



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 045

Year: 2018

Lead inspector: Sinead Diggin

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Focus Ireland
Registered Capacity:	Six young people
Dates of Inspection:	21st, 22nd March and 5th April
Registration Status:	Registered from 31st December 2016 to 31st December 2019
Inspection Team:	Sinead Diggin
Date Report Issued:	10th 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 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. At the time of this inspection the centre were in year two of the cycle. The centre was registered without conditions from 31st December 2016 until the 31st December 2019.

The centre's purpose and function was to accommodate on a short to medium term basis, six young people of both genders from age fifteen to seventeen years on admission. Their model of care was described as needs met.

The inspector examined standards 2 'management and staffing', 5 'planning for children and young people' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 21st, 22nd of March and 5th April 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.
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff

- b) The social workers with responsibility for young person/people residing in the centre.
- c) Guardian at litem
- d) External staff

- ◆ 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.

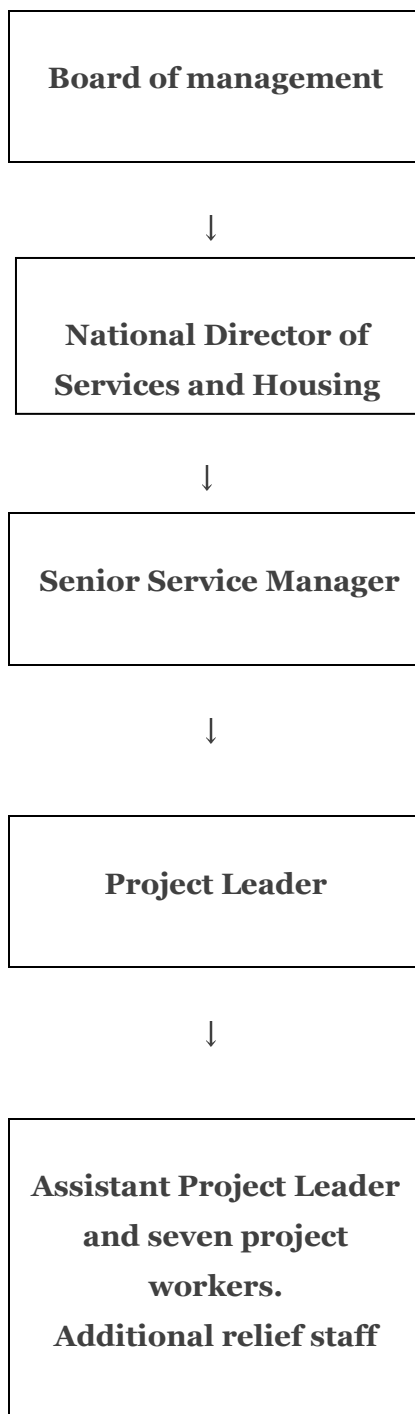
Care files
Supervision records
Handover book
Maintenance log, etc.)

- ◆ 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) The lead inspector
- ◆ 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 project leader, national director of services and housing, senior service manager, and the relevant social work departments on the 12th of June 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 25th of June 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 continue to register this centre, ID Number 045 without attached conditions from the 31st December 2016 to 31st 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

Register

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Administrative files

The inspector found that the case files were organised and easy to navigate. From reviewing the files there was no evidence of oversight from the service manager. As previously referred to by the inspector, external monitoring is necessary to ensure that appropriate care practices are in place. There was weekly petty cash budget in place and the assistant project leader stated that it was adequate to meet the needs of the centre. The social work departments for the young people provide funding for clothing or other additional costs such as school transport.

Training and development

The organisation has a team of internal trainers who provide the core training to staff in the centre as well as within the wider organisation. The inspector found through management, and staff questionnaires reflected that all of the core training which included Therapeutic crisis intervention (TC.I), Children's First National Guidance for the Protection Children, first aid and fire safety had been completed. From a review of staff personnel files there were no training certificates to support this. The organisation has a human resource department and staff files are stored there. The inspector recommends that the project leader ensures that training certificates are maintained and stored on staff files. Staff confirmed that they had completed additional training and some staff would welcome training in areas such as mental health issues and eating disorders.

