



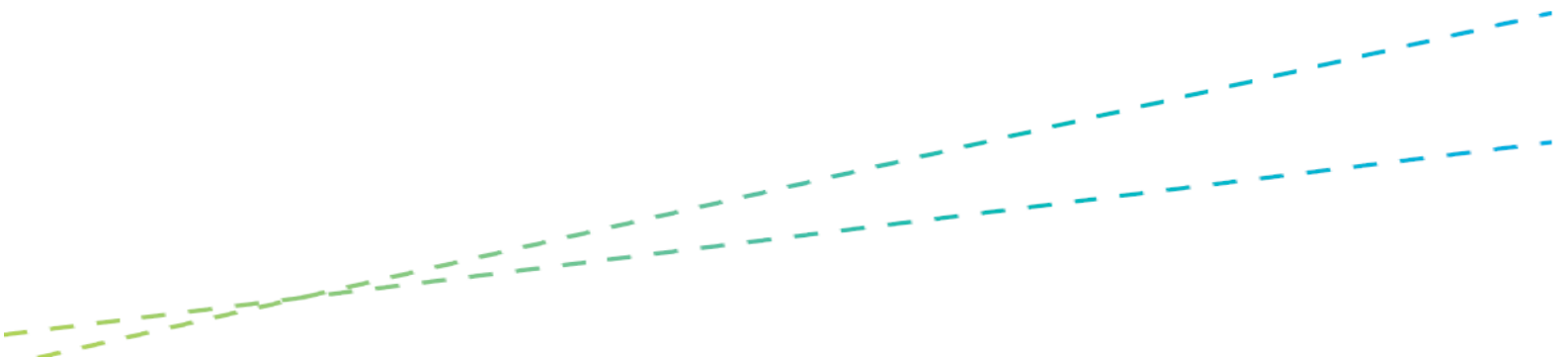
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 028**

**Year: 2018**

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<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Traveller Families Care</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>7<sup>th</sup> and 8<sup>th</sup> of November 2018</b>
<b>Registration Status:</b>	<b>5<sup>th</sup> December 2016 to 5<sup>th</sup> December 2019</b>
<b>Inspection Team:</b>	<b>Cora Kelly Orla Griffin</b>
<b>Date Report Issued:</b>	<b>28<sup>th</sup> January 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 ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre, established in 1984 changed its purpose and function in 2016 and was granted their first registration under this new purpose and function in the same year. At the time of this inspection the centre was in year two of the cycle. The centre was registered without attached conditions from 5<sup>th</sup> December 2016 to 5<sup>th</sup> December 2019.

The centres purpose and function was to accommodate six young people of both genders from age thirteen to seventeen years on admission on a short to medium term basis. It was a mixed gender centre that provided care and accommodation for separated children seeking asylum (SCSA) in Ireland. Their model of care was described as a needs based model that was implemented through the application of Maslow's Hierarchy of Needs that included psychological, safety and security, belonging and love, self-esteem and self-actualization.

The inspectors examined standards; 2 'management and staffing', 7 'safeguarding and child protection', 8 'education' and 9 'health' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 7<sup>th</sup> and 8<sup>th</sup> of November 2018. At that time five young people were resident in the centre.

## 1.2 Methodology

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

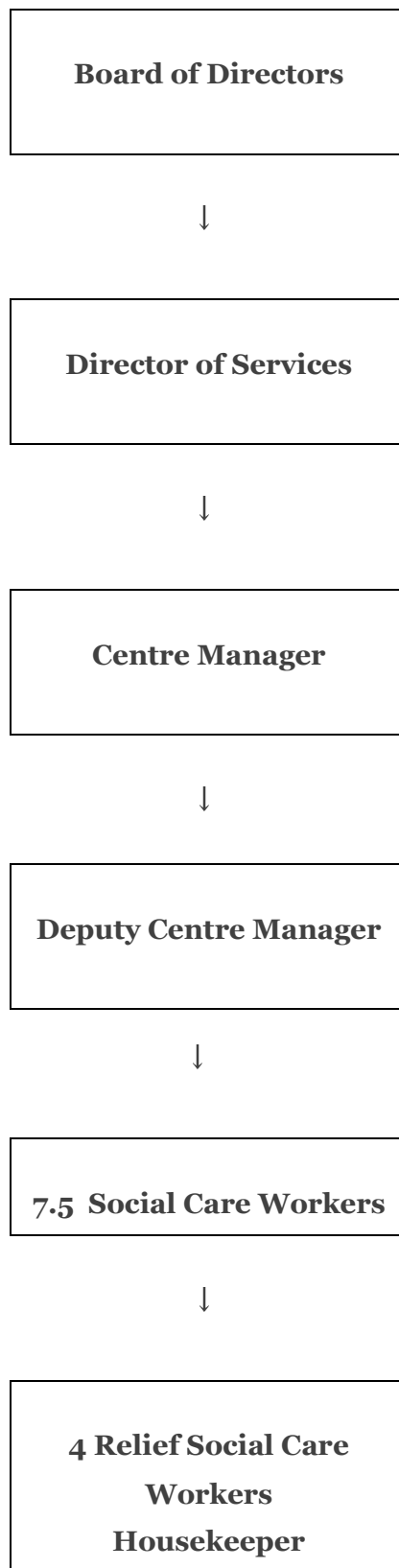
- ◆ An examination of a documentation completed by the manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) The centre manager
  - b) The deputy centre manager
  - c) Four social care workers
  - d) The director of services
  - e) Two general practitioner's
  
