



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 074

Year: 2018

Lead inspector: Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Good Shepherd Services
Registered Capacity:	Six young people
Dates of Inspection:	20th and 21st of March 2018
Registration Status:	Registered without attached conditions from the 3rd of December 2016 to the 3rd of December 2019
Inspection Team:	Paschal McMahon
Date Report Issued:	13th of July 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.4 Children’s Rights	
3.6 Care of Young People	
3.7 Safeguarding & Child Protection	
3.10 Premises and Safety	
4. Action Plan	22

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 on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in December 2003. 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 the 3rd of December 2016 to the 3rd of December 2019.

The centres purpose and function was to provide emergency, short to medium term accommodation for young females who were out of home or were at risk of homelessness. The centre offered six residential placements, two of which were specifically for 18 to 19 year old young people and were allocated on a planned basis. The other four placements were allocated to young people aged 16 to 17 years and could be accessed in a planned or emergency basis. The centre in an emergency situation will offer a placement for 15 year olds as a section 12 place of safety until the next working day or to a maximum of three nights. The centres model of care was described as solution focused brief therapy. There were three young people in residence at the time of inspection.

The inspector examined standards 2 'management and staffing', 4 'childrens rights', 6 'care of young people', 7 'safeguarding and child protection' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 20th and 21st of March 2018.

1.2 Methodology

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

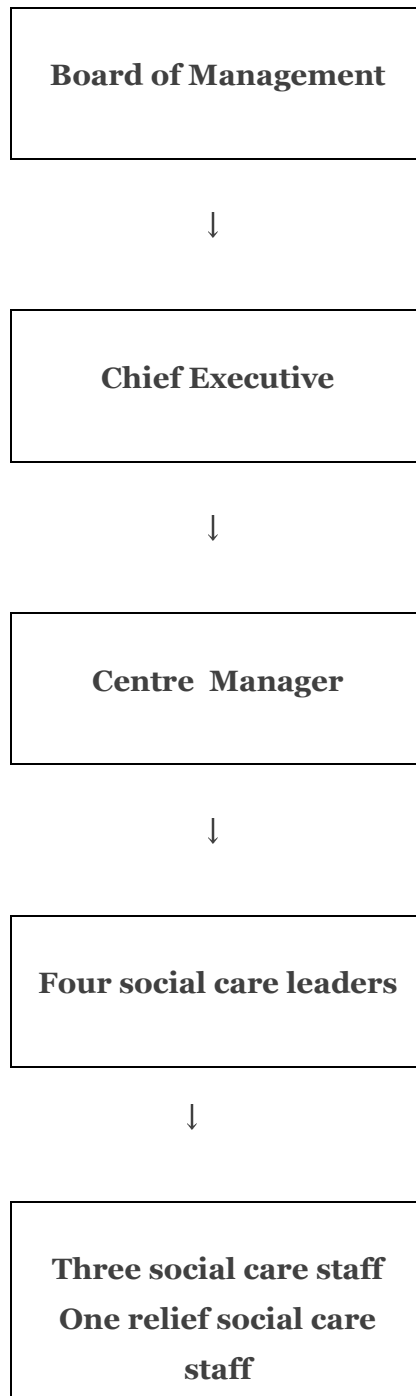
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The organisations chief executive officer
 - b) The centre manager
 - c) Five of the care staff
 - d) The three young people residing in the centre
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process including:
 - Young people's care files
 - Supervision records
 - Centre register
 - Sanctions book
 - House meeting minutes
 - Staff team minutes
 - Complaints register
 - Centre audit reports
 - Health and safety folder
 - Fire register
 - Maintenance log
- ◆ 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 chief executive officer
 - c) Three of the care staff
 - d) One young person

- ◆ 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 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 service manager, and the relevant social work departments on the 13th June 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 centre manager returned the report with a satisfactory completed action plan (CAPA) on the 22nd June 2018. The suitability and approval of the CAPA based action plan was used to inform the registration decision.

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: 074 without conditions attached from the 3rd of December 2016 to the 3rd of December 2019 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 3rd of December 2016 to the 3rd of December 2019.

