



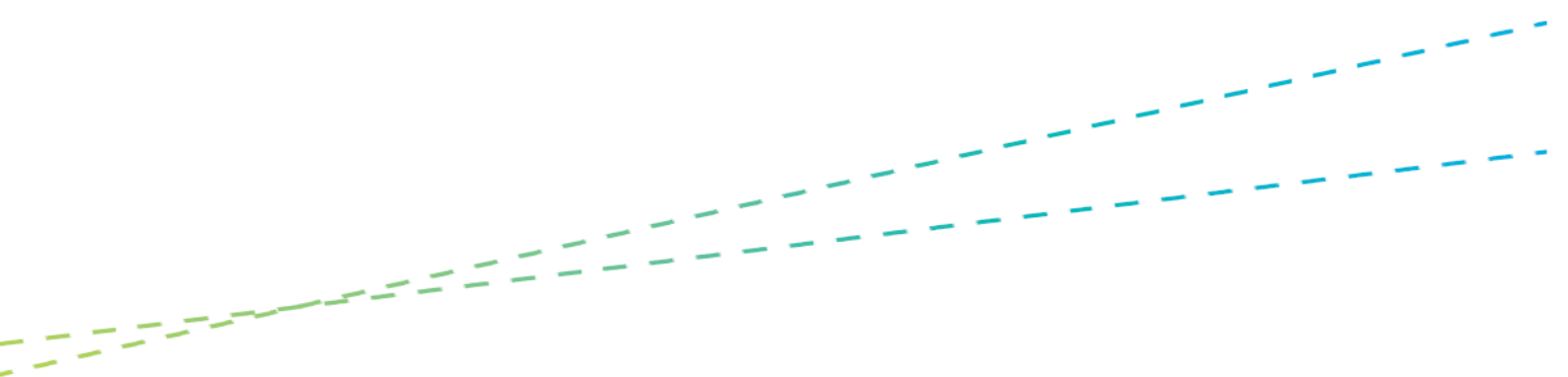
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 051

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Home Again
Registered Capacity:	Five young people
Dates of Inspection:	16th and 17th September 2019
Registration Status:	Registered from 28th February 2017 to 28th February 2020 with condition attached
Inspection Team:	Lorraine Egan
Date Report Issued:	31st October 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 January 2001 in alternate premises. At the time of this inspection the centre was in its eight registration and in year three of the cycle. An unannounced inspection of this centre was conducted on the 6th and 7th of February 2019. Based on the findings of that inspection and the action plan submitted by centre management in response to the findings, a decision was approved by the registration committee to attach a condition to the centre's registration at that time. This inspection visit was conducted specifically to review the condition that had been attached for the period from 28th February 2017 to the 28th February 2020. This condition became effective on 17th April 2019 following the decision made by the registration committee.

The centres purpose and function was to accommodate five males from age thirteen to seventeen on admission. Their model of care was based on a therapeutic and relationship approach derived from the Response Ability Pathways model. This directed that staff would engage in intentional interactions with young people that were expected to support positive outcomes for young people. The delivery of the model was being overseen by an external consultant who met with the staff team throughout the year and provided training. There were two young people resident in the centre at the time of inspection.

This inspection was announced and took place on the 16th and 17th of September 2019.