- ◆ An examination of the following centre's files and recording process:
  - External management meeting minutes, team meetings, young people's meetings
  - Centre care files and daily logs
  - Staff personnel files
  - Centre registers; admissions and discharges, significant events and complaints
  - Internal audit reports
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The deputy centre manager
  - c) One social care worker
  - d) One relief social care worker
  - e) The director of services
  - f) Three young people
  
- ◆ Telephone interview with an education co-ordinator
  
- ◆ 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, service director and the relevant social work department on the 31<sup>st</sup> December 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 14<sup>th</sup> of January 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 028 without attached conditions from the 5<sup>th</sup> December 2016 to 5<sup>th</sup> December 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**

##### **Management**

There had been a change in centre management since the last inspection and this was duly notified to the alternative care inspection and monitoring service by the director of services. The centre manager currently in post, on a permanent and full-time basis, was found by the inspectors to be both suitably qualified and experienced in the area of social care. In interview with centre management the inspectors were informed that the previous centre manager, the staff team, the director of services and the centres referring social work department assisted in the current centre manager's induction into the post and organisation. It was also through this process the centre manager was given an oversight of the policies and procedures for separated children seeking asylum (SCSA) referred to and placed in the children's residential centre.

It was clear to the inspectors following the review of questionnaires completed by staff and interviews with members of the staff team that the centre manager was supportive, approachable, available to the staff team and committed to developing both the staff team and work of the centre. The centre manager held responsibility for ensuring that appropriate and suitable care practices were in place for example; effective care planning, ensuring that supervision occurred in line with centre policy, staff received up-to-training, recruitment processes were in line with statutory requirements and internal themed audits and reports for the board of management were compiled. A further duty included overseeing centre registers. It was evident to the inspectors, from the review of care and centre files, questionnaires and in interview with centre management and staff that young people were at the fore of all centre work. Furthermore, the inspectors found that there was good systems and processes in place for the centre managers oversight of practice in the centre.

Regarding care planning systems the centre manager, in conjunction with the staff team introduced new processes to develop more efficient systems and to make

paperwork more concise. In addition to the centres placement plans and monthly progress reports being updated a new needs assessment was developed and changes were made to the centres filing system. Staff stated in interview that care planning was more connected and staff work was reviewed during supervision.

The centre manager was supported by a qualified and experienced deputy manager. At the time of the inspection the duties of the deputy manager included completing the staff rota, supervising relief staff, monitoring and developing centre policies and processes and deputising in the absence of the centre manager.

The centre manager reported directly to the director of service who, as advised to the inspectors by staff in interview, visited the centre two to three times weekly and liaised with staff and young people whilst there. The director of service also supported the centre manager through supervision. There was good evidence of the director of services oversight of practices within the centre visible to the inspectors by signature across an array of paperwork and as informed by staff in interview.

Governance mechanisms for the centre included fortnightly team meetings, centre management meetings, bi-monthly board of management meetings and compiling internal audits based on the 2001 National Standards. The inspectors recommend that a process for conducting formal exit interviews for young people is developed and that it informs future service development. The inspectors reviewed the minutes of the team meetings, young people's meetings and management meetings and found that they were connected and showed good attention to the health and educational needs of the young people and the progression of same. The introduction of internal audits was viewed by staff as a positive development for the centre. To enhance the internal audits, the inspectors recommend that a methodology is included to outline the data and timeframe being reviewed to underpin findings.

### **Register**

The centres register of young people was up-to-date and completed in full. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Staffing**

The centres core team comprised of a centre manager, a deputy manager, six full-time and three part-time social care workers. Social care leader positions are not included within the organisation structure of this service. With the exception of the centre manager all staff had been employed in the centre for a considerable number

of years and so there was a significant amount of experience amongst the team thus staff qualified to social care leader level on shift. Four regular relief social care workers were available to cover annual leave and sick leave.

