



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	135
Year:	2018
Lead inspector:	Eileen Woods

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Harmony Care Ltd
Registered Capacity:	4 young people
Dates of Inspection:	21st & 22nd May 2018
Registration Status:	Registered from 20th February 2018 to 20th February 2021
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	20/07/18

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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 February 2018. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without conditions attached from 20th February 2018 to the 20th February 2021.

The centre's purpose and function was to accommodate four young people of both genders from a minimum age 16 upon admission to over 18 years in a semi independent apartment setting. Presently this is limited to three young people in agreement with the company whilst they are reviewing the physical layout of the centre. Their model of care was described as the provision of a semi independent programme with individualised plans through a trauma informed positive behaviour support model. Two young people were residing there at the time of the inspection visit.

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 announced and took place on the 21st and 22nd May 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 director of social care
 - b) The CEO
 - c) The social care leader
 - d) Seven of the social care staff inclusive of one relief staff
 - e) One of the two social workers with responsibility for young person/people residing in the centre.

- ◆ An examination of the centre's files and recording process.
 - care files
 - supervision: staff and management and three personnel files
 - handover, team meetings & communication books
 - centre registers: young people, significant events, complaints, consequences, risk assessments & child protection
 - management meeting records: in-house and external
 - centre audit reports

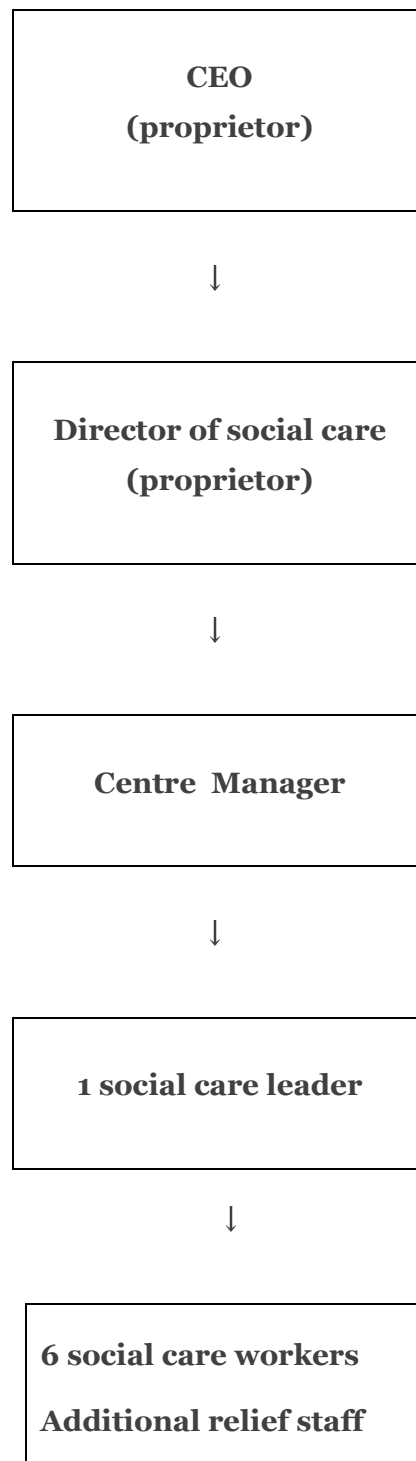
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management: manager and director of social care
 - b) Three social care staff
 - c) The two young people
 - d) One of the two social workers for the young people
 - e) Consultation with the lead inspector

- ◆ Observations of care practice routines and the staff/young person's interactions inclusive of an observation of a handover.

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, director of social care and the relevant social work departments on the 28th 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 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 9th July 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: 135 without attached conditions from the 20th February 2018 to 20th February 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The management team for this centre included a manager and a social care leader and they were line managed by a director of social care. The manager and their team leader were both qualified and had the requisite years of post qualifying experience in social care. Inspectors found that a well defined and organised internal and external management meeting, recording and reporting structure had been implemented in the first three months of this centres operation. There had been audits completed and evidence of oversight by the director of care. The proprietors had invested in the property, staffing and training resources in this initial phase.

The manager had put into operation reporting and recording systems suitable to the specific purpose and function of a semi independent programme. There were assessment tools and a placement planning systems being rolled out. The manager was supervising their team and initiating a continuous professional development programme. Inspectors found that the manager was reviewing all written records including daily logs, key working records. The manager was establishing a culture of staff professional development. There was evidence of the manager's oversight on a daily basis in handovers and all written work was reviewed. The management had implemented a strong culture of consultation and transparency around young people's centre paperwork and this was evidenced as fully realised in practice. There were monthly manager meetings, newly implemented internal management meetings and audit visits, there were records available for review by inspectors of all these.

