



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

## **Alternative Care - Inspection and Monitoring Service**

### **Children's Residential Centre**

**Centre ID number: 027**

**Year: 2019**

Alternative Care Inspection and Monitoring Service  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>26<sup>th</sup> and 27<sup>th</sup> of February 2019</b>
<b>Registration Status:</b>	<b>Registered from 23rd of May 2016 to 23rd of May 2019</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Eileen Woods</b>
<b>Date Report Issued:</b>	<b>17<sup>th</sup> May 2019</b>

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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 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 May 2013. At the time of this inspection the centre was in its' second registration and in year three of the cycle. The centre was registered without attached conditions from the 23rd of May 2016 to the 23rd of May 2019.

The centre's purpose and function was to provide short to medium term care for up to four young people of mixed gender between the ages of thirteen and eighteen years on admission. There were three young people resident at the time of this inspection. Referrals were made through the Tusla National Private placement Team. The model of care being used in the centre was relationship based and the organisation had developed the Systemic Therapeutic Engagement Model (STEM) for use within its services.

This inspection was themed and intended to examine aspects of standard 2; 'management and staffing'; aspects of standard 5; 'planning for children and young people', standard 7; 'safeguarding and child protection'; standard 8, 'education', and standard 9; 'health' of the National Standards for Children's Residential Centres (2001). Whilst on site inspectors expanded the process to review aspects of standard 10; premises and safety. This inspection was unannounced and took place on the 26<sup>th</sup> and 27<sup>th</sup> of February 2019.

## 1.2 Methodology

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

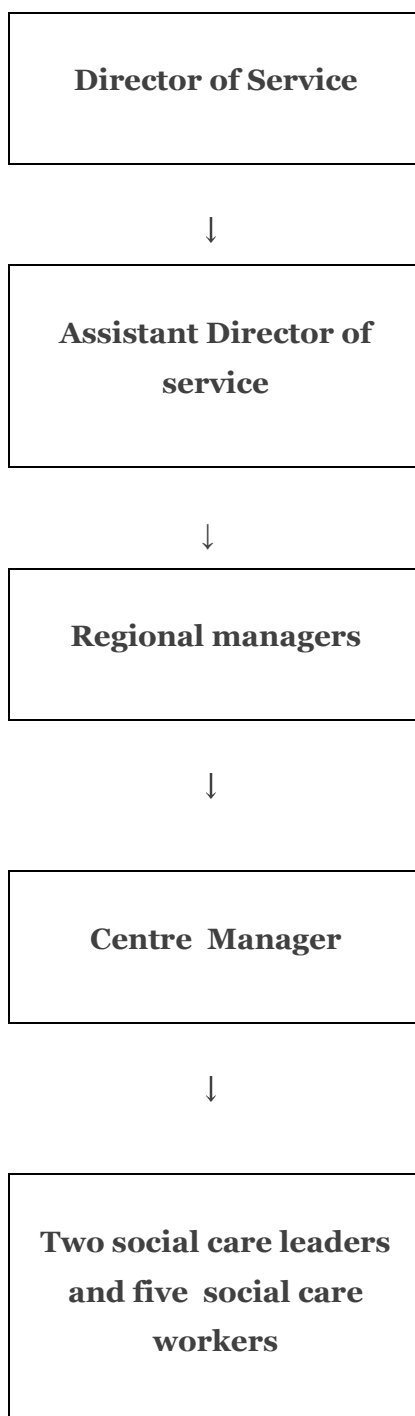
- ◆ An examination of questionnaires and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) All of the care staff
  - b) One young person residing in the centre
  - c) The senior management team
- ◆ A review of the premises
- ◆ An examination of the centre's files and recording process including;
  - ◆ The young people's care files
  - ◆ The centre registers
  - ◆ Staff supervision records
  - ◆ Staff personnel files
  - ◆ Staff meeting records
  - ◆ Management meeting records
  - ◆ Governance reports
  - ◆ Training 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 centre management
  - b) Three staff members
  - c) Two young people
  - d) The lead inspector for the service
  - e) Two supervising social workers
  - f) One social work team leader

- g) The guardian ad litem for one young person
- h) The parent of 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 26<sup>th</sup> April 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 10<sup>th</sup> May 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: 027 without attached conditions from the 23<sup>rd</sup> of May 2016 to 23<sup>rd</sup> of May 2019 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**

##### **Register**

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates. Details on parents and social workers were also included. 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**

Inspectors found that there was a system for the notification of significant events and these reports were forwarded to the appropriate persons. From a review of a sample of these reports inspectors found that they contained appropriate information and were forwarded to all relevant people promptly.

