



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number:061

Year: 2015

Lead inspector: Catherine Hanly

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Salvation Army</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>22<sup>nd</sup> June 2015</b>
<b>Registration Decision:</b>	<b>Registered without attached conditions 22<sup>nd</sup> January 2013 to 22<sup>nd</sup> January 2016</b>
<b>Inspection Team:</b>	<b>Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> October 2015</b>

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## 1. Foreword

The National Registration & 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 & 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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.2 Methodology

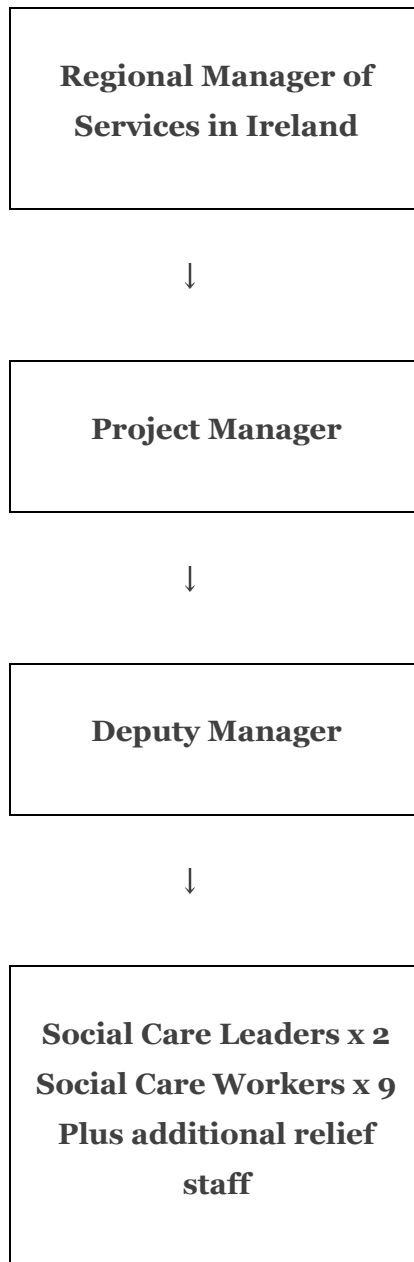
This unannounced inspection took place on the 22<sup>nd</sup> June 2015 over the course of a one day period. This inspection specifically looked at specific parts of Standard 2 Management and Staffing of the National Standards for Children’s Residential Centres and is based on a range of inspection techniques including:

- ◆ A meeting with the centre Manager
  
- ◆ An examination of staff personnel records, staff supervision records, staff weekly meeting records and staff training and development records.

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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 25<sup>th</sup> September 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre, ID Number 061, without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 22<sup>nd</sup> January 2013 until the 22<sup>nd</sup> January 2016.**

## 3. Analysis of Findings

### 3.1 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.

#### **3.1.1 Practices that met the required standard in full**

##### **Training & development**

A centre learning and development review is conducted on an annual basis at centre level which looks at formal training achieved by individual staff members and also identifies training and development needs of individuals. This plan is supported by a regional learning and development officer. Core training including TCI, First Aid and Fire Training has been attended to and in addition training which may be relevant to the needs of the service users has also been completed by staff including 'Mind Out', ASIST and bereavement. Arising from this is a prioritised list of training and development needs for the year ahead. One area of training that has been identified is that of manual handling, this training will need to be attended to as a priority in the coming months. In addition each staff member then has their own Individual and Learning plan which is updated and reviewed through supervision. The Manager stated that in the past year there have been a number of external speakers and information sessions.

There is a good level of formal social care or relevant equivalency across the staff team.

#### **3.1.2 Practices that met the required standard in some respect only**

##### **Staffing**

The Manager informed the Inspector that the full staff compliment for this centre is ten posts plus the Manager. The ten posts are filled by eleven people, two of whom work part time hours in covering one line of the roster. These eleven staff comprises two social care leaders and nine social care workers supplemented by a relief panel as necessary. At the time of this unannounced inspection, one full time and one part time staff member had very recently left their posts and the vacancies were being interviewed for in the weeks following the inspection. In the interim, these posts



were being filled on a temporary basis by the use of relief staff. The Manager is of the view that the staffing numbers, when all posts are filled, are adequate to fulfil the centres purpose and function. At the time of this inspection the centre was accommodating four young people with a fifth preparing to transition into the service. The maximum capacity is six.

