



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 113

Year: 2017

Lead inspector: Paschal McMahan

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care
Registered Capacity:	Two children
Date of Inspection:	28th of September 2017
Registration Status:	Registered from the 11th of January 2016 to the 11th of January 2019
Inspection Team:	Paschal McMahon John Laste
Date Report Issued:	Report issued 21st of February 2018

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
3.1 Management and Staffing	
3.5 Planning for Children and Young People	
3.7 Safeguarding and Child Protection	
4. Action Plan	16

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 children 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 children 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 regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration.

The centre provided short to medium term care for up to two young people aged between 13 and 17 years. The centre was first registered in January 2016 and at the time of this inspection was in the second year of a three year registration cycle. It was registered to provide care for young people who required a low occupancy house with higher staffing levels. The aim of the centre was to provide a high quality standard of care that was responsive to the individual needs of young people, within a child centred supportive and safe open environment.

This inspection was unannounced and was instigated by a number of high risk incidents that were reported to the inspection service through the significant event notification system. The inspection was specifically themed around the examination of sections of standard 2 'Management and staffing', sections of standard 5 'Planning for Children and Young People' and standard seven 'Safeguarding and Child Protection' of the National Standards For Children's Residential Centres (2001). This one day inspection took place on the 28th of September 2017.

1.2 Methodology

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

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The social care leader
 - c) Five social care staff
 - d) The social workers with responsibility for the children residing in the centre.

- ◆ An examination of the centre's files and recording process.

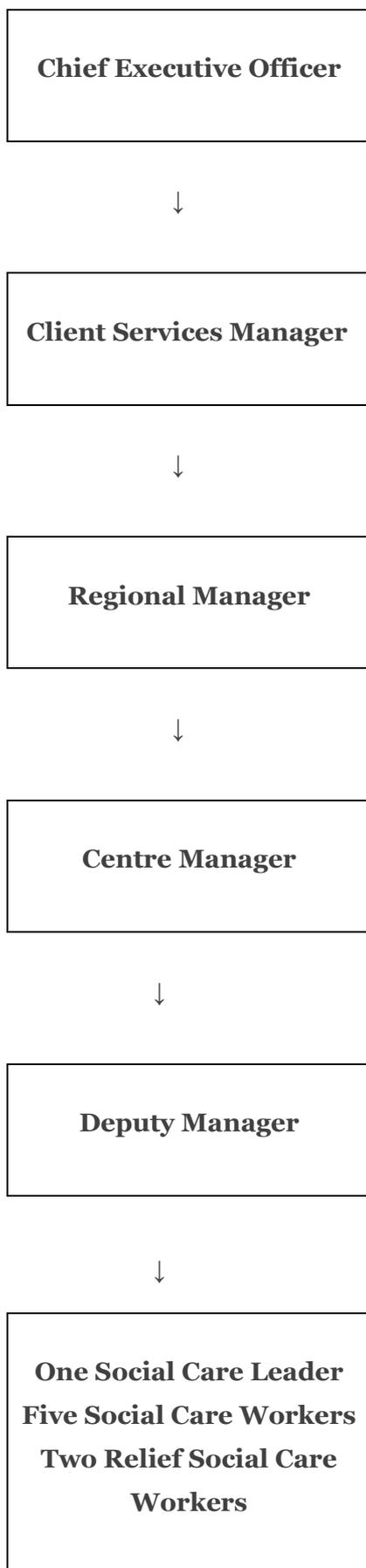
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The regional manager
 - c) The national client services manager
 - d) Two social care staff
 - e) Two young people
 - f) Two social workers
 - g) The Guardian ad Litem for one 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 children, 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, national client services manager and the relevant social work departments on the 21st December 2017. 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 8th January 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 113 without conditions from the 11th of January 2016 to the 11th of January 2019 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

Supervision and support

An inspector reviewed supervision records and found evidence that staff were receiving supervision in accordance with the centres supervision policy. A sample of the supervision records examined provided evidence that there was an effective link between supervision and young people's placement plans. Supervision records were well maintained and signed and dated by both the supervisor and supervisee. Staff interviewed in the course of the inspection confirmed that they were receiving supervision on a regular basis.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre's policies included a recruitment procedure policy. The inspectors found from an examination of the centre rota that there were adequate numbers of staff working in the centre at the time of inspection. The inspectors audited staff files and found that all staff members had been vetted prior to working with the organisation in accordance with the centres policy. The inspectors found that all of the staff; with the exception of one night staff; had a recognised social care qualification. The inspectors concluded that given the high risks and complex needs of the young people in the centre it was particularly pertinent that the senior management ensure that all staff are trained or in training.

