



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 012

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Matt Talbot Adolescent Services
Registered Capacity:	Six young people
Dates of Inspection:	10th and 11th of April 2019
Registration Status:	Registered from 14th July 2017 to 14th July 2020
Inspection Team:	Paschal McMahon Joanne Cogley
Date Report Issued:	31st July 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 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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration in March 2006. At the time of this inspection the centre were in their fifth registration and were in year two of the cycle. The centre was registered without attached conditions from the 14th July 2017 to 14th July 2020.

The centre is a specialist drug /alcohol residential service and is part of a charitable organisation providing its services across four centres to young people, young adults and their families that are struggling with substance misuse. The organisation operates a harm reduction approach throughout its services, which is delivered within the four tier model of service delivery. They describe their model of treatment throughout the service as being informed by evidence-based interventions appropriate to each centre, including the bio psychosocial model of treatment, restorative practice and is embedded in the principles of trauma informed care (TIC). The centre provides residential treatment for a maximum of six male teenagers in the 14 - 18 age group. At the time of inspection there were five young people residing in the centre, all were under eighteen on admission, one of whom has since turned eighteen.

The inspectors examined standard 4 'children's rights', standard 5 'planning for children and young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 10th and 11th of April 2019.

1.2 Methodology

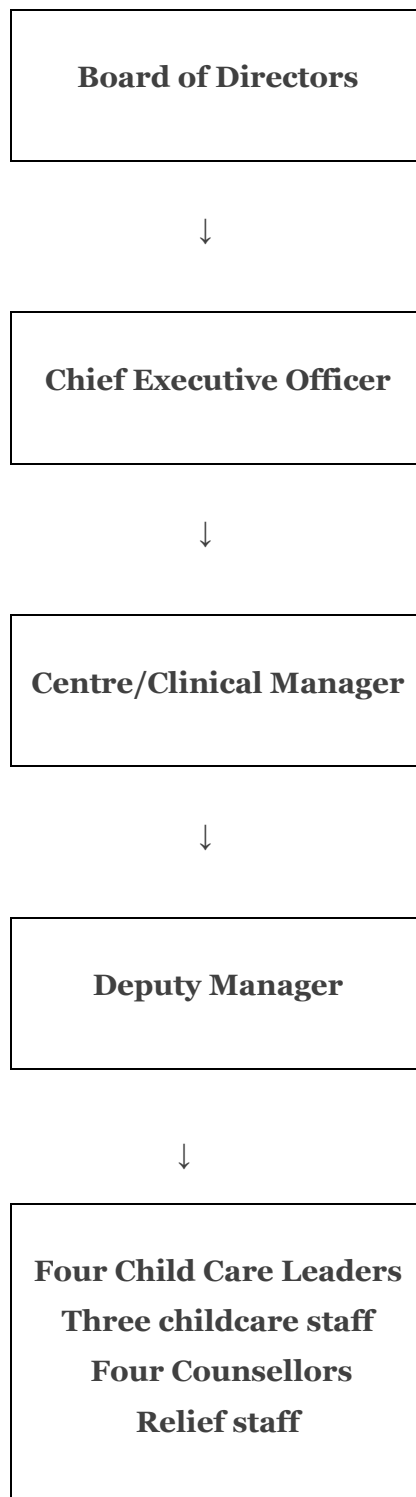
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre/clinical manager.
- ◆ An examination of the questionnaires completed by:
 - a) Five of the care staff
 - b) Two counsellors
 - c) One psychotherapist
 - d) The deputy manager
 - e) The chief executive officer
- ◆ An examination of the centre's files and recording process.
 - Two young people's care files
 - Centre register
 - Complaints register
 - Community meetings
- ◆ 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/clinical manager
 - b) The centre deputy manager
 - c) Three staff members
 - d) The five young people residing in the centre
 - e) One parent of a young person residing in the centre
 - f) Two social workers with responsibility for young people residing in the centre.
- ◆ 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 and the chief executive officer on the 14th of June 2019. 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 25th of June 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: 012 without attached conditions from the 14th July 2017 to 14th July 2020.

