



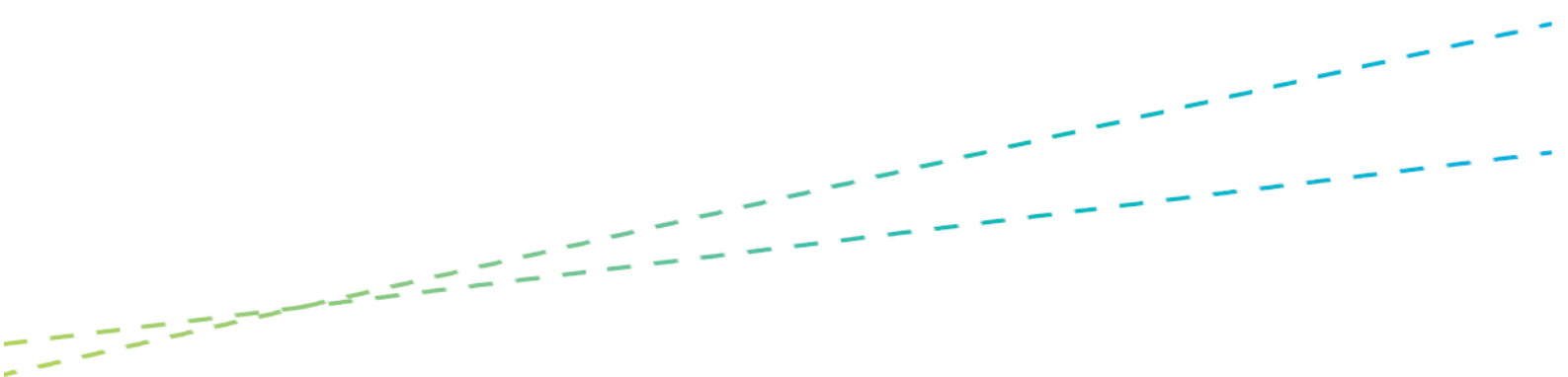
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 142

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Intensive Community Programmes
Registered Capacity:	One young person
Dates of Inspection:	19th November 2018
Registration Status:	Registered from 7th September 2018 to 7th September 2021
Inspection Team:	Paschal McMahon Lorraine O'Brien
Date Report Issued:	19th March 2019

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
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
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 on the 7th September 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 attached conditions from the 7th September 2018 to the 7th September 2021.

The centre's purpose and function was to accommodate one young person of either gender from age thirteen to seventeen years on admission. The centre's model of care was based on a number of theoretical approaches including significant aspects of Adolescent Metallisation-Based Integrative Therapy (AMBIT) which is an approach to working with hard to reach young people at risk.

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 19th November 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) Four of the care staff
 - b) The centre manager
 - c) The director of the company
 - d) The social worker with responsibility for young person residing in the centre.
 - e) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process.
 - The young person's care file
 - Supervision records
 - Training records
 - Centre register
 - Staff team minutes

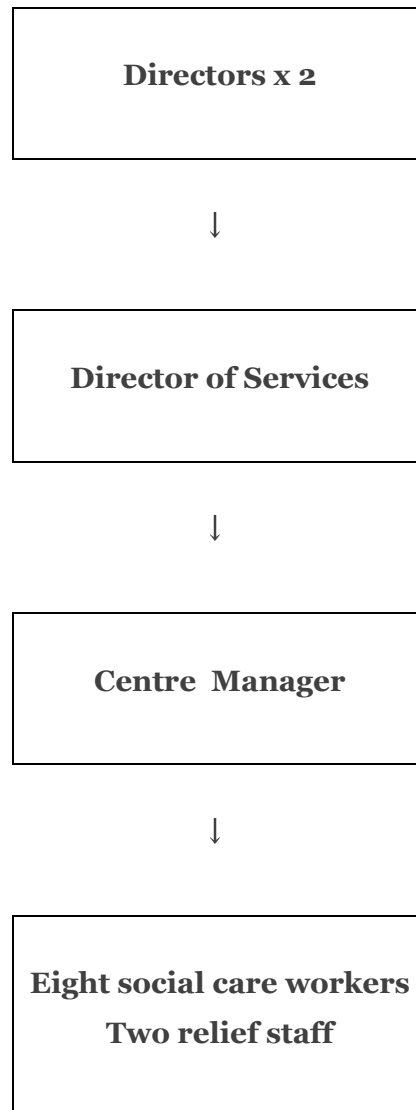
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The director of the company
 - c) Two staff members
 - d) A parent of the young person living in the centre
 - e) The lead inspector
 - f) The social worker and principal social worker with responsibility for young person residing in the centre.
 - g) The young person's Guardian ad Litem