3.2.2 Practices that met the required standard in some respect only

Management

The Project leader had only recently been appointed and had only started on the day before the onsite inspection. They were suitably qualified and had been working within the wider organisation in a different role. The project leader stated to inspectors that they had been employed by the organisation for a number of years and previously worked in this centre in the role of project worker progressing on to a team leader post, and so felt they had good knowledge and experience of the service and practice within the centre. The project leader stated that they applied for the position when it arose and was interviewed for the post. In interview the project leader informed the inspector that they would be working 9-5 pm from Monday to Friday. They stated that they would be responsible for overseeing the whole project, managing their relations within the wider organisation as well as Tusla and other local services. They stated they would be supported in their role by the current assistant project leader and there would also be three other team leaders who would work on shift as part of the rota. The project leader stated that they attended the last managers meeting with all the voluntary sector and crisis intervention service. They stated that they will also attend the significant event review group (SERG). The project leader had met with the previous project leader for a handover in the previous week and a handover with the assistant project leader was scheduled for the day of the onsite inspection.

The assistant project leader also works 9-5pm and had been acting up in the interim period until the current project leader took up their post. The assistant project leader has a relevant qualification and had been working within the wider organisation for a number of years. The assistant project leader had worked alongside the manager from 9-5 pm. The assistant project leader stated that their role in acting up included monitoring the young people's care plan's completing the staff rota as well as responsibility for petty cash. They stated that while acting up they were line managed by the service manager who has responsibility for youth service and worked as an advisory for the assistant project leader. The assistant project leader stated that the service manager visits the centre but had not read centre records recently. The assistant project leader informed the inspector that the service manager had in the past read centre records if the project leader had concerns or if it was a

recommendation from previous inspections. The assistant project leader stated that monthly reports were completed and forwarded to the service manager and monthly management meetings were held to inform of any issues. The assistant project leader stated that their role may change now that there was a new project leader and in interview the project leader stated that the role for the assistant project leader was yet to be determined.

The service manager had been in post for over ten years. In interview the service manager stated that their role was to oversee all of the young people's services including residential and aftercare. The stated that they were accountable for all of these services and it was their responsibility to ensure that this service had the resources necessary for the effective running of the centre. They stated that the project leader had responsibility for the day to day running of the centre but in their role as service manager they were ultimately accountable. The service manager stated that they were in regular contact with the project leader, available to staff if required, had sat in on team meetings and sometimes the daily handover. The newly appointed project leader worked with the service manager previously and the assistant project leader confirmed that they had regular communication with the service manager.

From reviewing centre records the inspector found no evidence of the service manager overseeing centre records or practice within the centre. The inspector noted that there was one incident in which a young person had made a complaint, however this was not notified to the allocated social worker. While the staff member asked the young person if they wanted to make a formal complaint, the young person declined however, there was no evidence that this was responded to by management.

Management must review daily records for the young people and ensure that all significant events are forwarded to the relevant professionals. As previously stated by the service manager, they had ultimate accountability for the centre. To ensure that appropriate care and operational practice were in place the service manager must develop an audit tool to better evidence their oversight and leadership in the centre.

Notification of Significant Events

A cross section of significant event notifications (sen's) was reviewed as part of the inspection. The sen's reviewed were in the most part to do with the absences of young people resident in the centre. The manager or a member of staff attends a significant event review group (SERG) through the crisis intervention service every six weeks. The assistant project leader stated that they try to rotate who attends to ensure that

all staff members have an opportunity to attend for learning purposes. Social workers interviewed were satisfied that SEN's were forwarded to them in a timely manner.

Staffing

At the time of the inspection the centre did not have a full complement of staff. The inspector found that they had seven full time staff and were interviewing for additional staff. Two staff members worked on a twenty four hour shift sleepover with a view to having three staff on duty. Social workers interviewed stated that the centre appeared to have low numbers of staff and this was confirmed by management. A staff member interviewed stated that there had been many changes in the centre both with line managers and staff who had moved on. They stated that due to staff changes things that should have flowed were missed. The staff member stated that having the newly appointed project leader along with plans for additional staff would be positive for the young people and it would allow more time for staff to work on an individual basis the young people. Through a review of staff questionnaires and interviews conducted, staff could not identify a specific model of care, however there was some reference to working with the young people using a needs based approach. The inspector reviewed a cross section of personnel files and found that references and Garda clearances were present including updating of Garda clearance.