##### **Supervision and support**

This centre had a policy that stated supervision would be conducted four to six weekly and inspectors found this was generally taking place within the required timeframes. Supervisions were being conducted by the centre manager who in turn was receiving supervision from the regional manager. Inspectors noted that the model of care being used in the organisation was not being discussed in supervision. Given that there were significant staff changes within the past year it would be beneficial to include the delivery of the model of care in this forum.

From a review of a sample of supervisions inspectors found that there could be improvements with the link between the placement plans and the supervision process. The goals set out in keyworking and placement plans were not always reviewed as required.

From a review of the staff team meeting minutes, inspectors found that these were scheduled to occur bi-weekly. More recently the meetings had been taking place on a

monthly basis. The team meeting slots were sometimes used for staff training purposes such as two STEM training sessions in May 2018 and self-harm and fire safety training in August 2018. The meetings for 2018 were generally well attended with between five and seven attendees (this was during a period of reduced staffing). There was discussion about the care of young people and a link to the trauma model of care. The template for recording the meeting changed in the latter part of 2018 and with this came improvements in respect of assigning specific staff members to goals and keyworking, whereas before these tasks had been identified as the responsibility of 'the staff team'. Inspectors found that some of the team meetings were recorded more effectively than others and quality assurance auditing should review records for consistency. Staff training, health and safety maintenance, shift evaluations were also discussed as standing agenda items.

Inspectors reviewed the records for handover and noted that these were used for the exchange of information relating to young people and 'house issues', and to plan for the day. There was also a reflective aspect to the handover process which was child focused

### **3.2.2 Practices that met the required standard in some respect only**

#### **Management**

There was a manager in place who had been in post for almost three years and had previous experience working at social care leader level in another children's residential centre. This person held a qualification in social care and reported to the organisation's regional manager. As part of the governance within the centre the manager reviewed daily logs, significant events, care files and placement planning within the centre and also conducted staff supervision. The manager was responsible for the day-to-day operation of the centre and was present in the centre Monday to Friday from 8am to 4pm. They attended daily handover, staff team meetings, child in care reviews and professionals meetings. The manager also prepared a weekly governance report which was issued to senior management. There was an on-call system that provided support to staff members at evenings and weekends. Inspectors found evidence of good governance systems in the centre, however there could be improved oversight of the planning of care for young people to ensure that plans are targeted and action focused with an emphasis on progress and outcomes. There could also be improved evidence of the use of the model of care in day to day operations within the centre and through the records. Inspectors found that in general there was good oversight of the records by the manager and the regional manager with regular sign off of centre logs and young people's files. It was noted however that some of the

language used in the young people's records was incongruous with therapeutic childcare practice and this should have been picked up and addressed by management with relevant staff members through supportive supervision.

A number of issues detailed throughout this report were also highlighted during the last inspection in 2018. Organisational management must ensure that recommendations from inspection and monitoring processes are fully actioned.

The centre manager reported to the regional manager for the service who had a regular presence in the centre and who also provided their supervision. This person reported to the assistant director of service. They were familiar with the young people and their presenting issues. Their role involved attendance at team meetings however this was not taking place sufficiently in practice.

There was an in-house management meeting which was attended by the social care manager and two social care leaders. The focus of these meetings included team work, rosters, on call, supervision, placement plans, model of care, team and case management meetings and referrals. There was also discussion in respect of feedback from the significant event review group (SERG). The minutes of these meetings were a narrative of the current situation and very often did not generate actions.

The organisation held monthly regional manager's meetings. From a review of a sample of minutes for these meetings inspectors found that 10 meetings had taken place in 2018 and they were well attended. These involved a general link in, discussion in respect of placement planning, keyworking, staffing, and maintenance and on call for example. The placement planning section had some focus on the language of the model of care in narrative of the young person's update but inspectors found it could be more effectively built into the monthly plan. Issues were brought from the regional meetings to the monthly national senior management meeting.

The director of service attended the team meeting in February 2018 but there was no evidence of the regional manager's attendance at any meeting in 2018.

