



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 052

Year: 2018

Lead inspector: Linda Mc Guinness

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Sorcha Homes Ltd
Registered Capacity:	Four young people
Dates of Inspection:	25th and 26th of September 2018
Registration Status:	Registered from the 06th of December 2018 to the 06th of December 2021
Inspection Team:	Linda Mc Guinness and Michael McGuigan
Date Report Issued:	14/11/18

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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 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 on 6th of December 2009. At the time of this inspection the centre were in their fourth registration and were in year three of the cycle. The centre was registered from the 6th of December 2015 to the 6th of December 2018.

The centres purpose and function was to provide accommodation for up to four young people of both genders from age thirteen to seventeen years on admission. At the time of inspection there were four young people living in the centre. The centre will accommodate a young person under thirteen years of age if this is assessed as a suitable placement and derogation to the purpose and function is in place. The team also provides outreach support to a number of young people who have moved on from the centre.

The centre's model of care was the 'Welltree Model' and each of the staff had been trained in this. An external consultant was overseeing its delivery model and met regularly with the staff team. The national outcomes framework had also been incorporated into the model and it included interventions that were informed by young people's attachment, risk, wellbeing and trauma. Further, the provision of care was designed to reduce risk taking behaviours, enhance self-esteem and promote abilities, strengths, positive decision making and resilience.

The inspectors examined standard 4 'Children's Rights', standard 6 'Care of Young People', standard 8 'Education', standard 9 'Health' 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 25th and 26th of September 2018.

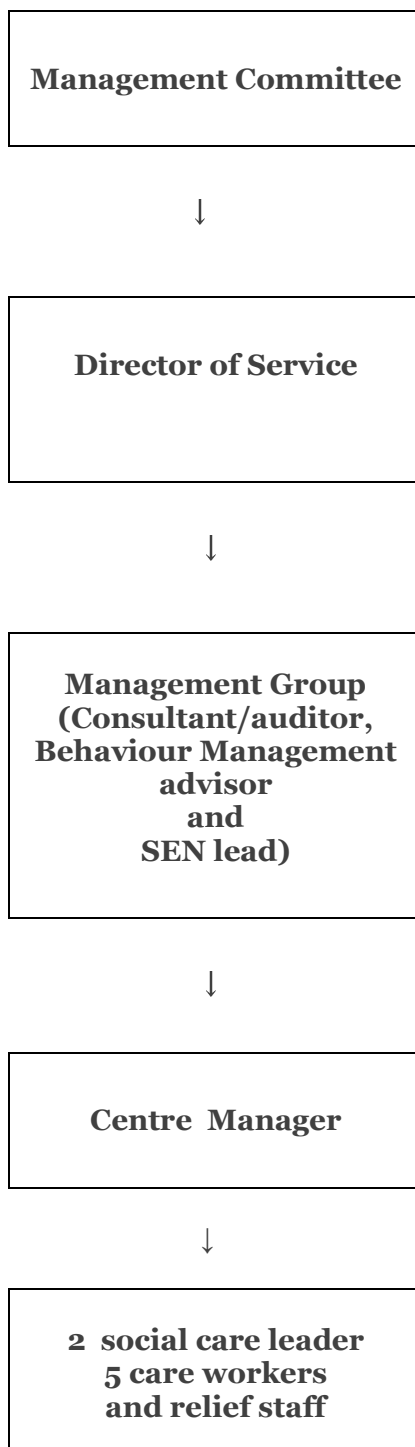
1.2 Methodology

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 completed by:
 - a) all of the care staff
 - b) the director of service
 - c) member of the management group
- An examination of the centre's files and recording process including;
 - care files
 - daily log books
 - young person's booklet
 - handover book
 - maintenance log
 - fire safety and health and safety documents
 - training records
 - team meeting minutes
 - management meetings minutes
 - centre registers
- Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Three staff members
 - c) Two young people
 - d) The social workers with responsibility for three young people residing in the centre
- Observations of care practice routines and the staff/young person's interactions.
- One inspector attended the daily handover meeting

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 departments on the 26th of October. 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 6th of November 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: 052 without conditions from the 6th of December 2018 to 6th of December 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

From a review of care files inspectors found that young people's views were sought on decisions that affected their daily lives and their care in the centre. There had been 36 young peoples' meetings since the start of 2018 and these were generally well attended. Records also reflected that, at times when young people refused to participate in the meetings, key workers made efforts to organically gather their views on relevant issues. There was evidence that topics such as advocacy, their views on living in the centre, key working and a choice of key workers, independent living skills, new admissions, menu planning, decoration of bedrooms and respect for each other were discussed.

