



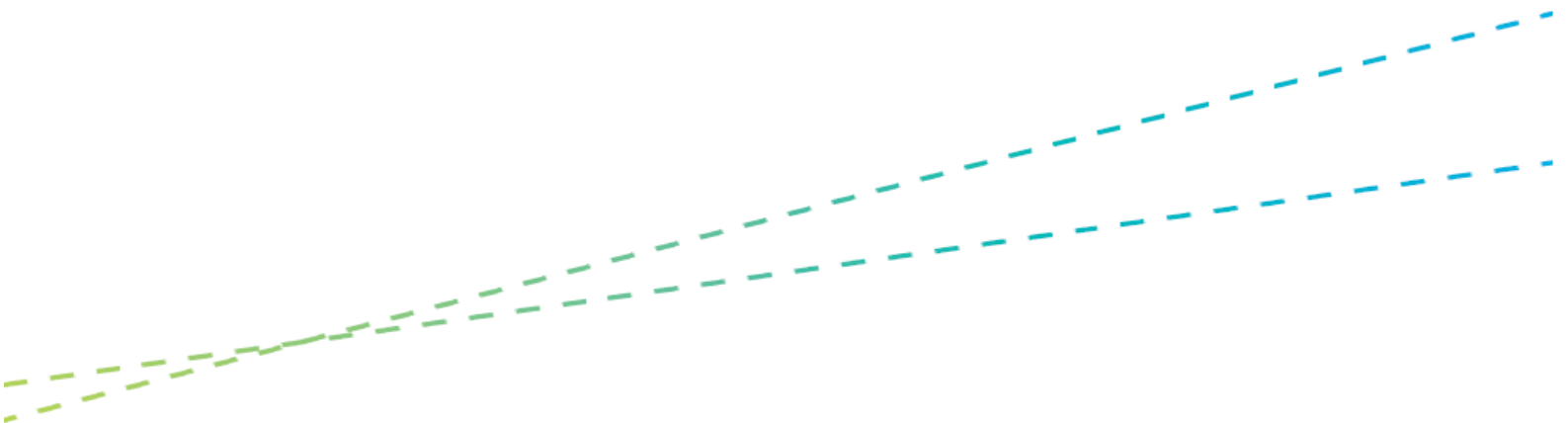
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 033

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Yeria Ltd
Registered Capacity:	Four young people
Dates of Inspection:	25th and 26th of September 2018
Registration Status:	Registered from 1st November 2016 to 1st November 2019.
Inspection Team:	Sinead Diggin Eileen Woods
Date Report Issued:	7th February 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in November 2007. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered with attached conditions from 1st of November 2016 to 1st November 2019. The condition attached was that the centre must implement in full its written submitted action plan and in particular ensure that the external management structures are clarified, become well established and will be robustly maintained over time.

The centre's purpose and function was to accommodate four young people of mixed gender between the ages of eight and fourteen on admission. Their model of care was described as being based on RAP (Response, Abilities, Pathways) and also incorporated the Welltree Model.

The inspectors examined standards 1 'purpose and function', aspects of 2 'management and staffing', 4 'children's rights' and 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 25th and 26th of September 2018.

