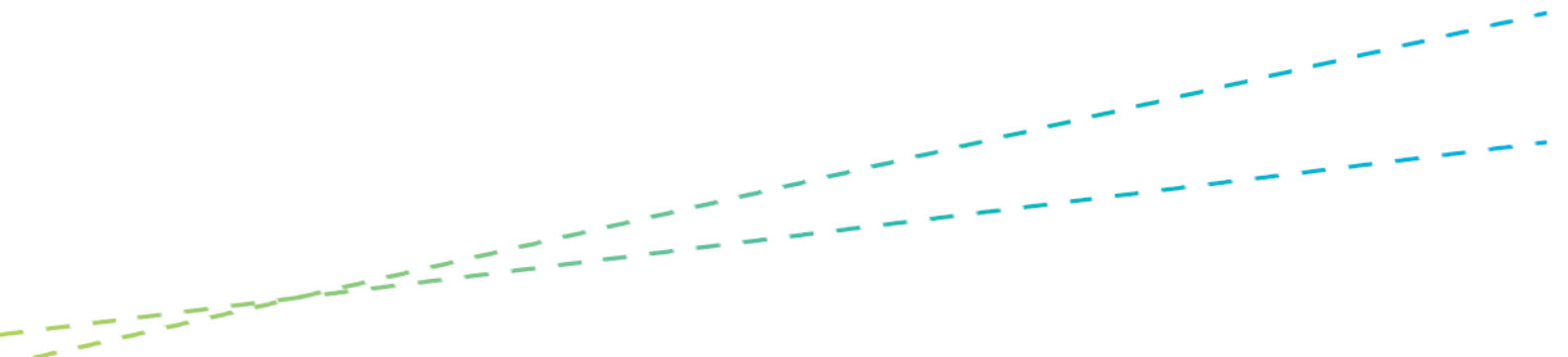
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 004

Year: 2018

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Inspection Report

Inspection Year:	2018
Name of Organisation:	Traveller Family Care
Registered Capacity:	One family up to a maximum of two parents and eight children
Dates of Inspection:	16th & 24th July 2018
Registration Status:	Registered from 31st October 2018 to 31st January 2019
Inspection Team:	Catherine Hanly Eileen Woods Cora Kelly
Date Report Issued:	31st January 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 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 sixth registration and were in year three of the cycle. The centre was registered without conditions from 31st October 2015 to the 31st October 2018.

The purpose and function of this service was to accommodate at any one time, one family up to a maximum of two parents and eight children. The purpose of this service is to determine parenting capacity with the use of a defined assessment framework over a six week period with the possibility of an extended period of support and intervention whilst resident post-admission.

The inspectors examined standards 1 'purpose and function', aspects of 2 'management and staffing' and 5 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 16th and 24th of July 2018.

The report was significantly delayed being issued due to unforeseen circumstances impacting on the meeting that was required to take place between centre management and Registration and Inspection Service to discuss purpose and function and associated registration status.

