



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 042

Year: 2018

Lead inspector: Michael McGuigan

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Registration and Inspection Report

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| Inspection Year: | 2018 |
| Name of Organisation: | Misty Croft Ltd |
| Registered Capacity: | Six young people |
| Dates of Inspection: | 20th and 21st of June 2018 |
| Registration Status: | 17th of July 2018 to the 17th of July 2021 with no conditions attached |
| Inspection Team: | Michael McGuigan Linda McGuinness |
| Date Report Issued: | 12th of July 2018 |

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in July 2009. At the time of this inspection the centre was in its' third registration and in year three of the cycle. The centre was registered without conditions attached from 17th of July 2015 to the 17th of July 2018.

The centre's purpose and function was to provide medium term care for up to six young people of mixed gender, aged between twelve and seventeen years. The centre is part of an organisation that provides residential care to separated children seeking asylum. Young people are placed through the separated children seeking asylum social work team and also occasionally through the child and family agency out-of-hours social work team.

The model of care was described as child centred and needs led. Centre staff aimed to provide young people with an opportunity to feel safe, secure and protected in an environment where they could be sure their primary needs were met along with support for their medical, social, educational and personal development needs.

This inspection was a themed inspection and examined standard 1 'purpose and function', standard 2 'management and staffing', standard 5 'planning for children and young people' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 20th and 21st of June 2018.

1.2 Methodology

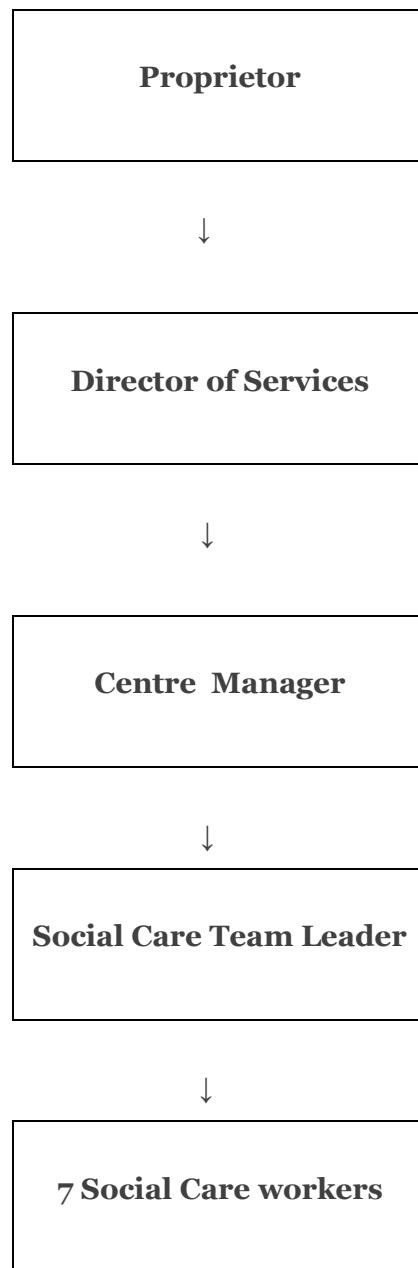
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires submitted by:
 - a) The social care team leader
 - b) The organisation's director or services
 - c) Five social care workers
 - d) Five young people
- ◆ An examination of the centre's files and recording process including care files; management documents; centre registers and planning documents.
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The director of services
 - c) Three social care workers
 - d) The acting principal social worker for one social work team
 - e) Four young people
- ◆ 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 department on the 03rd of July 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 09th of July 2018 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 042 without conditions from the 17th of July 2018 to the 17th of July 2021 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

This centre had a purpose and function that described the model of care as needs led and child centred and stated that young people would be cared for on a short to medium term basis. Emergency and respite placements were also available. The staff aimed to support young people with their social, educational and personal development, as well as ensuring their primary needs were met in an environment where they could feel safe and secure. Inspectors found the purpose and function reflected the day-to-day operation of the centre, was up-to-date at the time of inspection and noted those responsible for its review.

