



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

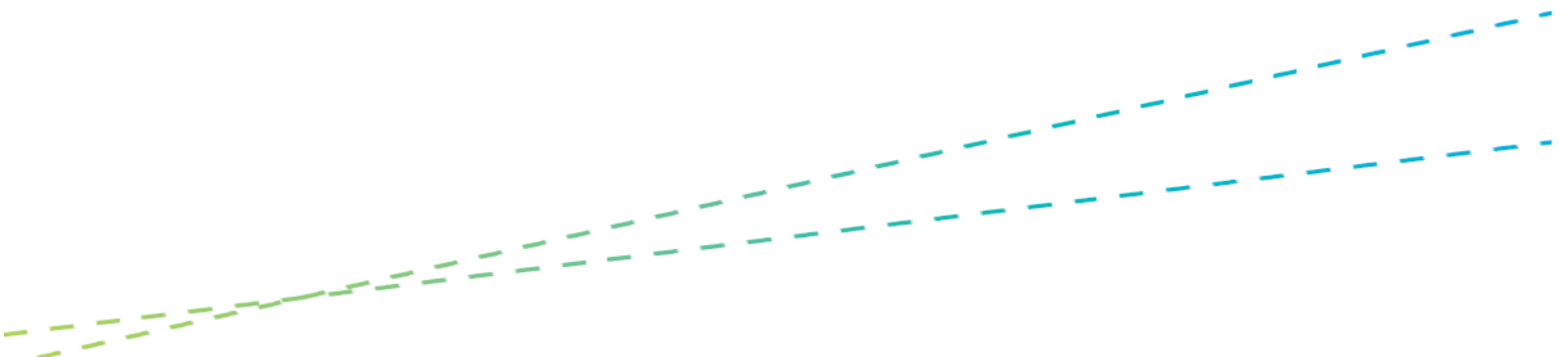
Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 064

Year: 2018

Lead inspector: Sharon Mc Loughlin

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Solis MMC
Registered Capacity:	4 young people
Dates of Inspection:	20th and 21st of November 2018
Registration Status:	Registered from 20th June 2017 to 20th June 2020
Inspection Team:	Sharon Mc Loughlin Cora Kelly
Date Report Issued:	9th of January 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 on 20th June 2011. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without attached conditions from 20th June 2017 to the 20th June 2020

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as being strengths based and focused on relationship building. There were two young people living in the centre at the time of the inspection.

The inspectors examined standards 2 'management and staffing' and 7 "safeguarding and child protection" of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 20th and 21st of November 2018.

1.2 Methodology

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

- ◆ An examination of the questionnaires completed by:

Four of the care staff

- a) One young person residing in the centre

- ◆ An examination of the centre's files and recording process.
 - care files
 - supervision records
 - handover book
 - centre registers
 - minutes of management meetings
 - internal auditing reports

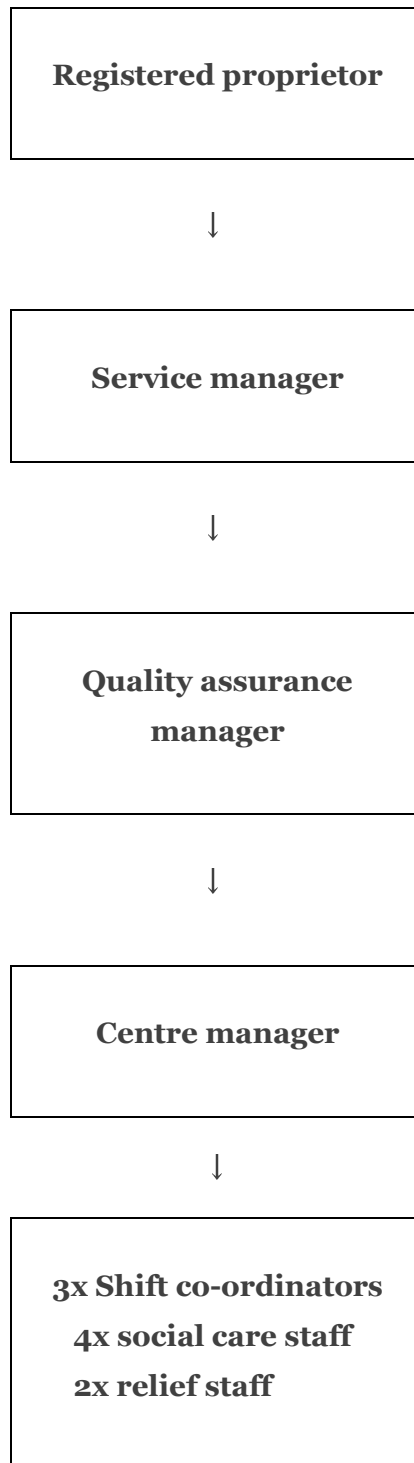
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Three social care staff
 - c) One young person
 - d) The lead inspector