1.2 Methodology

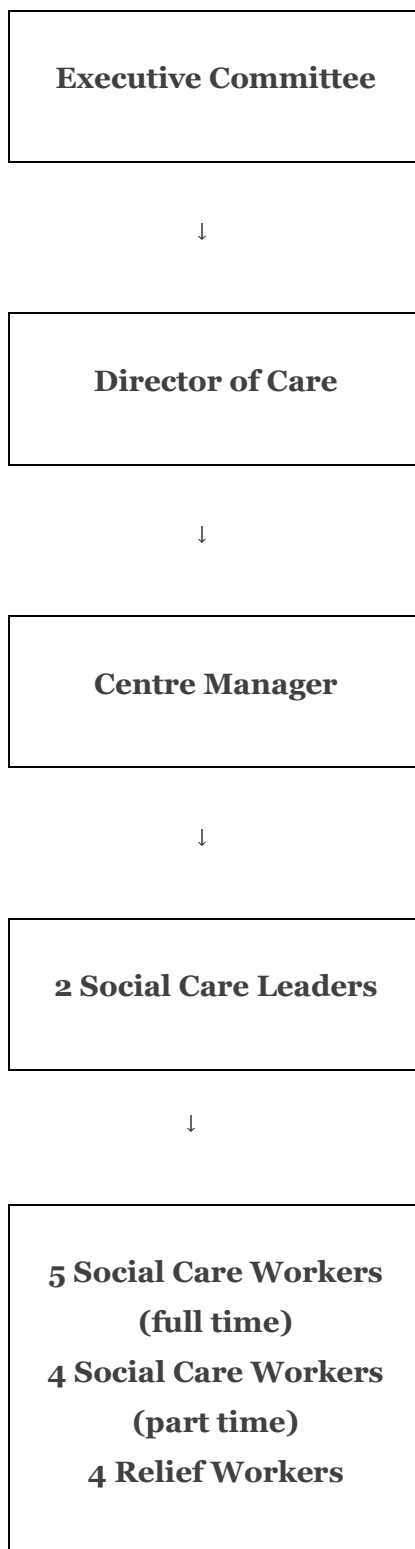
This report is based on a visit to the centre to determine the implementation of centre management's action plan submitted in response to the findings detailed in the most recent inspection report. This included:

- Joint interview with the centre manager and director of care
- An examination of the centre's files and recording process including young people's care files; senior manager's meetings; internal management meetings; team meeting minutes; supervision records; centre audits; training needs analysis; staff rota; maintenance log and risk assessments

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

The findings of the most recent inspection conducted on the 6th and 7th of February 2019 and the assessment of the action plan submitted in response to the draft inspection report on the 14th of March 2019, found the centre not to be in compliance with Child Care (Standards in Children’s Residential Centres) Regulations, 1996, Part III, Article 5, Care Practices and Operational Policies. As such it was the decision of the Child and Family Agency to register this centre with a condition attached from the 28th February 2017 to the 28th February 2020 under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991. The condition being that there should be no further admissions of a young person until full implementation of the CAPA was realised.

The follow-up inspection conducted on the 16th September 2019 to review the condition attached to the registration found that, while the external and centre management had made some efforts to address the former non-compliance with the regulations and standards referenced above, the full implementation of the CAPA from the previous inspection had not been realised, and the centre was therefore, not continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. It is proposed that the condition remains attached to the registration of the centre under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991. The condition being:

1. That there shall be no further admissions of a young person until full implementation of the CAPA is realised.

The period of registration being from the 28th February 2017 to 28th February 2020.

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.

Required actions identified in inspection report February 2019:

- Organisational management must ensure that there is a robust and functioning governance system in place.
- The director of care must ensure that regular audits of compliance with required regulations and standards takes place and has appropriate follow up. The social care manager must be responsible for implementing corrective actions to all identified issues.
- The centre manager must ensure that team meetings have a set agenda, records of discussions, decisions taken and required actions with named persons responsible and set timeframes.
- Organisational management must ensure that all recommendations from inspection and monitoring processes are fully implemented.
- Centre management must ensure that a training needs analysis takes place, and a training schedule developed which is linked to the needs of young people and addressed through the supervision process.

Findings from inspection in September 2019 in relation to above matters:

From a review of the management meeting records between the director and the centre manager, a lack of a unified approach remained evident. This related to disagreements regarding filing systems, queries as to whose responsibility it was to complete the audit action plans and a variance regarding specific care needs of young people relating to their substance misuse. The minutes of the meetings continued to provide updates on young people in the centre and the records showed some improvements in the discussions recorded on care planning, however, they did not reflect recording of dialogue on care practice for young people. There was also an absence of review of the minutes from month to month. Actions or timeframes were not minuted and in most cases, no agenda was set.

The director stated to the inspector that they were present in the centre on a regular basis and informal contact took place between them and the manager on these

occasions, however, as per the previous inspection, decisions agreed from this communication were not evidence on record at the time of this review inspection.

Improvements were evident regarding meetings that took place between the centre management team, consisting of the manager and two social care leaders. Here, decisions and plans made were now recorded, however, timelines along with person/s responsible for the actions were not included. In this regard, it was difficult to track if any progress had been made or not. Furthermore, some of the minutes recorded were difficult to read and contained unnecessary detail e.g. laundry, pocket money etc., which had relevance for handover meetings rather than management meetings.

