An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 153

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Barróg Healthcare Ltd**
Registered Capacity:	**One young person**
Dates of Inspection:	**10th & 13th September 2019**
Registration Status:	**Registered from the 8th May 2019 to the 8th May 2022**
Inspection Team:	**Eileen Woods** **Catherine Hanly**
Date Report Issued:	**22nd November 2019**

Contents

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 on the 8th of May 2019. At the time of this inspection the centre were in their first registration and were in year one of the cycle. This inspection was a three month new centre inspection. The centre was registered without attached conditions from the 8th May 2019 to the 8th of May 2022.

The centre's purpose and function was to accommodate one young person aged sixteen and over on admission. Their model of care was described as relationship based.

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 10th and 13th of September 2019.

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) Six of the social care staff
  b) The operations manager

- An examination of the centre's files and recording process.
  - care files
  - daily logs
  - supervision records
  - handover book
  - team meeting records
  - registers
  - personnel files
  - management records

- 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

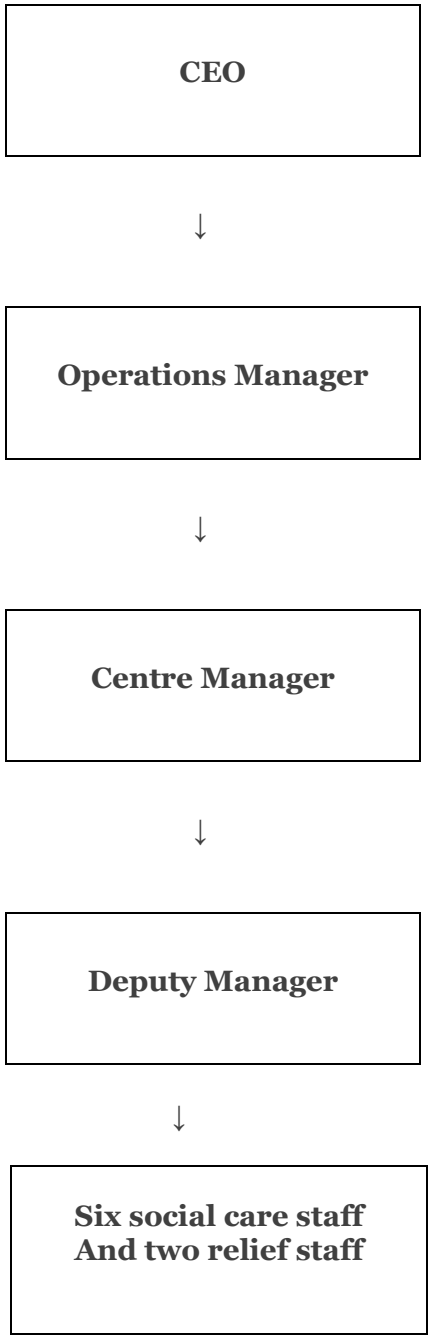
  a) The centre manager
  b) The deputy manager
  c) The operations manager
  d) The social worker for the young person

- Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The 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, operations manager and the relevant social work departments on the 29th of October 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 11th of November 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: 153 without attached conditions from the 8th of May 2019 to the 8th of May 2022 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 8th of May 2019 to the 8th of May 2022.

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

Register

The centre has established a register with one entry to date and the relevant information was recorded.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system for the prompt notification of significant events. Inspectors found that the reports were sent in a timely manner and contained appropriate information. The reports went to the operations manager, the social worker, the guardian ad litum, the social work team leader and the clinical team involved. The relevant parties responded to the reports. There was a significant event register established and there had been a low rate of notified events, four in four months.

Supervision and support

The manager and the deputy were previously trained and experienced in the delivery of supervision. Both were also reported to be renewing their supervision training in October 2019. There was a policy in place for the supervision of staff and this stipulated six weekly timeframes and outlined the model for supervision within the centre. The manager supervised the full time staff and deputy supervised relief staff, the manager oversaw the supervision provided by the deputy. There were records of sessions completed in accordance with the supervision policy and they demonstrated a focus on development/learning, standards and reflective practice. Inspectors advised that a more substantial focus be placed on the placement plan goals and strategies for planning with and for the young person.

The operations manager had formally supervised the manager once every eight weeks and there were two written records therefore on file. The records were brief in

content but addressed, in a structured format, case management, professional role and development, support and engagement. Inspectors found that there must be more dynamic tracking of the core purpose of the placement and team capacity to deliver for the placement including any additional resources or supports that might benefit the work.