1.2 Methodology

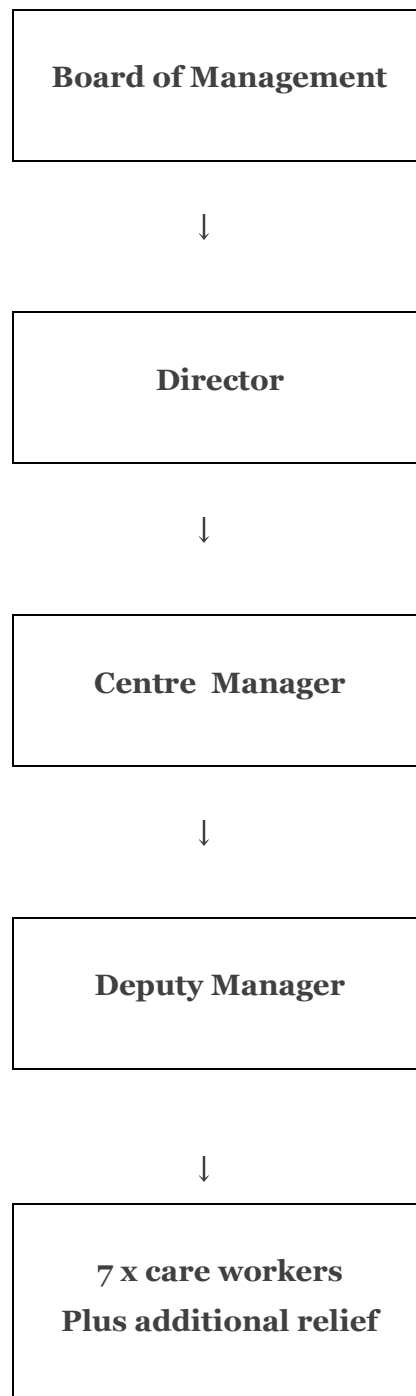
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An 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.
- ◆ Communication with the lead inspector.
- ◆ An examination of the centre's files and recording process including team and management meeting records, staff hand over minutes, supervision records, personnel file, limited but relevant aspects of the children's files, completed assessment reports, health and safety and fire safety records.
- ◆ 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 service manager
 - b) The director of services
 - c) Three staff members
 - d) The social work team for the family in residence at the time of this inspection
 - e) The external consultant providing guidance to the management and staff team in the delivery of their assessment
- ◆ 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 15th of November. 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 and update completed action plan (CAPA) on the 17th of January 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: 004 without attached conditions from the 31st October 2018 to the 31st October 2021 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

None identified.

3.1.2 Practices that met the required standard in some respect only

The service had a written statement of purpose and function that was most recently revised in January 2018. There was written information available for professionals and parents, and a child-appropriate format also. The stated purpose of this service was to provide a residential family based parenting capacity assessment. The assessment which is conducted over a six week period via the predominant medium of recorded observations by the staff team and manager, is a UK framework accompanied by a further UK safeguarding framework tool. At the end of the six week assessment period, a recommendation is made as to whether or not the child or children in residence should remain with the parent or parents being assessed. It may be determined that a continued defined period of supported and mentored residential placement at this service would be of benefit to the parents and family as a whole. Should this be the outcome of the assessment, then a period of time is agreed with the family and the referring social work team.

The manager and full staff team attended training in the assessment model over four years prior to this inspection and had subsequently attended refresher training. The assessment framework examines multiple aspects within the broad domains of child development, parenting capacity and environmental. Inspectors found that the purpose and function of the service was clearly understood by the manager and staff team and was reflected in practice at the time of this inspection.

Since the inspection in 2015, this service had admitted six families for the purpose of assessing parenting capacity. All six families completed the assessment process and each family had a further period of intervention/support whilst resident within the service, the length of this varied for each family. Whilst allowing for exceptional

circumstances and external factors that impact on service delivery, the timeframes outlined in the centre's purpose and function documentation would not appear to have been strictly adhered to by service management within the last three years.

Assessment reports are completed by the service manager. Inspectors found from a review of a sample of completed reports that these were narrative and based on observations, inclusive of evidence based findings and explaining of the positives and deficits found throughout the period of assessment. What these reports did lack was specific reference to the use of tools that inform the assessment, and there were no scales or rating systems of quantitative findings demonstrated which are part of the assessment framework and support validation of findings. In particular, inspectors noted that the reports did not reference the use of the safeguarding tool that the manager and staff members had referenced as a key determinant of the assessment process. Inspectors are of the view that such alterations to the written report would strengthen its validity and ensure a keener focus in service delivery for this service.

The external professional, from whom the staff team received the training in the delivery of the assessment, has continued to have input to the assessment process with each family that was in residence and in the compilation of the report. However they were clear to state to inspectors that they don't direct practice or the content of the report, rather they encourage the team and manager to draw their own conclusions. This professional did express the view that the team may require additional training on a case by case basis and also that on occasion clinical or specialist therapeutic input may be required and would certainly benefit service delivery. This latter point was a recommendation made by inspectors some years ago. Inspectors are again recommending that such expertise be secured for this service.

