



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 068

Year: 2018

Lead inspector: Sinead Diggin

Inspection and Monitoring Service
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Inspection and Monitoring Report

Inspection Year:	2018
Name of Organisation:	Peter Mc Verry Trust
Registered Capacity:	Six young people
Dates of Inspection:	15th and 16th of August 2018
Registration Status:	Registered from 30th September 2016 to 30th September 2019
Inspection Team:	Sinead Diggin Cora Kelly
Date Report Issued:	30th November 2018

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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 September 2004. 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 from the 30th of September 2016 to the 30th of September 2019.

The centre's purpose and function was to accommodate six young males from age seventeen on admission up to the age of twenty one. Their model of care was described as relationship based using a strengths based model to assist young people in developing life skills in preparation for independent living.

The inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 15th and 16th of August 2018.

1.2 Methodology

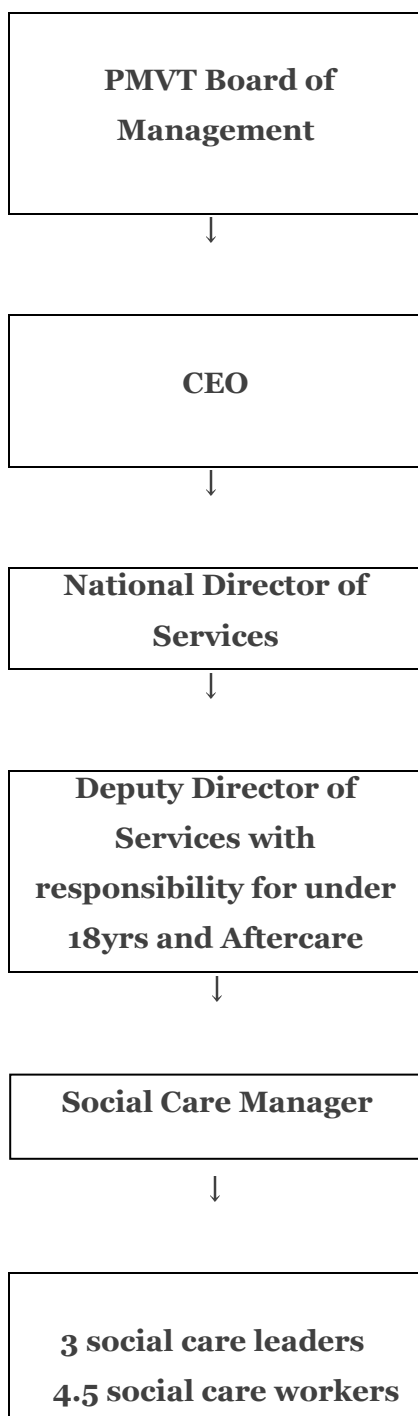
This report is based on a range of inspection techniques including:

- ◆
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) six of the care staff
 - b) The social worker with responsibility for one young person residing in the centre.
 - c) An aftercare worker with responsibility for one young person.
- ◆ An examination of the centre's files and recording process.
 - Care files
 - Supervision records
 - Managers meeting book
 - Team meetings book
 - Register
- ◆ 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) The deputy director of services
 - c) Two staff members
 - d) Three young people
- ◆ 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, the CEO, the deputy director of services and the relevant social work departments on the 2nd 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 16th November 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: 068 without attached conditions from the 30th August 2016 to 30th August 2019 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 30th September 2016 to the 30th September 2019.

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 manager of the centre has changed since the last inspection. The current manager had been in post for eight weeks prior to this unannounced inspection. The manager was suitably qualified and had been working within the organisation for a number of years. The manager had previous experience of managing a centre in an acting capacity prior to taking up this position. The manager informed inspectors that they had an induction in this centre which took place over a two week period that was provided by the acting manager. The manager stated that they spent the first few weeks establishing managerial relationships with the staff team which included being assertive, clear in the roll of manager and having a professional approach. The manager also stated that they spent time building relationships with the young people resident in the centre. The manager described their duties as having oversight to ensure that there was a high standard of service provided to the young people, ensuring that all paperwork and required information was on the young people's files and ensuring that the goals set for the young people were achieved. From reviewing centre paperwork, inspectors found evidence of oversight from the manager. The manager worked Monday through Friday from 9am until 5.00pm and provided on call one week per month. Inspectors found that the manager displayed confidence in their role and had good knowledge of the young people and their needs. The manager was supported in their role by three social care leaders.