The centre had implemented a new rota, on a trial basis subject to review, approximately five months prior to this unannounced inspection. The rota allows for a minimum of two staff members on duty at all times, with three staff on at most times and these levels remain irrespective of numbers of young people resident. In filling the current vacancies in the staff team, the Manager has given consideration to the new rota and in doing so will allow for a social care leader to be on duty on most shifts in compliance with the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

The Manager described the turnover of staff in the centre as high and stated that exit interviews are conducted. Some staff that left have identified specific issues relating to other staff and the staff rota as being factors in their decision to leave. The Manager is conscious of the potential impact of these factors on the remainder of the team and although only recently back from leave, will need to work proactively to address these in order to prevent further departures from the team.

The Manager expressed a confidence in the staff teams' ability to communicate well and effectively with the young people however it was evident from the review of personnel files and supervision records that the matter of the rota has dominated for a protracted period of time now and that this, as well as the level of turnover, has impacted upon the quality of the service being delivered to young people. The Manager acknowledged this finding and indicated that they will take steps to ensure that the care and needs of young people take precedence over staffing matters.

The necessary and appropriate vetting requirements for children's residential centres requires that Garda vetting, including police vetting from other jurisdictions where relevant, and three written references all of which have been verbally verified are in place prior to the commencement of employment. References should be from previous employment, student placements or educational references, they should not be testimonials or personal character references from someone known personally by the employee and one of these appropriate references must be from the employees' previous place of employment. The Inspector examined a total of fourteen personnel files – eleven of the full time team and three relief staff. Although there is a much larger relief panel available to this centre due to time constraints on the day the

Inspector opted to sample those files available. Of those sampled the Manager later stated that some have not yet worked a shift in the centre.

The Inspector found that at least seven of the fourteen staff whose files were examined on this occasion have been employed by the organisation for ten years or more. It was difficult to determine from the files exact start dates of employment as the majority of personnel files did not contain employment contracts and start dates were not clearly identified. Of these fourteen files examined, only one demonstrated that all the correct vetting practice as stated above had been adhered to and was in place prior to the individuals' commencement of their work employment. Deficits in files examined included undated and unverified references; less than the three required references on file; some files, including those more recently employed, contained character/personal references which is not an acceptable format for the purpose of vetting; qualifications were not verified; there weren't references from previous employers where this was relevant and referenced on CV's; two files required police clearances from other jurisdictions which were not present on the file and one file indicated that employment had commenced prior to the individual's Garda vetting being secured by the organisation. Whilst efforts were made in the past by the Manager to secure verification of references on file and in fact secure a third appropriate reference for some staff, they were unable to do so in some instances. However centre management must address the deficits regarding less than three appropriate references, including one from a previous employer where relevant, and verification of references where required for current employees where this is possible to do so. In the absence of being able to do this, management should record all reasonable efforts to address existing deficits. Management must also adhere to the requirements of vetting for all future staff recruitment.

There was no evidence immediately available on the personnel files of induction for staff however induction process is noted in the centre learning and development review record.

### **Supervision & support**

The Project Manager is responsible for the supervision of the Acting Deputy Manager and the two child care leaders assigned to the Support Flats project. The two child care leaders in turn are responsible for the supervision of all of the child care workers including any relief staff. Due to the recent changes amongst the team with some people vacating posts and more due to vacate posts on a temporary basis, changes to reporting relationships between supervisor and supervisee have had to be made. The Inspector examined the supervision records that were available on file for the full