The centre manager was present in the centre Monday to Friday and shared out-of-hours on-call support to the staff team with the deputy manager. The director of services assisted in the absence of one of the management team. The deputy manager worked two day shifts plus a sleepover per week. The daily rota comprised of two staff on a 24-hour sleepover shift and further day shifts when needed. Staffing levels and its impact on providing safe practices will be discussed further under standard seven safeguarding and child protection. The inspectors review of personnel files found that vetting requirements for all staff members were up-to-date.

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

None identified.

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

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency 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)***

### **Required Action**

None identified.

## **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**

The centre had a policy on child protection and safe practice that was found by inspectors to relate to the 2009 Children First National Guidelines. The centres child safeguarding policies are required to be in line with Children First: National Guidance for the Protection and Welfare of Children 2017. Centre management must ensure that child safeguarding policies are updated and are in line with statutory requirements. The centre had developed a child safeguarding statement. It was observed by the inspectors that minor amendments were required in order for it to be in line with statutory requirements. Centre management attended to this immediately and submitted the revised child safeguarding statement, completed in full, to the inspectors prior to the draft report being issued.

Centre safeguarding systems were supported by policies and procedures including working alone, staff employment, supervision, bullying, electronic communication, complaints and children's rights. Staff awareness of these safeguarding systems were evident to the inspectors in interviews and following the review of questionnaires.

Staff in interview and through questionnaires expressed that current staffing levels was somewhat impacting on safeguarding practices within the centre especially when operating at full occupancy i.e. two staff to six young people. Given the location of the centre and both the education and extra-curricular facilities the young people were attending challenges had been placed on the staff team in terms adequate supervision of the young people. This issue, identified by the inspectors in the previous inspection report (2017) remains to be resolved. The inspectors were advised by centre management that the request for third person cover was with senior management in Tusla, Child and Family Agency and that they were awaiting an outcome of same. Centre management must continue to pursue the staffing issue with Tusla, Child and Family Agency to attain appropriate staffing levels in order for the centre to carry out its functions safely. At the time of the inspection the SCSA social work department had recently provided funding for third person cover on a month to month basis.

The inspectors were informed that safeguarding systems in practice in the centre included continuous monitoring and tracking of the young people in the centre and when accompanied by staff outside of the centre, carrying out regular risk assessments, having a centre alarm system, locks on young people's bedrooms,

operating an open staff office to ensure children were constantly monitored and liaising with school's/ education settings. From the review of care files, it was evident to the inspectors that safety management plans were completed, tracked and updated in conjunction with social workers allocated to the young people. Young people's phone and internet use, guided by social work direction, was also found by inspectors to inform the centres individual safeguarding practices. From the outset of placements young people were informed of the ways they were safeguarded in the centre during their initial intake meetings. The centres young person's booklet, available in a number of languages, provided information such as how to make a complaint, contained contact numbers for external support agencies including EPIC and information on their rights. Further, interpreters were available to the young people to assist in the centres communication with the young people. The review of care files showed that good efforts were made by the staff in linking with the social work department in progressing concerns of young people and that regular contact was maintained between the centre and the social work department.

### **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.

### **Child Protection**

The centres designated liaison person was the centre manager. The centre manager advised the inspectors in interview that all staff completed Children First training in line with current legislation. The review of staff personal files corroborated this and further that staff had also completed the Tusla Children's First e-learning programme (2017). Staff demonstrated knowledge of the steps to be taken if a young person made an allegation against a staff member. However, it was apparent from staff interviews and from the review of data returned in questionnaires there was a level of uncertainty amongst staff regarding their legal obligation as mandated persons to report child protection and welfare concerns to Tusla, Child and Family Agency. Centre management must review their child protection reporting procedures and ensure that staff are aware of their role and responsibilities as mandated persons.

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

None identified.

### **Required Action**

- The centres child safeguarding policies are required to be in line with Children First: National Guidance for the Protection and Welfare of Children

2017. Centre management must ensure that child safeguarding policies are updated and are in line with statutory requirements.

- Centre management must continue to pursue the staffing issue with Tusla, Child and Family Agency to attain appropriate staffing levels in order for the centre to carry out its functions safely.
- Centre management must review their child protection reporting procedures and ensure that staff are aware of their role and responsibilities as mandated persons.

### **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**

As outlined in the centres policy on education it was clear from inspector's observations and file reviews during the inspection process that the centre placed a strong focus on education and supporting the young people in attaining and maintaining both specific and mainstream educational placements. The care files showed evidence of the educational needs outlined in young people's care plans being linked to the centres placement plans and the progress of same was tracked.