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 inspector found that the centre manager was a suitably qualified person. The manager had extensive work experience in residential care and had been in their current post for many years. The centre manager was supported in their management function by four social care leaders with responsibility. The social care leaders had recognised social care qualifications and all of the social care leaders had been in their current post for an extended period of time. The inspector found good evidence that the manager ensures the quality and effectiveness of the service through their reviewing of records, attendance at handovers, meeting with the young people, oversight of key working and attendance at care plan meetings. The inspector did not find any evidence of the managers commentary on significant event forms and recommends that the manager comments on incident forms to provide evidence of their oversight. The inspector viewed evidence on file that that the manager was conducting weekly audits in the centre which were an effective management tool.

The manager reported to the chief executive officer (CEO) who had been appointed a year prior to the inspection. The CEO had extensive experience working in senior management roles with vulnerable women and other marginalised groups. They in turn reported to the organisations board of directors who met on a monthly basis. The CEO held regular meetings with the centre manager. The purpose of these meetings was to review management and operational matters and to get an update on the residents in the centre. They would also on occasion meet with staff and the residents during their visits to the centre and records evidenced that they had attended staff meetings .The centre manager provided the CEO with monthly audits along with a set of service statistics that review occupancy levels, discharge arrangements, health and safety incidents, staff sick leave etc. which assists the CEO

in identifying issues or trends that require further oversight or investigation. The CEO also reviewed centre records on a quarterly basis to ensure that they were of an appropriate standard.

Register

A register of all those who live in the centre was maintained by the centre manager. The inspector found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995; Part IV, Article 21; the admission and discharged details of residents were properly recorded. 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 inspector examined the centre records and found that significant event reports were promptly notified in line with the regulations. The centre maintained a significant events register which was individual to each young person and the inspector evidenced it was up to date. The inspector found that the majority of significant events were in relation to young people who did not abide by the centres night-time curfew and were subsequently reported as missing from care to the Gardai. Significant events were reviewed at team meetings, care plan meetings and in staff supervision

Staffing

The inspector found that there was a consistent, dedicated and experienced staff team in place and there had been no staff changes since the previous inspection in 2016. The staff compliment consisted of four social care leaders, three social care workers and one relief staff all of whom were appropriately qualified. All staff members were appropriately vetted and there was evidence of on-going updating of Garda clearances for staff. The centre had a formal induction programme in place for new staff members.

Supervision and support

At the time of inspection the centre manager was being supervised by the both the CEO and the organisations director of services. Supervision provided by the CEO was in regards to operational matters while the director of services focussed on oversight

of care practices and on the care of the young people in the centre. The CEO informed the inspector that they were planning to undertake formal supervision training.

The centre manager supervises the full time staff and part time relief staff. The social care leaders supervise students. All the files on staff supervision were kept securely in the manager's office. Records the inspector viewed confirmed that supervision was regular in accordance with the centre supervision policy and was recorded appropriately. Each staff member had a signed supervision contract on file. On examination of the supervision files it was clear that there were effective links between supervision and the young people's placement/care plans. Supervision also focussed on staff support, key working training and general practice. Staff interviewed, and feedback from staff questionnaires, indicated a high level of support for staff from the manager and access to additional support if necessary.

Handover meetings took place daily and staff meetings took place on a monthly basis. The inspector reviewed the staff meeting minutes and found that there was an agenda set prior to the meetings and meetings were appropriate, structured and planned and focussed on the needs of the young people. There was no formal on call system in place. In interview the centre manager stated the on-call system was provided by them and that staff on duty were all very experienced.

Training and development

Training for staff is provided by the organisation. The inspector found that all staff had the core training required including fire safety, first aid and child protection. All staff had received refresher training in the centres model of care since the previous inspection. The inspector was provided with dates for further training planned. In questionnaires a number of staff identified that training in Cognitive Behaviour Therapy (CBT) would be beneficial for the team.

Administrative files

The inspector found that all relevant records were in place. The content and organisation of care files, log books and other records was of an acceptable standard. There was evidence of oversight of records from centre management. Given the nature of the service and the high level of emergency admissions the centre at times experienced delays receiving the relevant required information from social work departments such as social histories, birth certificates and medical histories. Missing information is identified via weekly file audits and followed up on by management

and staff. There was an awareness of the requirements of Freedom of Information legislation in all records maintained by the centre and files pertaining to the young people are maintained in perpetuity

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.*

Required Action

None identified.

