An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 083

Year: 2019

Inspection Report

Year:	**2019**
Name of Organisation:	**Rainbow Community Services Ltd**
Registered Capacity:	**Five young people**
Type of Inspection:	**Announced**
Registration Status:	**Registered without attached conditions 19th February 2017 to 19th February 2020**
Inspection Team:	**Eileen Woods** **Linda McGuinness**
Date Report Issued:	**10th January 2020**

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.
The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 19th of February 2008. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 19th February 2017 to 19th February 2020.

The centre was registered to accommodate five young people of both genders from age twelve to eighteen on admission. Their model of care was described as relationship based and trauma informed. Staff interactions were advised by additional positive behaviour support tools and aimed at bringing young people to a place of good self management and self awareness. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 16th of December 2019. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 6th of January 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 083 without attached conditions from the 19th of February 2017 to the 19th of February 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1: Met

The registered proprietor had delegated their responsibilities to their director of services who implemented governance, legislative compliance, policies and procedures and care practice development for the company. Inspectors found that the director of services in partnership with the centre manager had taken action to ensure that the centre operated in line with Children First Act 2015 and the Children First: National Guidance for the Protection and Welfare of Children 2017.

The centre had an up to date child safeguarding statement in place, it had been revised in May 2019. The statement had been reviewed by the Tusla child safeguarding statement compliance unit and deemed compliant. The statement was displayed for the young people, the staff and visitors. The manager was the named designated liaison person on the statement.

The policies and procedures in place to support good child protection and safeguarding included anti bullying, HR and vetting procedures, lone working and risk assessment, whistle blowing and confidentiality. Inspectors found that the policies would benefit from some further clarity in the text to highlight the role of mandated persons, the use of the portal as the reporting mechanism, naming the relevant form and identifying that a child protection reporting register will be maintained. The staff completed questionnaires for this inspection and these highlighted a lack of detailed information regarding their role as mandated persons, reporting procedures and the DLP role were not referred to directly. During interviews there was more robust knowledge displayed regarding the role and reporting pathways including how to make a protected disclosure.

There was a dedicated anti-bullying policy, an internet safety policy and complementary risk management and behaviour management policies to support approaches also.

Inspectors found that the staff had a good understanding of what constituted good safeguarding and the provision of a safe living environment was a team priority.

They actively involved the young people in learning about and taking responsibility where they could for their own safety and their choices. The team had completed training in child protection in 2018 with an identified two year renewal schedule. The team had also completed the national e-learning module 'Introduction to Children First'. Inspectors found that child protection and safeguarding were an active component of team meetings, handovers and supervision. There was evidence of collaborative work with families and social workers relating to safety and well being. Good records were maintained of family and professional contact related to safety.

When inspectors spoke to a young person and in the written feedback from the other young people it was clear that they were gaining life skills and safety skills. The staff feedback and written work highlighted that that one to one work was completed relevant to young people's ability to make good choices from a base of self knowledge and skills. Inspectors also found that the young people could be clear about the role the adults were taking to support their safety and the safety of others until such time as they could do so for themselves.

The need for additional safety measures was determined through knowledge of the young person, their history, good key working and record keeping by the staff. Expert advice had been integrated into team practice where required. The individual areas of vulnerability, once identified, were assessed through risk assessment following which a plan was put in place. These plans were then reviewed at regular intervals and adapted by evidence based team, professional and family consultation. Admissions were also advised by good quality individual and group risk assessments. There was evidence that where a child protection concern arose that parents or guardians were appropriately informed where it was safe to do so.

Standard 3.2

Inspectors found that there was a unified approach to care at the centre. It was found to be informed through training and supported through the team approach at the centre. The day to day work was informed by the qualified, stable and experienced team who received training in a recognised model of positive behaviour support. There was individualised specialist support for young people where agreed. There was team reflection, discussion and development regarding behaviour management. Complementary training in relevant areas had been provided and staff named that where they identified a relevant area of training the management took this on board.

Inspectors could identify through the young people's files, their placement plans and at team meetings that the team reviewed their responses to the young people in their areas of challenge. There was also evidence that the team reviewed their use of consequences to incorporate and reflect positives and strengths.

The team utilised their team meetings and their collaborative work to look for the drivers of behaviours and to address the underlying trauma. The team tracked how the young people were progressing and feeling and adapted plans, often in consultation with the young person. There was awareness and responses dedicated to maintaining a safe environment that was free from bullying. The manager tracked the implementation of the daily work effectively and the director of service was up to date and well informed regarding the programmes for the young people. They often attended team meetings and the daily contact and availability to the young people further informed the director's work.