Aspects of the service's policy and procedure document were still in draft format. Previous recommendations made by inspectors regarding the content of specific policies had not been implemented despite centre management identifying this as an agreed action three years prior. These changes must be included and the policy document finalised as a matter of priority.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must secure clinical or specialist therapeutic practitioner oversight to support the work of this service.
- The policy and procedure document must be inclusive of previous recommendations made and finalised.

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

Notification of Significant Events

There was a written policy on significant events specific to families and potential events associated with the nature of the service and inspectors found that significant events were being reported to the allocated social worker for the family in residence at the time of this inspection. When inspectors met with the social work team and discussed the matter of significant events, the social work team acknowledged that they could and should have been clearer with the manager and staff team with regard to outlining their expectations of significant event reporting as it related specifically to this family. Based on this information and a review of significant events being reported, inspectors recommend that going forward significant event notification should be informed and determined by a discussion between the service and the placing social work team.

Staffing

At the time of this inspection there was a full time staff team of seven care staff plus a deputy manager, supported as necessary with the use of relief and agency staff. The manager reported that in general these numbers are sufficient to fulfil the service's stated purpose and function and that agency staff are generally only used in exceptional situations of need and also because the service has experienced difficulties in retaining a relief panel due to the stability of the core staff team. The staff team has been consistently stable for many years now and they have built up a level of expertise in the area of family assessment and support which has been enhanced by specific training and development in recent years.

Inspectors reviewed the personnel file of one staff member that was recruited since the last inspection of this service and the vetting was conducted in accordance with the requirements of current relevant legislation. In addition, the Service Director satisfies themselves that all agency staff used in the service are appropriately vetted. There is a formal induction in place for all new staff coming to work at this service.

Administrative files

Inspectors found that recording systems in place were well organised and maintained in a manner that facilitated accountability. The manager reported that they have oversight of the records on a regular basis for the purpose of quality assurance however inspectors did not find consistent evidence of this and did note deficits in reports including no signatures or dates on some records reviewed. Records pertaining to families are maintained in an appropriate manner by the service. These have become extensive over the years and inspectors recommend that the service seek expert advice on the matter of file retention and their responsibilities regarding same given the volume of files onsite.

3.2.2 Practices that met the required standard in some respect only

Management

The manager of this service has been in post for ten years and has an appropriate qualification for the role. The manager reports to and is co-located with the director. There are regular meetings between the manager and the director with regard to provision of service. Whilst inspectors found evidence of positive delivery of aspects of the management role, overall there were deficits in terms of oversight and governance that will need to be addressed. Specific details as they apply to the areas examined during this inspection are referenced where relevant throughout this report. Some matters that were identified as requiring action by management in the previous inspection report issued in 2015 had not been implemented in full. This included a comprehensive review and completion of the service's policy and procedure document; the delivery of consistent supervision, a matter which had been highlighted on prior inspections also; training identified with regard to report writing, and the completion of the assessment report in a timely manner that fits with the placement. The director stated that at busier times in the service, the manager was over-extended in the delivery of their various tasks which contributed to less than effective management performance. The director and manager both communicated that a better balance was needed in terms of the delivery of the operational and clinical aspects of the management role. Management should determine what external expert support is required to best support the implementation of all aspects of this service. The delivery of the management role and resources available must be reviewed by service management to ensure that there is an effective delivery of the management function appropriate to the needs of the service.

A Board of Management oversees the delivery of services provided. There had been little change in the compliment of this Board over many years and the manager informed inspectors that discussions have been had about this matter at senior management level over the past year. The Board meet every two months and the manager provides a report on service delivery and operational matters at this. Inspectors reviewed a sample of both the service reports presented to, and the minutes of, these meetings. The minutes showed little evidence of any in-depth discussion regarding strategic planning for service delivery. In addition there was limited representation of the issues that were arising in manager's internal meetings despite the reported role of the board in supporting management in all service delivery aspects.