1.2 Methodology

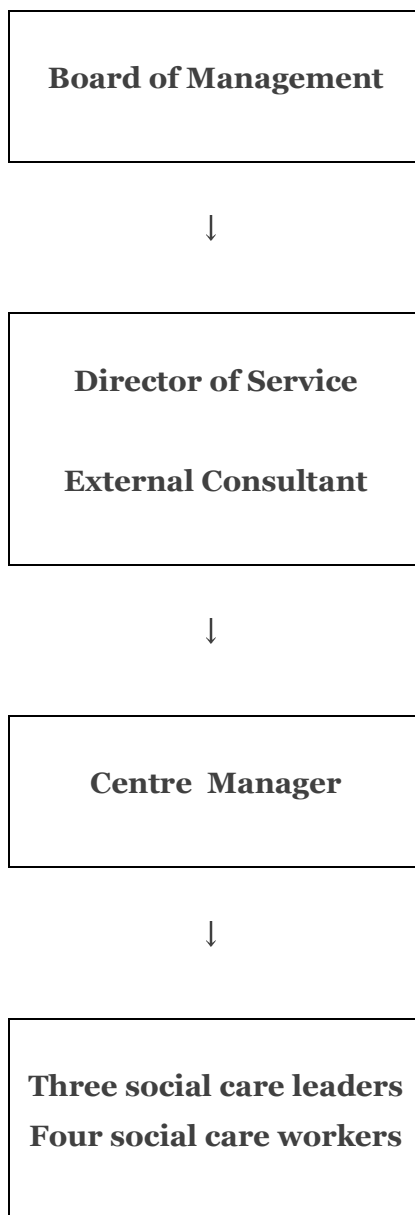
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager, Director of service and External consultant and board chairperson.
- ◆
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) Three young people residing in the centre
 - c) Two social workers with responsibility for young people residing in the centre.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
 - Care files
 - Daily logs
 - Supervision records
 - Team meeting minutes
 - Management monthly reports
 - SERG meetings
 - Centre registers
- ◆ 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) Two staff members
 - c) Three young people
 - d) The external consultant
- ◆ Observations of care practice routines and the staff/young people'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 departments on the 24th of 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 10th 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: 033 without attached conditions from the 1st November 2016 to the 1st November 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre provides accommodation for up to four young people of mixed gender between the ages of eight and fourteen years. The centre was one of two registered centres run by the organisation. The purpose and function had changed since the last inspection with the centre now catering for a younger age group from eight and not exceeding the age of fourteen years on admission. The manager stated to inspectors that the change in purpose and function had been due to the age of the young people being referred to the centre and they had wanted to create a similar match in age range in the best interest of the younger residents. The manager stated to inspectors that the centre provided medium to long term care for young people. Inspectors reviewed the written statement of purpose and function which included the policy of admissions and found that it was contradictory as it also referenced accepting young people on respite care and for shorter intervals. Inspectors recommend that management review the policy on the purpose and function including the policy on admissions to ensure that it is clear on the length of time in which young people can be cared for in the centre.

The centre's model of care which had been based utilising the RAP model (Response, Ability, Pathways) had been changed in the last year to introduce and include the Welltree model. All staff had received training in this model which was overseen by an external consultant. The external consultant meets on a monthly basis with the staff team and staff interview's confirmed this and could explain to inspectors how they had been using the model in the daily practice with the young people. From a review of the young people's care files, inspectors found evidence that the model had been introduced and how the staff were introducing it in their work with the young people.

The new model of care promotes and provides effective responses to meet the needs and address risks that may be presented by a young person who has experienced trauma in their lives. The model focus was on developing healthy relationships which challenge and support the young person without judgement. There was also a focus

on interventions informed from risk, trauma attachment and wellbeing. There was information available to social workers and other professionals on the model of care.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

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

The manager of the centre had not changed since the last inspection and inspectors found through reviewing centre records, evidence of oversight in daily centre records, team meetings, supervision records. The manager displayed strong leadership skills to the team and evidence of this was reflected in interview with the inspectors, and from review of team meetings and supervision records.

The centre had a condition attached following the last inspection. “The management of the centre were requested to submit an action plan in response to the inspection report and to implement in full, in particular that the external management structures were clarified, well established and to be robustly maintained over time.”