- ◆ 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, service manager and the relevant social work departments on the 14th December 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 19th December 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 064 without attached conditions from the 20th November 2017 to the 20th November 2020 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

Management

There was an established management structure in place within the organisation that provided for oversight and governance of the centre. The manager was responsible for the day to day running of the centre and inspectors found that there were mechanisms in place for the manager to ensure the centre was operating in line with its stated purpose and function. These were supervision of the staff, meeting with the shift coordinators, leading the team meeting and reviewing of and implementation of the quality assurance managers audit reports. The manager was also present in the centre to meet with the young people and hear their opinions. The inspectors found evidence of the manager's oversight on centre records and registers.

The external governance was provided by the service director visiting the centre and a report was available of their oversight of the centre in the first six months of 2018. This report identified progress that the staff and manager had made but also highlighted areas that needed improvement. This was a useful report and provided inspectors with evidence that the service was being overseen by external management in a structured manner with key learning and development identified.

There were regular audits of the centre by the quality assurance manager, these visits generated a report which is shared with manager and staff and also the senior management. There is a clear expectation that items identified in the report are actioned and inspectors seen evidence of this occurring in the minutes of shift coordinator meetings and team meetings.

The registered proprietor keeps informed of how the service is operating by having monthly senior manager meetings. The inspectors reviewed the minutes of these meetings and found that they were a forum used to communicate effectively with the manager in the centre, to share learning within the organisation for example

recommendations from inspection reports in other centres and evaluate data gathered from incident reviews. The registered proprietor has also visited the centre on occasion to review the premises and meet with the young people and staff.

Register

The centre maintained a register of all admissions and discharges from the centre. The inspectors reviewed this register and found it contained all the up to date information required. 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

Inspectors found that the centre staff notified all significant events in a prompt manner and to the relevant parties in Tusla the Child and Family Agency and any external people such as guardian ad litem. Significant events were recorded on standardised documents and the lead inspector with responsibility for oversight of these notifications was satisfied with the quality of the notifications received. The records showed that there has been a significant decrease in the number of notifications in the past twelve months as young people have become more stabilised in their placements.

Staffing

The staffing levels in the centre have remained stable since the last inspection, there have been some changes with some of the core staff moving to work in another centre or taking up promotions within the organisation. The inspectors found evidence that the young people were consulted prior to the staff moving and plans were put into place to minimise any impact on the care of the young people.

The staff team were qualified in a range of qualifications from social care to youth and community work but they were a stable team and had experience of working in residential care. There was a shift coordinator rostered every day and this person had responsibility for the running of the shift, these three senior staff had the relevant years of experience to guide and support the newer staff in their roles. They also had added tasks and responsibilities to assist in the overall running of the centre.

A sample of the staff personnel files were reviewed as part of the inspection and were found to be compliant with regard to references, qualifications, curriculum vitae being on file, however some deficits were identified from the files with regard to

renewed Garda vetting of staff. Some staff files had Garda vetting that was four years old and had not been renewed in the interim period.

Induction was provided to staff in a planned manner and staff interviewed as part of the inspection found this induction to be detailed and very helpful in assisting them in their role. Records of induction were available on the supervision files for the staff.

Supervision and support

The centre has a policy on supervision and it was found that in general this was being adhered to with some gaps due to annual leave. The service manager highlighted in their interview that they were not satisfied that there were gaps in some supervisions and has clearly stated that the expectation is that supervision occurs in line with policy without exception.

The service manager supervises the centre manager who in turn supervises the shift coordinators and some of the care staff. Supervisions were recorded on template documents and covered areas such as the placement planning for the young people and staff development. There was clearly recorded actions and goal identified to be completed by either the supervisor or the supervisee.

