



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 065**

**Year: 2018**

**Lead inspector: Lorna Wogan**

Registration and Inspection Services  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Curam Nua Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>27<sup>th</sup> September and 10<sup>th</sup> October 2018</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> April 2018 to 30<sup>th</sup> April 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> December 2018</b>

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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 service was first established in 2014 when they were granted registration to operate a single occupancy special arrangement for a specified period of time. The centre was subsequently granted their first three year registration in April 2015. At the time of this inspection the centre were in their second registration and were in year one of the cycle. The centre was registered from 30<sup>th</sup> April 2018 to 30<sup>th</sup> April 2021. The inspector reviewed the action plan following the inspection in March 2018 and was satisfied that the three required actions were fully met.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a 'blended' approach underpinned by the ethos and frameworks of the Rogerian person-centred approach, attachment theory and attachment parenting, experiential learning theory and a resiliency strengths-based model. There were two young people in placement at the time of the inspection. One of the young people was living in the centre for fourteen months and was on holidays with staff at the time of the inspection.

The centre was granted a derogation to accommodate the second child in placement as they were under-thirteen years of age on admission. This derogation was granted for a period of six months from 22<sup>nd</sup> June to 22<sup>nd</sup> December 2018. This child was almost twelve weeks in placement at the time of the inspection. The focus of this

inspection was to examine the standards outlined below as they related to the most recent admission.

The inspector examined part of standard 2 ‘management and staffing’, standards 4 ‘children’s rights’ and 5 ‘planning for children and young people’ of the National Standards For Children’s Residential Centres (2001). This inspection was announced and took place on the 27<sup>th</sup> September 2018 and was followed up with a second inspection visit on the 10<sup>th</sup> October 2018 to facilitate an interview with the centre manager and to review additional centre records that could not be access on the initial day of the inspection.