3. Analysis of Findings

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

Review of the care files along with observations of staff practice and interviews with young people in placement provided evidence to support that consultation with young people was a regular feature of staff practice. Young people highlighted that community meetings which took place on a weekly basis were a forum where issues were raised and resolved. The inspectors found that a record was kept of these community meetings which recorded the agenda with outcomes and decisions made. Young people stated that staff were flexible in terms of negotiation for example in regards to how the weekly activity money was spent by the group. All young people confirmed that they were consulted and had access to their treatment plans. The inspectors were satisfied from interviews with the young people that they were aware of their rights and responsibilities, and that young people's rights were reflected in the centre policies.

Complaints

The centre had a policy on complaints and there was information available in the young people's admission pack on the complaints policy and procedure. Prior to admission parents and social workers were also provided with information on the services complaints process. The inspectors met with the five young people during the course of the inspection and all confirmed that they were aware of the centre's complaints process and were satisfied with the responses they had received in relation to complaints they had made. The staff interviewed had a clear understanding of the complaints policy.

The centre maintained a complaints register in electronic form. The inspectors reviewed the register and found evidence that appropriate action and changes had been taken in response to complaints made by the young people. The inspectors noted that the complaints register did not record as to whether the young people were

satisfied with the outcome of complaints and it is recommended that the register is amended to reflect this. There was evidence of management oversight of complaints which were also analysed on annual basis.

Access to information

The inspectors found that there was a clear written procedure which set out how the young people could access information about themselves and the services available to them. Young people were informed that such records were maintained and of their right to access them through a young person's booklet. In practice young people in the centre read their daily logs occasionally and can contribute to them.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People*.

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

Contact with families

One of the principles that underpin the centre's therapeutic approach is the belief that treatment outcomes are enhanced when working with young people in the context of their family and community. As a result a commitment is sought from families prior to a young person's admission to engage with the centre and participate

in the programme. The inspectors met with a parent during the course of the inspection who stated that communication with the centre was excellent and they were kept informed of their child's progress. Parents and family members were also engaging in treatment offered by the service including counselling and family therapy. Young people in interview confirmed that they have regular phone contact and visits from their families who they met in private.

Social Work Role

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.

At the time of inspection only one young person living in the centre had an allocated social worker. The inspector interviewed the social worker along with a social worker of a previous resident. Both social workers expressed satisfaction at the quality of care and treatment provided to the young people. Overall, social workers were satisfied that they were informed of significant events promptly and kept informed of all developments by the centre. Records on file showed that social workers had attended regular meetings in the centre to review young people's progress and to plan for their future post discharge.

Emotional and specialist support

Each young person had an individualised treatment plan on file which was reviewed at weekly clinical review meetings. Since the last inspection the centre had reviewed the roles within the staff team and the key working system in operation. A number of care staff who were trained counsellors had taken on a counselling role in the centre. This reassignment of staff has increased the number of counsellors on the staff team from one to four. Following the introduction of this new staffing structure the centre manager implemented a new key working system whereby each young person on admission was assigned a key team of three staff: a counsellor, a day social care worker and a night social care worker. In addition to this there was a reintegration team and family team who worked with all clients. Staff that were interviewed by the inspectors expressed the view that the increase in counselling staff had added more structure and strengthened the centres treatment programme. One of the residents interviewed in the course of the inspection had been admitted to the centre on two previous occasions. The young person stated that they felt the new staffing structure

in place with the increase in counsellors had led to an improvement in support and the quality of counselling.

The inspectors saw evidence through care files that the centre liaises with specialist services such as CAMHS and has also established links with community services.

Preparation for leaving care /Aftercare

Preparation for leaving care was a key component of the young person's treatment plan. This focused on the high risk factors and developing effective day-to-day coping skills required when they are reintegrated into their family and community.

