



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: 2021

Inspection Report

Year:	2021
Name of Organisation:	Traveller Family Care
Registered Capacity:	One family up to a maximum of two parents and eight children.
Type of Inspection:	Announced themed inspection
Date of inspection:	13th and 14th September 2021
Registration Status:	Registered without attached conditions from the 31st October 2021 to 31st October 2024
Inspection Team:	Sharon McLoughlin Lorraine Egan
Date Report Issued:	8th November, 2021

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met :** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in 2000. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered without attached conditions from the 31st October 2018 to 31st October 2021.

The centre was registered to accommodate a family of up to two parents and eight children at any one time. The purpose and function described the centre as providing an assessment over a twelve-week period to determine parenting capacity.

The model of care was based on a defined assessment framework for which training and clinical oversight was provided. One family had moved on from the centre on the first day of the inspection. There was no one living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
Theme 2 Effective Care & Support'	2.3
Theme 3 Safe Care and Support	3.1
Theme 5 Leadership, Governance and Management	5.2 5.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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 staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management and centre manager on the 29th September 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The director of service returned the report with a CAPA on the 13th October 2021. This was reviewed and deemed to be satisfactory.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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 31st October 2021 to 31st October 2024 pursuant to Part VIII, 1991 Child Care Act

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was designed and laid out to meet the specific needs of an assessment unit as per the purpose and function of the service. The layout allowed for the observation of families in a non-intrusive way but yet providing a level of staff supervision. The parent/parents have their own room and there are three other bedrooms for a maximum of six children. Sharing of bedrooms is risk assessed as part of the initial referral and evaluation stage and in consultation with the referring social worker who is requesting the parental capacity assessment. There was a safe and secure outdoor courtyard area for children to play and indoors there are dedicated play areas. Parents can prepare and cook their own meals for their family and sit and eat with them or watch tv in an open plan area.

The inspectors found the space to be clean and well maintained with records confirming common areas were regularly repainted if necessary, after the 12-week assessments were completed and before a new family is admitted. However, inspectors did observe that some of the furnishing and fitted were dated and require replacing, this was also raised by staff when being interviewed. Budget restrictions were cited as the reason why some of the furniture has not been replaced, it was acknowledged by management that it is an area that they are aware of and continue to try and address. Priority had to be given to other areas of maintenance such as a new and upgraded fire alarm system installed in the week prior to the inspection. The registered providers in consultation with Tusla as the funding body must ensure that budget for maintenance and repairs is adequate to meet the needs of the service. The centre had all the relevant fire-fighting equipment in place and contracts with external service to regularly carry out checks on these. The staff team had completed

training in fire safety and there were regular and routine fire drill carried out and recorded on the fire safety log.

The centre had a health and safety statement, and all reasonable measures were in place to minimise the risk of accident or injury to families and staff. Where risks were identified for example a leak in the roof of an external games/activity room that could cause an electrical fault, the room was closed off and an engineer contracted to assess the damage.

The centre vehicles were checked weekly, and a record kept of this. The staff did mention that the car does need to be replaced even though it does have up to date certification of road worthiness. Management said they were in discussions with Tusla about the replacing of the cars. All staff driving the house vehicles had the correct insurance and driving licence to do so.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards were assessed.

Action Required :

- The registered providers in consultation with Tusla as the funding body must ensure that the budget for the service is constantly reviewed so that it covers the ongoing costs of maintenance and repair of the building.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a range of policies and procedures in place that were there to protect children and to provide guidance to staff. The policies reviewed were in line with Children First: National Guidance of the Protection and Welfare of Children (2017). All the staff had completed training in Children First and as all the staff were social care qualified, they were all deemed to be mandated persons. The centre had an up to date Child Safeguarding Statement, which was displayed in the centre.

The staff interviewed were aware of the policies and how to identify and report a child protection concern using the Tusla portal. The last inspection of the centre in March 2020 identified that improvements were required in this standard, inspectors found that since this inspection the staff team have worked hard at making sure that they were identifying areas of child protection concerns and reporting these using the Tusla portal. They had also introduced and maintained an up to date register of all reported concerns. When staff have made mandated reports, they have informed the parents and the allocated social worker.

With regard to concerns that did not meet the threshold for reporting as a child protection concern, these were identified and recorded in the assessment information and tracked for cumulative patterns.

The staff when interviewed were able to describe safeguarding practice in place in the centre to ensure that children and families were protected and kept safe, as well as staff.

As part of the assessment and intervention with parents, work was carried out with parents on safe care and also internet safety and risks of exploitation. Many of the children who are in the centre with their parents for the 12 week assessment are babies or toddlers so bullying behaviour is not a feature of the work that staff have to address with the children. If this is identified as part of the assessment if it then included in the role modelling intervention part of the assessment.

The service has a protected disclosure policy and staff were aware that could report any concerns with out reprisal. There were no records of any protected disclosures on file.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.1
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Not all standards were assessed.

Actions required

- None identified

Regulation 5: Care Practice s and Operational Policies **Regulation 6: Person in Charge**

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support

There was evidence of good leadership by the manager, deputy manager and director of service specific to the purpose and function of the centre. The assessment model was well understood by all the staff and the management and there was robust oversight and review and evaluation of the assessment. While the management and staff were very experienced, and staff interviewed were working in the centre for 15 plus years the inspectors identified that there was a gap in learning from incidents or feedback from Board of Management meetings being brought back to the team. The team meetings minutes recorded discussion about the assessments and the families

however areas such as operational practices were not feed back to the staff in a formal and documented manner for the purpose of learning and development.

