



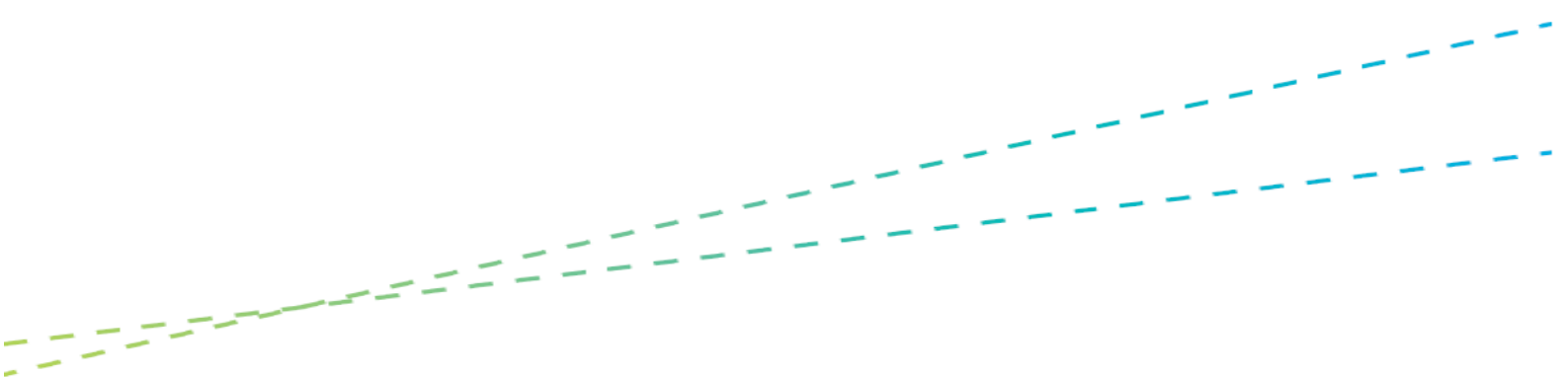
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 059

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Misty Croft Ltd
Registered Capacity:	Six young people
Dates of Inspection:	29th and 30th January 2019
Registration Status:	Registered from 31st May 2017 to 31st May 2020
Inspection Team:	Sinead Diggin Cora Kelly
Date Report Issued:	16th April 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 31st May 2008. At the time of this inspection the centre were in their fifth registration and were in year two of the cycle. The centre was registered without attached conditions from 31st May 2017 to 31st May 2020.

The centre's purpose and function was to accommodate six separated children of both genders seeking asylum from age twelve to seventeen years on admission, on an emergency, short, medium and respite basis. Their model of care was described as being child centered, using needs led approach.

The inspectors examined standard 2 'management and staffing', standard 6 'care of the young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 29th and 30th of January 2019.

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) Eleven of the care staff
 - b) The social workers with responsibility for young people residing in the centre.

- ◆ An examination of the centre's files and recording process.
 - care files
 - supervision records
 - handover book
 - centre registers
 - team meeting minutes
 - young people's meetings
 - personnel files

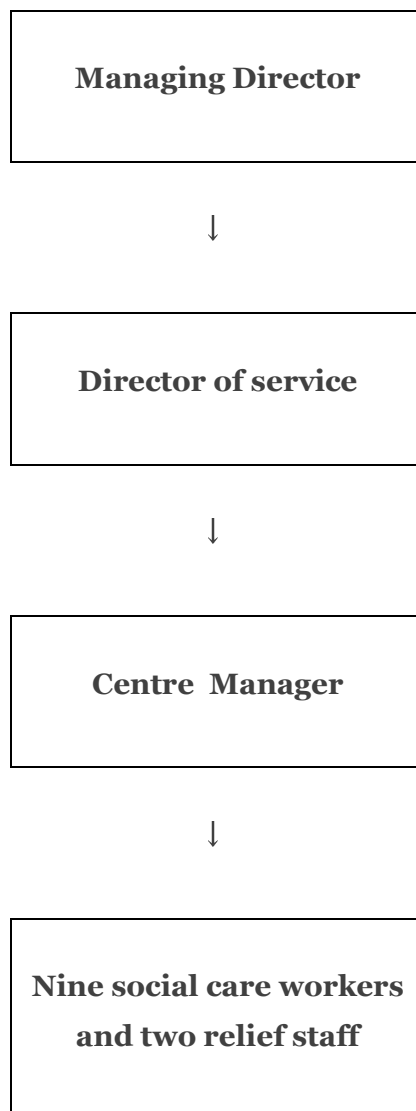
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Two staff members
 - c) One young person
 - d) The lead inspector