There were various methods of communication used within the centre to assist with the overall running of the service. These included a documented handover meeting between shifts which was detailed and reflected tasks to be completed by staff coming on shift with regard to appointments for young people, key working or individual work and general household duties. There was also a fortnightly team meeting which was compulsory for all staff to attend. The minutes of these meetings reviewed by inspectors show that these meetings were well attended and that decisions were clearly recorded and persons identified with responsibility for carrying out actions. All staff sign the minutes of the meetings to evidence that they have read them and are aware of the decisions coming from the meeting. The staff that were interviewed said that they found team meeting useful and an essential way of communicating with each other and providing consistency of care.

Administrative files

The centre maintained the required registers and logs and all records viewed by the inspectors were organised and information was readily available and easy to track. The manager had systems in place to monitor the quality of the administration records and records were kept in line with the Freedom of Information.

There was adequate petty cash available for the running of the house on a day to day basis and the young people spoke of money being available for going on activities and going shopping for their own clothes and for the household shopping.

3.2.2 Practices that met the required standard in some respect only

Training and development

The inspectors were informed and a training record showed that the staff team with the exception of one new staff who had commenced the week of the 2nd of November 2018 had received training in first aid, fire safety and a recognised method of physical intervention. However, refresher training in the method of physical intervention used had not been maintained up-to-date in 2018. There was also no certificates on file to evidence that some of the core training had been completed, as some of this training has an expiry date such as first aid it is important that these certificates are on file to ensure that staff are still up to date with their training. The staff had completed training in introduction to Children First provided by Tusla through E learning. However they have not completed any further child protection training to ensure that they are fully up to date with Children First National Guidance for the Protection and Welfare of Children 2017.

The staff had completed training in some other areas such as ASSIST and managing challenging behaviour. However the manger and service manager did say that they had not completed as much training with staff as they would have liked. A schedule of training for the coming year was being devised by management.

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, and 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

- The management must ensure that all staff are up to date with their core training including scheduled refresher training when this is a requirement.

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 child safeguarding statement and this was kept in the staff office and was in compliance with the Children First Act 2015. There were policies and procedures in relation to safeguarding that supported the safeguarding statement and the staff interviewed demonstrated an awareness of safeguarding practices.

There were systems in place such as vetting of staff, complaints procedures, supervision and training of staff to promote good safeguarding practices. The staff also when interviewed referenced their own communication with each other while on shift, an awareness of the young people, carrying out risk assessments and consulting with the young people as good safeguarding practices.

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.

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.

3.7.4 Practices that met the required standard in full

None identified.

3.7.5 Practices that met the required standard in some respect only

The centre had a child protection policy. The staff at interview were aware of how to identify the sign and symptoms of abuse and identified that they would inform the manager as the designated liaison person of any child protection and welfare concern. There was evidence from the records that they had responded appropriately to child protection and welfare concerns that had arisen.

Inspectors were informed that the staff had completed the Tusla Child and Family Agency E- learning with regard to the child protection however there were no certificates on file in the centre to corroborate this. The team meeting had a specific standing item with regard to child protection however it was noted by inspectors that there was no discussion at team meeting about the changes that has occurred following the introduction of the Children First Act 2015, the mandated persons and what this meant for each staff member.

The staff had not completed updated training in Children First National Guidance for the Protection and Welfare of Children 2017 and inspectors found them to be somewhat misinformed from training and unclear with regard to their roles as mandated persons to access and report child protection and welfare concern through the Tusla portal.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The management must ensure that all staff are fully aware of the requirements of the mandated persons and that the centre is fully compliant with the Children First National Guidance for the Protection and Welfare of Children 2017.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	The management must ensure that all staff are up to date with their core training including scheduled refresher training when this is a requirement.	Centre manager will highlight all gaps in training for all staff members and submit an urgent training request to the Training Department by 2nd January.	A more robust system and recording of communication requesting training is required in terms of required mandatory and refresher training. The centre manager will devise a comprehensive collective training data base via spreadsheets to include all staff, and set reminders for refreshers within the time-frame.
3.7	The management must ensure that all staff are fully aware of the requirements of the mandated persons and that the centre is fully compliant with the Children First National Guidance for the Protection and Welfare of Children 2017.	Children First (2017) training has been secured for the centre team for January 10 th 2019.	Update all training accordingly in respect to amendments made to current Standards and Legislation and discuss such at senior operational management meetings.