There were daily, recorded handovers which assigned a shift co-ordinator who agreed a daily plan. Team meetings were fortnightly and recorded with one a month completed with a Tusla multidisciplinary clinical team. F or the team meetings there were agreed agendas and minutes completed that evidenced policy review, child protection information, induction and reflective practice. Inspectors found that it would support the purpose of the placement if the team meeting records reflected the placement plan and strategies for engagement more substantially. Ina addition the team were not and should now record their sessions with the clinical team for their own records.

The staff team were being provided with contracts of employment at the time of the inspection and an employee assistance programme had been contracted and advertised to staff. Inspectors were informed that an employee handbook will also be supplied.

Training and development

The manager and the deputy manager had organised core training for the staff team in fire safety, children first elearning, first aid and a recognised model of managing challenging behaviour. At the time of the inspection visit three staff required the behaviour management training and two required first aid training. The manager stated that these were booked and that staff would also be receiving additional child protection training in October 2019.

Administrative files

The files were organised and available for review by inspectors. There were registers established for admissions and discharges, complaints, significant events and child protection. There were daily logs maintained and weekly and monthly reports to the external professionals. There was evidence of the manager overseeing the quality of all records and giving leadership and setting expectations of practice in record keeping. There was evidence of efforts to involve the young person and to record their views accurately. Inspectors did find that staff must be more careful to legibly record their full names on records.

3.2.2 Practices that met the required standard in some respect only

Management

This centre opened on the 8th of May 2019 with a specific purpose and function and registered capacity of one young person. There was a manager appointed from the outset of this project that was qualified and experienced for this role. The centre has an external operations manager and a CEO, internally alongside the manager there was a deputy manager and a social care leader who worked as part of the team roster. They will act up should the manager be absent. At the time of the inspection the manager worked three and a half to four days per week. The manager stated that they vary their hours on occasion to be present in the centre at different times of the day whilst the centre is establishing itself.

Inspectors found that the manager completed their oversight through reading and signing daily logs and by attendance at handovers three to four times a week. They supervised the majority of the staff and attended all team meetings. They also stated that they kept a focus on standards and on children first and inspectors found that was a feature of the bimonthly team meetings. They provided oversight of any significant event reports and on call support. There was evidence of the manager's commentary throughout the documents and they led decision making on the team.

The deputy and social care leader met with the manager monthly and records were maintained of these. The records reflected that a more specialised model of care had been considered but had not been implemented. The young person's voice and views were actively considered as a key component that they wanted to nurture. These records displayed the basis for a focused internal management forum and an avenue through which the manager maintained oversight of current issues.

The company had an operations manager in post. They created and maintained review of the policies and procedures and the statement of purpose and function for the centre. They oversaw governance items such as the health and safety statement and the training budget. The manager and the operations manager jointly created the child safeguarding statement as required by Children First 2015 and this had just been forwarded to the Tusla compliance unit for feedback following this inspection. There was evidence of regular contact by the operations manager with the manager and the staff through visits, emails, calls and provision of supervision to the manager. The operations manager was involved in any incident or risk assessments that met a threshold of serious concern for safety. They also received and responded to all significant event reports and were aware of the up to date presentation of the young

person. There were lines of communication agreed between the manager and the operations manager and these had been established in practice. The operations manager and the manager have had limited contact with the young person but the CEO had visited and met with the young person and their social worker due to a pre-existing relationship.

Inspectors found that an initial, functional structure of management and oversight had been established and put into operation. This system did not though fully reflect the specialised, bespoke nature of this placement and this must take place in order for the governance to be congruent with the service that has been requested for this young person. As part of this the senior management must put a plan and a policy in place about how they will devise and deliver a structured ongoing quality improvement approach with actions and learning opportunities.

Staffing

At the time of the inspection alongside the manager there were eight staff of which two were relief and one pending final references. Upon application there were ten full time staff listed and a manager. The staffing numbers required for a centre accommodating one young person is a manager and nine staff. In addition, this staff team completed back to back/48 hour sleepover shifts and appropriate numbers of staff were required to operate such a roster. The manager stated that the use of some 48 hour shifts was intentional as an approach in order to seek to establish trust, continuity and communication with the young person. They stated that they were aware of the need to comply with the working time act and had breaks for staff during these shifts due to the often quiet nature of the work. This type of roster must be kept under dynamic review to risk manage that it complies with the relevant legislation and that it is beneficial to the young person.

