



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 130

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	24 HR Care Services Residential Division
Registered Capacity:	Four young people
Dates of Inspection:	30th and 31st of May 2018
Registration Status:	14th of August 2017 to the 14th of August 2020 with no conditions attached
Inspection Team:	Michael McGuigan Linda McGuinness
Date Report Issued:	21st of August 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.4 Children’s Rights	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
4. Action Plan	18

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 August 2017. At the time of this inspection the centre was in its first registration and in year one of the cycle. The centre was registered without conditions attached from 14th of August 2017 to the 14th of August 2020.

The centre's purpose and function was to accommodate four young people of mixed gender between the ages of thirteen and seventeen. Initially the centre was registered to provide short to medium term care but in the weeks before the inspection the organisation applied to amend this. The centre now provides medium to long term care. The model of care was a relationship based. It was described as providing a safe homely environment for young people who were experiencing difficulties in their lives and working with them to provide opportunities for growth.

This inspection was a themed inspection and examined standard 4 'children's rights', standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 30th and 31st of May 2018.

1.2 Methodology

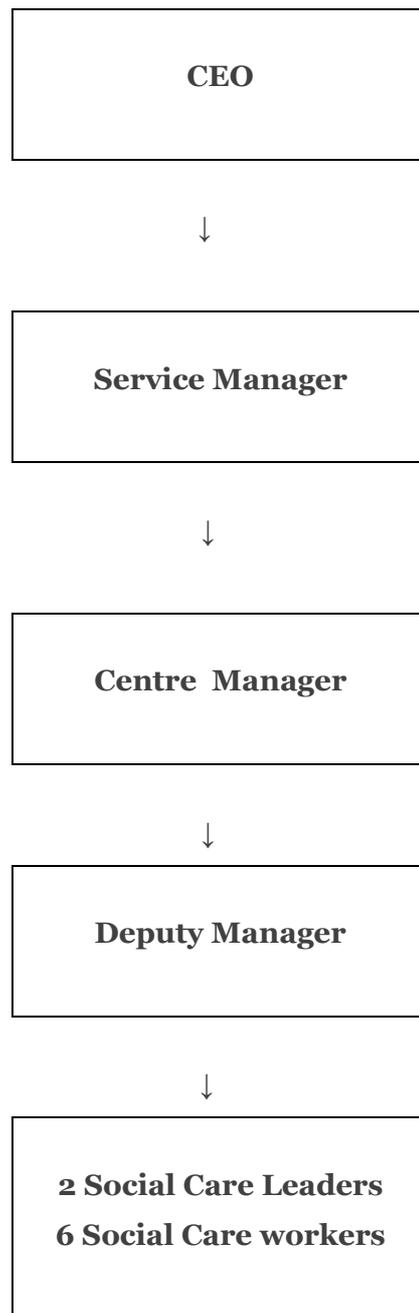
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires submitted by:
 - a) The deputy manager
 - b) The organisation's director
 - c) Five social care workers
 - d) Three young people
- ◆ An examination of the centre's files and recording process including care files; management documents; centre registers and planning documents.
- ◆ 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
 - b) The service manager for the organisation
 - c) Three social care workers
 - d) The social workers for two young people
 - e) Two 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, service manager and the relevant social work departments on the 02nd of July 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 service manager returned the report with a completed action plan (CAPA) on the 13th of July 2018.

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 130 without attached conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 14th of August 2017 to the 14th of August 2020.

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

The centre had a policy that defined how young people would be consulted with and the methods and opportunities for this. This policy cited young people's meetings, key working and individual work as forums for consultation. There was evidence that safety plans and risk management plans were discussed with young people to gather their views on the care approaches being used and to support them to manage their own behaviours. There was also written evidence that young people were helped to prepare for their child in care reviews and supported to have their voices heard in the planning of their care.

From a review of the young people's meeting minutes for the centre, inspectors found that there were two logs for meetings opened on 27/09/17 and 03/05/18 respectively. These records included details on when young people refused to participate; however, inspectors found that they were generally well attended. The records reflected who attended, the agenda, details of the discussion and there was a section for decisions and outcomes. However, it was observed the section on decisions was often not completed and at times decisions were included in the narrative regarding the meetings. It is recommended that decisions and actions are clearly recorded for tracking and oversight by centre managers.

Topics that evidenced consultation with young people were in relation to decoration of the bedrooms, menu planning, activity planning, the opportunity to open bank accounts, diet, bedtimes and education. Inspectors also noted recurring themes in young people's meetings such as respect, keeping the house homely, behaviours towards each other and living together in the centre. It was also observed that young people were consulted on new admissions and helped to prepare for this event. On occasions where young people did not engage in the meetings, there was evidence that social care workers consulted with them individually on important issues to

ensure that their voices were heard. Young people were afforded the opportunity to sign the meeting minutes and inspectors noted their signatures across the records.