During interview with the centre manager and the director of services, both stated that there had been issues with finding appropriate move on placements for young people. This had been raised with the dedicated social work department and was under review at the four monthly meetings between the director of services and principal social worker. As a result of a recent change in government policy there had been a much higher demand for beds within the sector. However, there had not been an equivalent increase in suitable move on placements. Consequently young people were staying outside of the times frames stipulated in the centre's purpose and function.

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

This centre had a full time manager who was in post for 21 months and held an appropriate qualification in social care. Prior to taking up the position, the manager worked as a social care team leader in other centres in the organisation and acted up in the absence of other managers when required. The centre manager is supported by a social care team leader who typically works office hours during the week. There was evidence that the manager had reviewed documents in the young people's care files as part of their governance and also attended team meetings, handovers, professionals meetings and child in care reviews.

The centre manager reported to the director of services who visited the centre on a weekly basis. The director of services reviewed documents while on site as part of their governance and also received monthly manager's reports. Inspectors reviewed evidence that the director of services had oversight of the care and placement planning documents for young people and responded to issues that arose where appropriate. They also received the team meeting minutes by email and attended these meetings if required.

The organisation holds a monthly centre manager's meeting and social care team leaders also attend these periodically. Inspectors reviewed a sample of the minutes for these meetings and observed discussions on operational matters including staffing, finances, premises and safety, policies and procedures and the planning of care for young people.

From a sample of the staff team meeting minutes, it was observed that these contained discussions on the planning of care for young people and staff care practice. Further, there were details on operational and environmental issues for the centre. There was evidence of feedback from young people's meetings and time allocated for reflection on issues in the centre. However, the planning and decisions for each of the young people was included with the narrative on their progress and it

was difficult to track the planning of care and delivery of actions from this. Also there were no clear time frames or identified persons responsible for delivery. Reviews of actions from previous team meeting minutes were evident; however, inspectors recommend a clearer system for tracking is introduced.

Inspectors also attended at a team meeting and found that the centre manager gave positive feedback to the team on practice issues and that the meeting was very child focused and reflective. Inspectors observed discussion and sharing of interventions that were successful and a review of other behaviour management strategies. There was evidence of good interdisciplinary work and each young person's placement plan, behaviours support plan and ICMP were discussed and reviewed in detail.

Register

Inspectors reviewed the centre register and found this to contain the required details as per regulatory requirements. It was noted that the sections on discharges for two young people contained no information as they were missing from care when their placements were closed. 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

This centre has a system for the prompt notification of significant events. There was evidence that these reports were forwarded in a timely manner to the notifiable persons and they contained appropriate information. The service had a significant event review group that met on a three monthly basis and reviewed incidents. Interventions and outcomes for young people were also discussed at this forum.

Staffing

The centre had a whole time equivalent staff complement of seven social care workers and one social care team leader. There were two staff on sleepover each day and at times an extra day shift was provided during busy periods and also to support staff in addressing the behaviours of young people. From a review of staff files inspectors observed that there was a balance of experience on the team. Further, during interviews with staff members, inspectors noted that they had an understanding of the model of care and the emotional needs of the young people.

Inspectors examined a sample of the staff personnel files and found that these contained up-to-date Garda vettings and CVs. There were copies of qualifications and results held on file along with verification from the institute of the staff member's

attendance. Inspectors also observed evidence of induction programmes that included work on policies and procedures, fire safety, behaviour management tools, recording and reporting systems, handovers and introductions to the young people. Copies of employment contracts, passports or driving licenses and training certificates were also on file.

Inspectors noted that a number of the references on file for staff in long term employment were testimonials. These had then been verbally verified by the centre manager. However, the organisation has now implemented a new system for obtaining references with a written template sent to the employer and a phone call verbal check being carried out to verify the information.

Training and development

Inspectors reviewed the training certificates held in staff files and also a copy of the centre training census. It was observed that staff had received core training in a recognised model of behaviour management, fire safety, first aid and the safe administration of medication. Copies of E-learning certificates for Children First, 2017 were also on file. Further, staff had received training in IASIST, mental health and bereavement separation and loss to support them in their work with young people and there was further training planned for staff throughout the year.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained and stored securely in line with the Freedom of Information Act, 1997 and that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

During this inspection a sample of the supervisions conducted by the centre manager were reviewed. The centre has a policy that states supervision will be carried out with staff members at four to six weekly intervals and inspectors found supervisions to be within the required time frames. Placement plans and progress reports were considered in key working supervision provided by the social care team leader and also then in formal supervision. Records reflected that key work and placement plans were reviewed between the centre manager and staff member and there was evidence of goal setting. Supervision for staff also contained discussions on operation matters, professional development and training and actions agreed were clearly recorded.

