



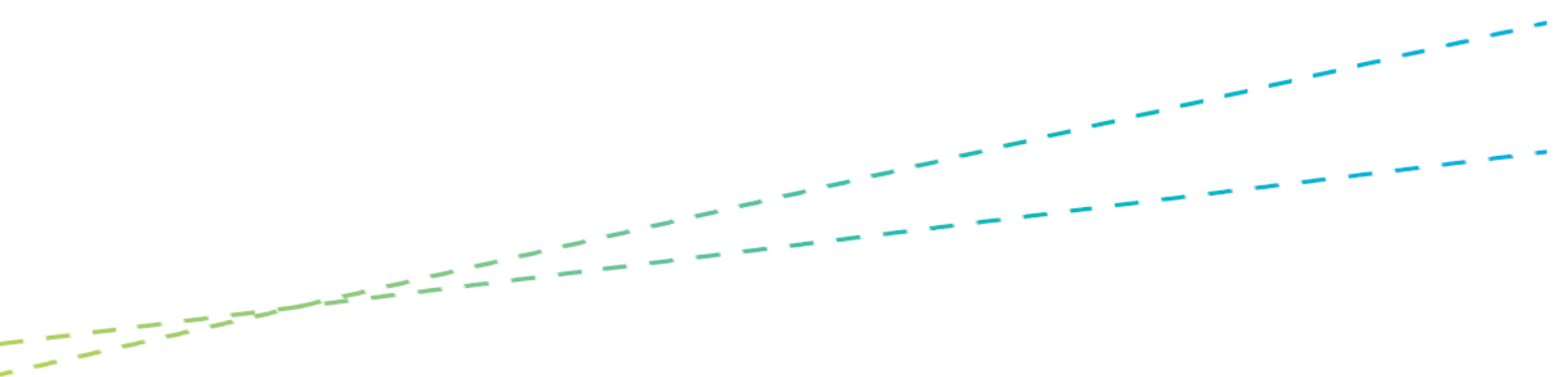
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 081

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Homeless Girls Society
Registered Capacity:	Six young people
Dates of Inspection:	5th and 6th June 2019
Registration Status:	Registered from the 31st July 2019 to 31st July 2022
Inspection Team:	Eileen Woods Sinead Diggin
Date Report Issued:	1st August 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration following the establishment of the Registration and Inspection service in 1998. At the time of this inspection the centre were in their sixth registration and were in year three of the cycle. The centre was registered without conditions from the 31st of July 2016 to the 31st of July 2019.

The centre comes under the umbrella of the Crisis Intervention Service. The purpose and function was to accommodate six young women from age thirteen to eighteen years on a short term basis, of the six beds one is an emergency night bed only. There were three young people living at the centre at the time of this inspection.

Their model of care was described as being informed by a strengths based approach and with a strong focus on positive interactions as a platform to build relationships and effect change through appropriate challenge and support. The team had a strong focus on sensory work and on acting as a stabilising force for change in young people's lives. The centre team provided young people with an ongoing link throughout their lives should they wish to avail of that.

Under the National Standards for Children's Residential Centres (2001) inspectors set out to examine standard 4 'children's rights', standard 8 'education', standard 9 'health' and standard 10 'premises and safety'. This inspection was announced and took place on the 5th and 6th of June 2019.

1.2 Methodology

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

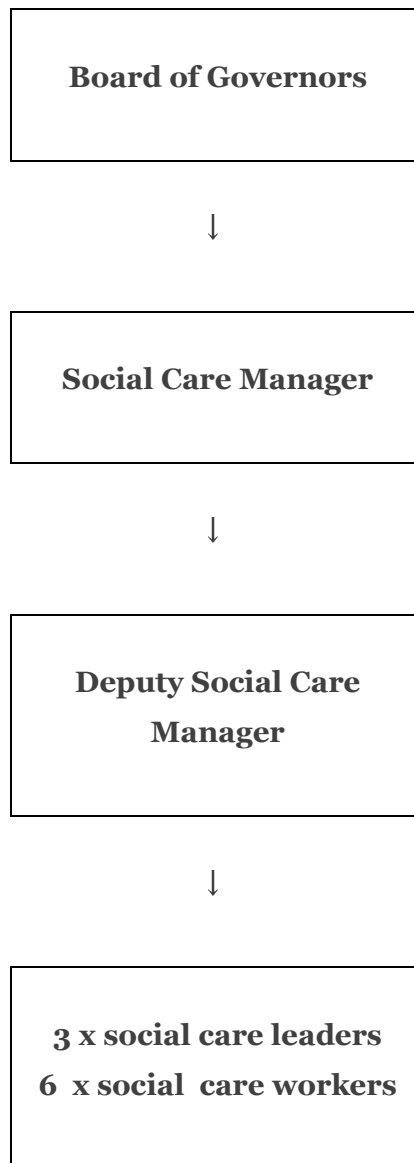
- ◆ An examination of pre-inspection documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The manager
 - b) The deputy manager
 - c) The three social care leaders
 - d) Five social care workers
 - e) The three social workers were supplied with questionnaires however none returned
- ◆ 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.
 - young people's care records
 - daily logs
 - young people's meetings
 - handover book
 - staff supervision records
 - training records
 - centre registers – admissions and discharges, complaints, significant events, sanctions and child protection.
 - management meeting minutes
 - internal quality assurance audits and action plans
 - centre policies and procedures
 - team meeting records
 - maintenance records
 - fire register
 - safety meeting records
 - personnel files x 2 new staff
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager and the deputy manager
 - b) Two staff members
 - c) One young person
 - d) The lead inspector
 - e) One of the three social workers was available for interview.

