



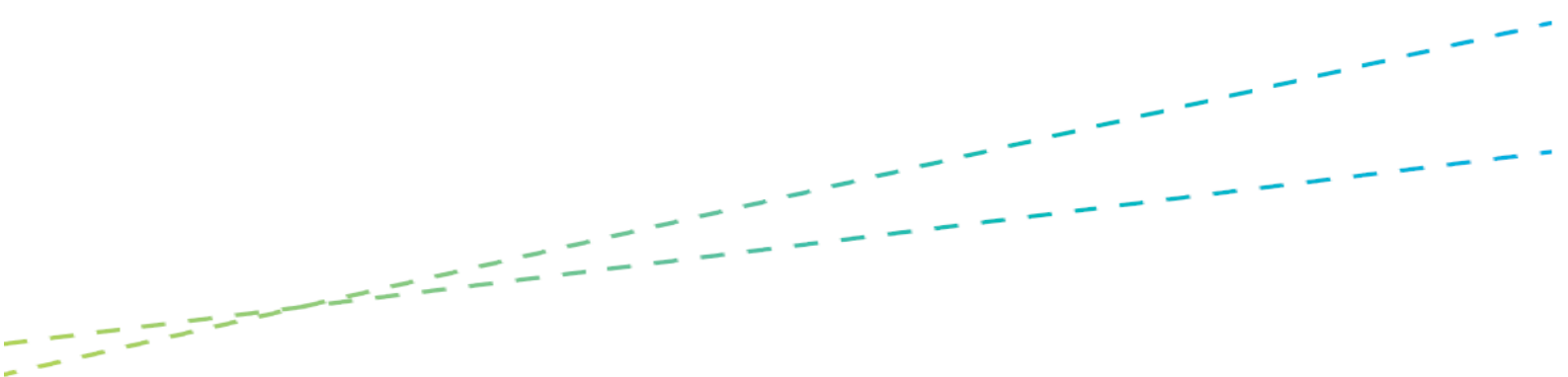
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 028

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Traveller Families Care
Registered Capacity:	Six young people
Dates of Inspection:	11th and 12th September 2019
Registration Status:	5th December 2019 to 5th December 2022
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	15th November 2019

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre, established in 1984 and first registered in 2000, changed its purpose and function in 2016 and was granted their first registration under this new purpose and function in the same year. At the time of this inspection the centre was in year three of the cycle. The centre was registered without attached conditions from 05th December 2016 to 05th December 2019.

The centre's purpose and function was to accommodate six young people of both genders from age thirteen to seventeen years on admission on a short to medium term basis. It was a mixed gender centre that provided care and accommodation for separated children seeking asylum (SCSA) in Ireland. Their model of care was described as a needs based model that was implemented through the application of Maslow's Hierarchy of Needs that included psychological, safety and security, belonging and love, self-esteem and self-actualization.

The inspectors examined aspects of standard 4 'children's rights', aspects of standard 5 'planning for children and young people', aspects of standard 6 'care of young people' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 11th and 12th September 2019. At that time four young people were residing in the centre.