- ◆ 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 person, 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, registered proprietor and the relevant social work department on the 31st January 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 with a satisfactory completed action plan (CAPA) on the 13th February 2019 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: 142 without attached conditions from the 7th September 2018 to the 7th September 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

Notification of Significant Events

The Inspectors examined the significant event records, and were satisfied that significant events were notified to the Child and Family Agency. Significant events were also notified to the director of services, the young person's parent and Guardian ad Litem. The young person's social worker when interviewed by the inspectors confirmed that they received written significant events reports and were notified promptly. Significant event reports were maintained on the young person's care files and the centre maintained a log of all significant events. The inspector reviewed documentary evidence showing that significant events were being reviewed by the centre manager and the young person's social worker.

Staffing

The staff team at the time of inspection consisted of the centre manager, seven social care workers and two relief staff. One social care worker post was vacant and efforts were being made to fill this post. There was a good mix of experience and all staff had a social care or related qualification. Staff interviewed during the inspection process and in their questionnaires, stated that positive dynamics existed amongst the team and they were dedicated to providing the best possible care for the young person. The placing social worker stated that the manager and staff were committed and the young person was well cared for. A review of centre files supported the fact that the team had built and maintained a positive relationship with the young person in placement.

All staff had been vetted when the centre was registered three months prior to the inspection. At the time of inspection, inspectors found that there had been no additional staff employed since the centre opened. The centre had an induction process in place. Staff interviewed confirmed that they received an induction and there was evidence of signed induction checklists on staff member's files.

Supervision and support

The supervision policy stated the centre will provide supervision to staff at intervals of four to six weeks and inspectors found it was being conducted in line within this timeframe. There were supervision contracts on file for all staff members. The centre manager was supervised by the director of services. The centre manager was responsible for supervising all the care staff. The inspectors found evidence in supervision records of links between placement planning, key working, significant event reviews as well as a strong emphasis on training. Supervision records were clear, signed and dated. The inspectors recommended that one staff member who had no previous residential care experience should be supervised on a fortnightly basis.

Team meetings were held fortnightly in the centre. The inspectors examined team meeting records and found that decisions and actions taken at these meetings were recorded but not clearly. The inspectors recommend that the format for recording team minutes is amended to record what actions/ decisions are made at team meetings, identifying who is responsible for carrying these actions and within what timescale. Inspectors were informed that the young person was actively encouraged to attend and had participated in part of team meetings. This should also be recorded along with any contribution made by the young person.

Staff in interview and questionnaires stated that the centre manager was very supportive and accessible and provided clear leadership to the team.

Training and development

The inspectors found that the majority of the staff team had received the core training including child protection, first aid, fire safety and behaviour management along with AMBIT the centre's model of care. The manager provided inspectors with a record of staff training attended to date along with a training and development schedule which detailed scheduled core training for those who required it. The staff team had also been provided with additional training from a number of specialist services who were involved in the care of the young person. In questionnaires a number of staff identified that training in self-care would be beneficial for the team.

3.2.2 Practices that met the required standard in some respect only

Management

The manager of the centre was suitably qualified and had extensive social care experience in a number of residential settings. Inspectors found that they had a very

child centred approach and were a good advocate for the young person in placement. The manager was responsible for overseeing all aspects of the service within the centre. The inspectors found from interview and a review of records that the manager had a number of mechanisms in place to ensure the quality of the service including oversight of records, supervision of staff, attendance at handovers and team meetings, oversight of placement plans, key working as well as direct observation of staff practice.

The centre manager reported to the service's proprietor who was also the director of services and had the responsibility for oversight of operational practices. In interview the director stated that they were in constant phone contact with the centre manager and received regular updates and reports including notification of all significant events and the progress of the young person in respect of their care and placement plan. The director held fortnightly meetings with the manager and provided them with formal supervision once a month. In the three month period the centre was in operation the director visited the centre on one occasion, met with a number of staff, the young person in residence and reviewed a sample of records. While there was evidence that the director had visited the centre, inspectors found no evidence of the director's presence in the centre on case files or centre records. The director must sign records reviewed and provide documentary evidence of their visits to the centre and any actions to be taken as a result of these visits. At the time of inspection there was no requirement for the centre manager to provide the director with written reports or audits on the service and there was no evidence of external audit or feedback from the director to the centre manager. The director must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre.