Inspectors found that there was a large amount of narrative in the weekly governance reports which did not necessarily assist planning or reflect outcomes of staff interventions with young people. It is recommended that the regional manager and centre manager review the systems to avoid duplication and ensure that all recording

facilitates forward planning. It would be beneficial if governance reports were also used by managers to request supports or resources in support of the day to day operation of the centre or upkeep of the physical premises.

The regional manager carried out periodic audits and provided feedback to the manager who was jointly responsible for completing identified actions. There was a quality assurance team in place who also conducted periodic audits within the centre. These were generally themed and could be announced or unannounced. Audits conducted by the deputy directors and quality assurance team took place on 13/06/18 and 13/02/19 and the report and action plan were available for review. Inspectors found that both of these audits focused on education, medication and contact files. These identified areas of good practice and goals for growth with recommendations and timescales. Issues noted included the structure of files, improving contact records, using the correct forms for the administration of medication and follow up to appointments. Some issues picked up during audit also arose during this inspection however the most recent audit took place in the two weeks prior to this inspection so the recommendations were still being addressed.

Inspectors found that these audits would benefit on being more qualitative than quantitative in nature and that the planning of care is subject to greater scrutiny through the review processes. There should be a greater emphasis on young people's progress (or lack of) through the placement with clear actions when deficits are noted. Quality assurance within the organisation should have a wider focus and be better linked to national standards for example; issues in relation to supervision, child protection or children's rights were not reviewed in the external quality assurance audits which had taken place to date. No audits to date had covered accommodation/premises which inspectors found to require some attention. It is further recommended that staff members are interviewed during the onsite visits so auditors can assess their level of understanding of policies, procedures and model of care. Inspectors noted that improvements were required in some of these areas specifically child protection and safeguarding.

Two internal audits had also been conducted by the regional manager in 2018 on 01/05/18 and 05/04/18. It was noted that there was an eight month gap in which no audits took place in the centre. The theme for the first audit was a review of personnel files, supervision, health and safety, fire safety and meetings. Goals for growth included staff signatures on records, signing of contracts, daily weekly and monthly fire checks, and using positive consequences with young people. The audit also noted the limited focus of young people's meetings. The second focused on young

people's files, practice, planning, significant events and keyworking. The goals for growth (recommendations) included making improvements in application of the behaviour management system and using the correct terminology, case management meetings, weekly reports and requesting statutory documentation from social work departments.

The organisation's governance was facilitated by an online cloud based storage system, client services management system (CSMS) which enabled oversight of all records remotely.

During interview with a parent following the onsite inspection process a number of issues were raised with the inspector relating to the placement. The centre management and social work department were aware of these some of which related to issues within this report. There was evidence on records within the centre of communication with the parent from the centre manager and the regional manager and evidence that they were consulted about the care of the young person. The inspector forwarded the content of the conversation and concerns highlighted to the centre manager who will further liaise with the parent and social worker.

### **Staffing**

This centre had a staff complement of one manager, two experienced social care leaders and five social care workers. Another social care worker had recently accepted a position within the centre and vetting was being processed at the time of this inspection. Inspectors noted that four staff members had been appointed in the previous twelve months. With the exception of two people all staff held a qualification in social care or a related field and inspectors found that every effort was made to ensure that there was generally a balance of experienced to inexperienced staff on shift. Staff without the required level of qualification were encouraged and facilitated to attain a relevant qualification. The centre aimed to have a social care leader on shift every day in line with national standards and generally this was achieved. One staff member was currently studying for a degree qualification and one had no formal qualification. There was an organisational fund available to support staff with qualifications and further training. The centre manager stated that recruitment was ongoing and that the organisation was working towards full compliance with the working time act.

There was a formal induction process for staff which was reviewed at the end of a nine month period. Support or issues arising during this period were managed through the supervision process.

During this inspection a sample of staff personnel files was reviewed. Inspectors noted that these files generally contained up-to-date Garda vetting documents, training information, and references for staff. In some of the files reviewed educational qualifications had not been verified as per the Department of Health circular in respect of the recruitment and selection of staff to children's residential centres 1994. There was also a recommendation in respect of this issue in the 2018 inspection report. Some references supplied and printed onto staff files had been completed by an on-line Google docs system. If this is the chosen method of receiving references then there must be a way to verify where and who the reference came from such as an email verification or signature. Also in some instances the written references which had been provided had been written by a colleague and not a manager from a previous employment.