## 1.2 Methodology

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

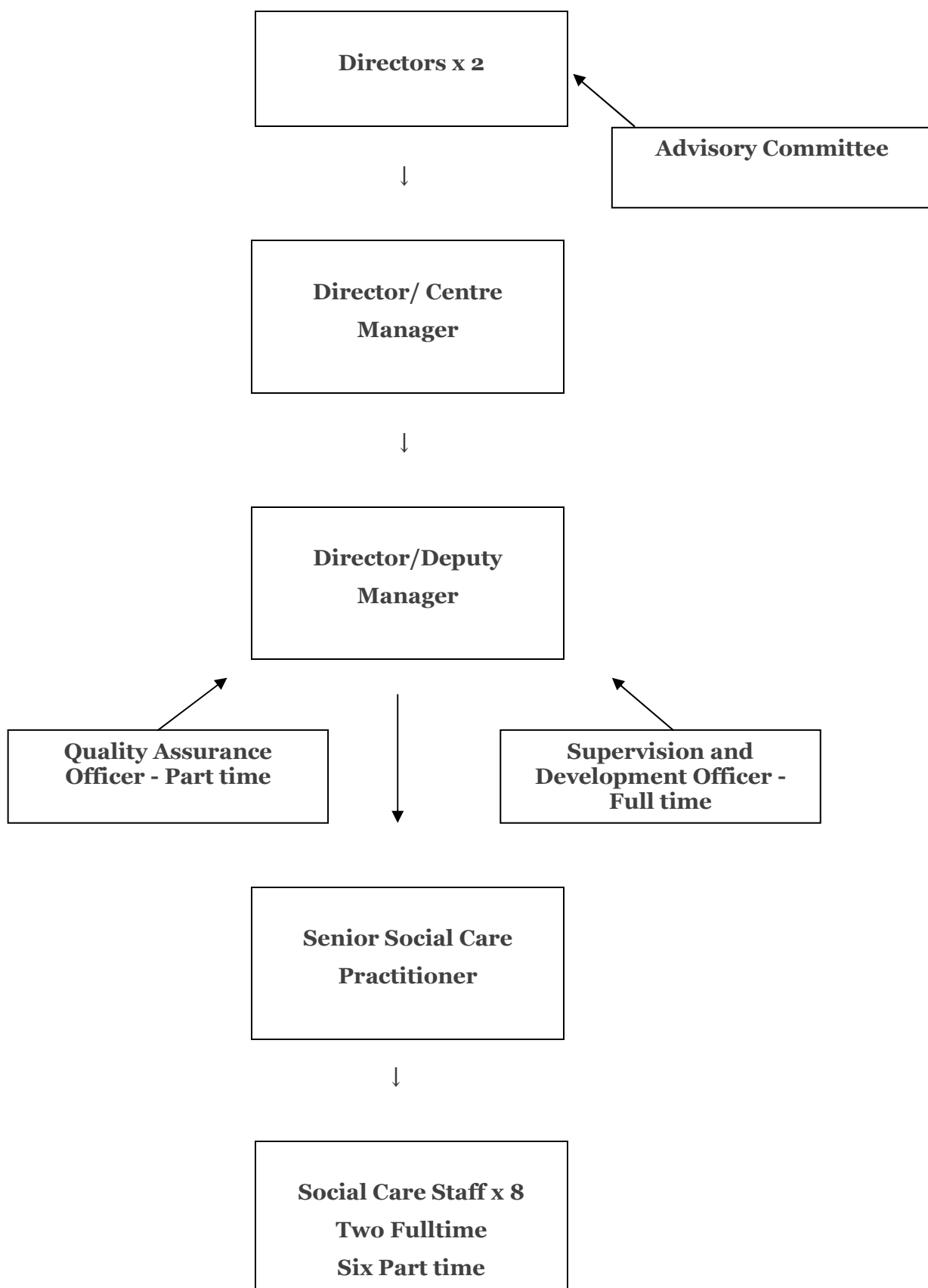
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaire completed by:
  - a) The social worker with responsibility for the child residing in the centre
- ◆ An examination of the centre’s files and recording process.
  - individual care file
  - centre register
  - daily logbooks
  - monthly progress reports
  - house meeting records
  - complaints logbook
  - child protection concerns logbook
  - significant event logbook
  - visitors logbook
  - staff meeting records
- ◆ 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) The deputy manager
  - c) The staff development officer
  - d) The supervising social worker
  - e) One social care staff
  - f) The child in placement
- 
- ◆ Observations of care practice routines and the staff/young persons' interactions.
  
  - ◆ Attendance at staff handover meeting

Statements contained under each heading in this report are derived from collated evidence.

The inspector 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 department on the 19<sup>th</sup> November 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 6<sup>th</sup> 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: 065 without attached conditions from the 30<sup>th</sup> April 2018 to 30<sup>th</sup> April 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Register**

The centre manager maintained a register that outlined the required information relating to the admission and discharge of young people from the centre. The inspector found it was completed in line with the regulations and was up to date and complete and included the most recent admission. The register showed there were one admission in July 2018 and no discharges from the centre since the last inspection in March 2018.

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**

There was evidence the social worker and the lead inspector received prompt notification of all significant events relating to the child. The staff maintained a significant event logbook at the centre and the inspector found this logbook corresponded to the significant event reports on file and noted in the daily logbook. There were three significant event notifications forwarded to the social worker and other relevant parties since the child's admission to the centre. One of these events related to behavioural issues.

##### **Staffing**

The inspector found the centre had adequate levels of staff to fulfil its purpose and function and to provide safe and good quality care to the child in placement. There was two staff on duty at all times with two staff providing sleep-over duty. Staff worked from 10am to 12pm the following day. The inspector found the team was stable, competent, experienced and cohesive in their approach. There were no

changes within the staff team since the last inspection in March 2018 and the core team remained in place since their initial registration in 2014. There was a diversity of skills, training and qualifications on the team ranging from social work, social care, youth and community, counselling and sports and recreation. The team members were experienced working with young people in residential care and demonstrated an ability to communicate effectively with the child in placement. There was evidence the staff had the skills and experience to work with young people with complex needs and they had begun to establish positive and trusting relationships with the child in placement. The staff and management interviewed by the inspector were well motivated and enthusiastic in relation to their work with the child. Communication within the team was good and handover records, daily log books and key-work folders supported the communication systems.