- ◆ 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 centre manager, director of services and the relevant social work departments on the 26th March 2019. 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 4th April 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 059 without attached conditions from the 31st May 2017 to 31st May 2020 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from 31st May 2017 to 31st May 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.

3.2.1 Practices that met the required standard in full

Management

The management of the centre had changed since the last inspection and the new manager had only been in post three weeks at the time of inspection. The inspectorate had been informed of the change in manager by the director of service. They had a recognised qualification, a number of years working in a social care setting and previous managerial experience. The manager works 9-5 pm Monday to Friday and also on call as part of a rota within all of the organisation's centres. The manager stated to inspectors that they had received an induction which included reading the policies and procedures, reviewing minutes of meetings, visiting other centres within the organisation and meeting with staff. The manager stated that they were still in the process of becoming familiar with the centre paperwork as it was extensive. The manager informed inspectors that they had been spending time getting to know the staff and the young people in the centre. The manager is line managed by the director of service and they stated that the director of service had been present in the centre for the first two weeks as part of their induction. The manager found this to be supportive while they were becoming familiar with the operational practices within the centre.

The manager is responsible for completing monthly reports which are forwarded to the director of service. The principal social worker associated with the service also receives a copy of this report. The manager stated that the reports included admissions and discharges to the centre, any significant events (SEN's) that had taken place, issues with staffing, young people and health and safety issues. The manager stated to inspectors that monthly management meetings are held in which all managers within the organisation as well as senior management attend. The manager had attended one management meeting so far at the time of inspection. Inspectors reviewed a cross section of minutes of management meetings and found

they were detailed and evidenced that tasks were followed up and any issues identified were addressed.

The organisational structure of the service had changed in recent months with the appointment of a new director of service. The previous director of service was now in the position of managing director of the company. In interview the director of service stated that they had responsibility for direct line management of all managers within the organisation which included oversight of practice within the three centres. The director of service stated that this included visiting the centre weekly, talking with the young people, conducting audits within the centre, reading centre paperwork and monitoring care practice. While it was evident from interviews with the manager and staff that the director of service was regularly present in the centre, more oversight across centre records is necessary to evidence external oversight.

Register

The centre had a register in which the details of all young people who had been resident in the centre were recorded. Inspectors noted that there were nineteen admissions of young people to the centre since January 2018 and fourteen discharges within the same time period. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system in place for the notification of all Significant events (SEN's). While there was a significant amount of SEN's in the register, the majority of SEN's were pertaining to admissions and discharges. Others related to missing in care, medical issues, verbal peer aggression and self harm. Inspectors noted that SEN's were sent promptly and there was evidence of follow up from staff and management. Inspectors found evidence of response or feedback across some records from the young people's social workers. The organisation also had a system in place for reviewing SEN's which included all managers and/or social care leaders attending. Any review from these meetings was brought back to the team meetings which were evidenced in meeting minutes.

Staffing

The staffing consisted of nine staff, one of whom worked part time. They also had three relief staff available to them who covers annual leave or sick leave. One of the staff was a social care leader and in the main worked Monday to Friday 10-6 pm but if

necessary will work as part of the rota. The social care leader has additional responsibilities to assist the manager. Some of these responsibilities include reviewing daily paperwork and providing key working supervision. The rota allows for two staff members to complete sleep over shifts and a third staff member works a day shift to facilitate daily events with the young people.