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 provides each young person with a booklet on admission that includes information on the centre such as house rules, complaints policy etc. The young people had their own key workers who carried out individual work with the young people focusing on the individual needs identified in the young person's care plan.

House meetings took place in the centre on a monthly basis or more frequently if a new resident was admitted or if an issue arose that the young people needed to discuss. The inspector reviewed the minutes of house meetings and found that issues raised by the young people at house meetings were discussed at staff meetings. The inspector found from the care files consistent evidence that young people were attending their care plan reviews. The three young people resident at the time of inspection completed the inspection questionnaire form and one young person formally met with the inspector. In interview and from a review of the questionnaires young people were clear in the ways they were consulted by the care staff and professionals. Information from the children's advocacy group EPIC (Empowering Young People in Care) was available to young people on the notice board in the centre.

Access to information

The Inspector was satisfied that there was a written procedure which sets out how young people could access information about themselves and the services available to them. All young people on admission to the centre are provided with a welcome pack. There was evidence that the key workers facilitated the young people to access the information in their files.

3.4.2 Practices that met the required standard in some respect only

Complaints

Young people in questionnaires and in interview confirmed that they were aware of the centres complaints process. The young person who met with the inspector was knowledgeable about their rights and responsibilities, and how to complain if they were unhappy about any aspect of their care.

The inspector reviewed the complaints register and found that there were improvements required in the recording of some complaints. In one case a complaint was made by a young person regarding staff practice which was investigated by the manager and proved to be unfounded. However, a review of the complaint documentation on file did not contain sufficient detailed records of interviews with staff and young people, as well as confirmation from the young person's social worker that they were satisfied with the outcome of the complaint. The centre manager must ensure that all complaint records contain the relevant supporting documentation including records of investigations and outcomes.

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*.

Required Action

- The centre manager must ensure that all complaint records contain the relevant supporting documentation including records of investigations and outcomes.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The young person the inspector met with during the inspection and two other young people who completed questionnaires were very positive about all aspects of living in the centre. They described good relationships between themselves and the staff and stated that they were treated with respect and could approach staff if they had an issue. They reported that they were treated fairly and that their privacy was respected. The young people were encouraged to attend outside activities such as the cinema, gyms and youth clubs attached to the service. The centre also had a number of in house activities including art, cooking and their own nail bar. Young people were provided with a clothing allowance and were able to make appropriate choices in regard to personal appearance, clothing etc.

Provision of food and cooking facilities

Young people living in the centre were given a weekly allowance for food and did all their own cooking and laundry. Young people had their own fridge in their bedroom where they could store food if they choose. Staff initially assisted the young people with their budgeting and cooking skills until such time as they are competent to budget and cook for themselves. One evening a week the staff and young people cooked and ate a meal together.

Race, culture, religion, gender and disability

Young people living at the centre came from a wide range of backgrounds including ethnic minority groups. Young people were assisted to maintain their diverse culture as far as possible including the practice of their religion.

Managing behaviour

All young people admitted to the centre sign a contract of residency, which outlines the rules and expectations of the centre. All staff were trained in a reputable therapeutic model which provides the staff with guidelines for managing challenging behaviour. The centre had individual crisis management plans in place for young people who required them which were user friendly and updated as required. In interviews with staff the inspector found that the emphasis in behaviour management was focussed on a preventative and proactive approach considering the underlying causes of inappropriate behaviour and identifying potential triggers. The majority of significant people events that occurred in the period under review were in relation to young people not abiding by the centre curfew and were well managed by the staff team.

The centre had a sanctions policy in place which had been reviewed the year prior to inspection with more emphasis being placed on incentivising positive behaviour. The centre also had an anti-bullying policy in place and any incidents of bullying were addressed by meeting with the young people or by calling a house meeting. The young person the inspector met with during the visit had not experienced bullying in the centre and was confident that any issues of bullying would be dealt with appropriately by staff.

Restraint

The centre does not use restraint and as such does not have a policy in this area. The centre's admission policy states that the care staff do not practice physical restraint and cannot accommodate any young person requiring this action. The centre's discharge policy also states that an unplanned discharge may occur if a young person requires restraint for their own safety. However, the inspector found that de-escalation and other strategies such as positive relationships are used by the staff team to prevent incidents escalating to an unsafe level and these strategies have been effective in practice to date.