There were no disciplinary procedures initiated against any staff member at the time of the inspection. The directors had access to professional advice in relation to employment law.

### **3.2.2 Practices that met the required standard in some respect only**

None identified.

### **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.*

### 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**

The centre had a child friendly information booklet describing all aspects of centre life and there was evidence that key-workers helped the child understand this information when they were admitted initially. The child was involved in drawing up a living agreement with the adults that outlined expectations of both the child and the adults such as respect, honesty and non-judgemental attitude. There was evidence that staff practice was strong in seeking the views of the child and listening to their views. House meetings were undertaken on a weekly basis and were recorded in the daily logs and key-work files. The inspector found that the centre staff supported and encouraged the child to express their views and opinions and the child was able to engage in these forums and communicate their opinion with the adults.

At the time of the inspection the child had requested a new bed with a work station for their bedroom and they were anxiously awaiting its arrival. There was evidence the child was facilitated to exercise choice in a variety of ways such as menu planning, shopping for clothes and expenditure of pocket money. The inspector found that weekly activity plans were completed in consultation with the child and the child had a copy of this plan. The child also had a choice of a range of activities outside of the centre in which they participated. Daily routines around TV/computer, household duties, activities, homework and boundary setting were discussed and negotiated regularly with the child. There was evidence the child was consulted about reasonable consequences for poor behaviour. The inspector found the culture in the centre was based on a collective agreement about how the child and the adults all lived together.

The child in placement was supported in their participation in the care plan reviews by the centre staff and their social worker. Centre records showed that staff were open and honest in their communications with the child in relation to the issues they have to work on.

## **Complaints**

The centre had a written complaints procedure for the children living in the centre. The centre's complaints procedure provided information about Tusla's complaints procedure 'Tell Us' outlining how children could make a complaint about any aspect of Tusla's services. The child interviewed by the inspector was aware of their right to make a complaint and stated to the inspector that they did not have any complaints to make about their care. The centre maintained a complaints register however there were no complaints recorded on the register since the last inspection.

## **Access to information**

There was information accessible in the centre about EPIC, a national advocacy group for young people in care. The centre manager planned to invite an advocate from this organisation to the centre to meet with the child when they had settled in placement. The centre had a child-friendly information booklet describing aspects of centre life. Given the age and stage of development of the child he did not have access to their individual file or daily logbooks.

### **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 has 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*.

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The centre had a written policy and agreed procedures describing the process of admission. In conjunction with the social worker the centre management developed a structured transition plan to support the child in their final move to the centre. The social worker confirmed that this placement was selected as it incorporated many of the supports that were necessary to cater for the child's specific needs following clinical assessments. The social worker confirmed that the placement was specifically chosen as there was low occupancy levels combined with an activity based therapeutic approach. The social worker was satisfied the child had fully immersed themselves into the activities available to them on admission and continued to do so at this three month stage of placement. At the time of this inspection the social worker and the centre manager confirmed they were satisfied that the placement was suitable and would meet the needs of the child.

The referral process through the national private placement team ensured that all known relevant information about the child was provided by the social worker to the placement team and this information was in turn shared with the centre prior to accepting the referral. The centre had systems in place to ensure pre-admission risk assessments and placement mix assessments were undertaken prior to accepting referrals for admission. The centre in consultation with the social worker had undertaken a pre-admission impact risk assessment to ensure any potential risks in relation to the current resident in placement were identified in conjunction with management strategies to minimise the risk. Risk assessments were completed by the management team prior to acceptance of the referral.

There was evidence that staff had examined the different range of skills required to engage with a younger child in placement and the centre's development officer had facilitated these discussions at the team meetings.