From a review of the supervision records between the director of care and the centre manager, it was found that sessions were now occurring in line with the centre's policy. However, no contract was in place and there were inconsistencies present in terms of the quality of the discussions recorded and the agenda set. While some of the minutes were clear and specific to the young people in placement, there was an absence of timelines and action plans and there was no review of goals set from previous sessions. Items identified for discussion did not consistently include operational practices such as audits, staffing and training and these items should be regularly discussed at this level to support good governance.

The inspector reviewed a sample of the supervisions minutes between the centre manager and the staff team and while some improvements were noted, a number of deficits did remain. The frequency of supervision had somewhat increased, with contracts now in place for most staff. Some of the minutes also reflected discussion on the model of care and the therapeutic relationships with the young people, however on most files, there was very little specific discussion recorded and there remained in general, an absence of decisions and actions agreed. The centre manager stated that the inconsistency in the quality of the supervision records was because, it was the responsibility of the supervisee to record the notes and not the function of the centre manager. The manager was advised by the inspector, that it was the responsibility of the centre manager to ensure that all notes of supervision sessions conducted by them with staff members were recorded by them and shared with the supervisee.

The inspector reviewed four audits for the period May to July 2019. These were conducted by the Director of Care. The themes included, supervision, health and safety, significant event notifications, key working and staff meetings. Since the

previous inspection, some improvements were observed. Action plans, in most instances were now in place as a tracking mechanism, however, timescales were not included in the template and it was unclear if the issues highlighted, named as 'recommendations' were fully actioned by the social care manager or not. Further, there was evidence to show that while responses to recommendations were populated by the centre manager, these were inconsistently completed in respect of each audit, and in some cases the terms 'actions' and 'outcomes' were used interchangeably and led to a lack of clarity and confusion regarding the recommendations outlined.

The inspector reviewed the team meeting minutes and observed incremental improvements that had taken place since March 2019. These included, a change in the template to capture agendas, discussions, decisions made, the application of specific needs of young people from their care plans and a direct link to placement plans. Although there was direction given to staff by the centre manager on work that required action e.g. staff to read placement plans and to ensure that they are updated along with risk assessments, there were inconsistencies in the recording of the actions to be completed, person/s responsible and timelines. These sections remained blank on the form.

With regard to organisational management ensuring that all recommendations from inspection and monitoring processes were being fully implemented. Inspectors observed some improvements from this current review of the condition attached, however they were not implemented in full.

Centre management provided the inspector with a training needs analysis and a training schedule, both of which had been updated since the previous inspection took place. Training needs had also been a feature for discussion at team meetings and in some instances, but not consistently, through the supervision process. There was also some evidence to show, that training suggestions from staff had been considered by management and provided for either by arranging for staff to attend specific modules or training sessions organised to take place during team meetings. While the training schedule included supervision training, therapeutic care, sexual health and therapeutic crisis intervention training, there was no provision on the plan for placement planning training as recommended from the last inspection. Furthermore, centre management stated that in relation to training on 'understanding the emotional and psychological needs of young people', a psychologist was in attendance at the team meetings for a specific number of sessions per year and they provided professional advice to the staff team where required.

However, there was an absence of evidence of their professional recommendations or clinical input across the records sampled by the inspector.

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.

Required actions identified in inspection report February 2019:

- Organisational management must ensure that the placement planning process is reviewed to ensure that it is fit for purpose, provides guidance, clarity and facilitates a consistent approach to the care of young people.
- The supervising social worker for one young person must ensure that an up to date care plan is provided to the centre to facilitate effective planning.

Findings from inspection in September 2019 in relation to above matters:

The inspector found that some improvements had been made to placement planning in the centre, post inspection. The process had been reviewed and changes were made to the document. In general, there was evidence to show that a placement plan was now being developed every month by key-workers, however, since July 2019, this was changed to once every two months. The template reflected the needs of the young people as outlined in the care plan and in general, specific goals and some actions were outlined in respect of each of these needs. There was good detail provided on some of the documents regarding the goals, along with a link to the direct work to be completed with the young person and a person/s named as being responsible. While this evidenced an improvement from the last inspection, inconsistencies remained and more progress is required in respect of the completion of the sections that were left blank on the template, e.g. behaviour management plan review, risk assessment overview and significant event review. These were not cross referenced to indicate if they had been in place or not for each young person. In some sections, the detail outlined for each goal to be achieved was not concise and it was unclear whether the goals and actions had been reviewed from month to month or

whether outcomes had been achieved. The voice of the young person was reflected in the plan and it stated that they had been viewed by social work departments.