Inspectors observed that there were supervision contracts in place for staff; however, some of these dated back to 2016 and it is recommended that these are reviewed annually with staff.

There were appraisal forms on file for staff members and these addressed professional development and the planning of care for young people. They were completed by the staff member and then a joint evaluation occurred with the centre manager where performance in each area was discussed. Inspectors also noted that the centre managers in the organisation provided peer support to each other on many aspects of the daily running of their centres.

A review of a sample of supervisions for the centre manager with an external consultant was conducted. However, these records did not contain enough information on the content of the supervision and did not evidence sufficient discussions on young people or operational matters in the centre. Further, there did not appear to be a review of previous supervisions and the actions for the centre manager were unclear.

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 Action

- The director of services must review the supervision provided to the centre manager to ensure that it meets the needs of the service.

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

Suitable placements and admissions

Young people were admitted to the centre through the separated children seeking asylum social work team or through the Tusla, Child and Family Agency out-of-hours social work team. There had been ten admissions to the centre in the six months preceding the inspection. During interview with the centre manager and the acting principal social worker, both stated that they felt the placements were appropriate and meeting the needs of the young people. Young people were in general discharged to other children's residential centres, foster care or direct provision centres. There was a pre-admission risk assessment and safety plan for each young person on admission detailing risks and permissions. If required, a more comprehensive impact risk assessment was conducted based on the mix of young people and other presenting behaviours in the centre at the time of admission. The centre was provided with a copy of admission meeting minutes and social work intake assessment forms. However, at times young people were admitted with limited background information.

Statutory care planning and review

There was evidence that each young person had an emergency care plan on admission to the centre and within a short space of time had a statutory care plan review. All of the young people had an up-to-date care plan on file. Inspectors observed that each care plan included a detailed assessment of need and actions required to meet their needs. There was evidence that social care workers, on occasion with the help of interpreters, went through the content of care plans and placement plans with young people. Inspectors found that two young people had requested changes to the information contained in their care plans and this had subsequently occurred. Care plans informed the creation of detailed placement

plans/progress reports that were updated regularly in consultation with young people and their social workers.

Placement plan/progress reports set out work to be undertaken with young people and the key working yet to be completed. Inspectors observed there was an outcome-based focus on this work. Key working was noted to be of a high standard and included work on cultural integration, trauma / loss and separation, conflict resolution, mental health issues, sexual health and sex education, move on plans, complaints policies, independent living skills and religion. There was ample key working around the content of placement plans and care plans. Further, there was evidence that the placement plans were sent to the director of services and their comments and oversight was noted by inspectors.

Contact with families

Given the nature of the service provided, contact with birth families was not always possible. However, inspectors noted efforts by centre staff and management to support young people in their contact with family members by phone and also to establish contact with relatives in this country if appropriate.

Supervision and visiting of young people

At present care plan meetings are being held in the centre and this provides the opportunities for social workers to meet with young people. Further, young people are invited to visit their social workers in their office and regularly do this.

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

Inspectors observed that care plans were in place for each young person and that social workers convened reviews where appropriate. Young people were supported to understand the content of their care plans and their views were reflected. Young people met with social workers both on site and off site and there was evidence that they responded to significant event notifications where necessary.

Emotional and specialist support

Each of the young people had a key worker and inspectors noted that care plans and placement plans had a focus on emotional and specialist support. During interview it was noted that staff were aware of the emotional needs of young people. The needs of young people were also discussed at team meetings and where services were not available to young people in the community, there was evidence that this was sourced privately. Inspectors noted joint work between the centre and social work department to ensure that services were available and the emotional needs of young people were met.

Preparation for leaving care

Inspectors reviewed the independent living needs assessment in use in the centre and the placement plans for young people. It was observed that these documents addressed issues such as financial planning, cooking, cleaning, legal status and dealing with government departments. The young people that met with inspectors stated that they were happy with the work to prepare them for leaving the care of the centre and felt their key workers were supporting them.