The manager was line managed by the deputy director of services with responsibility for oversight for the four centre's within the organisation that cater for young people under the age of eighteen. The deputy director of services acknowledged that there had been a number of changes in management since the last inspection. They explained that these changes occurred when the previous manager had taken one year's leave of absence and then decided not to return. An acting manager was appointed during this period and when the previous manager decided not to return, the process of application and interviews had to take place before a permanent manager was appointed. The deputy director of services reported that in the main the

centre had long term experienced staff, therefore the changes in management had little more limited impact on the staff team and the day to day running of the centre. The deputy director of services stated to inspectors that they offered a lot of support to the manager in order to maintain consistency, and called in to the centre once or twice weekly while she was settling into the role. On-going support will be offered. Inspectors found evidence of this in centre paperwork.

The deputy director of services described their role as having regular contact with the managers in all four centres for under eighteens within the organisation. They said their role included chairing regular management meetings, attending significant event review groups, and reviewing centre paperwork in order to provide oversight and monitor practice within the centre. Inspectors found evidence that the deputy director of service had reviewed centre records and conducted audits in the centre. In interview with the deputy director of services inspectors found that they had good knowledge of the young people and staff in the centre.

Register

The centre had a register of all young people who had resided or were residing in the centre. Inspectors reviewed the register and found that all the required details were recorded in full. Duplicated records of young people in the centre are kept centrally by the Child and Family Agency.

Notification of Significant Events

The centre had a system in place for notifying significant events (Sen's). All Sen's were sent to the relevant professionals for young people under the age of eighteen. For young people over the age of eighteen, Sen's were only reported if an incident had impacted on young people under the age of eighteen. The organisation had a significant event review group (SERG) which was chaired by the deputy director of services and all managers attend this group. Sen's reviewed at the SERG were then brought back and discussed in team meetings to look at alternative methods that may prevent further significant events.

Staffing

The staffing consisted of seven full time staff and one staff member who worked part time. The staff team included three social care leaders. The organisation also had a panel of relief staff who cover annual and sick leave in all four centres. There is a set rota in place and staff work a twenty four hour shift with an additional hour to allow for handover. There is also a third member of staff on duty part time during the day. Inspectors found that along with the three social care leaders, there were also

experienced long term staff who could mentor and support the most recent additions to the team.

A review of the most recent personnel files displayed that all staff had been appropriately vetted with references verbally checked and Garda clearance completed.

From reviewing staff questionnaires, interviews conducted and observations during the onsite inspection, staff had good knowledge of the young people and their needs. Young people who met with the inspectors were positive about the staff team and felt that staff were approachable, helpful and supportive to their needs.

Training and development

Inspectors found that core training such as First Aid, Fire safety, Therapeutic crisis intervention and Children's First E-learning had been completed. The organisation had provided additional training which staff were encouraged to attend to aid them in their work with the young people, as well as for future development.

Administrative files

Inspectors found the files were well organised and easy to navigate. Inspectors did find that there were a lot of signatures missing from daily records and although there was evidence of oversight from management, this needs to be addressed. The manager reported that the budget was adequate to meet the needs of the young people and the centre. Young people over the age of eighteen received an allowance to allow them budget and purchase their weekly groceries. For young people over the age of eighteen who are in education or attend a training course, they received an aftercare or training allowance from which they must contribute rent as well as budgeting for groceries.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

Inspectors reviewed the supervision records and found that it had not been taking place for all staff, within the centre's own supervision policy of between six and eight weeks. The organisation were introducing a new format of supervision and for some staff this had already been introduced. The new format included a number of sections including self assessment and performance management. Where this had been introduced for some staff, there were gaps in what was completed so the process was unclear to inspectors. Inspectors found that the manager and social care leader had received no training in how to conduct this new format of supervision and this was evidenced in the records reviewed. The manager and at least one social care leader

must be trained in this new model of supervision before introducing it. Supervision is a support as well as a format for reviewing and planning for the young people, therefore essential for all staff. Management must ensure that this training is provided as priority to ensure safe and appropriate care practices are in place. Handovers occur daily and weekly staff meetings are held. One inspector had the opportunity to attend a staff meeting and found that the staff engaged in the discussions regarding the young people and suggestions were put forward with a plan for the week ahead. There was some direction given by the manager and it was evident that the manager engaged and communicated with the young people. Minutes of the team meeting displayed that all young people were discussed in detail and staff had good knowledge and awareness of the young people's needs. Questionnaires completed reflected that staff found team meetings beneficial and kept the team focused on the needs of the young people. Team facilitation was provided to the staff by an external consultation as an additional support.

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 all centre records are signed by staff.
- Supervision training must be provided to the manager and management must ensure that supervision takes place for all staff.