Staff interviews conducted and questionnaires reviewed evidenced that staff had good knowledge of the service and the role in which they worked with the young people. The staff were experienced, there was a warm environment in the centre and staff displayed dedication to the young people and the work they undertake with them. One young person who met with inspectors stated that the staff were very good and was positive with how they interacted with them.

All staff had a qualification relevant to their role. Personnel files reviewed displayed that staff were appropriately vetted and contained verified references and up to date Garda clearance.

Supervision and support

The centre had a supervision policy. There were contracts on file and the centre had their own supervision template. There was also a template for informal supervision. The manager had no training in the provision of supervision. As they had recently commenced their post, inspectors were informed that this training would be provided as soon as possible. The manager stated that they had been monitoring staff and felt that this would inform supervision when they commence supervision sessions with staff. The manager will provide supervision to all staff. The social care leader provides key working supervision to ensure the young people's placement plans are followed and individual work and tasks are completed. Supervision records reviewed reflected that in the main, supervision was taking place in line with their policy. There was a set agenda. The records displayed that guidance and support were given as well as direction from the manager.

Team meetings are held weekly. Minutes of meetings reflected that there was a set agenda. Young people were discussed with social care workers assigned to tasks. Issues or requests from the young people's meeting were brought to the meeting in which discussion among the team took place with decisions reached. Handovers occurred daily with a plan made for the day including tasks to be completed. In interview the manager referenced looking into an alternative employee assistance programme, than the one the organisation currently has in place, as an external support for staff.

Administrative files

Inspectors found that overall the files were organised and easy to navigate. The manager stated to inspectors that they would like to review the recording systems as they found there was a high volume of paperwork some of which they felt was repetitive. There was evidence of internal monitoring of records however inspectors found that signatures were missing from some reports and records. Inspectors view that more oversight from external management is required to address this issue. The manager stated that the budget to meet the needs of the young people and centre was adequate and additional funding could be requested if needed.

3.2.2 Practices that met the required standard in some respect only

Training and development

All social care staff had training in child protection. They had completed the E-Learning in Children's First: National Guidance for the Protection and Welfare of Children (2017). Other core training that staff had completed included first aid, fire training and therapeutic crisis intervention (TCI). There were no core training certificates on file for the manager. The manager informed inspectors that they had not completed child protection training or E-Learning in Children's First: National Guidance for the Protection and Welfare of Children (2017). Management must ensure that this training is provided and completed as a matter of priority. The manager had also not completed TCI but would do at the next available opportunity. Inspectors were told that the manager had completed the remainder of the core training and were awaiting their certificates. Management must ensure that these certificates are obtained to evidence that core training is up to date. Additional training that staff identified as being beneficial to their work included sexual health, separation and loss, additional training on the asylum process, human trafficking and report writing.

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

- Management must ensure that the manager completes child protection training and that they complete the E- Learning in Children’s First; National Guidance for the Protection and Welfare of Children (2017).
- Management must ensure that the manager is fully trained in TCI.
- Management must ensure that the manager’s core training certificates are obtained to evidence that all training is up to date.
- Management must ensure that the manager completes training in supervision.

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

Inspectors found from reviewing young people's files and interviews carried out that staff have a genuine care and respect for the young people they are working with. Each young person has their own key worker and time is allocated for key working sessions and activities that the young person would like to do. Each young person has their own bedroom and one young person told inspectors that they really liked their room. Special occasions such as birthdays or other cultural events were also celebrated.

Provision of food and cooking facilities

The centre had a large kitchen which could easily accommodate all of the young people and staff. Young people had a choice of menu which was decided in the weekly young people's meeting. Staff prepared the young people's meals and young people could also cook their meal if they chose to do so. The young people were also provided with a weekly allowance of €10 to enable them to buy additional ingredients of their cultural preference.