The child interviewed by the inspector understood the reason for and the purpose of their placement. This was explained to them by their social worker and reiterated by staff and the key-worker where required. The child confirmed they were provided with written information about the centre. There was evidence in key-work records that information about the centre and living together was provided for the child. The inspector found that managers and staff were aware of safeguarding practices to ensure the safety of the child in placement.

### **Contact with families**

There was evidence the child had daily telephone contact with their parent and that the staff provided information to the parent about the child's day. Family contact visits were discussed at each statutory review meeting and decisions about family contact were set out in the care plan. The social worker confirmed the child was informed about the reason for supervision of family contact. The staff were aware of the complexities of family relationships and supported the child around this issue.

The centre's development officer outlined to the inspector the efforts made by the team to support key-family relationships for the child and work on the quality of family contact and relationships within the wider family network. This work was also set out in the placement plan and evidenced in key-work reports. The centre maintained a written record of all family contact visits and this was evidenced on the care file and input on the centre's visitor book.

### **Supervision and visiting of young people**

The social worker visited the child regularly at the centre and met with the child during family contact visits and at statutory meetings. They had face-to-face contact with the child on almost a fortnightly basis. It was centre policy that social workers visited children in placement on a monthly basis at the very least. The social worker confirmed they maintained a record on the case file of every visit to the child together with details of any action taken as a result of the visit.

The centre staff also maintained a written record on the child's care file of all social work contact and the outcome of such contact.

## 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.

The inspector found that the social worker had a good understanding of the child's needs and the family dynamics. The social worker had been supervising the child for over two and a half years. The social worker confirmed they had the opportunity to meet with the child in private at the centre and the child had access to their contact details. The social worker stated that they always asked the child about their happiness and welfare living in the centre and enquired if they had any complaints about their care to date. The social worker informed the inspector that the child had not made any complaint to date about their care.

The social worker received written progress reports from the centre on a monthly basis and found these reports to be informative in terms having oversight of the work carried out with the child in placement, positive outcomes and key issues. The social worker confirmed that reports to date reflected a very positive introduction and settling-in period. The social worker was satisfied they received prompt notification both verbally and in writing of all significant incidents as they related to the child. The social worker confirmed there were no notifications in relation to restraints or unauthorised absences. The social worker confirmed they maintained an up to date case file including a record of every visit to the child.

At the time of the inspection the social worker was satisfied that the child was safe and well cared for in the centre. The social worker found the staff were committed and motivated in their work with the child and this lends well to having mutual goals and actions in respect of the child.

### **Preparation for leaving care**

The child was not at an age for preparation for leaving care however there was evidence on the placement plans and in key work/individual work records that staff were teaching the child a range of life skills appropriate to their age and stage of development.



## **Discharges**

The centre had a written policy in relation to planned and unplanned discharges. There were no discharges from the centre since the last inspection. The social workers confirmed that there were no plans to discharge the child in placement in the immediate future.

## **Aftercare**

Tusla, the Child and Family Agency had a national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to children on leaving care. The child currently in placement was not yet eligible for aftercare services due to their age.

## **Children's case and care records**

The inspector found the centre maintained a care file that contained the required information such as birth certificates, voluntary consent to care and relevant medical consent forms. The individual care file was stored in a secure fire retardant cabinet. The key-worker had responsibility for maintaining the care file records.

Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the child's circumstances. The inspector found that records were written in an appropriate professional manner. The key-workers maintained an active key-work file that contained a copy of the specific key-work identified in the placement plan. The inspector examined this file and found it was a useful resource and an efficient way to evidence and manage key-work. The records of house meetings and individual work records evidenced that the child's views was sought and recorded.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Statutory care planning and review**

The inspector found the statutory care plan for the child was reviewed in compliance with Tusla policy in respect of children aged twelve years and under in residential care. The statutory reviews were undertaken in July, August and September however the inspector found there was no up to date care plan on file in respect of the child.