There were two social care leaders to support the manager in their daily role who had additional responsibilities to ensure the effective running of the centre. The manager was line managed by an external consultant who provided supervision to the manager as well as conducting audits in the centre. In interview with the external consultant, they stated that they had initially focused on the last inspection report and worked from the issues that were required to incorporate changes. The external consultant stated that they developed audit tools and worked closely with the manager to ensure that outcomes from the audits were implemented within the centre. The external consultant stated that they had also started working with one of the social care leaders on how to conduct audits internally within the centre to ensure that best practice remained a priority. They also stated that there was increased

communication and meetings held with external management to improve the oversight and governance from both internal and external management. Inspectors found that external management now had clearly defined roles and responsibilities and this was reflected in minutes of management meetings. There was also a second external consultant who worked with the staff team on the model of care and these sessions were provided on a monthly basis.

3.2.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies*

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.

3.4 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

Inspectors found evidence of good consultation from staff with the young people. There was evidence that the young people's voice was recorded in their daily logs. Young people's meetings had not necessarily taken place as part of a group but were individualised to take in to account the age of the young people. Inspectors found evidence of this from a review of the care files and daily centre records. Team meeting minute's reviewed by inspectors included the young people's views and requests which were then discussed and decisions recorded. There was evidence that social workers visited the young people and had consulted with them regarding their care and future placement planning. The young people were engaged in a number of activities and one young person expressed to inspectors that they liked being busy

and enjoyed the activities that they were attending. Inspectors found evidence that EPIC had visited with all but one young person who was relatively new to the centre. Child friendly placement plans were completed with the young people and one young person had added to their goals and expressed their wishes for their move on placement.

Access to information

The centre had a policy on access to information and there was information regarding this available to the young people. The manager stated that through their key workers, young people were offered this weekly. The manager stated that given the age of some of the young people they may require support and understanding as to the reasons why records were kept. Inspectors found evidence across centre records that the young people were involved in the process of the reports, in particular the young people's placement plans.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a complaints policy. Inspectors found that the policy was vague and did not clearly set out exact details on how complaints will be dealt with and the timeframe in which the complaint will be concluded. Management must update the policy to clearly state how the complaint will be investigated and set out a timeframe to ensure that a conclusion is reached as soon as possible. There was more specific information broken down in the young person's handbook. The manager stated that there were no formal complaints outstanding and a review of care files confirmed this. There was a grievance log kept for one young person and this was put in place in consultation with the young person's social worker. Inspectors informed the manager at the time of inspection that a complaint is a complaint and should be recorded as an informal complaint and not a grievance.

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*.

Required Action

- Management must update the policy to clearly state how the complaint will be investigated and set out a timeframe to ensure that a conclusion is reached as soon as possible.

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

Safeguarding

The centre had a policy on Child Protection which included safeguarding and child protection. The policy referenced that they operate a dual approach to the issue of safeguarding and child protection, the first was the preventative measures, and the second was the procedural measure. Their policy included recruitment process, training in child protection for staff as well as supervision. Inspectors found that the staff rota allowed for the young people to be supervised at all times. Interviews conducted and questionnaires reviewed displayed that staff were aware of the need for high levels of supervising the young people. There was reference to safety plan's both for inside the centre and when young people were at school or were participating in leisure activities. A Staff member in interview referenced the Tusla web portal for reporting child protection concerns but stated that to date they had not used it. Risk assessments were present on the young people's files, and staff named other areas of safeguarding such as internet safety, absence management plans as well as alarms on bedroom doors. The centre had a safeguarding statement which was displayed in the staff office.

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.

All staff had received training in Children's First National Guidance for the protection and Welfare of Children 2015. Staff had also completed the Tusla E-learning

programme in Children's First 2015. The manager stated that this will now be included as part of the induction training for new staff commencing work in the centre.

3.7.2 Practices that met the required standard in some respect only

None identified

3.7.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.4	Management must update the policy to clearly state how the complaint will be investigated and set out a timeframe to ensure that a conclusion is reached as soon as possible.	The complaint policy has been updated to ensure that it clearly states the procedure on how a complaint will be investigated and outlines a timeframe to ensure that a conclusion is reached as soon as possible. The policy had also been updated to reflect the Tusla 'Tell Us' policy. This action has been fully completed.	Continue to ensure that the policy is reviewed and updated as required.