



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 073

Year: 2016/2017

Lead inspector: Lorraine O' Brien

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Registration and Inspection Report

Inspection Year:	2016/2017
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	Inspection 19th, 26th and 27th of September 2016 Follow up inspection 28th of March 2017
Registration Status:	Registered without conditions from the 29th September 2016 to the 29th of September 2019
Inspection Team:	Lorraine O' Brien John Laste Paschal McMahon
Date Report Issued:	July 2017

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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 on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

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

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

1.1 Methodology

The centre was granted their first registration in September 2010 to accommodate four children of both genders from age thirteen to seventeen years on admission on a short to medium term basis. This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. The inspection and follow up inspection were announced and took place on the 19th, 26th and 27th of September 2016 and the 21st of March 2017.

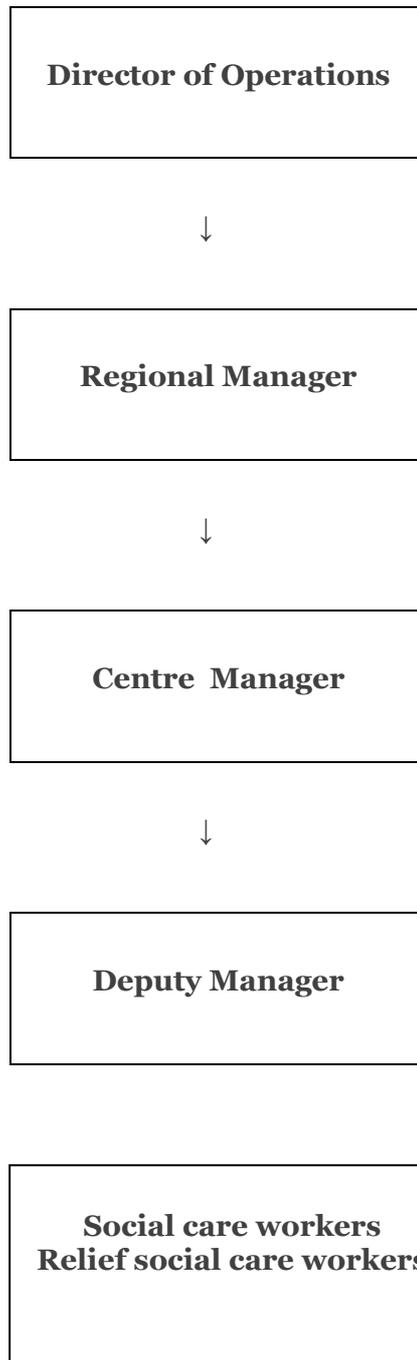
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
 - a) All of the care staff
 - b) The social workers with responsibility for young people residing in the centre.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspectors as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) The regional manager
 - c) Social care workers
 - d) Three young people
 - e) The monitoring officer
 - f) Placing social workers for the 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to continue to operate in adherence to regulatory frameworks, the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre remains from the 29th of September 2016 to the 29th of September 2019.

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 manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate, up to date and was held in line with the requirements of the child care regulations. The register recorded three admissions and no discharges since the initial registration of the service. 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 inspectors were satisfied that the centre had a prompt notification procedure in place that provided comprehensive details in writing of any significant event relating to the young people. There was evidence that the centre manager and deputy manager reviewed all significant event reports and provided guidance and direction to staff in terms of the care approach and the management of the event. Written reports on significant events were forwarded to the social worker, the inspection service, the regional manager and other relevant parties as agreed. Significant event reports were maintained on the individual care files. The social workers were satisfied that they received prompt notification of all significant events relating to the young people in placement.

Training and development

There was an effective ongoing staff development and training programme for the care and education of staff. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided to the team.

The centre manager stated that the organisation supported staff training and development.

3.2.2 Practices that met the required standard in some respect only

Management and Staffing

The manager was clear of their role and responsibilities and was being promoted to regional manager shortly after the inspection. A follow up inspection was to be conducted 6 months after the change of manager to assess if the new manager continued to have systems in place to oversee the functioning of the service and ensure the young people received quality care suitable to their needs. The inspectors found that there was a low turnover of staff but the centre had experience a number of changes of the centre manager.

At the time of the inspection visit a robust structure had been put in place to provide external oversight of the service. As an oversight tool the regional managers completed monthly audits which are overseen by the senior management team. The national client manager completed audits which focus on input of the regional and centre managers into the centre. The regional manager supervised the centre manager on a regular basis and the records were clearly recorded. Staff representatives met 2-3 monthly and brought staff issues to the senior management team.