The manager was involved a review of the organisations policies and procedures and developed the child safeguarding statement for the centre. In response to

recommendations by inspectors during the on site inspection a policy titled ‘informed consent for continued residential care and aftercare’ –was forwarded to inspectors, this policy addresses the matter taking a young adult centred approach. The policy requires further development as it does not explicitly address that for example significant event reports and weekly reports are shared with others.

The auditing implemented by the organisation is a quarterly process and an announced internal audit had been completed in May by the director of social care and in April an unannounced audit had been completed by other senior staff from within the company. The audits looked at different areas of practice and had actions identified to be addressed. Those specific to the management role were dealt with directly by the manager and director in their ongoing planning and supervision. The manager and their team leader implemented actions related to records that were incomplete or unsigned. The audits referenced an action plan but inspectors did not review this document. The April audit does not state who completed it and this should be amended to name the persons involved.

Inspectors found that in this early phase of the centres development the need for good and effective governance was valued and acted upon in the young people’s best interests. The social worker who responded to the inspection named that there was good collaborative decision making around the young person’s needs and that this was well led by the management at the centre. Inspectors have found that since the onsite visit items identified at initial verbal feedback have been actioned by the manager and by the director with evidence provided for each matter. One area still under development is the formal warning procedure and the detail of the policy base for over eighteens residing with the centre.

Register

The centre has established an appropriate centre register of young people. 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 centre has a suitable policy and procedure in place for the reporting of significant events. These were completed to a good standard, in a timely manner and notified to all relevant parties. The social worker for one young person expressed their satisfaction with the notifications process and told inspectors that they engage with

the centre team following significant events. There must be an addition to the policy regarding notifications of significant events for those over the age of eighteen, the centre has evidenced their action on this with the final documents to be forwarded to inspectors once completed.

Supervision and support

The manager and their team leader were both trained in the provision of supervision. Inspectors found that staff were receiving monthly supervision sessions and had a supervision contract on file. The sessions covered placement planning and key working as well as team development and training to a good standard.

Supplementary supervision session records have been introduced as a training and development tool to reflect additional conversations had by the management with staff. The manager supervised six staff including the social care leader and the social care leader supervises three staff. The manager evidenced oversight of the social care leader's supervision. The manager received monthly supervision from the director of social care and the inspectors recommended following their review of all supervision records that more efficient reflection of the substantive discussions and direction given to staff is needed to improve the quality of these records. Shift evaluation sheets were completed at every handover and the manager highlighted these as a good staff support and development tool. Matters arising have triggered a discussion at team meetings.

Inspectors found that all staff were in the process of receiving new contracts of employment and an employee handbook. This contains details of an employee assistance programme available to staff if required. Inspectors found that there was not a good awareness of this programme at the centre and recommend that the director should take steps to ensure all staff are updated about this aspect of their employment. The director confirmed that action had been taken on this after the inspection visit.

Team meetings are monthly and attendance was compulsory the records displayed that a shared agenda is prepared with the central areas being team development and meeting young people's needs through the placement planning system and daily practice. There was clear input from the young people themselves. The young people receive feedback from team meetings and told inspectors they were happy with this. An inspector observed a handover and found this to be a well organised and structured forum with good team communication in evidence.

Training and development

Inspectors found that there was a tracking system established for team training. All staff had been trained in the recognised method of behaviour management before commencing work in the centre and the centre has a no restraint policy in place. The other core training in first aid and fire safety had been completed or in the case of first aid were booked on a rolling basis. The staff had completed the national online Children First training provided by Tusla, The Child and Family Agency. Training in child protection has also been provided by the company following this. The team were completing modules in ABA (applied behavioural analysis) there is an ABA practitioner within the company.

One staff must commence a recognised course in social care and the director has updated the inspectors on the progress of the application process for this. A second staff member was in the final weeks of their social care degree. The placement proposals for the young people note a significant level of staff training will be provided to meet the needs of the young people, for example attachment strategies and managing self harm, along with the ABA training some of this had been completed also.

Administrative files

The young people's files were well presented and well organised. It was clear that they had been audited and overseen internally and externally. There was also evidence that there was follow up on items noted during supervisions sessions and at team meetings. There were formal responses to audits completed, this mainly involved a tick box once completed and the manager maintains a record of the audit response document separately. The petty cash and finance system was adjusting as the needs and patterns of expenditure of the project were developing. The manager and the directors were tracking and responding to this. Inspectors noted that changes had been made to assist the team and young people, for example the introduction of a fuel card. The director outlined to inspectors that presently the centre has one car with two young people and that the need for additional transport where public transport is not an option will be responded to in the future.