With regard to assessing the quality and effectiveness of the service provided, the centre manager has convened evaluation days with the staff team following the discharge of families. The purpose of these, minutes of which are maintained, is to review what worked well with regard to the assessment process for the family and what changes if any could be made to improve practice. One such evaluation day had identified a need for specific training which was initiated and supported by the board; however this has not yet been fully completed and implemented and should be prioritised.

Supervision and support

Team meetings are held on a regular basis however inspectors were unable to determine from a review of minutes available whether or not there was an established frequency for these. The records were inconsistently documented though demonstrated a frequent high attendance by the staff team. Minutes reviewed demonstrated regular attention to safeguarding and safety planning by the team and a lot of focus on the specifics of day to day planning for the young people. Minutes however lacked specific identification of action to address topics under discussion. Team meeting should have a clearly set agenda and the minutes of these meetings should be indicative of any actions to be taken arising from the discussion and identify those responsible for same.

There was also consistent reference by the staff team, in more recent minutes, to the need for additional support and supervision.

It was inspectors' observation that, due to the protracted period of this family's residence, the service was operating outside of its stated purpose and function and this had an impact on service delivery.

Inspectors examined supervision records on file for the past 6 months and found that these were not happening within the timeframes outlined in the service's policy document. This matter has been highlighted as an area requiring attention in a number of previous inspections of this service. The manager did take measures to address the deficits and these were effective in the short term however the manager did acknowledge that practice in this area has slipped in recent times as a result of multiple factors. Service management will need to review the delivery of the manager's role and determine how best all of the relevant the tasks can be attended to in full.

Whilst the staff team acknowledged the support provided to them by the service manager, they were open about how the family's stay beyond the identified timeframe had created a conflict between delivery of an assessment service and delivery of a long term supportive residential placement.

The service manager and director acknowledged that the frequency of formal supervision was inadequate and stated that informal support is always available as well as additional support mechanisms outside of the service being available to the staff team.

Training and development

The service manager maintains oversight of the delivery of mandatory training to the staff team. A record of all up to date relevant training received within the last three years was reviewed by inspectors. It was noted from this review, that a number of staff members, and the manager, have outstanding requirements across various training programmes. This must be attended to. In addition, it was confirmed by management that the online Children First E-learning programme had not been completed by the staff team however this was completed by all staff following the onsite inspection of the service. Other training has also been provided to the staff team including training in the use and delivery of the assessment framework and also in Theraplay.

On the basis of the unique nature of this service, inspectors recommend that management devise a training and development programme that matches the service purpose and the associated need of the staff team. This should include child protection and safeguarding training specific to the delivery of a family assessment service. The delivery of a training and development programme should be overseen on a continuous basis by the service manager.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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.

Required Action

- The manager must ensure that any matters identified from a review of service provision is addressed and implemented in full.
- Management must oversee the implementation of directives and recommendations given and ensure that at all times the governance structures in place are effective and responsive to optimal service delivery.
- The manager must ensure that regular formal supervision is undertaken with staff members and service management should ensure the necessary mechanisms are in place to maintain this at all times.
- Management must devise and implement an effective ongoing training and delivery programme that is fit for purpose.
- The manager to implement a system that ensures all records are regularly reviewed for the purpose of accuracy and quality.

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

The service is located in a purpose-built facility close to public transport routes and various amenities. There have been structural repairs over the years as well as furnishings having been replaced. The facilities, which are domestic in style, are adequate for the purpose and function of the service however inspectors are of the view that some repainting is required to freshen the internal appearance of the property.

There is adequate space onsite to facilitate any private or professional meeting with family members. Dependant on the numbers of family members, siblings may be required to share bedrooms and occasionally dependant on the age of the child, they may share with their parent(s).

There are appropriate play and recreational facilities available however staff did report to inspectors that as a result of the extended period of residence for the family at the time of this inspection, toys and recreational items would require replacement due to wear and tear. Management will need to ensure the resources are in place to provide for this.

Inspectors were provided with a copy of the service's up to date insurance documentation which demonstrated that adequate insurance was in place.