Records in the centre also evidenced on-going consultation and young people were supported to have their views heard before their child in care reviews and meetings related to their care. This was not as evident in the review of placement plans reviewed by inspectors. The management and team should consider ways to better evidence young people's participation in the placement planning process.

Consultation was also central to the new model of care being used in the centre and the new service development plan that was being implemented included a focus on improving the participation of and consultation with families, social work and young people

Complaints

There was a complaints policy in place which all staff were familiar with. Young people confirmed that they knew were aware the complaints process and knew how to make a complaint if they needed to. Three formal complaints were made by young people in the twelve months prior to the inspection. One of these complaints was subsequently processed as an allegation in line with the child protection policies and procedures. The other two complaints were fully investigated with the inclusion of

social work, conclusions were reached and feedback was provided to the young people.

Inspectors observed oversight of complaints by the social care manager and the service's external consultant and also a review of the complaints file by social work. Inspectors found evidence that complaints were discussed at young people's meetings and staff team meetings and information was also provided to young people on admission.

One young person's child in care review meeting had been cancelled and rescheduled. They were unable to attend the new date and although they had expressed an interest in participating in this meeting it went ahead in their absence. The social worker met with the young person afterwards however, inspectors found that the young person should have been afforded the opportunity to make a complaint in this instance.

Access to information

There was a policy in respect of young people's access to information created in the centre. Inspectors reviewed evidence that access to information was discussed with young people as part of their induction to the centre and throughout the placement. There was evidence that families were updated and provided with information about their young person's placement.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People.*

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.

3.6.1 Practices that met the required standard in full

Individual care in group living

The young people that met with inspectors stated that they enjoyed living in the centre and were happy there. Each of the young people had a key worker and there was evidence that individual work was being carried out on a regular basis.

Placement planning for young people was of a high standard and focused on positive outcomes. Young people were supported by the staff team to learn new skills and competencies. One of the goals of the new model of care was that young people were connected, respected and contributing to their world and inspectors found that this was reflected in the individual work.

Inspectors found that staff had an awareness of young people's rights and responsibilities. Further, the most recent service development plan contained a focus on ensuring the views of young people, their families and social workers were heard and used to improve the service. There was evidence that young people had been supported to join clubs, societies and sporting organisations in the area and were facilitated to attend these. The achievements of young people were celebrated and pictures of the young people and staff were on display in communal areas.

Provision of food and cooking facilities

Inspectors observed that there was an ample supply of nutritious food in the centre and the young people's daily journals evidenced that meals were treated as social occasions. Young people's preferences were taken into account in menu planning and they often went shopping with the staff team. There were health and dietary programmes in place and young people were supported to prepare their own meals as part of independent living programmes.

Race, culture, religion, gender and disability

The centre had a policy relating to diversity and anti-discrimination. It stated that the organisation was committed to pursuing a policy of equal opportunities for all young people and staff members. There was a 3 year recent service improvement plan in place in which it outlined the purpose as being ‘ensuring the rights of all young people are respected, protected and fulfilled. This tied in with the new model of care which had a specific focus on young people achieving their full potential in all areas of development. Inspectors found from interviews with young people and staff and through review of files that these policies and practices were evident across day to day practice in the centre.

Key working evidenced that there was prompt discussion and practical actions taken in with young people in respect of bullying if and when it arose in the centre. Audits conducted by the external consultant also placed as focus on promoting diversity.

Restraint

This centre had a policy on the management of challenging behaviour that stated staff would be trained in a recognised model of de-escalation and physical intervention to support young people in addressing their outburst and violent behaviours.

Inspectors reviewed the training logs held in the centre and found that staff training in this was up-to-date.

It was noted that there had not been any incidents where a physical intervention was required in the twelve months prior to this inspection.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

There was a policy on managing behaviour that stated the centre staff would take a holistic approach to managing challenging behaviour to assist young people to develop positive ways of dealing with their experiences of everyday life. There was also a policy on bullying and sanctions that stated young people would be support to learn through the process and ensure that sanctions were age appropriate and reasonable.

During interview with staff members they also referred to the model of care as the basis for managing behaviours in the centre. Inspectors noted that behaviour management was frequently discussed at team meetings and that staff were encouraged to focus on recording achievements and providing positive feedback to young people. It was also observed that reflective practice on behaviour management often occurred including a discussion on the underlying reasons for these. Staff

members attempted to create a positive culture of respect and understanding in the centre and used handover meetings and team meetings to actively plan their support of young people and to discuss how relationships could be built. Inspectors found that positive behaviours were encouraged at young people's meetings and that issues of bullying in the centre were proactively addressed using specific models.