There was evidence that young people were consulted on the care being provided to them through the key working process. Inspectors found that key working in relation to living in the centre and future plans for their care was of a high standard. Young people were also supported to have their voices heard at child in care reviews and review forms evidenced this. There was also evidence that young people were supported to write to their social workers when issues arose. However, it is recommended that the placement planning system should include separate sessions to evidence that young people are supported to understand the key work that is to be undertaken with them. There was also evidence of extensive consultation in the young peoples' daily logs, including issues such as contact with families, education, daily living in the centre, reasons for sanctions and consequences, managing free time and weekly planners. Inspectors found evidence that young people's meetings were also discussed at staff team meetings to ensure that requests were followed up and decisions made and fed back to young people in a timely manner.

Access to information

The centre had a policy on access to information that described what types of information was held on young people and how this could be accessed. Young people were also provided with information on access to information through literature provided to them on admission. During interview the centre manager and staff were aware of the young person's rights to access information.

However, inspectors observed that young people were not routinely offered the opportunity to access information held on them in the centre and this was not actively promoted through key working. While, there have been instances where young people have reviewed significant events, inspectors recommend that the processes and structures for young people accessing information are improved.

3.4.2 Practices that met the required standard in some respect only

Complaints

Inspectors found that the centre had a policy on complaints which defined what constituted a complaint and also identified procedures for dealing with informal complaints. This policy also stated that the complaints process would be used for learning for the organisation to provide better care and outcomes for young people. However, the process for complaints management (including time frames for

responses) was not clearly detailed in the centre’s policy and this needs to be addressed.

Inspectors reviewed the complaints register for the centre during this inspection. This register was opened on 27/09/17 and contained one complaint which related to a young person complaining about the actions of their peers. This complaint was recorded as concluded. There was evidence of the detail of the complaint on the young person’s file and that this was investigated in conjunction with the services manager. It was also recorded that the young person was happy with the outcome of the complaint. Inspectors reviewed evidence that the centre had written to the young person’s social worker identifying that the complaint had been concluded. A response had also been received from the social work department to evidence that they were satisfied with how this complaint was addressed.

Young people stated that they knew how to make complaints and were satisfied that these would be listened to and that there were also external advocates to support them should issues arise. Neither young people raised issues with inspectors during interview. There was also written evidence in young people’s review forms that they knew how to make complaints.

The centre’s policy included a section on informal complaints and there was evidence that these were managed and addressed through young people’s meetings and key working. However, there was no formal method for recording, tracking and oversight of informal or non-care related complaints in the centre and this must be addressed.

From a review of the centre complaints register, inspectors found that this had been signed and reviewed by the service manager to evidence their governance and oversight of complaints. During interview with one young person they raised issues with the service being provided by their allocated social worker. It was agreed between the young person and the centre manager that this would be dealt with through the Tusla ‘Tell Us’ complaints system. Further, a second young person stated that they did not want to live in the centre. This issue was raised with the young person’s social worker who outlined the reasons for the placement and stated that they would visit the centre and meet with the young person to discuss this with them.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency 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 service manager must ensure that the process for complaints management, including time frames for responses, is included in the centre's policy on complaints.
- The service manager must ensure that there is a system for recording, tracking and oversight of informal complaints in the centre.

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

This centre was a large premises in a rural area of county Meath. Each of the young people had a bedroom that they could decorate to their own tastes and there were communal areas where residents could meet with family and friends in private. The centre manager had given approval for each young person to purchase paint to redecorate and it was anticipated that painting would begin in the centre in the coming weeks. Inspectors shared a meal with staff and young people as part of the inspection and observed this to be a social event. Staff interactions were noted to be warm and caring with residents.

Each young person had key workers appointed to them and a review of the centre placement plans and key work sessions evidenced individualised planning of their care. There was evidence that young people were afforded the opportunity to join clubs and groups in the locality. The centre was well decorated and homely in nature

and there were pictures of staff and young people in evidence. During interviews with young people they stated that they had relationships with staff and felt that there was someone they could talk to if they had a problem. Minutes of meetings for senior managers reflected that staff had been on youth participation training. Further, young people had also been encouraged to become involved in youth participation groups.

Provision of food and cooking facilities

Inspectors conducted a review of the premises and noted that there were adequate cooking facilities and ample nutritious foods in the centre. The records for young people's meetings evidenced discussions on menus and diet and the young people were encouraged to participate in grocery shopping for the centre. Key working for young people also evidenced sessions on meal preparation and cooking skills and on the day of the inspection, young people were observed cooking with staff.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity which stated that staff aimed to prevent young people being discriminated against because of their care status, sexuality, ethnic or cultural background. The policy also stated that staff would undertake individual work with young people on discrimination and identity.

There was evidence of discussions and support for young people in key working around identity. Further, staff observed that young people were facilitated to attend support groups on their identity if required. Records in the centre reflected evidence of key working on race and diversity and positive attitudes to culture and ethnicity. Inspectors found that the minutes for staff team meetings reflected discussion on relationships with peers, friendships outside of the centre and how these impact on identity and sense of self for the young people living in the centre.