Maintenance and repairs

The service manager reported that any repairs undertaken are done so in a timely fashion and this would appear to have been the case based on observation of the property. Maintenance matters are brought to the attention of the board of management as required.

Safety

There was an up to date health and safety statement in place which has specific reference and detail to fire safety in the premises. This statement identified persons responsible for health and safety matters onsite.

Inspectors did find that although there is a system in place for undertaking regular health and safety audits, these records are not consistently maintained.

All of the staff team had attended training in first aid, and this was in date at the time of the inspection.

There is one vehicle for use by the service; this had relevant paperwork to demonstrate it was insured and roadworthy. The manager stated that they were in the process of sourcing an upgrade to this vehicle.

Medicines are stored safely and relevant records pertaining to administration are maintained.

Fire Safety

Inspectors were provided with written confirmation from an architect stating that all statutory requirements relating to fire safety and building control had been complied with.

There is a written health, safety and welfare policy in place with specific reference to fire safety onsite. Fire escape route and fire fighting equipment onsite was sufficient and the staff team had trained in fire safety. There were fire drills recorded for the family in residence at the time of this inspection and records of drills with previous families resident in the last three years was provided to inspectors. The manager and staff team must ensure that each family is familiar with the fire safety and evacuation plan in the premises.

Inspectors could not find evidence in the fire register book of regular services being conducted of emergency lighting. However this had been maintained in a maintenance file, a copy of which was provided to inspectors by management.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has 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 15, Insurance

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

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.1	<p>Centre management must secure clinical or specialist therapeutic practitioner oversight to support the work of this service.</p> <p>The policy and procedure document must be inclusive of previous recommendations made and finalised.</p>	<p>A board of management (BOM) meeting took place on the 10th of December 2018. The BOM support the recommendations for clinical support but it will require additional funding from TUSLA in order to do so. The matter of additional funding requirements will need to be discussed at the next financial meeting with TUSLA.</p> <p>Policies and procedures have been reviewed within the centre. It has been agreed to also comprehensively review the centre purpose and function in order to ensure that the policies and procedures accurately reflect the purpose and function of the centre and the assessment process. This will be forwarded to registration and inspection service by the 28th of February 2019.</p>	<p>In the interim a UK-based Clinical Consultant and trainer in the assessment model will continue to provide oversight and guidance in regards to the assessments at the centre on a more regular and structured basis.</p> <p>Centre Policies and Procedures will be reviewed and updated annually.</p>

<p>3.2</p>	<p>The manager must ensure that any matters identified from a review of service provision is addressed and implemented in full.</p> <p>Management must oversee the implementation of directives and recommendations given and ensure that at all times the governance structures in place are effective and responsive to optimal service delivery.</p> <p>The manager must ensure that regular formal supervision is undertaken with staff members and service management should ensure the necessary mechanisms are in place to maintain this at all times.</p> <p>Management must devise and</p>	<p>The manager will ascertain whether the completion of one identified training programme is relevant for this service and if so will ensure completion of same.</p> <p>Manager role has been reviewed to detail and prioritise tasks in relation to governance, effective and responsive service delivery.</p> <p>The manager has outlined a personal review of supervision process and developed a strategy in regards to ensuring supervision is maintained at all times. Refresher in supervision training on the 23rd of January 2019 for the team. All team members will be enrolled to take part in level 7 supervisor training in DIT when places become available.</p> <p>Management have reviewed and updated</p>	<p>The manager has stated that with regard to general learning from evaluation days they intend to include the learning as part of their managers meeting with the director of services and in the board of management report to the board of management for discussion</p>
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	<p>implement an effective ongoing training and delivery programme that is fit for purpose.</p> <p>The manager to implement a system that ensures all records are regularly reviewed for the purpose of accuracy and quality.</p>	<p>recording systems within the centre as per learning from placement evaluations.</p> <p>The manager is currently developing an operational monitoring and governance monthly audit form in developing a system that will support a system of regularly reviewing records for purposes of accuracy and quality. The operational monitoring and governance audit form will be submitted to registration and inspection service by 28th of February 2019.</p>	
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