



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: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Rainbow Community Services</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>16<sup>th</sup>, 17<sup>th</sup> and 20<sup>th</sup> November 2020</b>
<b>Registration Status:</b>	<b>Registered from 19<sup>th</sup> February 2020 to 19<sup>th</sup> February 2023</b>
<b>Inspection Team:</b>	<b>Cora Kelly Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> January 2021</b>

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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 19<sup>th</sup> of February 2008. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from 19<sup>th</sup> February 2020 to 19<sup>th</sup> February 2023.

The centre was registered to provide accommodation to 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 four 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
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

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, director of service, centre manager and to the relevant social work departments on the 3<sup>rd</sup> December 2020. 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 18<sup>th</sup> December 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 19<sup>th</sup> February 2020 to 19<sup>th</sup> February 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5 Practices and Operational Policies**

**Regulation 8 Accommodation**

**Regulation 13 Fire Precautions**

**Regulation 14 Safety Precautions**

**Regulation 17 Records**

**Theme 2: Effective Care and Support**

**Standard 2.1 Each child's identified needs inform their placement in the residential centre.**

Inspectors reviewed the centre's admission policy and found that it complied with the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA). It was found to take into account emergency placements and detailed procedures relating to young people transitioning to the centre. There had been one admission since the last inspection by the Alternative Care Inspection and Monitoring Service in November 2019. For this young person and the three other young people in the centre there was evidence to indicate that management and staff worked collaboratively with the social work departments prior to the admission of young people to ensure that placements were suitable to meeting the identified needs of young person being referred and to those already in placement. It was found that all admissions to the centre were in line with the centre's statement of purpose.

The referral stage of the admission process centre management securing detailed social history reports and the most recent care plans, completing pre-admission risk assessments in consultation with the staff team and collective risk assessments with the social workers allocated to young people resident in the centre. Detailed placement proposal packages were then submitted to the National Private Placement Team, Tusla. All of the above named documentation was observed by the inspectors on each of the young people's care files. However, improvement is required with respect to the risk assessment part of the process. Upon review of the pre-admission and collective risk assessment documentation the inspectors found that they did not include a risk rating system to assess the levels of risk relating to presenting behaviours. Further, the notes section of the documentation was found to lack specific detail of how risks would be managed. The director of services must strengthen the risk assessment system to include a risk rating system and additional



sections to identify existing control measures and additional control measures required to minimise or reduce the identified levels of risk.

It was outlined in policy that a transition period to the centre would take place over a four-week period and within a shorter time scale in emergency situations. Due to their immediate need of a placement the most recent admission did not experience a planned transition. They did have the opportunity to visit the centre and met with centre management, their appointed keyworker and the other young people prior to their move to the centre. Information on the centre was made available for young people and their families in the form of booklets.

**Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.**

There were up-to-date care plans on file for the four young people and dates were scheduled for their next child in care review. In consultation with centre management, the staff team and appointed key workers held responsibility for developing placement plans based on the young people's care plan. Placement plans were reviewed fortnightly at team meetings and placement plan reports were submitted to social workers each month. The inspectors observed up-to-date placement plans on file for each of the young people and those completed throughout the previous twelve months. The needs of the young people were clearly indicated in the placement plans and named the supports required to implement and achieve the goals.

There was evidence that young people were encouraged to attend their statutory child in care review meetings. With the support of keyworkers, young people were supported to participate in the development of their placement plans and identify their own goals too to work on and achieve. Families of the young people were provided with opportunities to input into and inform the placement plan, in line with the child's care plan. A parent in interview spoke of their satisfaction of the ongoing contact and updates they were receiving. There was a strong focus on family access and staff supporting the arrangements in place for all young people, their siblings and parents, especially during the Covid-19 pandemic.

The keyworking system was strong with specific work being completed by keyworkers and other areas completed by the staff team. The needs of the young people were found to have been carefully planned for, reviewed and outcomes were achieved.

There was good evidence that young people were being supported and facilitated to access external supports in consultation with social workers and that these pieces of work were followed up from actions and goals outlined in care plans and placement plans. There was effective communication between staff in the centre and the allocated social worker to ensure continuity of care. Social work contact records were very well organised and discussions were well recorded. Social workers in interview were very aware of the individual needs of all young people and of the work being completed by management, keyworkers and staff.

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The layout and design of the centre was found to be in good structural condition, well maintained, clean and homely. It was suitable for providing safe and effective care for the number of children, and for meeting the needs of each child, in the centre. Each young person had their own ensuite bedroom that was reported by young people through questionnaire to be large enough to keep their personal belongings safe and secure. They reported they could also decorate their own room. There was communal space for both indoor and outdoor recreational facilities. Outdoor spaces were well maintained. Young people were encouraged to participate in decorating the centre and to display personal items, such as family photographs, if they wish to do so.

The bathroom facilities were sufficient in number and ensured privacy. The centre was adequately lit, heated and ventilated. The inspectors found from the review of the maintenance log and the monthly housekeeping audits that items identified for repair were attended to promptly.