### **Training and development**

There was a policy in respect of training and development which included on-site development, supervision and feedback, planned professional development, team building, external training and individualised team training to address the needs of specific young people in residence as required

From a review of the training information provided to inspectors it was observed that there was sometimes a significant delay in new staff completing training in the organisation's model of care. It is noted that there was a recommendation relating to a six month delay in 'model of care' training in the 2018 inspection report. Staff members had up-to-date, fire safety, first aid and behaviour management training. A number of staff member's child protection training provided by the organisation was out of date and not in line with Children First National Guidance for the Protection and Welfare of Children 2017 and two were yet to complete the Tusla on line e-learning child protection course. Behaviour management training was scheduled for some staff members that were due refresher courses. Individual staff members had also received training in areas such as supervision, placement planning, managing self-harm, manual handling, food safety, sexual exploitation, bullying, report writing, leadership and management. Inspectors note that only the centre manager had received supplementary training in drug and alcohol misuse and that was more than two years ago. Organisational management must make greater efforts to ensure that planned training is derived from an up to date training needs analysis linked to young people's placement plans, presenting behaviours and staff supervision.

### **3.2.3 Practices that did not meet the required standard**

None identified

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency 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 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 Actions**

- Organisational management must ensure that governance improves with senior management attendance at team meetings, more practice related auditing processes, and oversight of the planning process.
- Organisational management must ensure that recommendations from inspection and monitoring processes are fully actioned.
- Organisational management must ensure that all vetting takes place in line with the Department of Health circular in respect of the recruitment and selection of staff to children's residential centres 1994.
- Organisational management must ensure that all mandatory training takes place without delay and that training in the model of care takes place for newly appointed staff members in a timely manner and is discussed in the supervision forum.
- Organisational management must make greater efforts in line with organisational policy to ensure that planned training is derived from an up to date training needs analysis linked to young people's placement plans, presenting behaviours and staff supervision.



### 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**

None identified; not all criteria were assessed under this standard.

#### **3.5.2 Practices that met the required standard in some respect only Suitable placements and admissions**

Young people were referred to the centre through the Tusla National Private Placement Team (NPPT).

Inspectors found from review of the files and from interview with social workers and other professionals that there were some deficits in respect of the pre admission risk assessment processes. Organisational management must ensure that this is a collective process whereby there is shared information and joint meaningful consultation in relation to possible risks to young people already placed, or those referred to the centre. The social worker and guardian ad litem for one young person who were interviewed by inspectors stated that while there was some sharing of information, this process had not taken place in line with expectations to ensure an appropriate mix of young people and effective risk management planning. The centre manager informed inspectors that they had reviewed the risk and informally communicated with social work departments during the referral stage. The social worker stated that they raised this issue with the social care manager when they became aware there was a new admission. This was echoed by a Guardian ad Litem during interview and a parent also raised concerns about the matching process. It is noted that this issue arose and was reported upon in the last inspection report of 2018 whereby there was 'no evidence that the social workers for other resident young people were consulted prior to admission'. The response received in the CAPA at that time was that there would be a multi-disciplinary approach and impact risk assessments would be completed in conjunction with all relevant professionals. Inspectors found that the response provided by them to the matter was not acted upon and must be addressed as a matter of priority.

Young people were provided with age appropriate information and facilitated to visit and have a planned transition to the centre. Social workers provided information to the centre during the referral process and young people were assisted to understand the reason for and the purpose of their placement.

### ***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.

### **Social Work Role**

All three young people had an allocated social worker. One young person was still on an interim care order and their case has not yet been transferred to the child in care team.

All social workers were involved in planning for young people as required. They provided information prior to admission. Two social workers and one social work team leader were interviewed following the onsite inspection. The social worker for one young person described the placement as 'quite good' and acknowledged the young person was difficult to engage. They linked in with the young person very much on their terms as they often chose not to meet them.

A second social worker described the placement as meeting the needs of the young person through a 'shared care' approach but was concerned about the risks relating to the mix of two young people and on-going concerns about the impact of this. They felt the team were liaising with all professionals to try to meet the needs of this young person and acknowledged that there was a delay in referral to an appropriate specialist support service.

