



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 015**

**Year: 2017**

**Lead inspector: John Laste**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>5<sup>th</sup> of December 2017</b>
<b>Registration Status:</b>	<b>Registered from the 9<sup>th</sup> of September 2016 to the 9<sup>th</sup> of September 2019</b>
<b>Inspection Team:</b>	<b>John Laste Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>13<sup>th</sup> April 2018</b>

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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 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 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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2010. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without attached conditions from the 9<sup>th</sup> of September 2016 to the 9<sup>th</sup> of September 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre's model of care was described as relationship based, "identifying and building upon the interests and strengths of the residents to help them build the sustainable and practical skills to fulfill their goals and potential".

The inspectors examined standards '2 Management and Staffing', '4 Children's Rights', '6 Care of the Young People' and '7 Safeguarding and Child Protection' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 5<sup>th</sup> of December 2017.

## 1.2 Methodology

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

- ◆ An examination of inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed post inspection by;
  - a) The centre manager
  - b) The deputy manager
  - c) The national clients services manager
  - d) Six of the care staff
  - e) Counselling psychologist
  - f) Two young person/people residing in the centre
  - g) The social worker(s) with responsibility for young person/people residing in the centre.
  
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
  
- ◆ An examination of the centre's files and recording process.

Two young people's care files

Supervision records

Handover sheets

Centre register; admissions and discharges

Restraint register

Sanctions register

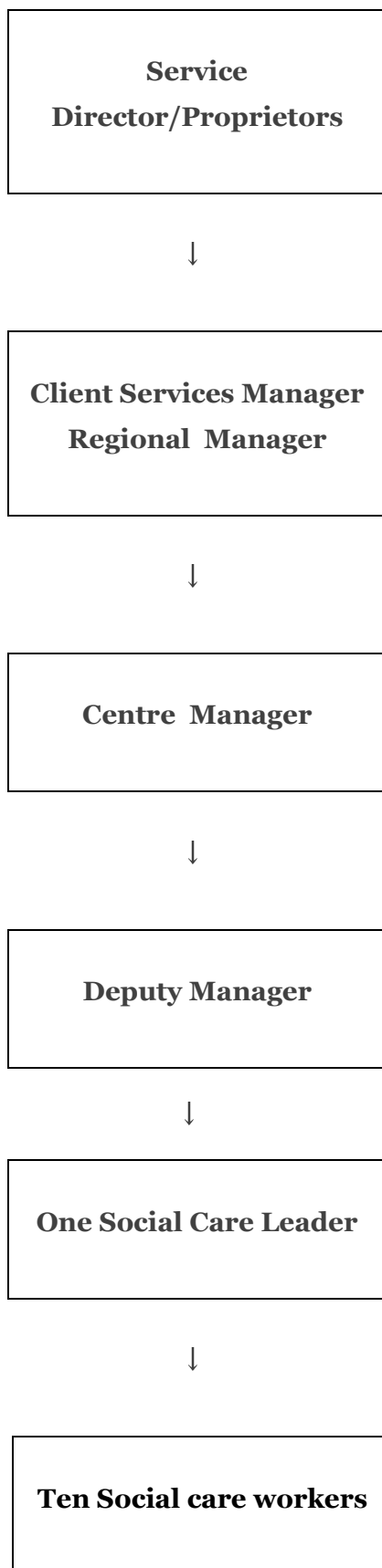
Complaints register

- ◆ 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) Regional manager
  - c) Deputy manager
  - d) staff members
  - e) One young person
  - f) Two social workers
  
- ◆ 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.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager and the relevant social work departments on the 12<sup>th</sup> March 2018. 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 regional manager returned the report with a completed action plan (CAPA) on the 23<sup>rd</sup> March 2018.

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: 015 without attached conditions pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 9<sup>th</sup> September 2016 to the 9<sup>th</sup> 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**

##### **Management**

The inspectors found that the centre manager who was the person in charge was a suitably qualified person. There were clearly defined lines of authority with regard to the operation of the centre. The centre manager was responsible for the day to day management of the centre. The manager reported to and was supervised by the regional manager who had oversight of the work of the centre as external line manager. The regional manager reported to the Client Service Manager.

As the inspection was unannounced the inspector was informed that the centre manager was on leave and not available on the day of the inspection. The inspectors met with the deputy manager on the day of the inspection and interviewed the manager and the regional manager on a later date once they had returned to work.