time staff team in the last twelve months and the three relief staff members whose personnel files were examined for the purpose of this inspection. There was a pro forma document on some files for these records which were entitled 'Performance Review Record'. There were supervision records for eight staff only of the total files examined. On some, though not many, there were Performance Review Agreements in place between the supervisor and the supervisee. On these, it stated that the agreed frequency of supervision was to be 4-6 weekly, giving an average of eight records per year. However the most records found on file was five and this was for one staff member only. Two staff had only one record of supervision on file in a twelve month period. The records examined were, in general, very brief, bullet point notes and many were handwritten on notepaper as opposed to being completed on the centres own pro forma document which is below standard practice. This is an issue that the Manager, having recently returned from leave, became aware of and is in the process of addressing with the supervisors. It was very difficult for this Inspector to determine any one staff persons' specific role within the agency as in whether they were key working or case managing the care of young people. Some records did have reference albeit brief to training and development needs. There was significant and repeated reference to the rota and difficulties related to same and by contrast a significant absence of concrete discussion relating to key working or placement planning for young people. Supervisors must ensure that there is an effective link between supervision and the implementation of individual placement plans and management within the centre have a responsibility to oversee the practice of supervision. These issues must be addressed without further delay.

The Manager acknowledged that there were significant deficits in their own supervision by their line manager as a result of changes in line management and a period of leave from work. These factors aside however it is unacceptable that the Manager has had formal supervision on approximately only four occasions in the past eighteen months which is not in line with the services' own policy on supervision. This issue must be addressed by senior management in the organisation as a matter of priority. The Project Manager should be provided with appropriate clinical supervision in order to ensure that they have the necessary and appropriate support and supervision of their work on a formal regular basis.

Staff meetings take place on a weekly basis and the Inspector sampled some of the records of these over the past number of months. From a review of these minutes the following was noted: residents meetings have not been happening on a regular basis; there is consistent reference to the role of key workers and identification of tasks with young people as being their responsibility; there is repeated reference, particularly in more recent times, to young people 'not linking in' with key workers or 'avoiding' key working sessions. It would appear from these minutes that there is a need to re-

energise either the role of the key worker or the delivery of this function so that young people are more encouraged and motivated to engage in the process of progressing and developing themselves through the placement. Management within the centre should review this function, the responsibility that comes with the role and the manner in which individuals are delivering on their tasks. Oversight of this is particularly required through the supervision process.

The Manager stated that there are a number of support mechanisms available to staff working in this centre. If there are any significant incidents which warrant the use of an external facilitator to meet with the team and assist them in processing the event, this is sourced. Additionally there is a confidential counselling support service that staff members can avail of on an individual basis for up to six sessions which are paid for by the organisation. There is also a lay chaplain who attends team meetings on occasion and can provide support where necessary to the staff team.

The Inspector found that few personnel files contained formal contracts of employment. Some, but not all, files did contain detailed letters of job offer describing some of the terms and conditions of employment. The Inspector did seek clarity from management within the organisation regarding the adherence to statutory provisions of employment law in the absence of formal contracts however this has not been provided at the time of issuing this report. The Inspector requires that this information is provided without further delay.

### **3.1.3 Practices that did not meet the required standard**

**None identified.**

### **3.1.4 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 & Qualifications)*

*-Part III, Article 16, Notification of Significant Events.*

## Required Action

- The Project Manager to ensure that manual handling training is attended to for the staff team.
- Centre management must take the necessary action to ensure that the needs and care of young people in this service are prioritised through staff practice.
- Centre management must adhere to the requirements of vetting for all future staff recruitment.
- Centre management must address the deficits regarding less than three appropriate references, including one from a previous employer where relevant, and verification of references where required for current employees where this is possible to do so.
- The Project Manager must oversee the delivery of regular formal practice supervision convened by those persons responsible. The details of this must be appropriately recorded in a timely manner in accordance with policy.
- The Project Manager must oversee that supervisors are ensuring an effective link between supervision and the implementation of individual placement plans.
- The Project Manager must be provided with appropriate practice supervision on a regular formal basis.
- Centre management must review the key working function and the manner in which individuals are delivering on their tasks in this centre.
- The Inspector requires clarity and information regarding the organisations' adherence to statutory provisions of employment law in the absence of formal contracts.