The social work team leader for the third young person stated that despite frequent and lengthy absences from the centre that the team were available to the young person and acted appropriately to try to ensure their safety. It was acknowledged that they currently had a limited capacity to keep this young person safe and an alternative more secure placement may be required.

Social workers were made aware of and generally responded to all significant incidents involving the young people. They had visited young people in the centre and read their files from time to time as required. They made arrangements to hold care

plan reviews as required but as stated previously there were often delays with receiving the updated care plans following review meetings.

### **Emotional and specialist support**

There was evidence that staff members were aware of the emotional and psychological needs of young people and that in general key-working goals were set in line with the identified needs. Inspectors note that there were significant delays in one young person receiving an assessment and diagnosis despite this being a ‘working hypothesis’ for some time. A second young person also experienced delays with a referral to the child and adolescent mental health service. The reasons for the delays were varied. Supervising social workers and centre management must ensure that young people receive early access to specialist services as required by national standards. Any undue delay should be escalated as a matter of priority.

### **3.5.3 Practices that did not meet the required standard**

#### **Statutory care planning and review**

None of the young people had a current care plan on file. Whilst a statutory child in care review had taken place for each young person placed in the centre an up to date care plan was not provided to the centre following this. There was evidence that these had been requested by centre management however delays were explained due to resource issues in the social work departments. Supervising social workers must ensure that young people have an up to date statutory care plan on file in line with the relevant 1995 regulations to facilitate effective placement planning in the centre. This issue also generated an action in the last inspection report of 2018.

A placement plan was drawn up for each young person upon admission which was subject to a placement plan overview following each child in care review meeting whereupon goals were identified in line with the care plan. Inspectors found that the information on some of these documents was out of date but still remained on the plan. The placement plan was subject to monthly review by the appointed keyworker and case manager. A keyworking plan was drawn up and a calendar for the month was put in place. Often this plan noted young people’s refusal to engage with planned sessions. Inspectors found while there was a system in place that there were some deficits in placement planning which required attention. Placement plans were often outlined in the narrative, were generalised and frequently repetitive with some evidence of copy and paste from month to month. The goals for one young person were stated as ‘settle in and build relationships’ and these were still stated on a revised placement plan four months later. One young person had no entries on the placement plan in the section relating to ‘emotional and behavioural’ since October

2018 despite an on-going issue with harmful co resident relationship. Centre management must ensure that placement plans are relevant to current issues, focused on specific areas of action which can be tracked and that issues of concern are followed up and escalated if required.

In general centre management should focus on how to generate more specific actions and to track progress and outcomes for young people with a mechanism for escalation both internally and externally through strategy meetings if necessary. Placement planning meetings between one of the social care leaders and the appointed keyworkers took place however a number of these were undated. There was evidence that keyworking was planned and focused on the sections outlined in the young person's placement plans. There was inconsistency in how young people were engaging in formal keyworking often due to them being absent from the centre or spending time in their rooms. Key-working focused on areas such as self-care, education, sexual health, risk taking, managing emotions, drug and alcohol awareness, health and group dynamics. There was evidence that some staff members were very pro-active with young people and attempted to use tools and resources to engage them.

It was noted that a number of the young people's engagement with staff was significantly negatively impacted by their phone/online and internet activity and that they frequently were on devices during the night and slept for much of the day. Given the potential for harm and the possible impact on their progress through placement the manager and team should consider devising a policy governing this issue.

As stated previously tracking of progress could be improved and centre management should review the system to ensure that it is facilitating effective planning and review. There were a number of different documents for each young person; a developmental audit; the placement plan, placement plan reviews, progress reports, practice guidance and key-work calendars. It may be possible through review and revising placement planning to avoid duplication of work and simplify the system whilst generating more specific actions and tracking of progress.

Inspectors met with one young person during the onsite inspection process. They indicated that they were happy in the centre and that staff listen to them. They described a positive relationship with their keyworker. They acknowledged that staff would find it difficult to keep them safe if they chose not to cooperate.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency 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 did not meet the regulatory requirement in accordance with *the Child Care (Placement of Children in Residential Care) Regulations 1995*

*Regulations 1995*

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

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

### **Required Action**

- The centre manager must ensure that a collective pre admission risk assessment takes place during the referral stage to the centre which includes meaningful involvement of all relevant professionals. Risk management plans should be generated following joint consultation.
- Centre management must ensure that placement plans are relevant to current issues, focused on specific areas of action which can be tracked for progress and that issues of concern are followed up and escalated if required.
- Supervising social workers and centre management must ensure that young people receive early access to specialist services as required by national standards. Any undue delay should be escalated as a matter of priority.