- ◆ 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 deputy manager and the relevant social work departments on the 17th of July 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report on the 26th of July 2019 with a satisfactory completed action plan (CAPA) regarding any factual corrections and there were no issues requiring action for the centre to address following this inspection.

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: 081 without attached conditions from the 31st of July 2019 to the 31st of July 2022 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 31st of July 2019 to the 31st of July 2022.

3. Analysis of Findings

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

Inspectors found that the centre had in place a policy to support consultation and complaints for staff to reference. Inspectors found that the staff were knowledgeable about the policy and how the model of care supported the care of young people at this centre. The policy document was up to date and regularly reviewed by management and approved by the board. All young people were provided with a booklet which set out how the centre will “respect and support you”, their rights to privacy and that a mentor group will be assigned to them. The centres charter on bullying and what shared responsibilities there were within the house was also in the booklet. The booklet was well laid out, easy to read and colourful. Inspectors found that there were three staff available daily to the young people as well as the manager and the deputy Monday to Friday. A manager always attends the handover meeting for each day with the managers and the social care leaders sharing on call. Inspectors found that during interview and on records that the staff displayed the implementation of the core values of positive and genuine engagement with young people at this centre.

The centre held weekly young people's meetings, these were recorded and showed discussion around general requests, holiday plans, items for the staff meeting and feedback from same. There were requests to change certain house rules that were heard and on occasion the rule changed in response. Ideas that young people had about adding to the bedrooms were acted upon. The manager signed off on all the records of the young people's meetings and there was evidence in team meetings and in the management's work of follow through.

The management meet with individual young people if they were unhappy about something or wanted to discuss an issue on their mind, their social workers were also invited to and attended meetings at the centre in response to items. The team meetings were weekly and items raised by young people were recorded and

discussed. Management meetings were monthly and kept a similar focus on planning for and listening to young people. The management had introduced internal auditing since the inspection in the summer of 2018 and four have taken place since then with clear action plans generated from them. The audits demonstrated an additional avenue to oversee the quality of care delivered to young people with detail related to safety, health, education and overall well being highlighted. The management track that all young people received equal opportunities with staff for one to one time.

Inspectors recommend that the team consider how to better record and reflect the young people's voice on the daily logs and to ensure that the overall theme is not taken up with concerns for safety but reflects more of the caring focus that is prominent elsewhere within the work. There was a sensory room and other dedicated shared spaces within the house along with shared meals that created multiple points at which a young person can be with staff in a relaxed manner, spending purposeful individual time with young people was valued and acted upon by the team.

The team created other communication avenues through genuine responses to the young people and their families using positive cards and sharing of positive information when an opportunity arises. Ongoing training that supports this model was consistently on the agenda by management.

There was evidence of social workers meeting with the young people or requesting the team to support the young people in preparing for the statutory care plan meetings and other meetings.

Complaints

Inspectors found that there was a suitable policy on complaints in place at the centre. The young people were provided with written information about complaints and were told that they have a right to complain and to be heard. Complaints could be made through the use of a complaint form and young people were told about what would happen after that. The young people's booklet outlines that the manager will be informed and will respond within three days and that their social worker and their parents may be informed. Inspectors found that complaint forms were provided with the booklet and were available in named places in the house. The contact details of rights based organisations were provided for example, the Ombudsman for Children and EPIC. The centre had also made information and forms available to young people about The Child and Family Agency, Tusla's Tell Us complaint system.

Inspectors last reviewed the centres complaint register in July 2018 and on the occasion of this inspection found that there had been no entries for formal complaints since then. The management were utilising this log to note informal complaints and how these were addressed. There was evidence on the young people's individual files of staff following up with young people where they express a wish to complain and offering to support them. There was also evidence of their social workers being aware of an issue and attending the centre to find out more.