The centre had written confirmation that all requirements of fire safety legislation and building control were complied with. There was a policy on fire safety and the fire safety statement was included in the centre's health and safety statement. Two staff members were designated fire safety representatives. Firefighting equipment was regularly maintained in line with requirements. The inspectors observed records of the specific fire safety checks that were carried out by staff on a daily and weekly basis. All staff had been provided with onsite fire safety training the month previous to the inspection. It was found from the review of the fire register that fire drills were occurring regularly. However, the names of the staff and young people and the time the drills took place were not recorded. Details of all individuals participating in fire drills must be clearly recorded.

The health and safety statement was last reviewed in August 2020 and there was an appointed health and safety representative who was aware of their role and responsibilities. The inspectors observed that all staff had signed the statement. Processes were in place for the identification of hazards and preventative measures and accident reporting that were documented in the young people's care files.

The centre's three vehicles were driven by fully licenced personnel and evidence of tax, appropriate insurance and regular servicing was provided during the inspection.

**Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.**

Individual care records were held for each young person. These were found to have been kept up-to-date and contained the required information as specified in the regulations. The inspectors found that the information was effectively used to support young people in their placements. Care records were kept confidential and held in accordance with legislative, regulatory and best practice requirements.

**Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.**

The inspectors found from the review of young people's files that there was effective communication between the centre, social work departments and external specialist supports to ensure best outcomes for young people. The recommendations made by external support services, as identified in the care plans were reflected in the young people's placement plans.

The centre did not have a specific discharge policy. Rather, a preparation for leaving care policy and an aftercare policy was in place. It was indicated in both policies that staff would work in consultation with the young person, their family, social worker and significant others with respect to their preparation for leaving care. The director of service must develop a discharge policy to include procedures for planned and unplanned discharges from the centre. There had been no discharges since the last inspection and as a result the inspectors did not observe exit interviews conducted with young people. The centre manager stated in interview that exit interviews are carried out with young people to gather feedback about their placement experience for quality and improvements purposes.

In line with regulatory requirements there was a system in place that ensured that all relevant information relating to each young person would be transferred to following their discharge from the centre. Social workers corroborated this in interview. There was a strong focus on staff consulting with young people to gain insight of their experiences of living in the centre and of the various ways this is undertaken. This was evident to the inspectors during their review of the young people's care files.

**Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

The centre had an aftercare policy and staff were familiar with it and of the Tusla National Aftercare Policy, 2017. Three of the young people had aftercare workers with one just recently appointed. The inspectors observed that aftercare needs assessments had been completed and aftercare plans were developed from these. There was evidence of young people being supported with their aftercare planning by their social workers, keyworkers, centre staff, family and other professionals. Placement plans were connected to the young people's care plans and aftercare plans. The centre's independent living programme, that was part of the young people's placement plans included therapeutic interventions and was outcomes focused in its approach to preparing young people for their aftercare placement. There was evidence of keyworking sessions and individual work being completed and young people being encouraged and supported to achieve their goals.

As outlined in policy centre management stated in interview that young people would be given copies of all important documentation before leaving the centre for example birth certificate, educational attainments, medical records.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2 Standard 2.4 Standard 2.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.1 Standard 2.3 Standard 2.5</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The director of service must strengthen the pre-admission risk assessment system to include a risk rating system and additional sections to identify existing control measures and additional control measures required to minimise or reduce the identified levels of risk.
- The centre manager must ensure that the fire register records the names of all individuals participating in fire drills and the times they occurred.
- The director of service must develop a discharge policy to include procedures for planned and unplanned discharges from the centre.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The director of service must strengthen the pre-admission risk assessment system to include a risk rating system and additional sections to identify existing control measures and additional control measures required to minimise or reduce the identified levels of risk.</p> <p>The centre manager must ensure that the fire register records the names of all individuals participating in fire drills and the times they occurred.</p> <p>The director of service must develop a discharge policy to include procedures for planned and unplanned discharges</p>	<p>The existing risk assessment framework has been updated to include the pre-admission risk assessment. Also, includes risk ratings and sections on identifying existing control measures and additional control measures to reduce and minimise the identified levels of risk. This was completed on 16/12/2020.</p> <p>The fire register has been updated to include the details of times and persons participating in fire drills. It now complies with the Code of Practice for Fire Safety for Existing and New Dwelling Houses. This has been formally introduced at the team meeting on 16/12/2020.</p> <p>The policies and procedures have been updated to include a discharge policy including procedures for planned and</p>	<p>The service management team will monitor the pre-admission risk assessment to ensure it is robust and completed for all new referrals to the service and will form part of the provider's audit process.</p> <p>The fire officers and centre manager have oversight of the fire safety procedures and will audit the recordings of fire drills and other fire safety records ensuring all appropriate sections are completed and signed off by the appropriate staff present.</p> <p>The director of services will regularly review the centres policies and procedures document to ensure they comply with</p>

	from the centre.	unplanned discharges. It will be implemented from 16/12/2020.	legislation and standards.
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