The centre manager had responsibility for the oversight of health and safety and all maintenance issues. The staff health and safety representative carried out their duties efficiently and the inspector did not identify any outstanding health and safety issues. In relation to maintenance the inspectors did note that the fascia at the front of the house needed fixing and a smell of damp from a previous leak downstairs needed attention, issues the centre manager agreed to address.

Staffing

The centre had adequate and sufficient levels of staff to fulfil its purpose and function. The staff teams displayed the ability to communicate effectively and had established positive and caring relationships with the young people in placement. The inspector examined the staff personnel files and was satisfied that all staff members had been appropriately vetted prior to taking up employment in the centre. Garda vetting and police checks from other jurisdictions were evidenced on the files. Three

references were on file for each staff member. There was evidence the centre manager audited all personnel files. The inspector found the team to be cohesive and consistent in their approach and demonstrated a child-centred ethos. Through interview staff confirmed they were satisfied they had been provided with sufficient training and support to enable them to undertake their role within the centre.

The inspectors found that ‘trainee staff’ were considered part of the core team. The inspectors liaised with the centres manager and were clear that only appropriately qualified staff should be considered for the core staff team. Trainee staff must be additional /surplus to the team. All trainee staff must be provided with a mentor and additional guidance and supervision, supports that the inspectors did not find in practice and an issue that needed a prompt response from the management team.

The inspectors found that one staff was unclear of the complaints procedure in place in the centre. They knew they were to inform their manager but did not know the process following this. The complaints system in place in the centre must be understood by staff and the policy and process regularly discussed in team meetings and supervision.

Supervision and support

Communication between the centre manager, the deputy manager and the staff team was clear, regular and of good quality. The regional provided regular support to the centre manager, deputy managers and the staff team.

The supervision sessions were held on a monthly to 6 weekly basis, recorded, structured and focused on the supervision task. The inspector examined a sample of staff supervision files. There was evidence that staff were provided with more frequent supervision if and when required. Supervision contracts were established with all staff members. There was an expectation that all staff members prepared for supervision and actively contributed to the process. The supervision recording template enabled the staff, the centre manager and the deputy manager to effectively engage in the supervision process.

Staff interviewed stated that the centre manager and deputy manager were accessible to them on a daily basis and provided guidance and direction. There was a culture within the team of reflecting and de-briefing after every shift and staff stated this was an effective support mechanism within the team.

The inspectors found that some old supervision notes were left on open shelves in the office. All archived supervision records must be filed in a secure cabinet.

Administrative files

The centres recording systems were organised and maintained in a manner that facilitated effective management and accountability. Information on the individual care files was accessible and stored in an organised manner. Records were well written and decisions taken by the staff team and/or social workers were recorded at the centre. The individual care files and personal information was stored in a secure manner. However, the inspectors found that one young person's care file contained a notable amount of sensitive reports in the main body of the file. The centre manager agreed to re-organise the file to ensure sensitive reports are placed in a confidential envelope at the back of the file.

Electronic records were password protected. There was evidence that the centre manager, deputy managers and the regional manager monitored the quality of all centre records. Staff stated that they had sufficient financial resources to care for the young people and to provide recreational and educational programmes for them.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 21, Register.***

The centre 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 new manager must continue to have systems in place to oversee the functioning of the service and ensure the young people received quality care suitable to their needs.
- The centre manager must ensure that trainee staff are surplus to the core team and should receive extra supervision and guidance.
- The centre manager must ensure all maintenance issues are rectified in a prompt manner.
- All archived supervision records must be filed in a secure cabinet.
- The centre manager must re-organise the file to ensure sensitive reports are placed in a confidential envelope at the back of the file.

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

Consultation

The young people had good access to advocacy both internally from staff and also by their social worker. EPIC (Empowering Children in Care) had visited the centre in early September 2016 and had linked in with two of the three young people.

There was evidence of good consultation with the young people. Young people were consulted with regard to their care planning and matters affecting their lives with due regard to their age and level of understanding. There was evidence that house meetings were undertaken on a regular basis and the young people and staff contributed to the agenda. The team responded well to suggestions made by the young people, their families and others and where necessary changes were made to improve the quality of life for young people.