Access to information

The young people were found to have been regularly encouraged to access their logs and the aspects of the file completed by the staff at the centre. In the young people's booklet accessing their information was explained and inspectors found it was evidenced throughout key working that the young people were consistently invited to go through their file and their logs. There was evidence that some avail of this from time to time.

The management and Board of Governors have safe arrangements in place for the historical archive and for all new files requiring archiving. The Child and Family Agency, Tusla now process all historical requests for information and support the management and Board with Freedom of Information (FOI) compliance matters.

Extensive and ongoing works have been completed at the centre regarding the storage of files that were pending archive with fire proof cabinets and flood proofed storage area in the basement. The current files were securely stored in the main staff office with additional confidential storage in the management office.

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.*

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Inspectors found that there were four policies in place regarding education and that these were fully realised in practice at this centre. These were policy on education; policy on young people attending education; policy on young people who have a difficulty attending education and policy on young people who refuse to attend education. There was also an Education Programme document alongside these. The young people when they move here were typically in a period of disruption and change in their lives, the centre team were experienced at assisting young people to retain their familiar school where possible. The team's first core goal was keeping a young person in their existing school and maintaining their education without additional delays. The team and managers acted from admission meetings onward to achieve this.

Inspectors also found that action on education was then followed through by discussion at the weekly team meetings, through the placement plans and followed through in the regular supervision, including mentor supervision, provided to staff. Daily handovers involved planning for all practical and planning aspects of education.

If the young person had been out of school or needed to change schools the team sourced a new one without delay. There was evidence of them engaging with multiple local schools, colleges and projects in the young people's best interests and taking their wishes on board. Families and social workers were consulted too. The staff accompanied young people to meet the new schools and to complete interviews for places if that was the process. The team stayed in close contact with the schools and attended any meetings there should the need arise.

For young people awaiting a school there was a well established daily education routine in place at the house, this was well resourced and well led by the team. This was advised and supported by an experienced tutor who has worked with the centre for many years. The tutor attended the centre Monday to Thursday evenings in term time and will leave work for the next day if required. The tutor supported homework

and creative individualised methods of engaging young people in ongoing learning. The tutor and team link to the schools and can provide reports if needed. Inspectors found that there was an established link to the regional Tusla alternative education co-ordinator also.

The young people's files contained a section on education and these were well maintained with term reports and exam results on file. There was evidence that graduations and achievements were marked and celebrated. The team acted quickly on the provision of uniforms, books and supplies and there were incentives in place for attendance.

The team described the young people's involvement in education or training as socialisation, stability and "a bit of normality" in their lives and that they valued that for them and with them. Inspectors found that all aspects of daily life in the centre were used as opportunities for ongoing learning and valued as such from list writing for recipes to researching same.

3.8.2 Practices that met the required standard in some respect only

None identified

3.8.3 Practices that did not meet the required standard

None identified

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

The centre had a policy suite in place to support health and well being. These were; the policy on general physical health; policy on sexual health; policy on drugs and alcohol; policy on drug sample; policy on pregnancy; policy on medical attention and administration of medication. The policies were accompanied by an overall statement on health and medication.

All young people were promoted to have medical reviews upon admission to the centre as many may not have had an opportunity for one before. Inspectors found

that medical consents were on file from family or social workers. The consents covered treatment and medications and there was also one for drugs and alcohol urine testing. This was found to have been signed for all young people upon admission and was part of the standard practices for this centre. Inspectors recommend that it be more clearly stated that this can be refused should the persons involved wish to do so. The inspectors did not find that this was clearly stated in writing although staff and management all expressed that it was optional and only completed if a strong suspicion were evidenced of substance misuse. A young person over the age of sixteen can give their own consent, should they wish to do so and this should also be named. Where a positive test occurred there were follow up actions with recommendations of referral to drugs intervention programmes and targeted mentor work at the centre. Social workers and family were kept fully informed.

Inspectors found evidence of dental, optical, medical and specialist appointments made and attended with the young people. The centre had an emergency medical card linked to a local GP for any young person who moves in on an emergency basis without one. The team strive to keep the young people with their original GP where at all possible. Health including emotional health was acted upon and there were links to organisations and services dedicated to same such as CAMHS, Jigsaw, Pieta House and relevant others. The team tracked all aspects of well-being, emotional and physical, and followed up with actions on referrals but also on sports, activities and exercise classes. There were therapeutic activities built in to the daily infrastructure in the house from the chill out room to the sitting room area for hair and makeup. There was evidence in individual work, daily logs and in mentor work of holistic well being and formal specialist follow up. A local substance misuse charity has come to meet the team on a regular basis over the years. There were mentor group planning meetings and checklists to support areas in health and records were maintained of the administration of medication, signed by two staff and the young person.