### **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**

There was a written policy on safeguarding young people in the centre as required. The stated policies included recruitment and selection, risk assessment and management, induction, supervision, safe practice & working alone, complaints and bullying. There were policies also in respect of a professional code of conduct and protected disclosures.

Through interview with a number of staff members during the onsite inspection it was found that there were deficits in how some staff were able to describe aspects of the policies and in describing how young people were safeguarded in the centre. There was a lack of clarity from some staff as to who was the designated liaison person. There was also confusion during staff interviews in respect of the child safeguarding statement. Quality assurance processes should include interview with staff members relating to safeguarding to ensure any gaps in understanding are identified and actioned promptly.

The centre had facilities for young people to privately meet with or contact family and social workers and young people were aware of organisations and people who could advocate on their behalf.

#### **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 centre had a policy on child protection however, the one that was provided to inspectors did not reflect the information contained in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act 2017. It referred to Children First: National Guidance for the Protection and Welfare of Children, 2011 and the Children First Act, 2015. While staff members were aware of the Tusla on-line portal for the submission of child protection concerns the detail in the policy was incongruent with current guidance in that it referred to the “Standard Reporting Form”. It also stated that ‘the staff on duty, upon receiving notification of suspected abuse shall immediately notify the DLP who will in turn notify Tusla’. This is not in line with the responsibilities of each social care worker as a mandated person under legislation and must be update without delay.

This policy did include definitions of abuse and detailed actions to be taken by staff in the event of disclosures by young people. The policy listed each of the relevant policies in operation in the centre relevant to child protection.

There have been a number of child protection notifications made to Tusla relating to young people in the centre since January 2018. There had been communication from social work departments when these had not met the threshold or when they were closed off. Two of these were still open and the centre manager was following up on these with the relevant social work departments. Child protection notifications were held on a register within the centre and followed up with social work departments to conclusion.

There was a recently updated child safeguarding statement in place which met all requirements however staff members interviewed were not fully familiar with this. Management must ensure that all staff are familiar with the content and be able to describe how it operates in practice within the centre. Internal training should take place when the policy has been updated.

### **3.7.3 Practices that did not meet the required standard**

None identified

#### **Required Action**

- Centre management must ensure that all policies reference the most recent legislation, guidance and national standards and that staff are familiar with the policy in theory and practice.

### **3.8 Education**

#### ***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

None identified.

#### **3.8.2 Practices that met the required standard in some respect only**

There was evidence that education was valued in the centre and that young people were encouraged to attend some form of education or training courses in line with

their abilities. They sought educational assessments and involved the education welfare officers when necessary. Nonetheless, at the time of this inspection none of the young people were attending formal education or training outside the centre.

One young person had no educational placement upon admission to the centre and the centre sourced a Youthreach placement however they refused to continue attending. Other options were sourced however they did not take up on any of the meetings arranged. The educational focus at the time of inspection was addressing independent living skills and preparation for semi-independent living. This young person had recently had a clinical psychological assessment the outcome of which would need to be considered when looking at educational options. Aftercare supports will be influenced by their engagement with education and every effort should continue to re-engage them with formal training. The supervising social worker interviewed following inspection was liaising with the HSE on this matter and assured inspectors this would be addressed at an upcoming statutory child in care review.

A second young person had struggled to maintain their school placement and alternatives were sourced through consultation with the parent and the social work department but they too refused to take these up. At the time of inspection a private tutor had been sourced for short periods twice a week and this was to be increased to three times per week with the aim of the young person attaining a junior certificate qualification. The parent of the young person was very involved in this process and committed to home tutoring also.

The third young person had completed a junior certificate but was now refusing to engage in any education or training which the team had identified. They were frequently absent from the centre for long periods of time and the social work department were considering other placement options at the time of inspection.

A number of professionals interviewed by inspectors acknowledged that the team had made every effort to source educational placements and supported young people to attend interviews and meetings. They did note however that free time and other benefits were not connected to engagement in education and that maybe this should be considered. Information gathered during inspection also pointed to young people being on their phones and devices for much of the night and they were unable to get up in the morning and spent much of the day in bed. This should be considered as part of a policy development and behaviour management approach as referenced previously in this report.