There were a number of safeguards in place in the centre at night time including an alarm system and live night staff on duty. The night staff maintained records of night time checks carried out on the residents. The inspectors examined these records and found that night checks were not being carried out at the required frequency in

accordance with the night time check policy in place. The centre manager must ensure that live night staff carry out night time checks at the required frequency outlined in night time check policy and only where a risk assessment indicates that they are necessary.

Training and development

The centre's policies included a policy on induction and ongoing training, supervision and appraisal of staff. Staff interviewed in the course of the inspection confirmed that they had received induction. Inspectors found evidence of ongoing training and there was a training schedule in place. The Inspectors noted that while all staff had received training in a recognised method of behaviour management and child protection, there were a number of staff who had not completed the required training in fire safety and first aid and this must be addressed.

3.2.3 Practices that did not meet the required standard

None identified.

Required Action

- Senior management must ensure that all staff are qualified or in training given the high risks and complex needs of the young people in the centre.
- The centre manager must ensure that live night staff carry out night time checks at the required frequency outlined in night time check policy and only where a risk assessment indicates that they are necessary.
- Senior management must ensure that training is provided for all staff that require first aid and fire training.

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.

3.5.2 Practices that met the required standard in some respect only

Statutory care plans and reviews

There were two young people resident in the centre at the time of the inspection. Inspectors reviewed the young people's care files and were satisfied that both young people had care plans on file which were of good quality outlining the goals and objectives of the placements.

Statutory care plan reviews had taken place within statutory timeframes. At the time of inspection the centre was waiting on the care plan review minutes for one young person and these had been requested by the centre manager.

Each young person had a placement plan that outlined the young people's needs which was reviewed on a monthly basis. The inspectors examined the most recent placement plans and were concerned that a number of goals identified in one of the young people's placement plan in relation to health and self-care were not being achieved. Inspectors require that centre management seeks clinical guidance regarding the effectiveness of the current strategies employed and ensures that every effort is made to have these goals met.

The inspectors conducted a walkthrough of the premises during the inspection assess if measures were in place to ensure that the physical environment was safe and suitable to meet the care needs identified in the care and placement plan. Inspectors noted that one of the young people's bedrooms was very untidy and was well below the acceptable standard for a teenager. This was brought to the manager's attention during the inspection for immediate action. The inspectors require that the centre

management and staff team must ensure that they support the young person through care and placement planning in maintaining their living space to a healthy and acceptable standard.

The young people's placement plan was supported by a written behaviour management policy and all staff were trained in an approved method of managing behaviour. There were individual crisis management plans in place which outlined strategies for staff in responding to challenging behaviours along with individual absence management plans outlining the steps to be taken if a young person went missing from the centre.

In the period under review one of the young people had a high level of absences from the centre. There was evidence that regular professionals meetings had taken place along with strategy meetings in accordance with the Garda/Tusla Joint Protocol to address these absences. Internal significant incident reviews were undertaken to identify patterns and trends of the young person's absences and key work records on file provided evidence that staff were doing individual work with the young person in an effort to reduce these absences and to keep them safe. The young person's social worker and Guardian ad litem were satisfied that the centre had followed the joint protocol and made every effort to keep the young person safe. At the time of inspection these absences had decreased.

There were risk assessments on file for both young people and there was evidence that they had been reviewed on a regular basis and informed the updating of the placement plans. Inspectors require that the risk assessments for one of the young people who has complex needs and a history of high risk behaviours continues to be reviewed on an ongoing basis including at every team meeting.

3.5.3 Practices that did not meet the required standard

None identified.

Requiring action

- Centre management must seek clinical guidance regarding the effectiveness of strategies employed to address goals identified in one of the young people's placement plan in relation to their health and self-care.
- The centre management and staff team must ensure that they support a young person in maintaining their living space to an acceptable standard and identify these supports in their placement plan.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

Safeguarding

The centre had written policies and procedures on safeguarding, including policies on professional boundaries, one to one supervision with young people and complaints, along with good practice guidelines for staff. There was also evidence that standards of care including records were being monitored by internal and external management.

Staff interviewed during the inspection had an understanding of safeguarding children and were familiar with the centres policy on appropriate professional relationships between staff and young people. Staff in their questionnaires and interview spoke of a culture of openness in the centre whereby staff could address issues with each other in a confident manner.

There was a complaints policy in operation in the centre. The young people in interview said they knew how to make a complaint and they could identify people they could make a complaint to. There was evidence that complaints were responded to appropriately and addressed either by the staff team or by their social workers. The majority of complaints made by young people were expressions of dissatisfaction relating to the day-to-day living in the centre.