Discharges

There have been six discharges from the centre in the six months preceding the inspection. These were to a range of placements including supported lodgings, foster care and direct provision. As noted above, there have been a number of issues with move on placements from this service and young people were staying longer than the time frames set out in the centre purpose and function. Further, two young people had been discharged having left the placement and failed to return. Their beds were held open for a number of weeks, however it was subsequently agreed with their social workers that the placements would be closed. Inspectors noted that one young person was discharged due to safety concerns and this decision was made in conjunction with their social work department.

Aftercare

There was evidence in placement planning that young people were supported to prepare for leaving the centre. Given the nature of the service provided many of the young people were discharged to direct provision centres, foster care or family reunification. Inspectors noted that key working focused on societal issues, independent living skills, cultural integration and legal preparation. Young people were supported to apply for further education grants and maintenance support for third level education. Further, the separated children seeking asylum social work team had a dedicated social work team leader for aftercare.

Children's case and care records

Each young person had an individual care file that contained the required information and records were written to an appropriate standard. There was evidence that the social care manager reviewed records and noted where improvements were required. Young people's daily log books contained a narrative of their day and noted any issues that had arisen for them. The case and care records were kept in a manner that facilitated ease of access and the tracking of information. Key work sessions also reflected that young people's views were sought around the care being provided to them. Records were held as required in line with regulations and the Freedom of Information Act, 1997.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

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 1 and 2, Care Plans
- 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 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).

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

Accommodation

The centre was a large semi-detached premises in an suburban setting in county Dublin. The centre was close to schools, shops, public transport routes and local amenities. Inspectors observed it was suitably decorated and homely in nature and that young people had a bedroom to themselves. It was also noted that appliances were domestic in nature, the centre was well lit and ventilated and there was suitable furniture and furnishings. There was room for young people to meet family and friends or their social worker in private if required and there space for the secure storage of young people's belongings.

Maintenance and repairs

The centre had a system for the recording and reporting of maintenance issues. Inspectors reviewed the centre maintenance log and found that action was taken on issues in a timely manner and staff noted when maintenance issues were resolved. The maintenance log contained the date, location, detail of the issue and action required and this was signed by staff when completed. The log also contained evidence of centre manager oversight. Maintenance issues and their resolution were also noted in the monthly health and safety audits.

Safety

Inspectors conducted a walk-through of the premises and noted the building to be in good repair. The centre had an up-to-date health and safety statement that was reviewed annually and contained the required information. There were also accompanying risk assessments for the hazards that existed in the centre. The team meeting minutes evidenced that there was a policy in place on car safety and there was a focus on health and safety and risk assessments. Medications were securely stored in the staff office.

The centre health and safety officer carried out monthly health and safety audits that comprised of an inspection on the premises and notes on any work carried out or actions required. This document also contained information on housekeeping, fire safety, first aid, hazards and risk assessments. These audits were forwarded to the director of services who routinely visited the centre.

Fire Safety

The centre had a Fire and General Register in which staff recorded each of the fire safety checks being conducted. Some of the pages in this document were coming loose and it had been in use for a number of years. A new register had been ordered and was to be used from the month following inspection. It is recommended that a new register is implemented every twelve months. The centre had contracts with private companies for the maintenance and repair of fire detection and fire fighting apparatus in the centre.

Inspectors noted that there was an appointed fire safety officer who conducted weekly checks and also a health and safety officer. There had been 19 fire drills carried out in the twelve months prior to this inspection and the time it took for each drill to be completed was also recorded. There was evidence of daily checks on the means of escape and weekly checks on the centre fire alarm system and automatic door releases in use. Fire fighting equipment was also periodically checked and quarterly testing on emergency lighting was occurring.

3.10.2 Practices that met the required standard in some respect only

None identified.

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.

4. Action Plan

| Standard | Issues Requiring Action | Response with time scales | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again |
|-----------------|---|--|---|
| 3.2 | The director of services must review the supervision provided to the centre manager to ensure that it meets the needs of the service. | The director of services will take over supervision of the centre manager from September 2018 onwards. | This has already been agreed and previous Supervisor has been informed of the decision going forward. |