## 4. Action Plan

Standard	Issues Requiring Action	Response
<p><b>3.1</b></p>	<p>Manual handling training to be attended to for the staff team.</p> <p>Centre management must take the necessary action to ensure that the needs and care of young people in this service are prioritised through staff practice.</p> <p>Centre management must adhere to the requirements of vetting for all future staff recruitment.</p> <p>Centre management must address the deficits regarding less than three appropriate references, including one from a previous employer where relevant, and verification of references where required for current employees where this is possible to do so.</p>	<p>Centre learning plan to ensure that manual handling is prioritised. Trainer to be contacted and costs to be finalised. Proposal for training to be prioritised and presented to company business board for approval. On receipt of approval date of training to be arranged. This is likely to be the end September given the summer months there is a lot of annual leave.</p> <p>Centre management to ensure that staff meetings are led in a practice based manner and the young people needs are prioritised. Centre management to ensure that handovers are delivered in a practice manner. Centre management to monitor the recording of the files and interventions being implemented.</p> <p>Centre management linking in with Director of Personnel in ensuring that the appropriate vetting forms are in place in particular for those who have lived out of the country. A review of the current personnel files is underway. Centre management will follow up and ensure all files have the appropriate information. Risk assessment training arranged by regional manager in terms of blemishes on vetting forms to take place in September.</p> <p>A review of the current system has taken place with the Social Care Manager, Deputy Social Care Manager and the administrator and downfalls in the system have been identified and in most cases rectified. Centre manager will ensure that all references are verified prior to a social care worker starting. Clarification has been sought and received from registration and inspection in relation to appropriate references. Centre has developed a standard letter in relation to the verification of qualification. These have been distributed to all staff members and in turn have contacted the relevant department in their colleges. A number of verifications have been returned and awaiting return from some of the colleges or universities. Envision this being completed by September.</p> <p>All social care leaders have recently undergone supervision training through the child &amp; family agency training unit. Training in performance management has been facilitated by the organisation in the last year also. To ensure that social care leaders are clear as to the policy and principles guiding supervision and performance management. Centre management to ensure that all supervisions</p>

	<p>Regular formal practice supervision must be convened by those persons responsible. The details of this must be appropriately recorded in a timely manner in accordance with policy.</p> <p>Supervisors must ensure that there is an effective link between supervision and the implementation of individual placement plans.</p> <p>The Project Manager must be provided with appropriate practice supervision on a regular formal basis.</p> <p>Management within the centre must review the key working function and the manner in which individuals are delivering on their tasks in this centre.</p> <p>The Inspector requires clarity and information regarding the organisations' adherence to statutory provisions of employment law in the absence of formal contracts.</p>	<p>are delivered in a timely consistent manner and that the notes are clear, concise and accessible. Centre management to review supervisions regularly particularly in their own supervisions of social care leaders.</p> <p>This matter has been actioned and will be monitored regularly every 6 weeks as per supervision policy.</p> <p>Delivery of supervision has been discussed at length with the Social Care Manager, Deputy Social Care Manager and focus on key working and young people's plans to be the centre point. Supervisors to utilise plans and key working minutes as reflective tools in supervision with social care workers. Social care workers to be made aware of their accountability in terms of implementation of plans and social care leaders and centre management to ensure any blocks or barriers that are present are eliminated for social care workers. This has been implemented however need to ensure that this is monitored and ongoing.</p> <p>Regional manager delivering supervision at present. External practice supervision to be reviewed with regional manager.</p> <p>Currently looking at this through programme review meetings and feedback through supervisions. Will ensure that all social care workers are clear on the role and function of a key worker and identify the blocks in the current manner of working. Once all feedback is assimilated an action plan to be implemented.</p> <p>The organisation is in the process of process of reviewing the wording of contracts and seeking advice from an external body with expertise in this area to ensure accuracy. The organisation has assured the Inspectorate that this issue is a priority and hope to have it resolved within a matter of weeks.</p>
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