1.2 Methodology

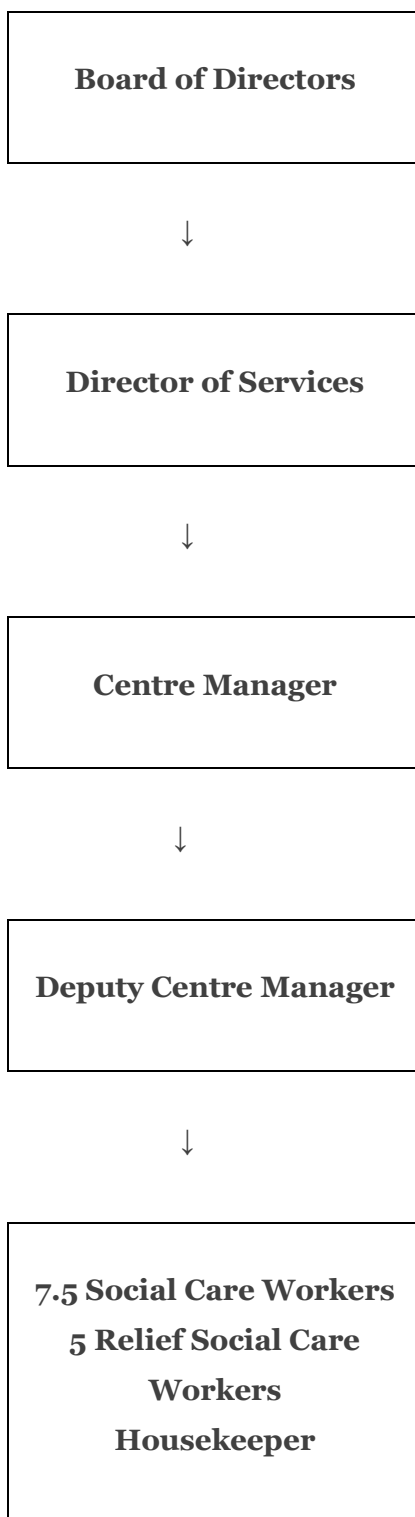
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) 11 of the care staff
 - b) The Director of services
 - c) Chairperson of board of management
 - d) Two board of management members
- ◆ A visual inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process:
 - care files
 - centre registers - admissions and discharges, complaints
 - management meeting minutes
 - team meeting minutes
 - staff supervision records
 - handover book
 - maintenance log, fire safety records
 - daily logs
 - personnel files for 2 new staff
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) Two staff
 - c) One young person
 - d) The director of services
 - e) Two social workers allocated to two young people
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work department on the 17th 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 27th October 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: 028 without attached conditions from the 5th December 2019 to 5th December 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

None identified. Not all criteria were assessed under this standard.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a complaints policy that outlined the steps to be taken by staff and the centre manager in the event of a complaint being made. The inspectors found from the review of the policy that there was no distinction between notifiable and non-notifiable complaints and how they were managed internally. There was a separate policy on complaints for young people that was accompanied by procedures for making a complaint. This was further stated in the young person's booklet in addition to the rights of young people being named and to whom young people can talk to both inside and outside of the centre.

The centre manager was the appointed complaints officer. They informed the inspectors in interview that formal complaints were notified to the relevant professionals through the notification of significant events (SEN) process. This was verified during the review of the SEN register. A total of three entries were recorded in the complaints log and a separate complaints section was maintained on the young people's care files. Even though there was no clear distinction in the centre's policy between what constituted a notifiable and a non-notifiable complaint the centre manager stated in interview that two of the three complaints were deemed non-notifiable and were managed internally by the centre manager. It was evident from the review of these complaints that the relevant social workers were informed of them and the views of the young people were sought during the management of them. The notifiable complaint was managed by the centre manager in consultation with the young person's social worker. The young person stated in interview that they were satisfied with how their complaint was managed by the centre manager and social worker. They felt that they were supported by staff when expressing their

dissatisfaction. Regarding the three complaints referred to the social worker confirmed in interview their satisfaction with how the centre managed these. The inspectors found from interviews with staff and the review of questionnaires that they were knowledgeable about the complaints process. To conclude, it was clear to the inspectors that the centres practice of managing complaints was not detailed accurately in the complaints policy. The centre manager must ensure that the complaints policy is updated to include the process for managing notifiable and non-notifiable complaints.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that the complaints policy is updated to include the process for managing notifiable and non-notifiable complaints.

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

None identified; not all criteria were assessed under this standard.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

The inspectors reviewed the care plans on file for all of the young people. Two were found to have been up-to-date with a delay for one being forwarded to the centre. Given the short to medium term nature of placements the Separated Children Seeking Asylum (SCSA) social work department must ensure that care plans are forwarded in a timely manner to the centre upon a young person's placement. The care plan on file for the fourth young person was developed at the time of their admission some nine months ago. It was not updated following their initial statutory child in care review.

Further, it was found from the review of the same young person's care file that minutes of the statutory review were not held rather what was found was the centres own record of the review. The inspectors found from the centres record that decisions and actions had been made thus requiring the care plan to be updated. When this was followed up in interview with the young person's social worker they stated it was not required to be updated. The social worker must ensure that the young person's care plan is updated in light of the review process having occurred to include decisions made at the review. The social worker must ensure that formal statutory review minutes are distributed to the centre in a timely manner.