The director of service had not developed a fit for purpose service specific audit tool through which they could evaluate the value of the training and the model and to identify future training. This knowledge was shared between the manager and the director of service and should be reflected in over arching quality improvement planning for the service.

The centre had policies on behaviour management, sanctions and restrictive practices. There was evidence in the policies of these being congruent with the model of care and with the team training. The team had completed training in a recognised model of crisis intervention. The sanctions that could be used and not used were named. They were tracked on the files and commented upon by the manager. The young people were consulted and their views noted. Some negotiation took place where a young person promoted or requested same.

At the time of the inspection there were no restrictive practices in place and there had been none since the last inspection. There had been no restraints or physical interventions nor contact with the Gardaí.

The centres behaviour management policy named positive role modelling and learning through relationship as core approaches. The technique of life space interviews was utilised to good effect to make a positive plan with the young people. Each young person had a crisis management plan in place and inspectors observed that there was an opportunity for behaviour support plans to be developed. These

could better reflect the work taking place outside the crisis work and inspectors recommended that management develope such a format.

There was good evidence of the voice of the young people regarding rules in the house, sanctions, rewards and daily life experiences. This was evidenced in the team meetings, their key work and one to one time with staff. The team take those opportunities that presented through discussion to assist young people to link their actions and the consequences for their quality of life where not positive for them. The role of the key worker was central to the young people's experience at the centre and they could make a request for someone they would like to share the key working role.

Standard 3.3

The inspectors found a culture of good communication was well established at the centre. There was evidence of the young people's voice and wishes in particular about the house they lived and their experience of life in the centre. The management were taking account of the views of the young people in considering new referrals. Young people had group meetings weekly and items were brought to team meetings and responded to. Inspectors were told by the young people that they could raise complaints and have them responded to openly, they were happy with the actions and outcomes.

The centre had a policy on significant events and reporting, the staff were familiar with the procedures. There had been a low rate of serious incidents and an increased move toward reporting positives and strengths. The manager and director reviewed all significant event reports and commented on actions to follow up with the young people. This typically took the form of an LSI and these were recorded on file. The significant event reports were sent in a timely manner and were well expressed. The manager and the team named that the social workers responded to the reports. Family members were verbally updated by phone or in person if access was taking place.

There were incident reviews completed through a structured review mechanism that was evidenced on records at the centre. There was learning through this, through the LSI's and followed up in supervision and management meetings on occasion. Staff practices were guided and addressed by the management in supervision, team meetings and debriefs. The management have identified that gathering the views of families and external professionals including social workers was an important element of their plans.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Standard 3.1** **Standard 3.3**
Practices met the required standard in some respects only	**Standard 3.2**
Practices did not meet the required standard	**None identified**

Actions required

- The director of services and the manager must update the child protection policy to further enhance the details relating to Children First: National Guidance for the Protection and Welfare of Children 2017. They must complete internal team consultation and learning regarding specific roles and responsibilities.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The managing director outlined to inspectors that their role involved strategic and organisational oversight, regulatory governance and contractual compliance though their appointed director of service. The managing director meets the director of service and the manager bi monthly and records were maintained of those meetings. The managing director was aware of the regulatory and legislative requirements and knew that a new set of national standards for children's residential centres (HIQA 2018) had been rolled out.

Inspectors found that the director of services acted on the required policy and procedure changes in response to new legislation, new standards and centre development needs. They had established timeframes for policy review and had demonstrated outcomes from these by updating policy documents in a timely manner. The team were also engaged through the manager in policy review. The young people were consulted with and given copies of the new national standards and a copy of the child safeguarding statement and the purpose and function were

displayed for their information. The director had yet to implement compliance systems that would allow them to evidence tracking and evaluation including any gaps and this was named as an area of development

Inspectors found that the staff in the centre demonstrated, through their practices and during their team meetings that they reviewed the standards and relevant legislation in their ongoing implementation of the National Standards for Children's Residential Centres 2018 (HIQA).

Standard 5.2

The director of service and the manager both took up their posts in February 2019, they had respectively occupied the roles of manager and deputy manager in the years preceding this. The director of services had been substantively based at the centre and so was co-located with the manager, staff and young people.
Inspectors found that the manager demonstrated a clear vision for the centre. Their organisational approach and leadership was apparent across the records at the centre. There was also an acting deputy in post along with two social care leaders completing the internal senior team. The manager meets the internal senior staff individually on a monthly basis regarding their assigned roles and responsibilities at the centre. The managers and deputy managers of the organisations centre's meet on a monthly basis with the director of services, there were good quality minutes maintained of all meetings that took place.