Inspector found that sexual health and development education was carried out on both a planned and opportunity led basis. The team accessed programmes and information to equip them for this work. Several noted that a dedicated training programme would be very useful as one had been available in the past through the HSE.

The young people's immunisations records including HPV vaccination status and were obtained for the file and followed up for action if required. The team implemented group alcohol education programmes geared for teens and there were anti smoking interventions in place.

3.9.2 Practices that met the required standard in some respect only

None identified

3.9.3 Practices that did not meet the required standard

None identified

3.9.4 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 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

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

Accommodation

This centre is a period property comprising of two large adjoining houses, the houses are fully interconnected inside and have a fire door system to isolate them from each other should this be required. The location in the north inner city is close to many services, schools, transport links and hospitals. The centre maintained a locked front door policy due to the location and large amount of passersby and traffic. Young people can and do easily leave the centre and were not restricted from doing so, there was also a key guard by the two front doors in the event of fire.

The exterior doors were alarmed at night and there were cameras at the front and at the back of the property. There were signs naming the presence of cameras. There are security lights at the rear of the property also. At the time of this inspection the boilers and all radiators were being replaced throughout the combined property inclusive of new water tanks. There were new carpets pending and the house had

been painted. Extensive anti flood works had taken place for the basement areas after local changes resulted in water flooding the basements following heavy rains.

The overall impression was homely and inviting with good bedroom decor and soft furnishings in place and lots of items placed to make the rooms attractive and cosy. Inspectors found that the kitchens, sitting rooms and resources for the young people were very well maintained. There was a 'chill out' sensory room adjacent to the staff office area and this had multiple items to engage young people with. Inspectors were told the young people utilised it regularly.

There were monthly Board of Governors meetings, with a break in January and August, the records showed that the Board were actively informed on health and safety, premises, data protection and all areas of development for the centre, the young people and the team. In the two break months two members of the Board visit the centre to check in and updates are given. The Chairperson of the Board is available at all times in the event that the Manager or Deputy Manager needs to contact him. Proof of adequate insurance for accident or injury was provided to the inspectorate.

Maintenance and repairs

There was a record kept of all maintenance jobs at the centre and these evidenced quick attendance to jobs that could be completed directly. Larger jobs such as the heating system took time to gain quotes and agree the provider to do the job. There was a specific planning folder for the heating project, this was risk assessed and planned for with regard to safeguarding, working areas and hours throughout the two houses. The young people were kept informed at all times during the works. Inspectors found that follow through on maintenance and safety was also integrated into the auditing system and into the monthly management meetings.

Safety

The centre had a centre specific safety statement developed by a certified safety consultant, it named the person in charge (the manager) and the representatives and there was a safety committee in operation. Safety meetings took place and safety was also integrated into the weekly team meetings. Records were maintained of bi-monthly safety review meetings and the safety consultant attended yearly for the safety statement review. Inspectors found that matters were identified and actions implemented in a transparent manner.

The team were trained in first aid and the social care leader in charge of training maintained a training schedule and planner to ensure that the training levels were

maintained. There was storage for medication in the staff office, this was in a locked filing cabinet, and there was evidence of first aid equipment available in the house. The centre has a defibrillator in place and the team have been trained in its use.

There were daily checklists for staff to complete in cleaning and food safety, for example fridge and freezer temperatures. Inspectors noted that there was no dishwasher available in either of the basement kitchens. Inspectors advise that one is bought to further support the good hygiene routines in place.

Fire Safety

The team, and any young people who wished to attend, received onsite fire safety training on a yearly schedule. Alongside this any new staff and new young people were inducted into the fire evacuation and alarm systems, the young people changed approximately every six months due to this being a short term centre. Inspectors viewed compliance by the staff with nightly routine fire checks, these were recorded. There was an up to date register of what persons were on the property each night and their location.

Inspectors observed the fire panel, emergency lighting, fire equipment and exits signs to be operational throughout the two houses. Evacuation notices were in key locations. There were records of fire drills and no issues had arisen during the drills or during the bell tests. The safety folder contained a comprehensive and well organised array of safety and fire safety documents to educate and inform staff about the routines related to same in place at the centre.

All test and service certificates and contract for fire safety systems were on file and completed in accordance with the safety statement directions. The centre provided evidence of compliance with fire and planning regulations in accordance with the relevant regulations and guidelines.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 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 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.***