The rights of young people were reflected in centre policies and care practices. The two young people who met with inspectors during the inspection confirmed that they were consulted about decisions that affected their lives. The inspectors reviewed minutes of young people's weekly meetings which detailed consultation with young people about day-to-day living at the centre and provided an opportunity for them to raise any issues. In some cases young people were reluctant to attend meetings and the centre was considering alternative ways of engaging the young people. Young

people told the inspectors that they were included in decisions made about the running of the centre such as the weekly food shop and meals cooked in the centre. There was also facility for young people to make phone calls in private. The inspectors were informed post inspection that EPIC (Empowering Children in Care) the children's advocacy group had visited the centre on the 25/10/17.

The centre has a written policy on young people's access to information that promoted children's rights and participation in their care. Staff interviewed were aware of the young people's right to access information held on file. The young people interviewed understood their right to access information about themselves and were facilitated to do so by staff. Both young people in residence at the time of inspection had viewed their records and there was evidence of this on file.

Inspectors found that the staff in the centre promoted and supported the young people's contact with parents, siblings and significant others where appropriate. Staff outlined to the inspector ways in which they supported young people to have contact with their families which included driving young people to and from access visits. Contact arrangements were individualised for each young person in accordance with their care plans. The inspectors observed that the centre was spacious and had a number of areas where young people could meet with their families in private.

Each young person had an allocated social worker. The inspectors found, through review of case files and interview with young people and external professionals that social workers visited young people regularly and met with them in private. Both young people had Guardian ad Litem's who met with the young people on a regular basis. This meant that young people had regular contact with an advocate external to the centre to which they could confide any concerns they might have regarding aspects of their care. There was documentary evidence of regular phone/email contact to the centre by social workers to enquire about the young people and to provide relevant information to the centre.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

3.7.4 Practices that met the required standard in full

The organisation had a written child protection policy which was in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011). The centre manager was the designated liaison person and members of the staff team were familiar with the role of the designated person. Staff interviewed by the inspectors were clear on their obligation to report child protection concerns to the centre manager. All staff were up-to-date in their child protection training. There had been 12 child protection concerns reported by the centre manager the preceding year which the inspector found had been appropriately dealt with. There was evidence that centre management actively followed up on child protection concerns with the relevant supervising social work departments and the centre had received responses to all child protection notifications.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>Senior management must ensure that all staff are qualified or in training given the high risks and complex needs of the young people in the centre.</p> <p>The centre manager must ensure that live night staff carry out night time checks at the required frequency outlined in night time check policy and only where a risk assessment indicates that they are necessary.</p>	<p>Senior management are currently sourcing qualified live night staff for the residential centre. All social care workers within the centre are fully qualified.</p> <p>The centre manager will ensure that the live night checks are being completed according to the time frames that have been agreed. Since the inspection, in consultation with the social work department, comprehensive risk assessments have been completed, and the frequency of live night checks for the young person has been reduced.</p>	<p>Senior management will continue to source qualified / in training live night employees. Senior management will remain consistent with their employment of qualified social care staff.</p> <p>The regional manager will ensure in her monthly house audit to review the live night check lists for the unit and will ensure that they are completed. The frequency of live night checks have been reduced following a risk assessment and consultation with the social work department. This will be reviewed on a regular basis between Management and TUSLA.</p>
3.5	<p>Senior management must ensure that training is provided for all staff that require first aid and fire training.</p>	<p>All staff members working in the centre have completed all necessary training in fire safety and first aid. The centre manager will continue to oversee the</p>	<p>Senior management will continue to review the training of the staff team in the house on a monthly basis. Since the inspection the necessary staff team have completed the fire</p>

	<p>Centre management must seek clinical guidance regarding the effectiveness of strategies employed to address goals identified in one of the young people's placement plan in relation to health and self-care.</p> <p>The centre management and staff team must ensure that they support a young person in maintaining their living space to an acceptable standard and identify these supports in their placement plan.</p>	<p>staff team's training and will follow up with the staff team in their supervisions on a monthly basis.</p> <p>The centre manager has liaised with the organisation's clinical department in relation to the strategies employed with the young person to address their self-care and health. ACTS will continue to complete regular workshops with the staff team in relation to this young person as well as continue to provide support / guidance to the team in working with this young person.</p> <p>The centre manager has implemented a plan for the young person and the staff team to help them maintain their personal space. This plan since its implementation has resulted in a higher standard of the young person's bedroom.</p>	<p>safety and first aid training.</p> <p>The regional manager has liaised with the clinical department in relation to providing additional therapeutic support and guidance to the staff team in relation to the strategies not only being used to ensure their health and self-care but also any other issues that may arise during their placement in the unit.</p> <p>The regional manager will continue to review the young person's living space to ensure that it is being maintained to a high standard of cleanliness. The regional manager will review additional strategies with the unit manager that could be employed by the staff team to further improve the engagement of the young person in maintaining their personal space.</p>
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