Managing behaviour

There was a policy on behaviour management in the centre that described challenging behaviour, its affects and also detailed approaches to addressing these behaviours. The centre used therapeutic crisis intervention (TCI) as its model of de-escalation and behaviour management and there was evidence of this in practice across young person's files. Inspectors observed that each young person had an up-to-date individual crisis management plan (ICMP) which addressed safety issues, concerns and strategies for supporting young people to manage their behaviours. ICMPs for young people contained good strategies for the stress model of crisis and

there was evidence that they were regularly reviewed and updated by the staff and that interventions were discussed at team meetings.

There was evidence that the social workers for two young people had signed some of their ICMPs. However, it is important that these are regularly reviewed and signed each time the documents are reviewed in the centre to evidence social work agreement with the strategies in place to manage outburst behaviours. The social worker for a third young person had not signed their ICMPs.

Inspectors also reviewed care approach documents that advised staff on how challenging behaviours displayed by the young people should be addressed. Care approach documents included strategies for self-harm, low mood, morning and evening routines, absence management and support for young people making allegations. These care approaches and ICMPs were also detailed in weekly manager's reports. Behaviours management was also discussed with young people in a natural way through the young people's meetings. Through a review of the centre team meetings, inspectors found evidence of communication and consultation with external stakeholders on behaviour management such as Gardaí, community substance misuse intervention programmes and local mental health services. The weekly report also reviewed each significant event and outcomes were included. Further, there was evidence of reviews of incidents at the significant event review group and this provided actions and learning for staff including strategies for interventions and notes on recording. Inspectors reviewed the pre-admission risk assessments for young people and noted that these addressed strategies for keeping young people safe and managing risk taking behaviours.

The centre had a policy on sanctions that defined what constituted a sanction and what types of sanctions could be applied and those that were prohibited. This policy noted that the centre would also use restorative practices as part of the structure of consequences. A review of the sanctions logs for young people evidenced that both positive and negative consequences were in place in the centre and young people were brought on paid activities and provided with extra free time as rewards and reinforcement for their positive behaviours.

Inspectors noted that both the centre manager and line managers for the service had signed the centre sanctions register and the individual logs for the young person and sanctions were also included in the weekly manager's report. Inspectors noted that some of the entries in this log had been scribbled out. Centre managers should ensure that a line is placed through errors and these are initialled by staff.

Restraint

There had been two restraints used in the centre since it opened in 2017. Both of these had been reviewed by the senior management group (one of whom is also the services TCI coordinator) and learning from the incidents was provided to the staff team. The records for these incidents were complete and had also been reviewed by the centre manager. Inspectors reviewed the centre policy on restraint and found this to be appropriate.

3.6.2 Practices that met the required standard in some respect only

Absence without authority

The centre has a policy on absence without authority. However, it was observed that the absence management plans in place were not in keeping with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012*. This document does not contain curfew times or information on safe persons and should be amended.

Inspectors reviewed the significant event notifications register for this centre and observed that there had been a decrease in number of episodes of young people missing from care. The ‘*care approaches*’ documents created were in some instances used to support young people to remain in the centre and key working also evidenced this.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager must ensure that absence management plans are in keeping with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012*.

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

Safeguarding

The centre had a policy on safe practice that identified this as both preventative and protective for young people. The policy listed each of the relevant policies in operation in the centre and noted the importance of training for staff members and young people's access to external advocates. While on site, inspectors also reviewed the centre's child safeguarding statement and found this to be appropriate. There was evidence that senior managers gave direction on safeguarding training and that safeguarding issues were discussed at senior management meetings.

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.

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.

3.7.4 Practices that met the required standard in full

Child Protection

The centre had an appropriate policy on child protection that reflected the information contained in Children First: National Guidance for the Protection and Welfare of Children, 2017. This policy also included definitions of abuse and detailed actions to be taken by staff in the event of disclosures by young people. There have been two child protection notifications in recent months relating to one young person in the centre. The social worker for this young person has met with them and the

process of investigation was on-going. There was written correspondence on file relating to both notifications and staff were aware of policies for child protection.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.4</p>	<p>The service manager must ensure that the process for complaints management, including time frames for responses, is included in the centre’s policy on complaints.</p> <p>The service manager must ensure that there is a system for recording, tracking and oversight of informal complaints in the centre.</p>	<p>The service manager in consultation with the Director/Development Manager and centre manager has identified and included time frames for complaints management to be dealt with in a prompt and effective manner. All complaints will be dealt with within 2 weeks. This has been addressed and the centre’s policy on complaints has been updated to reflect same.</p> <p>The service manager has developed a register that includes formal complaints and informal complaints to ensure effective recording, tracking and oversight on complaints.</p>	<p>The service manager and centre manager will ensure effective governance on all types of complaints and ensure that these are addressed and responded to in a timely manner in line with our centre policy. Complaints are now a standard agenda item at senior management meetings.</p> <p>The service manager will ensure effective governance on oversight and will review the complaints register on a regular basis.</p>
<p>3.6</p>	<p>The centre manager must ensure that absence management plans are in keeping with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012.</p>	<p>The centre manager has implemented the absence management plans for all young people in the centre in line with the national protocol.</p>	<p>The service manager will review and ensure effective absence management plans are in place for each young person residing in the centre.</p>