### 3.8.3 Practices that did not meet the required standard

None identified

#### Required Action

- Centre management must ensure that education is reviewed in a more focused way through placement planning

### 3.9 Health

#### *Standard*

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### 3.9.1 Practices that met the required standard in full

Each young person placed had a medical assessment on admission to the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Care records reviewed contained a record of all medical and health information and there was evidence that young people attended medical, dental, ophthalmic and other appointments as required. One young person's anxiety meant that they were unable to engage in their dental treatment plan and alternative options could have been considered with the social work department at an earlier point in their care. All young people had a medical card and records contained a clear record of all medication administered, both prescribed and across the counter. There was evidence that young people and parents were consulted regarding their health care and treatment plans. There was evidence of age appropriate guidance on health to include smoking; alcohol; diet and exercise; sexual health and sexually transmitted infections; and the use of illegal substances. The young person who spoke with inspectors confirmed that these issues were addressed through keyworking. In the case of one young person inspectors found that there could have been a better focus on the issues of consent and risk and a link to physical health, however it was acknowledged that the young person was frequently absent and not engaging fully with the keyworking process. There had been some delay in this young person's referral to a specialist service which had been flagged by the Guardian ad Litem. This issue was first noted on the young person's care file on 14/11/18 and the centre manager had completed a risk assessment in relation to the delay with this referral on 14/01/19. The referral was only made on 02/02/19 two weeks prior to inspection on the same day that a psychological report was received. This was due to circumstances outside the control of the centre as it related to the clinical psychologist. As stated

previously it is vital that young people receive specialist services when required under Child Care (Placement of Children in Residential Care) Regulations, 1995. Any undue to delay must be escalated as a matter of priority.

### **3.9.2 Practices that met the required standard in some respect only**

None identified

### **3.9.3 Practices that did not meet the required standard**

None identified

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

## **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**

None identified

### **3.10.2 Practices that met the required standard in some respect only Accommodation**

Inspectors found that young people had a room to themselves and space was available within the centre for young people to have visits from friends, family members or social workers. Young people had access to a space within the centre where their personal belongings could be kept safely and securely. Whilst the centre was clean and tidy during the onsite visit inspectors observed that aspects of the physical premises required some attention to ensure that it was decorated to a standard which created a pleasant ambience. During interview with one young person and social workers it was also noted that the centre required some attention.

The centre was adequately insured against accidents or injuries to children in line with Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 14.

### **Maintenance and repairs**

While general day to day maintenance issues were dealt with promptly, inspectors found that the kitchen in particular could benefit from updating and maintenance. Centre management must ensure that there is programme of maintenance and capital works that ensures the structural and decorative order of the unit is maintained. The physical premises must be included in weekly governance reports, management meetings and reviewed through internal and external auditing processes.

### **3.10.3 Practices that did not meet the required standard**

None identified

### **3.10.4 Regulation Based Requirements**

The centre 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.*

### **Required Action**

- Centre management must ensure that there is programme of maintenance and capital works that ensures the structural and decorative order of the unit is maintained.
- The physical premises must be included in weekly governance reports, management meetings and reviewed through internal and external auditing processes.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Organisational management must ensure that governance improves with senior management attendance at team meetings, more extensive auditing processes, and oversight of the planning process.</p> <p>Organisational management must ensure that recommendations from inspection and monitoring processes are fully actioned.</p>	<p>Senior management will provide a higher level of governance through weekly attendance to include team meeting attendance, management meeting attendance, themed audits, oversight of the planning process and case review. SCM will ensure that the planning process is a standing item in staff supervision to ensure a full understanding of the process.</p> <p>SCM has ensured that all action plans arising from recommendations from inspection and monitoring processes have been fully completed.</p>	<p>The Regional management workload has been revised to facilitate greater oversight and governance to the centre. Timeframe; May 8th 2019 Staff and management will participate in planning training to assist with case management execution and oversight. Timeframe: June 2019</p> <p>The SCM, Regional Manager and Quality Assurance Department will continue to carry out regular audits to ensure all aspects of inspection and monitoring process are fully actioned</p>