3.2.2 Practices that met the required standard in some respect only

Staffing

The team complement for this centre is nine staff; this includes the manager, the social care leader and six social care staff with one relief staff. Two staff sleepover at the centre overnight. The national referrals base and the location of the centre require a full team to be available to support family access, meetings, court appearances and education and training opportunities. Staff capacity to communicate effectively with the young people was being supported and monitored by management and the manager was satisfied with the developing standard of the approach by the team on a day to day basis. The young people told staff that they were happy with the team and how they helped them.

A sample of three personnel files were reviewed by inspectors and a number of matters were identified for action. The personnel files did not have independent verification of qualifications, references did not have any detail recorded when being verified and a risk assessment was required for one file until such time as a matter could be expunged.

Records of inductions were maintained on the personnel files these confirmed that a two day induction was completed and included policy and procedure review, introduction to the recording systems and meeting the young people.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The Child and Family Agency have 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 have 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

- The manager must ensure that the personnel files contain independent verification of qualifications, that references when verified contain some brief detail and that personnel files are updated when required, for example, when a new qualification is attained.

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

Both of the young people residing in the project at the time of the inspection were in the age range for the programme. The aim had been to have planned transitions but during the planning for transitions both young people required emergency admissions to the centre. In both situations this was in response to a pressing need for a move from a different setting and the centre facilitated a rapid admission. Both placements had been approved and pre admission risk assessment procedures had been completed also.

The pre admission process involved the completion of pre admission impact risk assessments and risk management plans were generated from this. These plans emphasised the centres stated positive behaviour and strengths based approach. Inspectors found that these risk assessments were completed to a good standard. The young people's files contained the available history and any previous reports and social histories for the young people.

Both young people had been informed about the centre and were aware that they would be moving there. The young people told inspectors that they were happy with the process as it happened and understood why and for how long approximately they

would be living at the centre. They were welcomed and supported well on the day they arrived they said and had met with staff before their move also. Inspectors found that both young people knew who the people in the organisation were, what their role was and what they could reliably expect on a daily and weekly basis at the centre.

Statutory care planning and review

Both of the young people had care plan meetings conducted within ten days of admission and one had two further child in care reviews. The second young person had been resident for a month. One young person had their care plan completed within days of their admission, two additional child in care reviews were held in quick succession, one just prior to an eighteenth birthday. At the time of the inspection visit the social work minutes of the child in care reviews were not yet on file at the centre, the social worker stated that these have since been provided to the centre. The second young person had a copy of a child in care review plan on file but not an updated care plan as yet. This was due to be forwarded to the centre. The centre staff took their own minutes of the decisions at the review meetings and had created reports for each of these meetings. The young people and their families were recorded as attending these meetings. The centre and the young people all contributed and were assisted to contribute to the meetings.

Pre admission placement plan assessments were completed with both young people assisted by a social worker prior to or on the day of admission. This initiates the centre approach to involving the young people in their own plans and records from the outset. The pre admission placement planning assessments completed by the young people were then actively used to inform the centre planning and were reflected in the key working. A placement plan summary will then be prepared for formal centre review at three months, one was approaching completion at the time of the inspection.

Monthly placement plans were developed and weekly reports reflect the work taking place. Monthly outcomes are looked at but the formal review of outcomes from the placement plans are scheduled for the three month point. The planned process is that at the three months a placement summary and outcome progression plan will be done. None had fully reached the timeframe for completion at the time of the inspection.

The placement planning documents and the key working evidenced the involvement by the young person themselves and of oversight by the manager and the director of social care. Follow up and actions were identified and these were linked to weekly planners and to placement plan goals. There was a strong and appropriate life skills focus but also an emotional and behavioural focus. Inspectors found that the matters being addressed in key working were congruent with those identified at referral, in the care plans and by the young people themselves.

Contact with families

Inspectors found, observed and were told by a social worker and young people that families were welcomed at the centre and have visited the centre regularly throughout the three months it has been operational. Family members were visiting freely at the time of the inspection. The staff structure and support the family contact at the centre and facilitate travel to their home areas. One social worker confirmed that the staff and manager dealt sensitively with family matters. All matters related to family contact were discussed at the pre admission placement planning assessment and at the statutory child in care review meetings. Both young people told inspectors that they were happy with how respectfully their families were engaged with by the team. Young people who are over eighteen can decide what information about them is shared with their family.

Supervision and visiting of young people

One young person had been resident a month and the other just over two and a half months and both social workers had visited the centre and had contact both independently and through the centre with the young people.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

There was evidence that there was discussion and consultation between the social workers, the centre and the young people about the planning completed in, for example, the absence management plans and the behaviour management plans. One

social worker stated there was detailed contact on a weekly basis following receipt of the weekly report.