Race, culture, religion, gender and disability

The centre had a policy on cultural diversity and the majority of staff had received training in this. Young people were given the opportunity to practice their religion and attend services in the community. Inspectors found through centre records and key working sessions that staff were respectful of each young person's culture. Through individual and key working sessions staff had also educated young people on Irish culture and expectations in this country.

Managing behaviour

The centre had a policy on managing behaviour. Staff with the exception of the manager had completed therapeutic crisis intervention (TCI) training. As outlined earlier in the report the manager stated that they would be completing the training as soon as it was available. There was information available in the young person's handbook about rules in the centre and consequences should the rules be broken. Individual crisis management plans (ICMP's) were on file and were updated should any issues arise. The centre also used positive consequences which were recorded in the consequence log. A review of the consequence log displayed that they were age appropriate. Inspectors found that staff managed the behaviour of the young people effectively and safely.

Restraint

As part of TCI, training in restraint is also provided. The young people in the centre rarely display any behavioural issue and records reviewed that staff had not carried out any physical intervention. Staff were clear in interview that although training is refreshed in line with TCI policy, they would only use as a last resort.

Absence without authority

The young people had absence management plan's which were completed in consultation with the social worker at the time of admission to the centre or soon after if a young person comes in on an emergency basis. As the young people are new to the country, they are encouraged not to leave the centre alone until they complete an orientation, in the first instance of the immediate community and then the wider environment. A curfew is then put in place in consultation with the social worker. The young people are provided with a phone and there was evidence that staff are in regular communication with the young people while they are out of the centre.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

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

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The centre had a detailed policy on safeguarding and child protection. Inspectors reviewed a copy of their policy and found it to be detailed with guidance for staff to ensure that young people are kept safe in the centre. Supervision, adequate staffing, risk assessments, safety and absence management plans, internet safety and alarms on doors were named as safeguarding practices within the centre.

Due to the nature of the service, young people can move in to the centre on an emergency basis. Inspectors found evidence of the risk assessments and safety plan's on file. Young people had received what the centre call an orientation to the local area and this was expanded to the wider area as the young people became familiar. The young people were not allowed out of the centre without a staff member until staff and social workers were satisfied that the young people would not be at risk. Risk assessments and safety plans had been consistently updated and when the young people go out alone, they would be provided with a mobile phone and their absence management plan had been updated to reflect this. The centre had included 'whistle blowing' in their policy and this was named through questionnaires reviewed by inspectors. From a review of the young people's care files, inspectors noted that individual work had taken place in areas such as keeping safe, bullying and internet safety.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

All staff had received training in Children's First: National Guidance for the protection and Welfare of Children (2017). As stated earlier in the report the manager had been scheduled to do this training. Staff in the centre had completed the E-learning programme in Children's First 2017. All staff had been registered to use the Tusla web portal and inspectors were informed that this had been used in the past. Staff interviewed were clear in their responses on when a child protection concern should be submitted through the portal. From a review of the young people's care files, inspectors noted that individual work had taken place in areas such as keeping safe, bullying and internet safety.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Management must ensure that the manager completes child protection training and that they complete the E-Learning in Children’s First; National Guidance for the Protection and Welfare of Children (2017).</p> <p>Management must ensure that the manager is fully trained in TCI.</p> <p>Management must ensure that the manager’s core training certificates are obtained to evidence that all training is up to date.</p> <p>Management must ensure that the manager completes training in supervision.</p>	<p>Child Protection training was completed on the 07.02.19.</p> <p>E – Learning in Children’s First , National Guidance for the Protection and Welfare of Children(2017) was completed 02.04.19.</p> <p>TCI training for the Manager has been booked for the 13th – 17th May 2019</p> <p>Certificates have been obtained and forwarded to the Inspectors.</p> <p>Supervision training was completed in 2015 and certificate provided.</p>	<p>Ensure refresher training is provided within the recommended timescale.</p> <p>Ensure refresher training is provided within the recommended timescale.</p> <p>Ensure refresher training is provided within the recommended timescale.</p> <p>Ensure all certificates are kept on file.</p> <p>Ensure all certificates are kept on file.</p>