Inspectors found that two staff were not qualified in social care or a related discipline and that plans were in place to support the staff to the appropriate qualification. There was evidence that the manager and deputy managed the rosters for balance of staff regarding experience, gender and continuity for the young person. At the time of the inspection the young person was not communicating directly with all staff. Inspectors found that a joint team induction was conducted by the operations manager during two team meetings convened for that purpose before the young person moved into the centre. The manager notified inspectors that the personnel files, which had been reviewed prior to their registration, still had outstanding actions regarding written verification and copies of all qualifications. They stated that they were actively pursuing those outstanding items.

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 senior management must put a plan and a policy in place about how they will deliver a structured ongoing quality assurance approach with actions and learning opportunities.
- The policy and procedure document must be reviewed to update the child protection and safeguarding policies in line with Children First: National Guidance (DCYA 2017) inclusive of an approved Child Safeguarding Statement (CSS).
- The manager must complete verification of qualifications for all relevant staff and ensure copies of the qualifications are on file.
- The management must ensure that they maintain the relevant numbers of staff for the purpose and function of this centre.

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

Contact with families

The social worker stated that the team support access arrangements and there were family access plans in place. There were also flexible arrangements in place with important people in the young person's life. Records were kept of the contact and the team presented as aware of the sensitive and important nature of the contact.

Supervision and visiting of young people

The centre maintained a record of the visits from and contact with the social worker. The young person also contacts the social worker privately themselves. There was evidence of a high frequency of visits and an established relationship whereby they talk and meet regularly.

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.

The young person and their social worker have known each other for five years and the social worker had detailed knowledge of the young person's personal story and needs. The social worker identified that the roll out of the placement in line with the original plan was still being formed. They were committed to working with the centre, the clinical team and other professionals in support of the placement and the goal of a stable and productive placement before the young person turns eighteen. The social worker had completed the necessary pre admission and care planning tasks required and recommended under the standards. They responded to the written information they received from the centre and linked to the young person to ascertain their views. The social worker had identified a number of the main items or activities that the young person had interest in and would welcome more partnership in this.

Preparation for leaving care

Independent living skills were a specific focus of the monthly oversight reports of the placement and were demonstrated to be a core function of this placement. The key workers planned sessions relevant to independent living for the month ahead, where they aligned with the young person's interests they generally engaged well. At the

time of the inspection financial incentives and the young person's interests were the main tools of engagement in this work. The clinical team and the centre team were working together to address specific aspects of the young person routines in order to support their preparation for leaving care and managing their daily life in a healthy way for the future.

The young person had questions regarding their care and the plan for their future and the social worker met with them and tried to link the young person to the aftercare worker with the CEO's support but to date that has not been successful.

Discharges

There have been no discharges from this centre. There was a policy in place regarding discharge and procedures for same if required.

Aftercare

The young person had an assigned aftercare worker and they had commenced the process of introduction and completion of the needs assessment to inform the aftercare plan at the time of the inspection. The social worker was part of the area aftercare steering committee and has already highlighted the type of support the young person will require post eighteen and that early and secure planning would be necessary for this. The social worker had confirmed that young person had talked to their key workers about aftercare a little. The social worker, the aftercare worker along with the centre was planning a team approach towards aftercare.

Children's case and care records

The care file in the centre contained a copy of the care order and a copy of the birth certificate. The key workers and the social worker were creating and taking opportunities to talk with the young person about how they were and what they needed. The professionals communicated with each other to make sure any wishes were known if the young person shared these. The files were maintained securely, record keeping and report writing was overseen by the manager and feedback given on same during supervision, one to one or at team meetings.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The allocated social worker had negotiated a dedicated single occupancy placement for this young person, they outlined that they had discussed and agreed this with the CEO in advance of the placement. Information on the young person's presentation

and history had been shared in advance whilst a team was recruited and put in place to open the centre. Inspectors found that the staff and the manager were referring to an emergency move in despite the CEO being in negotiations to provide a placement from three months before. It was established by inspectors that it was not the social work departments understanding that this was an emergency placement and this should have been much more robustly managed by the company. The management and team did not present that they had been adequately briefed for the specific nature of this service. This was still persisting as an issue three months into the placement and inspectors could not confirm why this was the case.

The centre had a policy on admissions which outlined a pre admission process that was substantially adhered to aside from the completion of a pre admission risk assessment. The manager did attempt to complete a meeting with the young person but the young person did not agree to meet. The young person had discussed the move with the social worker and the CEO. The absence of a pre admission planning process and risk assessment individualised to the young person resulted in a clear set of guidelines, based on the known information, not being in place from the outset of the placement.