	<p>Organisational management must ensure that all vetting takes place in line with the Department of Health circular in respect of the recruitment and selection of staff to children's residential centres 1994.</p> <p>Organisational management must ensure that all mandatory training takes place without delay and that training in the model of care takes place for newly appointed staff members in a timely manner and is discussed in the supervision forum.</p> <p>Organisational management must make greater efforts in line with organisational policy to ensure that planned training is derived from an up to date training needs analysis linked to young people's placement plans,</p>	<p>SCM has verified the academic qualifications from the awarding college for one staff member</p> <p>SCM has also clarified that a reference was from a staff member's line manager as opposed to a colleague.</p> <p>Child Protection Training was completed by staff on the 22.03.19.</p> <p>Outstanding Tusla E Learning course has been completed by two staff members.</p> <p>All staff members who require STEM training are scheduled to complete in June 2019.</p> <p>SCM has ensured that the model of care is discussed in supervision as per STEM induction manual. Four members of the team completed internet safety training on the 30.04.19 in response to training needs analysis linked to young person's</p>	<p>Clarification has been provided to the organisations recently established HR department to assist with HR matters. SCM, Regional Manager and Quality Assurance Department conduct regular audits to ensure all aspects of personnel files are in line with the company's Recruitment and Selection Policy. A supervision and personnel file audit is underway throughout May 2019.</p> <p>SCM will ensure clear recording of training and direction in the model of care throughout the STEM Induction Manual and in supervision records. Following completion of the STEM induction all staff will complete 3 day STEM training.</p> <p>SCM carries out periodic training audit reviews and will extend this activity to include a training review as part of any pre-admission risk assessment to ensure that training needs are linked to young people's placement planning.</p>
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	presenting behaviours and staff supervision.	placement plan. Further supplementary training is scheduled for the team to complete in drug and alcohol misuse, self-injury and self-harm awareness. This was in response to training needs analysis linked to young person's placement plan	
<b>3.5</b>	<p>The centre manager must ensure that a collective pre admission risk assessment takes place during the referral stage to the centre which includes meaningful involvement of all relevant professionals. Risk management plans should be generated following joint consultation.</p> <p>Supervising social workers and centre management must ensure that young people receive early access to specialist services as required by national standards. Any undue delay should be escalated as a matter of priority.</p>	<p>Centre practice requires a collective pre-admission risk assessment to be completed during referral stage. The SCM liaises with the Social Work departments in relation to the proposed admission and issues raised are addressed in the resulting risk management plan.</p> <p>SCM will ensure that specialist services required for young people is requested and escalated where necessary.</p>	<p>SCM will consult with social work departments as part of preadmission process. Potential impact to be identified and discussed, in addition the consultation will outline how the service propose to manage identified impact. The SCM will ensure a record of this contact with supervising social workers is on file for current young people.</p> <p>SCM will ensure that all contact with supervising social workers is recorded and applied to the young person's file. Any undue delay will be escalated by SCM.</p>
<b>3.7</b>	Centre management must ensure that all policies reference the most recent	SCM will also ensure that policies are selected to review with the staff team at	All centre policies have been reviewed and updated as of 1.5.19. SCM will also ensure

	legislation, guidance and national standards and that staff are familiar with the policy in theory and practice.	team meetings and that any revised policies are promptly read and discussed at team meetings.	that policies are selected to review with the staff team at team meetings and that any revised policies are promptly read and discussed at team meetings.
<b>3.8</b>	Centre management must ensure that education is reviewed in a more focused way through placement planning.	Centre management to maintain a strong focus on education and place considerable value on young people's education. SCM has reviewed all placement plans and has introduced creative strategies to assist with the educational goals.	SCM will ensure that placement plans are reviewed regularly throughout the month and updated following a case management meeting, team meeting, or a child in care review
<b>3.10</b>	Centre management must ensure that there is programme of maintenance and capital works that ensures the structural and decorative order of the unit is maintained. The physical premises must be included in weekly governance reports, management meetings and reviewed through internal and external auditing processes.	Centre management strive to create and maintain a homely environment at all times. This includes a programme of maintenance and capital works. Centre Management will carry out a review of the decorative condition of the property and develop an action plan accordingly.	SCM will ensure that capital works are included in weekly governance reports in addition to addressing same as a standing item in team meetings, management meetings, and regional management meeting.