Overall, the content of the care plans reviewed was good, they included a summary of the young people's needs, decisions agreed and named those with different responsibilities for implementing the plan. As per requirements statutory child in care reviews had been scheduled for two young people. At the time of the inspection a statutory review was not required for one young person as they had moved to the centre two weeks previous to the inspection. Young people attended the reviews and interpreters were available to support the young people when required.

The centre's approach to care planning included keyworkers completing individual monthly placement plans in consultation with the young people and monthly progress reports. Keyworkers and identified staff were then responsible for implementing the goals and objectives set out in the placement plan by way of key working meetings. These were divided into themes that related to the placement plans and there was numerous specific and planned key working being completed. The inspectors reviewed a sample of the individual placement plans on file for each young person and found that they were linked to the young people's care plans and social workers in interview corroborated this. It was evident that good quality progress reports were formulated and forwarded to the young people's social workers. In interview social workers confirmed satisfaction regarding the content and quality of the reports.

The centre manager informed the inspectors that a process for strengthening the placement planning system commenced in early 2019 and a staff member was appointed to oversee its development and implementation. Following a preparation period including the staff team being provided with placement planning training, the new system commenced in the month previous to the inspection. The inspectors found from the review of older placement plans in comparison with recent ones that, for the most part there were improvements in the quality of the work being undertaken and recorded. Newer plans were more comprehensive, evidenced specifically how goals and objectives were met and there was an improved tracking of outcomes. The

inspectors recognised that staff are adapting to the new process and recommend that the centre manager maintains close oversight to ensure all placement plans are implemented comprehensively across the staff team.

In addition to key working meetings being held individual weekly placement plan summaries and monthly progress reports are brought to team meetings for discussion and updating purposes. The inspectors verified this from the review of the team meeting records. It was found from the review of a sample of supervision records that discussions on placement planning were inconsistent or not specific enough. The centre manager must ensure that individual placement plans are discussed during supervision and that decisions and actions agreed are clearly recorded and followed up.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 -Part IV, Article 23, Paragraphs 1 and 2, Care Plans -Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan -Part V, Article 25 and 26, Care Plan Reviews***

Required Action

- The Separated Children Seeking Asylum (SCSA) social work department must ensure that care plans are forwarded in a timely manner to the centre upon a young person's placement.
- The social worker must ensure that the young person's care plan is updated in light of the review process having occurred to include decisions made at the review.
- The social worker for the same young person must ensure that formal statutory review minutes are distributed to the centre in a timely manner.
- The centre manager must ensure that individual placement plans are discussed during supervision and that decisions and actions agreed are clearly recorded and followed up.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Absence without authority

The centre had a policy on unauthorised absences and a policy and procedure for missing in care that was guided by the joint protocol agreed between the Health Services Executive (HSE) and An Garda Síochána. Absences were not a feature for the cohort of young people in the centre at the time of the inspection. All were found to have absent management plans on file in the event of this happening that were found upon review to have been agreed, updated and signed by social workers.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The large two-storey detached property was located in a rural area. Community amenities were in close proximity with public transport links a distance away. Given

this, staff transported the young people to the local transport services. The maintenance person held responsibility for maintaining the large outdoor space and garden area. The property was bright, homely and decorated nicely. There was ample living and recreation space for the young people including space for the young people to meet with friends, family and social workers privately. Each young person had their own bedroom that included a sink and had access to three shared bathrooms that were close to their rooms. The kitchen was domestic in style and had separate storage for halal products including a separate fridge. Storage rooms were close to the kitchen and a laundry room that the young people had access to. The location of the staff office beside the kitchen had allowed for good staff and young people interaction during the day.

Centre management advised in interview that they were in the process of insulating the property and servicing windows with the latter being in consultation with Tusla, Child and Family Agency as owners of the property. There was evidence of efforts made by the centres in completing the requirements for the piece of work.

The centres certificate of insurance demonstrated that the centre was adequately insured against accidents or injuries to children.

Safety

The centre had an up-to-date health and safety statement and named the centre manager and a staff member as the appointed health and safety representatives who were responsible for conducting monthly health and safety audits. The detailed audit format ensured there was a good system for identifying, recording and reporting health and safety hazards and it also tracked issues that were being addressed from month to month.