There was evidence that the key workers sought to complete the key workers admission procedures by giving the young person information about the centre and its procedures for complaints, the house rules and routines. The social worker had also assisted the young person to be aware that the placement was an opportunity to focus on preparation for leaving care.

Statutory care planning and review

The allocated social worker organised a child in care review meeting upon admission and a care plan was updated from this. Copies of both were on file at the centre and the core tasks from the plan were found to have informed the placement plan. The care plan and the statutory review were up to date, based on the needs of the young person and involved consultation with the young person and the important parties in their life. The social worker outlined that a protocol of regular professionals meetings informed the placement progress. At the time of the inspection the Tusla specialist clinical team had commenced consulting with and advising the team on a monthly basis. The decisions from the most recent professionals meetings were somewhat evident through the placement plan but inspectors found that how they were reflected needed to strengthen as part of a dynamic placement plan review process.

There was a placement plan on file for the young person and this was developed after the child in care review. Efforts had been made to find out what the young person wanted and to reflect their views where they were known. Inspectors found that the placement plan although detailed in places did not reflect the specialised nature of the placement and should have included ideas and strategies in accordance with the known history and in line with the stated model of care. It should also reflect the advice of the clinical team.

Emotional and specialist support

The manager had assigned two key workers for the young person. The manager oversaw the completion of the individual work and they identified that they would like to see this expand significantly as the placement progresses. There were records on file of the one to one work done and engagement had been slow to progress.

The centre had a written model of care that their policy stated will "reflect the process of dyadic development" theory. The substantial focus of the approach was to be relationship based. This was problematic as a core focus because of the known history and many changes that the young person had previously had to accommodate in their lives. This did not place them in a position where it was possible to form trusting relationships over a short span of time. In this way the inspectors found that the centre must more effectively integrate the clinical team input and using their own theory base work in parallel with the young person to put in place actions that build strengths around them.

The centres 'core elements of our programme' statement also identified that a registered accredited psychotherapist would be available and a link had been made with a specialist psychotherapist in order to commence advising the team on specific aspects of the care approach.

The young person had access to the clinical team and to CAMHS should they wish although neither had been taken up at the time of the inspection. The plan was for the clinical team to remain involved and the social worker co-ordinated all the professionals. The findings of professionals needed to be more clearly reflected in the work at the centre and records should be maintained of their regular meetings with the clinical team.

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

- The manager and the operations manager must complete admissions in compliance with their admissions policy and procedures.
- The stated model of care must be supported and integrated as appropriate into the work at the centre.
- The placement plan must be reviewed to ensure that it is fully reflective of the agreed purpose of the placement.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	The senior management must put a plan and a policy in place about how they will deliver a structured ongoing quality assurance approach with actions and learning opportunities.	Re- Quality assurance approach; the management will institute a quality assurance group. This group will meet on a quarterly basis and will benchmark the efficacy of the policies and procedures against National Standards for Residential Care 2018. First Quality Assurance meeting is scheduled Nov 29th 2019. Completion date March 30th 2020.	Quarterly meeting with this group. Completion date March 30th 2020.
	The policy and procedure document must be reviewed to update the child protection and safeguarding policies in line with Children First: National Guidance (DCYA 2017) inclusive of an approved Child Safeguarding Statement (CSS).	Child Protection/ Safe Guarding policies will be updated in line with new National standards Nov 2019. End date for completion 30th November 2019.	The Operations manager will complete the policy updates without delay.

	The manager must complete verification of qualifications for all relevant staff and ensure copies of the qualifications are on file. The management must ensure that they maintain the relevant numbers of staff for the purpose and function of this centre.	Completed. Management is monitoring & conducting interviews and is awaiting Garda Vetting and references for one full time staff and one relief staff. Management has agreed to employment staff by 10th of January 2020. The staffing complement will be a manager and nine staff inclusive of relief.	
3.5	The manager and the operations manager must complete admissions in compliance with their admissions policy and procedures. The stated model of care must be supported and integrated as appropriate into the work at the centre. The placement plan must be reviewed to ensure that it is fully reflective of the agreed purpose of the placement.	Senior Management has an updated admission plan completed. Joint Risk Assessment and Risk Assessment on house Manager and Deputy is researching alternative model of care. Further research is required and all training will be provided by March 2020. Management agree placement plan is not fitting the needs of the young person. Therefore, we are creating the placement plan to incorporate with views of	As per admission policy 2019 planned Admission only The manager and the operations manager will oversee this development. The manager, the social care leader and the operations manager will oversee this development.

		professionals and the model of care and the individual crisis management plan collectively. This process updated and reviewed as required.	