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 provided semi-independent accommodation for up to six young males between the ages of seventeen and twenty one. Young people are referred to the centre through the local placement committee and the deputy head of services consults with the alternative care manager regarding the referrals. A collective risk assessment is completed involving the deputy director of services, the social care manager and the social worker or aftercare worker. The manager stated to inspectors that at this point the deputy director of services and manager discuss any concerns about the suitability of the placement for the young person and consult with other residents social workers if required. The admission process includes the approval of the collective risk assessment. An induction meeting is held with the young person and a planned induction in to the centre takes place. Young people are provided with an induction pack and a contract is completed with the young person. At the time of the inspection the manager was satisfied that the young people were suitably placed. Three young people spoke with inspectors and were aware of the purpose of their placement which was to prepare them to live independently.

Statutory care planning and review

At the time of inspection only one young person was under the age of eighteen. There was a care plan on file which pertained to the previous year prior to the young person moving in to the centre. Inspectors were informed that a care plan review had just taken place in the week of the inspection and this was confirmed by the allocated social worker. The centre were awaiting the updated care plan. This young person did have an aftercare plan on file which included the referral to this centre and took place in the month of the young person's admission.

Contact with families

The centre had a policy on contact with families. Given the age of the young people, staff recognised that the young people were also young adults. The young person's handbook contains information on family contact which explains that the centre will contact the young person's family if something significant occurs. For young people under the age of eighteen, the staff were guided by the young person's social worker. The young person's family are welcome to visit with them in their bed-sits. A risk assessment is completed by staff if younger members of the family are visiting. Young people are also facilitated to avail of the telephone or through the office WI-FI when family contact is not a regular occurrence.

Supervision and visiting of young people

From reviewing centre records there was evidence that the young people were visited by their aftercare workers and evidence of good communication between the staff and aftercare workers. Where young people had been under the age of eighteen at the time there was a record of social work visits to the centre and communication from staff was recorded. EPIC had also visited the centre on occasion and there was evidence that staff encourage young people to engage with EPIC.

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.

Social Work Role

There was one young person under the age of eighteen at the time of inspection. The young person's social worker had only been assigned six weeks prior to the inspection and had visited the young person in the centre on two occasions. A child in care review had just taken place for this young person. The social worker was satisfied that the placement was meeting the young person's needs and with the care and support provided by the staff team.

Emotional and specialist support

There was evidence that young people were referred and linked in with specialist services specific to their individual needs. Some of these services included drug outreach services, counselling, art therapy and the centre encouraged young people to avail of supports offered through education placements. One inspector had the opportunity to attend a team meeting and found that staff had good knowledge and

understanding of the emotional needs of the young people in the centre. Staff in the centre also had good knowledge of specialist services in the local community and availed of these when required. There was evidence of keyworkers and staff undertaking individual work sessions on topics such as sexual health and education as well as emotional wellbeing.

Preparation for leaving care

The centre provides semi-independent living and a life skill programme to enable young people move toward living independently. Life skills needs assessments were completed by either the young person's aftercare worker or social worker. Placement plans reflected the assessments and future goals to be met. Inspectors found that the plans were updated on a regular basis to identify progress made. Staff identified that it was not always easy to complete this work in a planned way due to young people not always being present in the centre consistently but endeavoured to take opportunities when possible. The centre had devised their own life skill workbook and inspectors found this to be a useful tool in working with the young people as well as a good mechanism to track progress. Topics covered with the young people included money management, food management, housing accommodation and tenancy rights, educational and job seeking skills, community resources, legal issues and interpersonal skills.

Discharges

The centre had a discharge policy and in the main an identified plan for moving on was put in place. Reason's where an unplanned discharge might take place was identified in the young person's induction booklet.

Aftercare

Each young person had an aftercare plan in line with the Tusla National Aftercare Policy for Alternative Care 2017. All of the young people had an allocated aftercare worker. Keyworkers were involved in the review of the aftercare plans alongside the aftercare worker and young person. Two of the young people were in the process of planning for their move on from the centre and were being supported in this by the wider organisation. Staff in the centre continue to offer support to the young person should they require it. Young people who had left the centre often visit and there were agreed set times put in place so as not to impact on the current young people resident.

Children's case and care records

Inspectors found that care files contained birth certificates, passport or age identification cards and medical cards. Certificates of educational achievements were also stored on file until the young people were moving on from the centre. Files of ex-residents are archived and stored by the organisation.

3.5.2 Practices that met the required standard in some respect only

None identified.

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 1and2, Care Plans

-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 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).

2. 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 all centre records are signed by staff.</p> <p>Supervision training must be provided to the manager and management must ensure that supervision takes place for all staff.</p>	<p>Have been completed since time of inspection.</p> <p>SCM has been booked to attend next available supervision training Feb 2019. SCM has attended training Performance Management Training in PMVT.</p>	<p>Time allocated following weekly team meeting to ensure that files will be signed off by all staff and SCM.</p> <p>Supervision schedule has been drawn up to ensure all staff receive supervision within agreed time frames.</p>