Register

The centre had a register in place which recorded the admission details of the young person in the centre. The inspectors found that the gender of the young person and the names and address of the parents were not recorded in the register; an issue that must be addressed. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Administrative files

Inspectors found that the centre had a comprehensive recording system in place. A number of records held were stored in folders containing loose pages and would benefit from reorganisation to ensure records are kept in a more secure manner.

There was evidence of oversight from the manager but no evidence of external oversight or monitoring of records. The director of services must provide external oversight of records and systems to monitor the quality of records to ensure accountability and address any deficiencies found.

The manager had an awareness of the requirements of Freedom of Information legislation and had received training in GDPR (General Data Protection Regulation). The manager stated there is a weekly budget that it is appropriate to meet the needs of the young person.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The director of services must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre.
- The centre manager must amend the centre register to record the parents' names and addresses and gender of the young person.
- The director of services must provide external oversight of records and systems to monitor the quality of records, to ensure accountability and address any deficiencies found.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre offers single occupancy placements to young people under eighteen who have a history of numerous unsuccessful placements such as family care, foster care, mainstream residential care and special care. The service specifically targets young people with troubled histories and complex presentation who have acquired, or are in danger of acquiring, a reputation for challenging and service resistant behaviour. The client group includes those who are transitioning from the care system and require intensive supports and whose needs cannot be currently addressed within the mainstream system.

At the time of inspection the young person had been in residence for three months. Prior to this a number of the staff working with the service had been contracted to support the young person in an outreach capacity. A number of these staff members who had an established relationship with the young person were now part of the centre's staff team. This assisted with the young person's admission and transition to the centre. The inspectors found that the supervising social worker and centre manager were satisfied that the centre was a suitable placement for the young person. An inspector spoke with a parent who also stated that they were very happy with the quality of care being provided to their child. A review of the young person's files showed that the centre had received adequate referral information regarding the young person. The centre management in consultation with the social worker risk assessed the placement on an on-going basis.

Statutory care planning and review

The inspectors found that there was a comprehensive care plan on file for the young person which outlined the goals and objectives of the placement. This was supported by a placement plan which had been reviewed monthly, updated and signed by all

parties including the young person. The young person and their family were invited to attend review meetings and the staff assisted the young person to prepare for the meetings. There was good evidence of participation in the review meetings by the young person and they had been offered a copy of their care plan.

Contact with families

Establishing and maintaining positive family contact and supports for the young person was a core goal of the centre. The inspectors were satisfied that the young person had regular contact with relatives and friends. This was confirmed by one of the parents who told inspectors that they had a very good relationship with staff in the centre. Staff kept them updated on their child's progress and consulted them in decision making. The centre in consultation with the young person's social worker also facilitated the young person's friends staying over in the centre on a regular basis.

Supervision and visiting of young people

The young person had an allocated social worker. Inspectors found that the social worker had visited the young person in line with the statutory regulations. There was documentary evidence on file of regular phone and email contact to the centre by the social worker to enquire about the young person, following up on significant event notifications and to provide relevant information to the centre. Inspectors found from reviewing files that there was evidence that the social worker had read care files and daily logs occasionally in accordance with the standards. A record of social work contact was maintained by the centre.

Social Work Role

The allocated social worker completed a questionnaire and met with an inspector in the course of the inspection. They had a good knowledge regarding the needs of the young person and were satisfied with the service provided to the young person to date. The social worker confirmed they were informed of all significant events in writing and over the phone in a timely manner. They said they had a good relationship with the manager and staff team and that they were in regular communication with the centre and were informed of any issues that may arise. The centre manager informed inspectors that they were satisfied with the information, documentation and specialist reports they received from the social worker prior to the young person's admission to the centre. The centre manager stated that they had a very good working relationship with the social work department and they responded to notification of significant events concerning the young person.

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.