Preparation for moving on from the centre began at six weeks. The centre had a structured independent living skills programme which included cooking, cleaning, laundry etc. In addition to this young people were offered the opportunity to develop practical skills in a number of areas including gardening, painting and other D.I.Y. skills. The centre had a school on site that provided individualised educational programmes and supported young people in completing state education exams.

Young people in interview outlined the skills they had acquired during their stay in the centre which included cooking, cleaning and budgeting. A written aftercare plan was developed for each young person. At the time of inspection one young person who had spent six months in the centre was about to be discharged. He confirmed to inspectors that he was involved in decisions and planning in regards to his onward placement. The centre/ clinical manager stated that the service can continue to work with young people after they leave the centre as young people can be referred to the organisations aftercare service or other appropriate services.

Discharges

The centre had a discharge policy in place which states that it is endeavours where possible that service user's will have a planned discharge as part of their overall care plan. Young people can also apply to self-discharge in which case the young person and their parents/guardians are requested to sign a self-discharge form. Any young person who self-discharges is offered a reassessment with the service. The inspectors were provided with the discharge details for the young people discharged from the centre since the previous inspection. Inspectors found that the centre was adhering to its discharge policy and in the majority of cases discharges were planned and young people returned home. There were a number of instances where young people who were discharged were readmitted requiring further intervention.

Children's case and care records

The inspectors reviewed the care file of the young person residing in the centre who was in the care of the Child and Family Agency. The inspectors found that the records were maintained to a good standard and in a manner that facilitated effective management and accountability. The care files were sub-divided into sections and the key documentation was mostly in evidence. The records were filed in chronological order and were kept up to date.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre catered for up to six young people, males aged 14 – 18 years old accessing the service on a short to medium term basis for the provision of drug and alcohol treatment. The inspectors found that there was a clear admission process and procedure in place. All referrals come via tier three drug and alcohol services and are screened in terms of suitability by an admissions committee. At these meetings further information could be identified which was sourced prior to admission. Files reviewed by inspectors contained comprehensive referral information including substance misuse history and expectations from treatment. The centre/clinical manager stated that in the decision making process prior to accepting a new admission, consideration is given to existing residents and the mix of young people. The inspectors were informed that impact risk assessments were conducted verbally by centre management when considering new referrals. The inspectors recommend that this process is formalised and that formal written impact risk assessments are completed prior to the admission of any young person. The aim of this risk assessment is to establish possible causes for concern using management strategies based upon the information available at the time of referral. Pre admission risk assessment is an aid to planning for safe and successful admissions for all concerned. Based on the referral information received the centre should implement a plan of action to any cause or concern in a manner that considers both the needs of both the young person being admitted and the other young people living in the centre.

Supervision and visiting of young people

At the time of inspection only one young person living in the centre had an allocated social worker. In interview they informed the inspectors that they were very happy with the care provided to the young person. Inspectors found from a review of records that they had visited the young person on a regular basis and were facilitated in seeing the young person in private. The inspectors found that the social worker had not accessed and signed young person's records. The inspectors recommend that

supervising social workers should ensure that they read records kept in the centre relating to the young people from time to time in accordance with the standards.

Statutory care planning and review

The centre management informed inspectors that the supervising social work department for the young person in placement in the care of the Child and Family Agency did not provide the centre with a care plan for the young person prior to admission. Centre management reported that the centre had experienced difficulties in sourcing care plans for young people at times and in these cases efforts were made to source them from referring social workers. Records on file showed that social workers had attended regular meetings in the centre to review young people's progress and to plan for their future post discharge.

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 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

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

- Centre management must ensure that formal written impact risk assessments are completed prior to the admission of any young person.

- Supervising social workers should ensure that they read records kept in the centre relating to the young people from time to time in accordance with the standards.
- Supervising social workers must ensure that they provide the centre with up to date care plans for all young people.