Supervision and support

The project leader and assistant project leader had received training in the provision of Clinical supervision which was provided by a psychotherapist. The project leader informed inspectors that they intended to supervise all of the staff team. The inspector reviewed a cross section of supervision records that had been provided by the last project leader. Records reviewed displayed that there was significant gaps in the provision of supervision and was not in line with their policy. Inspector's noted that the previous project leader acknowledged this in some records reviewed. The newly appointed project leader must ensure that staff are supervised consistently in line with the timeframes of their policy. The young people were discussed, however the link between placement plans' and tasks to be completed were not included. Staffing shortages and impact on staff were a consistent topic in supervision records reviewed.

The service manager states that they supervise the project leader every four to six weeks and that the sessions include a combination of managerial, operational and

care of the young people. As the project leader had only just started supervision had not taken place yet. The assistant project leader had not received supervision from the service manager in the short time they had been acting up but stated they were in regular contact with the service manager who was always available for advice and support.

The centre has an external psychologist who does reflective practice with the team periodically. The assistant project leader stated that management do not attend these sessions and the psychologist is only required to inform management if any issues or concern's arise. The assistant project leader informed the inspector that the psychologist also provides monthly reflective practice for all the youth managers across the service.

Handovers occur on a daily basis and weekly team meetings are held in which all staff were required to attend. Minutes of team minutes reviewed displayed that young people were discussed as well as current issues within the centre.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

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
-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

- To ensure that appropriate care and operational practice are in place the service manager must develop an audit tool to evidence oversight and leadership within the centre.
- Management must review daily records for the young people and ensure that all significant events are forwarded to the relevant professionals.

- Management must continue the process of recruiting staff to ensure that the centre has a full complement of permanent staff.

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

The centre accommodates young people between the ages of fifteen and eighteen years old on a short to medium term basis. As part of the crisis intervention service, referrals are forwarded to the alternative care manager for this service who then liaises with the project leader in the centre. The centre also on occasion accepts young people from the out of hour's service. At the time of this inspection there were four young people in the centre. Two of the young people had been residing in the centre for three months and the other two young people had only moved to the centre three weeks before the inspection took place. The social workers for the young people residing there recognised that the centre was a short term placement and were seeking alternative long term or follow on placement. There was information available to the young people and both social workers and project staff confirmed that the young people understood why they were there and that it was not a long term placement.

Statutory care planning and review

Two of the young people had care plans which were up to date, reflected their current placement and what plans were being sourced for future placement. Child in care reviews were held in the first four weeks of admission to the centre. The other two young people had only been in the centre less than four weeks. Their care plans were not up to date however the inspector was informed there was a date set for one of the

young people the following week. The care plan for the other young person was almost a year out of date. The project staff interviewed stated to the inspector that the social worker for the young person was waiting for an aftercare residential placement but at the time of inspection there was no confirmed date. Project workers had completed placement plans with three of the young people. While the inspector was present one of the young people informed the project worker that they would complete the placement plan if it was to take place at that current time. Placement plan's reviewed by the inspector displayed that they held short term current tasks and goals to reflect what was to be achieved in the short term placement. There was evidence of consultation from the young people in the placement plan.

Contact with families

The project leader and assistant project leader stated that family members were welcome to visit the centre and there was private space in the centre should they visit. There was evidence of family contacting project workers in the centre and evidence of project workers updating family of current issues with the young people.

Supervision and visiting of young people

There was evidence of social work visits and other professionals visiting the centre. One social worker stated that they usually meet with the young person outside of the centre as the young person attended school some distance from the centre.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

All of the young people had allocated social workers. There was evidence that social workers had visited the centre and project workers confirmed that the young people had contact details for their social workers. Social workers had visited with the young people in the centre or outside of the centre. One of the young people had an allocated aftercare worker and another young person had a Guardian at litem who also had contact with these young people. Another young person had a worker

available to them from the youth advocate service (YAP) however they chose not to engage.

Emotional and specialist support

The inspector found through interviews conducted and questionnaires reviewed that staff had good knowledge of the emotional needs of the young people. Each young person is allocated two key workers on admission to the centre. The key workers are responsible for completing the placement plan with the young person and looking at identified needs. There was evidence that some of the young people were engaged in substance misuse and that staff and social workers encouraged these young people to engage with support services specific to this. One young person engaged with a counsellor. There was evidence on file of a family therapist arranging a date to meet and work with one of the young people. There was some evidence of key workers trying to engage the young people in individual work sessions however as the young people spent long periods of time outside of the centre this could prove difficult.

Preparation for leaving care

Three of the young people were between the ages of sixteen and eighteen. There was some evidence of life skill work taking place however as stated earlier, the young people spent long periods out of the centre, and were not always willing to engage. Two of the young people were nearing eighteen. There were no preparation for leaving care plan's on file.