The managing director and the director of services attended bi-annual meetings with Tusla in relation to service level agreements and placements. The organisation's bi-monthly governance meetings addressed financial planning. The manager and director stated that they had access to adequate funding to maintain a homely well resourced property, a qualified and experienced team and resources for the young people. Inspectors found this was evident in the visit to the centre.

The manager evidenced their oversight across handovers, team meetings, provision of supervision and through their working relationship with the director of services. Both parties demonstrated a focus on support and also on accountability for the young people's experience of care and their outcomes. The separation of the manager and the director of services roles had been an ongoing area of development since the changes took place in May 2019 and all parties were happy with the progress made. Inspectors found that the staff and the young people were clear about who was in charge day to day.

The staff team recorded their work well and participated professionally in handovers and weekly team meetings. They were in receipt of regular training and supervision sessions in line with the centre's policy guidelines.

The director of services executed their governance through day to day communication and observation, the provision of supervision and receipt of monthly reports. They tracked progress and outcomes. They had yet to develope an independent quality assurance framework but were aware of this as an area for development and were looking at suitable models. They had put in place an initial set of audit guidelines and had implemented a bi-annual audit timeframe. One had taken place based against the previous national standards and an action had been identified for attention from this.

As stated previously the policy and procedures had been reviewed and hard copies were available in the staff and managers offices. There was evidence of young people being given a voice in influencing policy, for example the natural interest of one young person in advocating and campaigning was heard and supported.
The centre had regular risk assessment and risk management at the core of their work, these were reviewed and updated where required. There was good evidence of shared knowledge within the team as to its role in their work and its place within the model of care. There were crisis management and absence management plans in place also with directions on how and when to act and who to contact. There was an on call policy in place also along with specific arrangements for acting up in the manager's absence.

Standard 5.3

The statement of purpose and function was reviewed in September 2019 and was displayed in the offices and in the information and computer area for the young people. The model of care was relationship based and trauma and attachment informed, this was underpinned by training in a daily positive intervention tool. The statement was accurately represented in practice at the centre and known by the staff team and young people. They were aware that this was their long term placement and they were aware of how many young people could be accommodated.

There was a specialist consultant involved to advise on a young person's care and there were group check-ins done to ensure all are operating in line with the model. The staff questionnaires strongly represented the model of care in feedback to the inspectors.

Standard 5.4

The managing director and the director of services did have arrangements for oversight in place and had significantly improved the written records of this since the new director took over their role but there remains a need for ongoing development. This must take place and should take account of the needs and size of the centre and the company. The existing senior governance has been based on regular and recorded communication and review of practices to satisfy an oversight framework. Complaints, significant events, concerns and safeguarding were responded to in an evidenced manner.

The company must now focus on developing and implementing a fit for future purpose quality assurance and compliance framework. Records must be developed to reflect the oversight, actions and outcomes. A corporate and centre risk register with an accompanying framework will also be required. The managing director had arrangements in place for financial oversight and business systems.

Compliance with Regulation	
Regulation met	**Regulation 6.2** **Regulation 6.1**
Regulation met	**Regulation 5**

Compliance with standards	
Practices met the required standard	**Standard 5.1** **Standard 5.2** **Standard 5.3**
Practices met the required standard in some respects only	**Standard 5.4**
Practices did not meet the required standard	**None identified**

Actions required

- The managing director and the director of services must identify, resource and implement a quality assurance and governance framework for the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The director of services and the manager must update the child protection policy to further enhance the details relating to Children First: National Guidance for the Protection and Welfare of Children 2017. They must complete internal team consultation and learning regarding specific roles and responsibilities.	The director and the centre manager will update the child protection policy to highlight the role of mandated persons and the use of the portal as the reporting mechanism. Staff will receive training at a staff meeting regarding their role as mandated persons, reporting procedures and the DLP role. This has been scheduled for 8th of January 2020. A child protection reporting register is now in place.	Our recently designed quality assurance framework is cyclical / continuous to ensure an ongoing evaluation re training moving forward.
5	The managing director and the director of services must identify, resource and implement a quality assurance and governance framework for the centre.	The managing director and director of services have implemented a quality assurance and governance framework for the centre. (copy provided of QAVP)	Our quality assurance framework is cyclical / continuous to ensure an ongoing evaluation moving forward.