From review of the care records and files, inspectors noted that there was inconsistent application of the management of behaviour model with 'life space interviews' only taking place for some young people. Management accepted this and informed inspectors that this would be addressed as a matter of priority. Efforts to engage young people in the development of new skills and alternative coping mechanisms should be better evidenced by the team. There was no evidence that social workers were included in the development or the 'sign off' or review of the individual crisis management plans and this should be built into standard procedures. One young person's plan referenced an issue which was on going and related to their expectations of being in care and what that entailed. Their behaviour was on occasion aggressive and demanding. While this issue was named clearly across records it was not evident what the team were going to do to help the young person. The instances of this behaviour were not decreasing as would be expected with robust interventions. The keyworking plans should be more reflective of the 'how' and not only refer to set goals to be worked on by the team. The social worker for this young person felt that on occasion the young person received or perceived inconsistent messages between staff and senior management within the organisation. They felt that this may be contributing to the lack of a positive response. Behaviour management should be followed up from one team meeting to the next and this was not evident at the time of this inspection. Management must be confident that all staff are supported and are confident to implement agreed actions. Inspectors recommend that centre management review the implementation of the model of behaviour management and ensure that social workers are in agreement with identified interventions and approaches. There must be systems in place to ensure there is consistent application of agreed interventions and regular review of outcomes

The organisation had a significant event review group that met on a monthly basis to review significant events. This group consisted of managers from this and other 'sister centres' and the behaviour management trainer. The purpose of this group should be to analyse certain significant events across the organisation. Inspectors found that the review of the significant event review process was very often a review and a narrative of the current issues for the young person. It was not a comprehensive analysis of each event with reference to young people's plans,

environmental factors and staff interventions. It often did not inform the creation of behaviour management plans or individual crisis management plans and staff members interviewed were unclear on the purpose of the group confusing it with other forums. This process should include a deconstruction of the event considering the young person's ICMP, the antecedents, adherence to the guidance in ICMP, staff interventions, environmental or other issues and subsequent outcomes. Any learning from this forum should be communicated back to the team if it is in relation to how there could be individual or team practice improvement. There should be wider dissemination of any learning and decisions made across the organisation if there are implications for general practice, policy development or resources. There should be regular review of implementations of recommendations made, and also review of the group function to ensure that it is 'fit for purpose'.

From a review of the sanctions logs for young people, inspectors found that many of the sanctions administered were appropriate, linked to behaviours and being reviewed for learning with the staff team. There was evidence of oversight by the centre manager and external consultant for the service on the sanctions register. However, inspectors noted instances where patterns of sanctions had developed that did not appear to have had a positive effect on behaviours. It is recommended that the centre manager reviews the use sanctions at a team meeting to determine which are effective with young people given their age and maturity.

Absence without authority

There had been 20 unauthorised absences from the centre since January 2018. There was evidence that *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012* was being implemented and had been successfully used to reduce the number of absences for young people. The centre manager also attended joint Tusla/ Garda meetings held on a monthly basis in the North Dublin district station that this centre was aligned with. This was intended to be a proactive analysis of young people who were at risk of reaching the protocol thresholds and looking at early intervention through joint working. This had proved to be extremely effective for a number of young people. Each of the young people living in the centre had an absence management plan and some of these were being reviewed regularly. However, it was observed by inspectors that one absence management plan had not been updated since October 2017 and this needed to occur immediately.

3.6.3 Practices that did not meet the required standard

None Identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager must ensure that absence management plans are reviewed in line with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012*.
- Centre management must review the implementation of the model of behaviour management and ensure that social workers are in agreement with identified approaches. There must be systems in place to ensure there is consistent application of agreed interventions and regular review of outcomes.
- Centre management must review the operations of the significant event review group to ensure that it provides a thorough analysis of the antecedents, interventions and outcomes in each instance and that any learning is effectively communicated to relevant persons.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Inspectors found that one aspect of the model of care was a focus on achieving full potential in all areas of learning and development. There was also a focus on economic security and social exclusion and central to this was educational achievement. Young people's placement plans had clearly identified educational aims and objectives and structured pieces of work to meet the goals.

Inspectors observed that education was valued in the centre and that each of the young people were attending school or college in the locality. The daily routines in place supported attending educational placements and study or homework was occurring in the evenings. A review of the care files evidenced that educational assessments were in place where necessary. During interview with staff members and the centre manager, both stated that extra educational supports were sourced for young people who required this. There was also evidence in staff team meetings and young people's meeting records that extra supports for young people such as grinds were discussed.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

There was evidence of a regular auditing process by the service's external consultant and this included a focus on the health of young people. Inspectors found that each of the young people had medical assessments where required and also had access to medical, dental and ophthalmic services. The young people were all registered with a GP in the locality and could attend there when necessary. The care files held in the centre contained records of medical and health information and each GP visit was also recorded. Staff were aware of each young persons' right to see a GP of their choice and supported them with their medical care.