The core staff team had up-to-date first aid training and the well-stocked first-aid box was located in the staff office. The medicine cabinet was also securely located in the staff office and the records for the administration of medicine were compiled in a medication management folder. The centre's two vehicles had up-to-date tax and insurance and records showed that they were serviced regularly including the maintenance person conducting weekly car checks.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

It was found from the review of centre records that maintenance was a standing item for discussion at internal and external meetings and there was a system for tracking repair works. The organisation employed a maintenance person who was present in the centre twice weekly to tend to regular tasks and as needed after this. There were minimal entries of repair work being identified and that were found to have been completed timely in the maintenance register. The centre manager advised that others were verbally reported to the maintenance person. There was evidence of these included in the monthly health and safety audits. The centre manager must ensure that all repair works are recorded appropriately in a maintenance log to include the dates when repair work is identified and completed.

Fire Safety

Two staff members were the appointed fire safety representatives. The fire safety certificate was found to have met with the statutory fire safety requirements. It was found from the review of the fire safety record that fire safety systems were serviced namely the fire alarm system, emergency lighting and fire extinguishers. All three measures were shown to have been serviced in line with the appropriate regulations and centre policy. The centre had a system in place that comprised staff and health and safety representatives completing daily, weekly and monthly fire safety checks. The two stoves and open fire place were maintained by the maintenance person and carbon monoxide detectors and vents were installed as required.

The core team had up-to-date site specific fire safety training and a date had been scheduled for the new relief staff to attend this training. The fire evacuation procedures were found to have been clearly displayed in the centre.

It was evident from the review of the fire drills record that young people participated in fire drills upon admission to the centre. However, the record lacked specific detail namely staff names, if other young people participated, the time of the fire drill, length of time, observations and if any problems were noted. The centre manager must ensure that fire drill records are completed in full inclusive of all the relevant information.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that all repair works are recorded appropriately in a maintenance log to include the dates when repair work is identified and completed.
- The centre manager must ensure that fire drill records are completed in full inclusive of all the relevant information.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.4	The centre manager must ensure that the complaints policy is updated to include the process for managing notifiable and non-notifiable complaints.	The complaints policy has been reviewed and amended to include the process for managing both notifiable and non-notifiable complaints. Implemented with immediate effect. Completed by 22/10/2019	Policies and procedures are currently being reviewed and will be updated in line with current legislation and/or a two yearly cycle. All policy changes will be communicated at our team meeting agenda to ensure greater oversight.
3.5	<p>The social worker department must ensure that care plans are forwarded to the centre within two weeks of a young person being placed.</p> <p>The social worker must ensure that the young person's care plan is updated in light of the review process having occurred to include decisions made at the review.</p> <p>The social worker for the same young person must ensure that formal statutory review minutes are</p>	<p>No reponse received from the relevant social work department.</p> <p>No reponse received from the relevant social work department.</p> <p>No reponse received from the relevant social work department.</p>	

	<p>distributed to the centre in a timely manner.</p> <p>The centre manager must ensure that individual placement plans are discussed during supervision and that decisions and actions agreed are clearly recorded and followed up.</p>	<p>The management team is completing this section of the supervision form more effectively since it was highlighted at the inspection and will continue with this practice.</p>	<p>Placement planning is now a standing item on the team meeting agenda. Supervision will be reviewed and monitored by the centre manager and external management to ensure placement plans are discussed and recorded.</p>
3.10	<p>The centre manager must ensure that all repair works are recorded appropriately in a maintenance log to include the dates when repair work is identified and completed.</p> <p>The centre manager must ensure that fire drill records are completed in full inclusive of all the relevant information.</p>	<p>The maintenance person was trained in the use of the health and safety folder on 14th October and is now aware of the expectations regarding recording maintenance works completed.</p> <p>The staff team have been refreshed in the use of the fire register and how to record all the relevant information on fire drills on 2nd October. This was implemented immediately and all information is now being recorded.</p>	<p>Health and safety and maintenance is now a standing item in the team meeting agenda to ensure governance and oversight is maintained. The management team will monitor the health and safety folder to ensure the recording of maintenance is being done as per requirements.</p> <p>A new fire register is being devised for 2020 which will have a prompt in place for all the information required when completing a fire drill. This should alleviate any information being missing in the future. This will be monitored by management on an ongoing basis and by external management through internal audit processes.</p>