The care files reviewed demonstrated that the attendance of young people at education, to assess their English language skills, was prioritised and this took place as soon as practicable following admission to the centre. In interview, staff stated their role was to prepare young people for school this by explaining the rules and expectations with the assistance of a translator as required. This was evident during the review of care files. The review of care files also showed that the centre and social work department linked closely with personnel in the educational settings the young people were attending and were proactive in their efforts in supporting and monitoring young people's education placements. The education co-ordinator in interview corroborated this. Efforts were also made to secure additional resources when required both internally and externally to the centre to support the educational needs of the young people in placement. The review of young people's house meeting minutes evidenced such support being offered and availed of by the young people. The inspectors observed during the review of care files that there was a need for more robust recording and tracking with regard to school absenteeism. The inspectors



recommend that communication between the centre and schools relating to missed days is recorded in the young person's care files.

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

None identified.

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

None identified.

### **Required Action**

None identified.

## **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**

None identified

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

It was clear to the inspectors from the review of care files and questionnaires completed by two general practitioners that the health needs of the young people were promptly addressed by the centre upon the commencement and during young people's placements in the centre. The centre had an agreement in place with a medical centre where young people received general medicals. Comprehensive medical screenings were arranged by the social work department, for a more in-depth health assessment, during young people's first month in the centre. In interview, the inspectors were advised that the centre was informed of any issues that arose from the medical screenings.

There was evidence of health needs being outlined in centre and social work department care planning systems and of needs being met and followed up. Care files also showed that dental, optical and psychological support appointments were scheduled with positive attendance and young people attended follow up appointments where required. The end of placement reports from the residential centre included information on medical histories and appointments for the young person moving from the centre.

The centre had, in the weeks prior to the inspection implemented the new Tusla, Child and Residential Services medication management policy. The full staff team had completed training on same and spoke positively about the new procedures stating they were more straightforward and easier to follow. Part of the new administration of medication policy required that general practitioners must prescribe all medication including over the counter medicines. As per policy medication must be securely stored in a secure drug cabinet. The centres medication was found to be appropriately stored.

In the review of administration of medication records, under the previous centre policy, inspectors identified poor recording and a lack of adherence to the stated dispensing frequency. On this basis, centre management should review previous administration of medication records by the team to address any learning or practice needs and maintain close oversight of the implementation of the new policy by the staff team.

There was evidence in care files of individual work being completed by staff with young people that included diet and nutrition and a smoking cessation programme being offered when needed. The inspectors joined the staff for meals during the inspection process and found the young people to be provided with a healthy and nutritious diet. Young people's engagement in sports was also supported and facilitated by staff. The centre had a policy on sexual health education. However, inspectors found that there was mixed views within the team about whether a sexual health education and informed consent programme was to be completed with the young people at the centre. Inspectors found that the initial care plans for some young people identified sexual health education as a need. Inspectors recommend that the management engages with the placing social work team to clarify the expectations on their service in this respect. The centre must review their sexual health policy following this consultation and address the area of consent.

### **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)*.

**Required Action**

- The centre manager must review their sexual health policy and address the area of consent.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.7	Centre management must ensure that child safeguarding policies are updated and in line with statutory requirements.	The centres safeguarding policies are currently being updated to be in line with Children’s First: National Guidance for the Protection and Welfare of Children, 2017 and a copy will be submitted to the inspection and monitoring service by end January 2019.	The Director of Services and the management team will undertake two yearly reviews of centre policies and procedures. Updates will also be made to reflect any changes in legislation as it occurs.
	Centre management must continue to pursue the staffing issue with Tusla, Child and Family Agency to attain appropriate staffing levels in order for the centre to carry out its functions safely.	The director of service is continuing to seek funding approval for third person cover and is liaising with senior management in Tusla, Child and Family Agency. This matter will remain ongoing until it is resolved.	Not applicable.
	Centre management must review their child protection reporting procedures and ensure that staff are aware of their role and responsibilities as mandated persons.	Child protection training was completed with the team on the 28/11/18 by an internal appropriately trained child protection trainer. This training informed the staff team of the updates in Children’s	Review of the policies pertaining to child protection will be discussed at team meetings and in between training refreshers. If the management team note that there is a non-adherence to child

		First pertaining to mandated people. Staff are now aware of their role and responsibilities' as mandated persons and the reporting procedures.	protection reporting procedures this will be addressed in supervision and direction will be given.
3.9	The centre manager must review their sexual health policy and address the area of consent.	The centres sexual health policy was reviewed by the centre manager and the team on the 09 <sup>th</sup> January 2019. Resulting from this process three of the team are scheduled to complete training on the sexual health and healthy relationship key working program on the 19 <sup>th</sup> and 20 <sup>th</sup> of February, 2019. Additional staff will be trained in this program on the next available training dates. Since January, 2019 the area of consent is now part of the intake process with all young people which is completed on day two of the intake process.	Clearer guidance will be sought from the Social Work Department at the young person's initial care plan meeting in relation to completing sexual education programs with young people in our care, taking into account their age, cultural and religious backgrounds.