There was good evidence that the centre manager and the external line managers were satisfying themselves that appropriate and suitable care practices were in place at the centre. The Regional Manager was in daily phone and email contact with the manager and visited the unit on a weekly basis. The Regional Manager reported to the Client Service Manager on a regular basis and in turn the client service manager contacted the unit manager as required. The Client Service Manager visited the unit on a quarterly basis. The centre manager provided a weekly management report to the Regional Manager. A sample of the managers reports were reviewed by the inspector. These reports gave clear details regarding the status of each young person and the events happening in the centre within the given periods. There was also good evidence that the external line managers were overseeing the work of the centre where the visiting line manager read and signed young people's files and daily logs. There was evidence in the centres audit reports of comment and direction given in relation staff practice.

The inspector interviewed the regional manager who was clear about their role and responsibilities. The inspector found that the organisation and management of care at the centre was of a good standard. Regular practice audits were carried out by the regional manager working in unison with the national client service manager. A sample of audit reports was reviewed by the inspector and they were found to be comprehensive, focused and analytical. The reports provided good feedback and critical analysis for the manager and staff.

## **Register**

A register of all young people who live in the centre was maintained by the centre manager. The inspector found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission details of the residents were properly recorded, as were the discharge details of the previous residents. 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 inspector interviewed supervising social workers and examined the centre records and found significant event reports were promptly notified to both the inspection service and social work department in a timely fashion. There had been a high number of significant events prior to the inspection. The inspectors found that these incidents were well managed and there had been an obvious reduction in the amount of incidents being reported at the time of this review. There was a clear system of oversight and review of significant events. The regional manager, centre manager and therapeutic crisis training coordinator review significant events and provide feedback to the staff team.

## **Staffing**

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the two young people residing in the centre. Staff audit sheets and duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspector found

that staff were suitably qualified and experienced. There was a good balance of newer staff with more experienced staff in the centre. The audit of staff personnel records showed that the required references, Garda vetting and qualifications were taken up for all staff (including the relief panel) prior to taking up their positions. All new staff members received formal induction training which was evidenced on file and was of a good quality.

## **Training and development**

During this inspection the training files for staff members were reviewed and inspectors noted that staff had received required training in fire safety, first aid and Children First: National Guidance for the Protection and Welfare of Children, 2011. The inspectors were informed that all staff were being updated on Children First 2015. At the time of the inspection the inspectors recommended that this training be completed with the legislative timeframe. The inspectors subsequently received notification from the regional manager that the training had been completed. Copies of the staff team's training certificates were on file. The staff had also received additional training in manual handling, key working, drug awareness and safe talk and training in therapeutic crisis intervention was up-to-date for staff members.

The organisation had introduced an E-learning system for staff, which allowed them to access specific courses relevant to their work as designed by the training coordinator.

## **Administrative files**

The administrative files were examined by the inspector and the key records were in evidence. The recording system was well organised and accessible so that they facilitated effective management and accountability. There was good evidence that the manager and regional manager were monitoring the quality of records. The company utilised a modern computerised data system with cloud based storage. All computers were fully encrypted and password protected to a high specification with job grade related access permissions. Relevant records relating to the young people were kept in perpetuity and the management understood the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

## **Supervision and support**

The inspectors examined the supervision records. Supervision sessions were clearly recorded on a template form which was signed by the supervisor. The sessions occurred every four to six weeks in accordance with the centre policy. Supervision in the centre was carried out by the manager and the deputy manager. The manager supervised the deputy manager and the regional manager supervised the manager. Records were maintained and there was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the young people in the centre. Supervision contracts were reviewed periodically in line with the organisation's policy. The inspectors found that some notes did not contain follow up with staff from one supervision meeting to another. The inspectors recommend any issues to be followed-up with staff that has been identified in supervision.

There was evidence of good team working with fortnightly team meetings and daily handover meetings. The inspector reviewed the team meeting minutes and found the care of the young people was a main focus and priority within the meeting agenda. A planning/handover sheet was completed daily where goals were outlined and persons to complete the tasks identified.

The staff interviewed informed the inspectors that their manager provided clear leadership and support to the team. The organisation provided external employee support where there was a staff requirement.