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

A range of systems existed in the centre aimed at keeping young people safe including supervision, management oversight of staff practice and promotion of children's rights and participation in the centre. The centre had a child safeguarding statement in place which had been approved by the Tusla child safeguarding compliance unit. Inspectors found that it was not signed by all staff and in interview not all staff were aware of the contents of this statement. From reviewing questionnaires completed by staff they had a good understanding of safeguarding practices and their implementation on a day-to-day basis. The centre had an anti-bullying policy in place and all young people in interview stated that they had never witnessed or experienced bullying during their time in the centre. At the time of inspection the centre did not have a whistleblowing policy in place. Centre management informed inspectors post inspection that a draft whistleblowing policy had been developed and had been circulated to staff for feedback prior to submission to the centre's board of management for approval.

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.

The inspectors found that all staff had been trained in Children First and had completed the Tusla E-learning programme in Children's First, 2017. There had been one child protection concern reported in the period under review. There was no

evidence on file that this child protection concern had been responded to and closed by the supervising social worker. The centre /clinical manager must request feedback from the relevant social work department in relation to the outcome of this child protection notification. All staff interviewed were aware of the appropriate steps to be taken in responding to child protection concerns. However, inspectors found that not all staff in interview were familiar with the updated child protection welfare report form and the revised procedures for reporting child protection concerns including the uploading of forms to the Tusla web portal.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre management must ensure that all staff are aware of the centres child safeguarding statement and it is signed by all staff.
- The centre/clinical manager must ensure that they request feedback from the relevant social work departments in relation to the outcome of child protection notifications.
- The centre management must ensure that all staff are aware of the updated child protection welfare form and the revised procedures for reporting child protection concerns including the uploading of forms to the Tusla web portal.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.5	<p>Centre management must ensure that formal written impact risk assessments are completed prior to the admission of any young person.</p> <p>Supervising social workers should ensure that they read records kept in the centre relating to the young people from time to time in accordance with the standards.</p> <p>Supervising social workers must ensure</p>	<p>An impact risk assessment form to consider existing residents and the mix of young people prior to accepting a new admission was developed in May 2019 and will be implemented at the admissions committee meeting from the 27th June 2019.</p> <p>The requirement for social workers to read the young person's file is now noted on the centres pre residential forms and discharge exit check list. The centre will review young people's files prior to discharge to determine if the social worker has signed off that they have read the file before the young person exits the programme.</p> <p>The centre will request updated care plans</p>	<p>An admissions impact risk assessment form will now be completed as part of the admissions meeting to support decisions in respect of admissions to the centre.</p> <p>The centres files will be audited quarterly to ensure that social workers have read the file and provided a care plan. This will be included in the audit from June 2019</p> <p>As above.</p>

	that they provide the centre with up to date care plans for all young people.	from supervising social workers prior to young people's admission	
3.7	<p>The centre management must ensure that all staff are aware of the centres child safeguarding statement and it is signed by all staff.</p> <p>The centre /clinical manager must ensure that they request feedback from the relevant social work departments in relation to the outcome of child protection notifications.</p> <p>The centre management must ensure that all staff are aware of the updated child protection welfare form and the revised procedures for reporting child</p>	<p>Compliance with the child safeguarding statement was issued to the centre on the 13th April 2019. All staff have been requested to read and record that they have read and understood the child safeguarding statement by the 25th June 2019.</p> <p>At the time of inspection there was one outstanding child protection notification. This has been followed up by the centre but to date notification of closure from the supervising social work department has not been received. All dates of phone calls have been recorded on file along with a letter sent on the 19th June 2019 requesting confirmation of closure.</p> <p>A refresher course was conducted with three staff on 13th June 2019 and will be conducted with the full staff team by the 17th of July in a learning and experiential</p>	<p>New sign off sheet will be checked by the centre/clinical manager on the 25th of June and follow-up with staff, if required.</p> <p>All records of request for feedback from social work departments in relation to the outcome of child protection notifications will be maintained on file.</p> <p>Staff are required to keep up to date on the procedures for reporting child protection concerns. A record will be maintained by management recording dates of training</p>

	protection concerns including the uploading of forms to the Tusla web portal.	environment.	and dates when retraining took place.
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