The young people were involved in their care planning meetings. The young people were encouraged and facilitated to attend their review if they wished to do so.

Decisions in relation to the young people's care were discussed with them in an open and honest manner. There was evidence that the young people and their parents were fully consulted within the care planning process, in the development of the care plans.

There was evidence that the staff team listened to the young people's views and accommodated their point of view. When decisions were made by staff that the young people did not agree with, the rationale behind making these decisions were explained to the young people and this was evidenced in individual and key-work reports.

One parent who spoke to the inspectors was very positive about the care her child was receiving in the centre. She was informed of the child's progress on a regular basis and felt included and consulted in decision made in relation to meeting the young person's needs. Progress reports are sent to the social work department on a monthly basis. There was evidence on the young people's files that their social workers reviewed their care files and signed them from time to time.

The inspectors found that two of the three young people were 17 years old and had aftercare workers and were consulted about their independent living skills needs but no aftercare plans on file, an issue that required prompt action.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People.*

Required action

- All young people over 16 years must have aftercare plans on their file.

Findings of the follow up inspection visit 28th of March 2017.

The follow up inspector interviewed the new centre manager and was satisfied standard 2 were being complied with. They reviewed the current staff team and found that they were qualified and appropriately vetted. Where staff were in training they were additional to the core staff team and received extra supervision and guidance.

The inspectors, during their visit in September, found that one staff was unclear of the complaints procedure in place in the centre. They knew they were to inform their manager but did not know the process following this. The follow up inspector was satisfied that the complaints system in place in the centre was understood by staff and the policy and process regularly discussed in team meetings and supervision.

In September 2016 some old supervision notes were left on open shelves in the office. The follow up inspector found, in March 2017 that archived supervision records were filed in a secure cabinet.

The inspectors, during their visit in September, found that the centre manager had a staff training plan to provide behaviour management training for the staff team to support them to meet the young people's complex needs. The follow up inspector was satisfied from the review of the training schedule and talking to staff that recent staff training was relevant and transferable into practice. Training records evidenced that the staff team had received the core training as required.

In September 2016 the fascia at the front of the house needed fixing and a smell of damp from the downstairs needed attention. In March 2017 the follow up inspector checked the premises and maintenance register and found this work had been completed.

In September 2016 one young person's care file contained a notable amount of sensitive reports in the main body of the file. The centre manager agreed to re-organise the file to ensure sensitive reports were placed in a confidential envelope at the back of the file. The follow up inspector checked the young people's files in March 2017 and found that they had been appropriately re-organised.

In September 2016 two of the three young people were 17 years old and had aftercare workers but no aftercare plans were on file. During the follow up visit in March 2017 the inspector found that one resident (aged 17) still had no aftercare plan in place. The centre manager informed the inspector that a care plan review is planned for

May and they have requested a professionals meeting prior to this. The inspection service have requested that they are kept updated on this issue.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The new manager must continue to have systems in place to oversee the functioning of the service and ensure the young people received quality care suitable to their needs.</p> <p>The centre manager must ensure that trainee staff are surplus to the core team and should receive extra supervision and guidance.</p> <p>The centre manager must ensure all maintenance issues are rectified in a prompt manner.</p>	<p>The new manager has systems in place to oversee the functioning of the service and ensures the young people received quality care suitable to their needs.</p> <p>All core staff were trained by March 2017.</p> <p>All maintenance issues were rectified by March 2017.</p>	<p>The regional manager for the service has responsibility to have oversight of the quality of service in the centre. They have a number of preventative strategies in place such as centre audits, monthly reports and visits to the centre in an effort to highlight any shortcomings and put corrective actions in place in a prompt manner.</p>

	<p>All archived supervision records must be filed in a secure cabinet.</p> <p>The centre manager must re-organise the file to ensure sensitive reports are placed in a confidential envelope at the back of the file.</p> <p>All staff must be made aware of the organisations complaints policy and procedure to follow in the event a young person needs to make a complaint.</p>	<p>All archived supervision records were transferred to a secure cabinet by March 2017.</p> <p>The centre manager re-organised the files to ensure sensitive reports were placed in confidential envelopes at the back of the file by March 2017.</p> <p>The staff in the centre were made aware of the complaints policy and procedure.</p>	
3.4	All young people over 16 years must have aftercare plans on their file.	This issue remains outstanding and the service will liaise with the placing social work department to ensure it is promptly rectified.	