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

None identified

### **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.***

### 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 person interviewed told the inspectors that their views were sought when decisions were being made that affected their daily life and future. Weekly meetings were held involving staff and young people. The inspectors reviewed the minutes of the young people's meetings which showed that the young people were able to raise and discuss issues regarding living together as a group and interactions between care staff and young people. House rules were openly discussed including the planning of activities and the funding for such activities.

The young person told inspectors that they were consulted when an important decision was being made about their care plan and that they attend their reviews. The deputy manager informed inspectors that the other young person being much younger only attended part of their review but had a key worker to advocate on their behalf within the review process. There was good evidence on the file of consultation with the young person through keyworker reports.

##### **Access to information**

The inspectors found that the young people were properly informed of their right to access information and the daily recordings. The file of the young people held a record of when they were offered to them and for the most part the young people chose not to. However, one young person informed the inspectors that they do read the daily log reports on a fortnightly basis. The young person told the inspectors that they had received information about the centre upon admission. The young people confirmed that they had received information on Empowering Young People in Care (EPIC) an advocacy group for young people in care, and that EPIC had visited the centre.

## **Complaints**

There was a complaints policy in operation in the centre. This policy distinguished between formal and informal complaints, both of which were recorded in a complaints register. The inspectors found from a review of the young people's questionnaires and the young person interviewed that young people 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. These were addressed by the centre staff in an informal manner.

The inspectors reviewed the young people's complaints register and found that it did not include a section containing the outcomes of the complaint investigation. The inspectors recommend that there register contains a section with an account of the outcome of each complaint if only in brief form. The complaint was documented on the young person's file.

### **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.***

## 3.6 Care of Young People

### **Standard**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

#### **Individual care in group living**

The young people in the centre were cared for in a manner that took account of their individuality and their wishes. Interviews with management and staff demonstrated that they had an in depth knowledge of the young people and their needs. The inspectors observed interactions between the young people and staff and they appeared to be relaxed and very natural. Young people were supported to make choices about their personal appearance and clothing with support and guidance from the care staff. Issues regarding personal hygiene had been managed sensitively by the staff team through the key work system. Special occasions were marked and celebrated by all at the centre and where possible family and friends were involved in the celebrations. The young person informed the inspectors that they were looking forward to the up-coming Christmas festivities. The inspectors found that there were opportunities for young people to develop and maintain individual interests such as sport, hobbies, art or cinema.

#### **Provision of food and cooking facilities**

A review of the planned menu showed that the meals provided to the young people were nutritious and provided a healthy and well-balanced diet. The young people had the opportunity to shop for specific items of food that they liked. The kitchen in the centre was spacious and well equipped and was maintained to a high standard. The young person informed the inspectors that they were involved in the planning of the meals provided at the centre.



## **Restraint**

The centre used a recognised method of physical intervention and this included training on the use of physical restraint. Restraint was viewed by the team as a final intervention in a very serious incident. For one young person in the centre restraint has been a regular occurrence since their admission. There had been over seventy incidents of restraint in a nine month period which were appropriately recorded and notified. The regional manager, centre manager and therapeutic crisis training coordinator review all incidents of restraint and provide staff team with feedback and future strategies for dealing with the presenting challenging behaviour. Inspectors found that there had been only six restraints in the two months prior to the inspection. This was a significant decline and coincided with the young person returning to education on a limited basis. The centre held a register of all restraints.

## **Absence without authority**

The staff team was familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of each young person and had been signed by their respective social workers. There were no incidents of unauthorised absences from the centre in respect of the current residents.

## **Race, culture, religion, gender and disability**

The centre had a written policy on anti-discriminatory practice. The inspectors found that the staff ensured in so far as possible that the young people enjoyed the same opportunities as their peers in the community. The religious practice of the young people was attended to with one of the young people being brought to mass at the request of a parent.

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

#### **Managing behaviour**

There were written guidelines for staff on how to respond to inappropriate behaviour. The team was encouraged to consider the underlying causes of inappropriate behaviour, and day-to-day practices were in place in order to support the young people in managing their behaviour. Specific and age appropriate behaviour management plans were drawn up and agreed with the young person's social worker.

The inspectors found that the behaviour management plans were tailored to the young people's assessed needs.