Emotional and specialist support

The inspector found from interview that the centre manager demonstrated a good knowledge and understanding of the emotional and specialist needs of the young person in placement. There was evidence that the centre had responded appropriately to these needs. Some of the staff had previously worked with the young person in an outreach capacity prior to the young person's admission and had developed skills in emotionally supporting the young person. There was a clear placement plan in place for the young person, and there was good evidence that the staff were trying to engage the young person. The inspector was satisfied that there was appropriate access to a range of specialist services, including ACTS and sexual health services to guide the staff in their practice.

Preparation for leaving care / Aftercare

Supporting the young person in preparing for living independently was a significant part of the young person's placement plan. The inspectors saw evidence of independent living skills being undertaken by the centre staff with the young person around practical life skills such as budgeting, cooking, cleaning and laundry. A specific life skills programme was tailored to meet the young person's individual needs.

The young person's social worker had applied for an aftercare worker to be identified for the young person who was 17 years old. The inspectors were informed post inspection that an aftercare worker had been appointed and had met with the young person. Prior to the young person's admission the social work department had agreed to a six month extension of the placement with the centre to allow additional time to prepare the young person for independent living.

Discharges

There were no discharges from the centre during the period under review.

3.5.2 Practices that met the required standard in some respect only

Children's case and care records

The young person's care records were kept in a locked cabinet in different folders by the centre. As highlighted previously in the report the manner in which information is stored in loose pages in centre files should be reviewed to ensure records are kept more securely. The inspectors observed the young person's care records in the centre were written to a good standard with evidence of the centre manager monitoring them regularly. However, as previously stated there was no evidence of governance and systems in place to ensure that the director of services maintained an oversight of records.

From a review of the files the inspectors noted that the care files contained the majority of the required regulatory documentation such as birth certificate, parental consents, etc. A copy of the young person's court order was not on file and had been requested from the supervising social worker. The inspectors also did not find an incident crisis management plan (ICMP) or absence management plan on file. These documents were forwarded to the inspectors post inspection. The centre maintained records of contact with family and other professionals in a number of locations which inspectors found difficult to access. The inspectors recommended that a contact register is maintained so that all professional/family contact can be reviewed and easily tracked.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- None identified.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The director of services must ensure that a more robust, structured and formal framework for external oversight and governance is implemented in the centre.</p> <p>The centre manager must amend the centre register to record the parents'</p>	<p>The manager will submit a written report to the director of services every fortnight commencing 13.2.19 which will outline a synopsis of the young person's fortnight and an operational overview of the house. This fortnightly report will include an action plan put in place to address any issues, agreed and signed by the house manager and the director of services. The director of services will continue to receive all SENs however from 13.2.19 the director of services will provide feedback to the manager in written format to demonstrate oversight of staff working practice from review of the SENs each fortnight.</p> <p>The centre manager has amended the centre register to record the parents'</p>	<p>Commencing March 2019 an internal review team from within ICP reporting directly to the director of services will visit the house and carry out audits. They will use an audit tool which will review aspects of the National Standards of Children's Residential Services and an action plan will be agreed with the director of services and the house manager to address any deficiencies as identified during these internal inspections. SENs will also be sent to this group to be reviewed with the director of services each month, following which a feedback report will be sent to the house manager for feedback and recommendations to be implemented by the manager with the team.</p> <p>The centre register template has been amended to include a column titled 'young person's parents' name addresses and a</p>

	<p>names and addresses and gender of the young person.</p> <p>The director of services must provide external oversight of records and systems to monitor the quality of records, to ensure accountability and address any deficiencies found.</p>	<p>names and addresses and gender of the young person.</p> <p>Commencing 01.01.19 the director of services has at least twice monthly physically reviewed a random sample of written records and has signed / dated these records to demonstrate the review process. The director of services has reviewed and signed the manager's review / feedback form as provided to the staff when reviewing records to ensure deficiencies have been identified and addressed. Where the manager has been found not to have identified deficiencies or has been found to have an inadequate response this will be addressed in the manager's supervision records and the director of services will issue a feedback sheet directly to the staff team addressing the deficiencies.</p>	<p>column titled gender.</p> <p>In addition to reading a random sample of written records at least twice monthly, including staff supervision records, the director of services will also review the manager's feedback form where they feed back to staff in relation to their review of documentation. The manager will send this review document to the director with the fortnightly report. The ICP internal review team will audit records at least twice yearly as part of the internal review process and will provide recommendations for implementation by the manager as agreed by the director of services.</p>
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