Absence without authority

The centre has a policy on unauthorised absence without authority. In the event of a young person being absent without authority the Gardai, the young person's social worker, parents/ guardians and the lead inspector are notified in accordance with the joint HSE / Gardai Missing in Care protocol. All of the young people had individual absent management plans on file. There had been twenty three recorded absences in the year prior to inspection, the majority of which were in relation to young people who did not abide by the centre's night time curfew.

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.

Required Action

None identified.

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 inspector found that staff interviewed had good knowledge and an awareness of keeping young people safe in the centre. The centre had a number of safeguarding policies in place including lone working, anti-bullying and complaints. All staff were qualified and appropriately vetted. Questionnaires reviewed by the inspector displayed a clear understanding in what to do in the event of an allegation made about a member of staff. Handovers displayed evidence of good communication between staff and supervision records evidenced accountability of staff when on shift. A recommendation made in the previous inspection report that the centre should arrange for the children's advocacy group EPIC (Empowering People in Care) to visit the centre to give an information day in relation to the rights of young people in care has not been met. Inspectors recommend that this recommendation is acted upon and confirmation provided to the inspection service that this visit has taken place.

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.

The Inspector viewed the centre's updated child protection policy and was satisfied that it was a comprehensive policy and procedures for reporting and managing child protection concerns were compliant with Children First. The centre manager was the designated liaison person and staff were familiar with this role. All staff were up-to-date in their Children First (2015) training.

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.

Required Action

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Safety

The centre had an up to date health and safety statement. The Inspector found evidence of care staff signing that they had read the health and safety statement. The centre had a dedicated health and safety officer. The Inspector found evidence that regular health and safety audits of the premises were carried out. All of the care staff were trained in first aid. Medicines for young people were stored in a dedicated locked and secured cabinet in the care staff office the administration of which was recorded in individual records. During the previous inspection in 2016 an issue requiring action was for the centre to acquire a Hoffman knife for health and safety purposes given the purpose and function of the centre. At the time of this inspection the recommendation had not been met. The centre manager stated that a funding request had been made to TUSLA for Hoffman knife training. The inspector recommends that TUSLA provides funding for this training as soon as possible.

Fire Safety

The Inspector found that a fire safety register was in place and was kept up-to-date. There was good evidence that fire detection equipment and fire safety equipment were maintained by external fire consultants. The inspector observed that the following fire safety precautions were in place – automatic fire detection system, clearly visible fire exit instructions, unobstructed designated fire exits, fire blankets, fire extinguishers, smoke detectors, and an emergency lighting system. Staff members had received training in fire prevention. The inspector found evidence that care staff carried out regular fire drills, inspection of fire fighting equipment and

checks of emergency lighting. Young people were informed of the fire procedure as part of their induction to the centre.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The house in which this service was based was an old three story building located in a city centre area. It was close to medical and other relevant support services, including good education and transport links. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people had their own bedrooms which were spacious and well maintained. There was a room provided for young people to have visits from family members or their social workers. The kitchen and sitting room had been redecorated since the previous inspection which made the centre more homely and the young people were involved in this process choosing the décor, new furniture and fittings. The inspector found that other areas in the building could also benefit from updating and modernisation including the replacement of windows and the upgrading of the staff area on the ground floor. The Inspector was informed that the service had applied to Tusla for capital funding towards this much needed refurbishment work.

Maintenance and repairs

The centre maintains a log of all repair and maintenance requirements in the centre. The inspector found that the dates that repairs were carried out were not always recorded. The inspector recommends that centre management ensures that dates of completion of repairs are consistently recorded in the maintenance log.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- Centre management ensures that dates of completion of repairs are consistently recorded in the maintenance log.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.4	The centre manager must ensure that all complaint records contain the relevant supporting documentation including records of investigations and outcomes.	Review of complaints procedure and documentation to be carried out at July 2018 team meeting.	All stages and outcomes of complaints to be recorded and reviewed quarterly at staff meetings.
3.10	Centre management ensures that dates of completion of repairs are consistently recorded in the maintenance log.	Maintenance book to be audited by the manager on a monthly basis.	Any gaps in recording to be highlighted to staff at monthly team meetings.