The young people had individual crisis management plans (ICMPs) which were regularly updated. The inspectors found that the ICMPs were difficult to read and contained a lot of details. There was so much information in the document that it was very difficult to ascertain the intervention required of staff in the specific crisis the plan was drawn up for. The manager must ensure that the each young person's ICMP is a working tool for staff to deal with young people in crisis. It should contain the likely crisis flash points for the young person identified from knowledge and experience of the young person and an appropriate intervention to be used by staff in each instance. It must be reviewed regularly and particularly after crisis incidents as intervention strategies can change from incident to incident.

The team received training in supporting the young people in managing their behaviours. There was a written policy on sanctions and the young people were encouraged to reflect within the context of house meetings upon the consequences of their behaviour. Records of sanctions were reviewed by the inspectors and it was clear from the repetition in a specific sanction for one young person who had over sixty recorded sanctions mostly for aggressive behaviour that no review of this intervention had take place. The sanction being applied was the restriction of the young person's use of the games room. The manager must review the appropriateness of sanctions or each young person particularly where the young person's negative behaviour is clearly not altering. There was evidence that the positive behaviour of young people had been rewarded.

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

None identified

### **3.6.4 Regulation Based Requirements**

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***

***-Part III, Article 11, Religion***

***-Part III, Article 12, Provision of Food***

***-Part III, Article 16, Notifications of Physical Restraint as Significant Event.***

## **Required Action**

The manager must ensure that the each young person's ICMP is a working tool for staff to deal with young people in crisis.

The manager and staff team must review the appropriateness of sanctions for each young person to ensure they are effective in practice

## **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**

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. The staff interviewed showed show a good knowledge of the centre's safeguarding policy. There was evidence that standards of care including records were being monitored by internal and external management. Inspectors audited staff files and found that all staff members had been appropriately vetted prior to working with the organisation and had a recognised social care qualification.

Staff interviewed in the course of the inspection confirmed that they had received induction and there was evidence of ongoing staff training. The inspectors reviewed supervision records and staff confirmed that they were receiving supervision in accordance with the centre's supervision policy and that there was an effective link between supervision and young people's placement plans. Staff interviewed in the course of the inspection confirmed that they were receiving supervision on a regular basis. The centre has been visited by representatives from EPIC and there was leaflets and posters from EPIC to be seen in the living room area.

### **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.

## **Child Protection**

### ***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.

#### **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 inspectors recommended that the child protection policy be revised and updated to Children First 2015 within the legislative timeframe. At the time of the inspection the children first training for the centre staff had just begun and the organisation was in the process of reviewing their child protection policy to bring in line with the new legislation.

The centre manager was the designated liaison person and members of the staff team were familiar with the role of the designated person. Staff members 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 one child protection concern reported by the centre staff in the preceding year. This involved an allegation made by a young person against another young person. Child protection procedures were followed and both social work departments for the young people were notified. The inspectors found that the matter was 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.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2.2	The management must ensure that a record is kept of any follow up required with staff that has been identified in supervision.	Noted and changed following verbal feedback. Implemented 1st December 2017	Supervision records have been reviewed and changes made on a company wide level. Sample attached to Action plan for review. Unit Manager ensuring that any follow up actions are addressed at the beginning of every supervision.
3.4.2	The manager must ensure that the complaints log contains a brief account of the outcome of each complaint.	A new complaints policy and procedure has been implemented and rolled out company wide since 1 <sup>st</sup> Feb 2018. The register incorporates headings showing; name of young person, details of complaint, resolution level dealt with and the outcome of complaint.	Our complaints procedure has been updated nationally to streamline all complaints. We no longer differentiate between grievances and complaints. A complaint, when received can be reviewed at 4 different levels, 1) local resolution, 2) Unit Manager level, 3) Regional Manager review, 4) external review (social worker, Ombudsman etc).
3.62	The manager must ensure that the each young person's ICMP is a working tool for staff to deal with young people in crisis.  The manager and staff team must review	The unit manager reviews ICMPs weekly. The TCI instructor reviews ICMPs monthly. Staff update the ICMPs daily following an incident.	A training programme is being rolled out for all management teams on the 2nd May 2018 in relation to writing and reviewing ICMPs.

	<p>the appropriateness of sanctions for each young person to ensure they are effective in practice.</p>	<p>Sanctions will be brought to every team meeting and reviewed on a monthly basis.</p>	<p>Regional Manager Audits to focus on review of sanctions and effectiveness of same on a monthly basis and recommendations made to the Unit Manager for change following this.</p>
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