Inspectors observed up-to-date care plans on file for both young people in placement in the centre at the time of this review. The director and centre manager stated that the centre continued to have issues with some social work departments in this regard but they continue to advocate on behalf of the young person.

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.

Required actions identified in inspection report February 2019:

- The Child and Family Agency Dublin Mid Leinster must ensure that their young person is allocated a social worker

Findings from inspection in September 2019 in relation to above matters:

Both young people had allocated social works in place at the time of this review.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Required actions identified in inspection report February 2019:

- Centre management must ensure that risk assessments take place in response to issues of concern both inside of and external to the centre to determine the appropriate responses.
- Centre management must ensure that placement planning responds adequately to any identified risks and that safety plans and behaviour support plans are put in place if required.
- Centre management and supervising social work departments must ensure that individual absence management plans are updated and that threshold meetings take place in accordance with the Joint National Protocol for Children Missing in Care.

Findings from inspection in September 2019 in relation to above matters:

From a review of a sample of individual crisis management plans (ICMP|s) for both young people, it was observed by the inspector, that triggers stated for one young person were not specific and the strategies for intervention lacked detail with broad terms used throughout. The ICMPs were being updated, however strategies utilised remained the same and thus were not reflective of adapting to changing behaviours noted. There were two behaviour management plans in place for one young person since the last inspection, despite numerous significant events taking place in the intervening period which should have warranted the development of more plans or at least more frequent changes to existing plans. While there were changes made to the template at the end of May 2019, this did not show any positive improvement as it was not clear if the interventions stated were being implemented or not. There were no behaviour management plans on the file provided to the inspector for one young person at the time of this inspection. The inspector did not observe any risk assessments or safety plans to address issues for both young people on their files at this time. The centre manager stated to the inspector that they were finding it difficult to understand the difference between risk assessments, behaviour management plans and safety plans as they stated that these processes had not been a familiar part of their care practice in the centre for a substantial period of time.

While placement plans for both young people had stated goals and actions that linked to the young person's care plan, any risks identified for them both had been responded to in their ICMPs and for one young person, also in their behaviour management plan. The inspector did not see any evidence that there were behaviour support plans or safety plans on either of the young people's care files. Interventions outlined on both plans to address behaviours and risks were actioned through key-

working, direct work with young people, and referral to counselling services and other appropriate agencies. However, the record of the sessions sampled by the inspector contained detailed conversations with the young people, rather than individualised strategies and interventions to respond appropriately to behaviours and risks. While this direct work reflected a lot of care for the young person, in general it was not clear how the goals from the plan were been achieved.

External and centre management stated that prevention strategy meetings were not taking place in accordance with the Joint National Protocol for Children Missing in Care, despite the number of absences that had occurred since the last inspection. The inspector found that absence management plans were not being updated on a monthly basis as required.

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.

Required actions identified in inspection report February 2019:

- The centre manager must ensure that the maintenance log is filled in appropriately when issues are identified and resolved.
- The director of care must ensure that the centre health and safety statement is updated as required, including signatures and that there is evidence of staff review of this document.
- The centre manager must ensure that risk assessments are created to address the hazards that exist in the centre.
- The centre manager must provide inspectors with a plan to address the fire safety issues identified by 04/03/19.

Findings from inspection in September 2019 in relation to above matters:

While the centre's maintenance log contained details of the nature of the repairs needed, the date the issue was reported and the person who reported it, some inconsistencies were observed in the recording of the required actions to resolve the

issues. The date of completion was also missing from the log. In some instances, a two-month period had elapsed before repairs were addressed.

There was a safety statement in place that was dated 2018. This statement had been reviewed by centre staff and signed by the team. A health and safety audit was conducted by the director of care in July 2019 and as a consequence, very detailed risks were recorded, however it was not clear if the issues identified had been addressed from the action plan attached. No timescales were recorded.

A template had been created to record risks to address hazards in the centre. However, there were inconsistencies in the recording of this information, as issues identified did not indicate if they had been addressed or not for some months. A fire drill had been conducted on June 5th 2019 but it was not clear who had participated, as the names of the staff or young people had not being noted on the log.

The inspector was unable to find the plan which was required by the centre manager to submit to inspectors at the last inspection, in order to address the fire safety issues identified.