There was a governance structure in place with identified roles and responsibilities, however the inspectors found that there was a need for more evidenced verification by the Board of Management that the centre was operating in line with the required standards and operational practices, outside of the actual family assessment which was well overseen and evaluated. There was no structured audit of the service provision that would inform service improvements. Inspectors also found that there was a lack of clarity about centre or organizational risk management. There was a risk register in place, but it did not adequately identify risks and the control measures in place to minimise and respond to risks.

The staff and management focus had been on individual risk management for the families and children as part of their assessment. These were detailed and evaluated and reviewed by the team on a routine and regular basis. The management acknowledge that they need to complete work on developing and implementing a risk management framework for the service.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided

There was a clearly defined statement of purpose and function which outlined the aims and objectives, the management and staffing, the range of services and arrangements for the wellbeing of families placed in the centre. the statement of purpose and function had been reviewed in a ate set for the next review in 2022.

There was evidence that the staff team understood the framework for assessment/model of care and were competent in its delivery within the centre. The assessments were carried out over 12 weeks and are for one family at a time- (parent/s and max 6 children). All referrals come from Tusla social work and at the end of the assessment a comprehensive report is provided to the social worker with recommendations.

The assessments were overseen by a clinical team based in the UK who have provided the initial training for the staff team in the assessment model. Since the last inspection the service have engaged a psychotherapist based in Ireland who will also support the team. Due to Covid -19 restrictions this person has not met the team as yet, but the plan is that they will support the team with the behavioural aspects of the intervention stage of the assessment. Inspectors found that the day to day operation of the centre reflected the statement of purpose, staff were familiar with it and there was a version available families and professionals.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.3
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The registered provider must implement and system of auditing the service for compliance with operational policies and practices.
- The registered provider must implement a risk management system that focuses on centre and organisational risk and is informed by the auditing of the service.
- The register provider must utilize the audit and risk management framework to develop service improvement plans.
- The centre management must ensure that any learnings from reviews of incidents or operational practices is fed back to the team and recorded in a formal manner.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered providers in consultation with Tusla as the funding body must ensure that the budget for the service is constantly reviewed so that it covers the ongoing costs of maintenance repair and upgrade of the building	<p>An immediate and long term (5year) maintenance and development plan has been compiled to list and address minor and more comprehensive development work to the centre.</p> <p>Costing for some of the work required, for example – painting to the interior and exterior of the premises, new bathrooms, new flooring has been sourced and will be submitted to Tusla for additional funding to carry out the work.</p> <p>Items to carry out minor repairs and upgrades have been purchased (for example – new door handles, fan for the cooker, light switch/socket covers, and new wardrobe handles) for replacement within the centre. A comprehensive maintenance list has been compiled for the</p>	<p>A yearly maintenance and development report will be compiled to review the facilities/environment/maintenance of the centre. The report will outline works done to the centre throughout the year and also identify any outstanding work to be completed including timeframes for this to be achieved.</p> <p>Any items requiring development for example painting, new sofas, bathroom upgrade etc will be costed and costing submitted to Tusla in advance of the yearly service level agreement so that additional costs will be considered as part of the budget arrangements for the following year.</p> <p>A yearly report prior to the yearly service level agreement aims to keep focus on</p>

		centre maintenance worker to carry out and prioritise as part of his weekly visits to the centre.	maintenance/repairs issues/building upgrade required for both Tusla and the management team.
5	<p>The registered provider must implement a system of auditing the service for compliance with operational policies and practices.</p> <p>The registered provider must implement a risk management system that focuses on centre and organisational risk and is informed by the auditing of the service</p> <p>The registered provider must utilize the audit and risk management framework to develop service improvement plans.</p>	<p>The registered provider is currently in the process of putting together an audit template/system to ensure compliance with operational policies and procedures. This document will be completed by November 2021.</p> <p>The registered provider will further develop the risk management system in place within the centre to ensure items identified from the auditing of the centre are included. This system will specifically include risks from both and organisational and centre perspective. This will be completed by the end of November 2021.</p> <p>Information/learning from the auditing and risk management frameworks will be brought to various management meetings (monthly manager meetings/board of management meetings) for discussion and</p>	<p>Development of auditing systems in conjunction with effective risk management systems will provide a consistent level of governance/accountability at all management levels.</p> <p>The audit and risk management systems will be working documents carried out regularly within the centre.</p> <p>Learning and development from audit and risk management systems will be brought to management and team meetings and will create a culture of learning and development.</p> <p>The board of management agenda/meeting minutes will be amended to include the review of audit systems and risk management systems in place at the centre. Feedback from Board of</p>

		<p>proposals for learning and development which in turn will be brought back to the team.</p> <p>The register provider will put together a policy and procedure on the carrying out of audits within the centre and guidelines on identifying centre and organisational risks. It will also detail the forums in which feedback/learning will be promoted – Board of Management Meetings, Managers Meetings, Team Meetings</p>	<p>Management meetings will be documented and reported back formally through the team meeting.</p> <p>The development of a standard operation procedure that will outline the procedures in place in order to carry out internal audits and how feedback will be related to the board of management, management and staff team.</p>
	<p>The centre management must ensure that any learnings from reviews of incidents or operational practices is fed back to the team and recorded in a formal manner.</p>	<p>Going forward one team meeting per month has been allocated to review/provide feedback to the team regarding incidents/operational practices. It will also look at reviewing policies and procedures, provide space for group supervision and additional learning needs for the team</p>	<p>The decision to allow one team meeting per month to focus on learning from incidents/feedback was made so that the practice becomes a routine activity that is consistent within the centre. Reviewing the family and assessment as part of the team meeting can be lengthy so this provides allocated, specific time to completely focus feedback/reviewing/learning.</p>