The centre held records of the administration of all prescribed and over-the-counter medication and inspectors found these files to be in order. From a review of the young people's care plans and placement plans inspectors noted that each had a key worker and that there was prescribed individual work on issues such as substance misuse, diet and exercise, sexual health and sexuality. None of the young people living in the centre were smokers.

One of the goals of the model of care was to be active and healthy in physical and mental wellbeing. Inspectors noted dynamic attempts to support young people to remain healthy. The aims and objectives for health were clearly recorded for young people. Young people living in the centre were involved in sporting clubs and community groups in the locality and inspectors noted a focus on encouraging physical activity. There was also evidence that staff used tools and resources to support their work with young people in areas such as mental health and internet safety, diet and nutrition, sexual health and social development.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

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 was a large semi-detached building in a suburban area of Dublin. From a walk-through of the building inspectors noted that it was in good structural repair and homely in nature. The furnishing and facilities were sufficient for the number of people living there and the centre was adequately lit, heated and ventilated. It was observed that appliances were domestic in nature and there was space for young people to have visits from family and friends.

Each young person had an individual en-suite bedroom that they could decorate to their own taste. Refurbishment works had been carried out throughout the centre in the months prior to the inspection. Young people had been consulted on furniture that was purchased for their rooms. There was space within the centre where personal belongings could be kept safely and inspectors reviewed evidence that the centre was adequately insured against accidents or injuries.

Maintenance and repairs

Inspectors observed that there was an up-to-date maintenance log and this detailed the issue and when it was rectified. There were no outstanding maintenance issue in the centre. There was evidence that refurbishment works had been undertaken and a budget was available for upgrade works if required.

Safety

Inspectors reviewed the centre health and safety statement and found this to be in date and to contain appropriate information. There was a named health and safety officer and first aid officer and staff had signed the document to evidence that they understood their obligations to health and safety in the centre. Centre staff also carried out monthly health and safety audits for each room in the building to identify if issues exist.

Inspectors noted that medicines were stored securely and the administration of medication was appropriate and staff had received training in first aid. Further, the centre had risk assessments to address the hazards that existed in the centre and for working with young people.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

There was written confirmation that the centre met also regulatory requirements. Inspectors reviewed the fire safety and general register and observed that there was a named fire warden in the centre and that some period checks were being carried out on the means of escape. Fire drills had been conducted when young people were admitted to the centre and staff had recently received training in fire safety. However, some of the other periodic checks on fire fighting apparatus, emergency lighting and the fire alarm system were not being carried out as required.

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.

Required Action

- The centre manager must ensure that periodic fire safety checks are carried out as required.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.6</p>	<p>The centre manager must ensure that Absence Management Plans are reviewed in line with Children Missing from care; a Joint Protocol between An Garda Siochana and the Health Services Executive, Children and Family Services, 2012.</p> <p>Centre Manager must review the implementation of the model of behaviour management and ensure that social workers are in agreement with identified approaches. There must be systems in place to ensure there is consistent application of agreed interventions and regular</p>	<p>Manager will ensure that all Absence Management Plans will be reviewed on a monthly basis and more regularly if required.</p> <p>Behaviour Management Plans will be reviewed monthly with Manager, Keyworkers and social workers to ensure that there is a consistent and agreed approach and interventions.</p>	<p>Social care manager has updated all Individual Absence Management Plans and has requested all young people’s social workers review and sign the IAMP’s. Currently all young people’s IAMP’s remain the same over the past six months. Manager will ensure to review these plans monthly and sign off on same if there are no changes.</p> <p>Social Care manager will meet with social workers to ensure that all behaviour managements plan are reviewed and ensure that if certain areas of behaviour have not changed, a thorough analysis takes place whereby all professionals agree on interventions and responses.</p>

	<p>review of outcomes.</p> <p>Centre management must review the operations of the significant event review group to ensure that it provides a thorough analysis of the antecedents, intervention and outcomes in each instance and that any learning is effectively communicated to relevant persons.</p>	<p>Centre manager will review the significant event review group with other professionals to ensure that all significant events are thoroughly reviewed and analysed.</p>	<p>The Significant event review group meetings will change to ensure that there is a thorough analysis of behaviours and interventions. Manager will bring SENs to these meetings which will enable managers to critically analyse the Sen and give clear feedback to the staff team.</p> <p>Manager will ensure that there is clear communication regarding the SERG meetings to the staff team which will enhance learning.</p>
3.10	<p>The centre manager must ensure that periodic fire safety checks are carried out as required.</p>	<p>Social care manager will ensure that regular fire safety checks are carried out.</p>	<p>Manager has reviewed this with the staff team and systems are in place to ensure that all fire safety checks are completed and recorded.</p>