The social workers had completed care planning for the young people and had as confirmed for one young person had taken action to pursue what referrals and funding they could in their best interests.

Emotional and specialist support

At the centre each young person was assigned a key worker and a support key worker, much of the key work records on file were completed by a range of staff and not necessarily the key worker. The key workers complete the formal preparation of the plans and the reviews of same, they also review significant events with the young people and make them aware of the content of any reports they prepare about them. The records at the centre showed open and frank conversations with the young people and that the team support them with their family in particular as well as other matters impacting their lives. As inspectors found that much of the key working was in the form of conversations the team should look toward expanding their pool of training and practical resources on an ongoing basis. The director identified that some of the team were trained in ABA, applied behavioural analysis, and CBT, cognitive behaviour therapy, theory. Inspectors found that the team, some of whom have completed initial ABA training, were not fully clear as to its role within their work. The management also referenced that the principles of CBT and ABA delivered through a therapeutic relationship and a positives and strengths based approach so should continue to evolve the translation of the theory into practice with the team as the centre develops.

Inspectors found that the team had sought to link young people to suitable local intervention services in accordance with their needs, for example, substance misuse supports. The company has a clinical team but have decided to not automatically have them involved with this centre. They can be upon request by the manager and will assist at referral stage. The director and manager stated that they would first look toward training and skills within the team.

Both social workers were noted as being aware of the indications of a need for additional clinical assessment and one confirmed that funding was being approved.

Preparation for leaving care

The centre had a life skills programme developed and a life skills assessment tool is completed with each young person. All the placement planning systems inform the area also. The young people have a life skills folder which is used by their key worker to inform their work. There was evidence of consultation with the young person and their family and social workers to identify their strengths and goals. The monthly placement plans tracked actions taken on the specific areas. The manager and director of care were clear that the programme will always be individualised and each young person was encouraged pursue their individual plans. The team take account of any court imposed conditions in the planning also.

There is a communal space in a staff apartment and set nights on which young people cook in their own apartments or when they eat with staff. Financial arrangements were well and clearly recorded and daily and weekly plans gave clear routines for both young people.

A social worker stated that they were happy with the clarity of the service provided and that the rules were congruent with bail conditions set down and were well advised by the needs of the young person. One young person has an EPIC (empowering people in care) advocate who engages with them in support of their pursuit of an aftercare service and as a general support.

Discharges

The policy on discharges will require some additions for this centre to ensure that it reflects that warnings can be issued that may lead to an unplanned discharge if the rules at the centre or any additional agreements entered into between the young person and the centre are not honoured. The director of care was taking action on this following the onsite inspection.

Aftercare

At the time of this inspection an agreement was reached with the social work department for one young person for funding over 18. There were ongoing negotiations between the allocated social worker and the aftercare team in their area assisted by an EPIC advocate for the young person. Inspectors can confirm that the PSW for the aftercare provider, contracted to provide aftercare to Tusla in the particular area, have provided this young person with access to an essential level of aftercare support. This will enable them to access more and varied aftercare residential supports. Inspectors welcome this action.

Agreements had been reached with the social work department, the centre and the young person about what information would be shared about them over the age of eighteen.

The second young person had not yet been allocated an aftercare worker as they had recently turned sixteen. Inspectors have been unable to confirm when this will take place.

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 have 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).

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The manager must ensure that the personnel files contain independent verification of qualifications, that references when verified contain some brief detail and that personnel files are updated when required, for example, when a new qualification is attained.</p>	<p>In relation to the independent verification of qualifications – a new draft letter for colleges to verify qualifications is completed and submitted to inspectors before publishing.</p> <p>This letter is for circulation to colleges when new employees are recruited. This document has been shared among all Harmony Residential Care Centres.</p> <p>In relation to the verification of references – the reference request form has been updated to include a section for verifying references with more detail (date, name of referee and name of person verifying the reference). Submitted to inspectors for review before publishing.</p> <p>In relation to the personnel files – the front cover form for the staff files has been updated to include a section for when new</p>	<p>The employee starter checklist has been updated to include circulating the draft letter to colleges for new employees. The draft letter on completion will be circulated to all centres within Harmony Residential Care. Staff files are audited internally and externally on a quarterly basis.</p> <p>The employee starter checklist has been updated to include completing the final section of the reference request form on receipt of same. Audits of staff files are completed quarterly internally and externally. This document has been circulated to all centres for implementation.</p> <p>Staff files are audited internally and externally on a quarterly basis; this includes the front cover audit sheet. The new</p>

		qualifications are achieved by staff and verifying same with colleges. Submitted to inspectors before publishing.	document updated has been circulated to all centres within Harmony Residential Care.
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