The social worker confirmed the care plan had been updated following each review however the care plans were forwarded to the social work line manager for approval and could not be sent to the centre until they were signed off. The centre manager and staff must receive the most up-to-date care plan in a timely manner to ensure the placement plan accurately reflects the identified needs as set out in the statutory care plan.

There was evidence the child was invited and attended and contributed to their care plan review meetings. The young person was provided with an opportunity to prepare for their review with either their social worker or the centre staff. The child's parent was also invited to the reviews and attended.

The inspector found that minutes of the care plan reviews were not forwarded to the centre. The social worker informed the inspector that the minutes of the review meetings had not been circulated to the relevant parties however once completed they would be forwarded to all including the parents. The social worker must ensure that updated care plans and minutes of care plan review meetings are forwarded to the centre in a timelier manner.

The child's placement plan was on file and was updated on a monthly basis. There was evidence on the placement plans and in key work/individual work records that staff were teaching the child a range of life skills appropriate to their age and stage of development. The key-work also focused on understanding feelings and the appropriate expression of feelings.

The inspector found evidence of robust planning and support to ensure the child could be maintained in the local national school. The social worker confirmed the school principal would be invited to participate in the next care plan review.

### **Emotional and specialist support**

The placement plan outlined how the centre staff would attend to the emotional and psychological needs of the child and specific areas of work were identified to address these needs. The inspector found the staff to be caring and nurturing in their approach and attuned to the specific emotional needs of the child taking into account their age. The inspector observed that staff interaction with the child was appropriate and that staff treated the child with respect and warmth.

The child was not accessing any specialist services at the time of the inspection however the centre manager and the social worker confirmed that this need would be subject to on-going review at the monthly statutory meetings.

The child had recently undertaken a specialist assessment and the social worker was awaiting the assessment report at the time of the inspection. The centre manager was anxious to receive this report to ensure the tasks relating to the provision of emotional and psychological needs are relevant and appropriate at this time. The findings and recommendations of this report will be reflected in the care plan and the placement plan once circulated. The social worker must ensure this report is made available to the centre as a matter of priority. The inspector found that the team practice could be further enhanced and supported with input from a clinician who has an expertise in the area of working with children present with trauma and pain based behaviours.

There was evidence of positive working relationships between the relevant professionals. There was evidence on the care file that the centre manager was open and honest in their communication with the social worker and could raise concerns appropriately.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

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

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

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

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

**Required action**

- The social worker must ensure that updated care plans and minutes of statutory care plan review meetings are forwarded to the centre in a timelier manner.
- The social worker must ensure the most recent psychological assessment report is made available to the centre as a matter of priority.
- The centre manager must source external input from a clinician who has an expertise in the area of working with children present with trauma and pain based behaviours.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	No required action		
3.4	No required action		
3.5	<p>The social worker must ensure that updated care plans and minutes of statutory care plan review meetings are forwarded to the centre in a timelier manner.</p> <p>The social worker must ensure the most recent psychological assessment report is made available to the centre as a matter of priority.</p> <p>The centre manager must source external input from a clinician who has</p>	<p>The centre management team forwarded reminders to the supervising social worker where documentation was delayed or missing. All outstanding care plans have been forwarded to the centre by the social worker. Completed 30<sup>th</sup> November 2018.</p> <p>The social worker forwarded the neuropsychological report to the centre on 4/12/18. The centre managers are currently reviewing the document and will contribute to developing an appropriate therapeutic intervention plan for the child in placement.</p> <p>The neuropsychological report has recommended that a ‘three pronged’</p>	<p>The centre management team devised a checklist to ensure outstanding documentation is requested and followed up on in a timely manner.</p> <p>Specific action completed. No preventative strategy required.</p> <p>Specific action completed. No preventative strategy required.</p>

	<p>an expertise in the area of working with children present with trauma and pain based behaviours.</p>	<p>therapeutic approach be devised to support the child. An external clinician will be assigned to the child in early 2019 and this person will support the child's therapeutic programme and provide support and guidance to the staff team and school personnel. Approximate timeframe for completion of action is 31<sup>st</sup> January 2019.</p>	
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