Discharges

The centre has a discharge policy and aim for a planned discharge for each young person. Since the last inspection in 2016 there have been fifty two discharges. Fifteen of the discharges were due to placement breakdown and the remainder were planned discharges. As this centre provides for short term placements and is part of the crisis intervention service, the aim is to move the young people on to a long term placement or alternative specific to the young person's needs.

Children's case and care records

The centre maintains a care file for each young person and a case file is maintained by the social worker. From reviewing the young people's files the inspector found that not all files contained the young person's birth certificate or a copy of their care

order. There was photograph identification on three of the young people's files. The fourth young person refused to have their photo taken. Staff at the centre stated that sometimes it can take time to receive all of the documentation from the social work departments. The social work department must ensure that all required documents are forwarded to the centre without significant delay. In the main, records kept by the staff team were of good quality. One project worker referenced that they would have liked more training in record keeping due to the high volume of records to be completed and maintained.

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 has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

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

This centre had been closed for renovation for a number of months and the organisation availed of another one of their properties while the work was in progress. The centre reopened two months prior to the inspection. The accommodation included a newly refurbished kitchen. There were two large rooms for the young people to watch television or play games. One of the rooms was large enough to accommodate a pool table without taking away from the seating area. There was a private phone booth for the young people to make calls. Each young person had their own bedroom. Young people were limited to how much decorating they could do due to it being a short term placement. There were bathroom and laundry facilities. The centre was newly decorated and furnishings were warm and comfortable. Evidence of adequate insurance was provided to the registration and inspection service.

While there was recognition of the need of this centre, in social work interviews, it was stated to the inspector that the location of the centre was not ideal long term for the young people that they were working with.

Maintenance and repairs

The organisation has its own maintenance team who carry out any repairs required on the property. As the centre was newly refurbished, it was in good structural repair and there was evidence that any maintenance issues were addressed in a timely manner.

Safety

The centre had a health and safety policy and it is the responsibility of the project manager to ensure that inspections are carried out using their monthly inspection

template. The inspector was informed that permanent staff had completed first aid training. Training certificates to support this were not on all files. The inspector recommends that the project manager leader seek the certificates and ensure that first aid training is sought for the newly appointed staff when positions are filled. Medications are stored in a safe place and a record of administration is maintained.

Fire Safety

The certificates of compliance with fire safety and building control were in place and the renovations that took place were signed off in accordance with the regulations. There was evidence from the fire log register that fire drills had taken place since the move back in to the centre.

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 has 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
<p>3.2</p>	<p>To ensure that appropriate care and operational practice are in place the service manager must develop an audit tool to evidence oversight and leadership within the centre.</p> <p>Management must review daily records for the young people and ensure that all significant events are forwarded to the</p>	<p>The Service Manager has developed an audit tool that will be used on a monthly basis to ensure oversight and leadership within the centre. The Service manager will evidence all reports and case files reviewed by initialing those that are part of each audit. The Service Manager will discuss findings that come from each audit with the Project Leader and agree on actions that are required within specific timeframes. All completed audit documents will be filed on site in the Project. The Section Manager will follow up between audits to ensure that actions agreed have been followed up on.</p> <p>The Project Leader and/or Assistant Project Leader will review young people's records daily and evidence this by signing off on the</p>	<p>The Service Manager has developed an audit tool that will be carried out monthly. The Service Manager and Project Leader will ensure that each audit is pre-booked and planned in advance to ensure that this practice is implemented.</p> <p>The Project Leader will be included on all emailed significant events sent out to other professionals to ensure full oversight on day</p>

	<p>relevant professionals.</p> <p>Management must continue the process of recruiting staff to ensure that the centre has a full complement of permanent staff.</p>	<p>daily log books and additional files held. This process will occur at staff handovers daily. The Project Leader and Assistant Project Leader will ensure that all significant events are forwarded onto relevant professionals.</p> <p>The Project Leader will continue to oversee the recruitment of staff that is required in order to secure a full staff complement. The Project Leader will carry out this process alongside the Human Resources Team.</p>	<p>to day basis. The Project Leader and/or Assistant Project Leader will carry out weekly checks that all significant events have been completed and reported as required.</p> <p>The Project Leader will continue to report to the Section Manager regarding recruitment on a weekly basis.</p>
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