



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 044

Year: 2017

Lead inspector: Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care Ireland
Registered Capacity:	Four children
Date of Inspection:	29th and 30th of November 2017
Registration Status:	Registered from the 8th June 2015 to 8th June 2018
Inspection Team:	Paschal McMahon Lorraine O'Brien
Date Report Issued:	20th April 2018

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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 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 June 2015. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without conditions from the 8th of June 2015 to the 8th of June 2018.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care.

The inspectors examined standards , 2 'management and staffing', 4 ' children's rights ', 8 ' education ' , 9 ' health' and aspects of 10 ' premises and safety ' (*accommodation*) of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 29th and 30th of November 2017.

1.2 Methodology

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

- ◆ An examination of inspection questionnaires and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed post inspection by:
 - a) Eight of the care staff
- ◆ 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
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Complaints register
 - Staff team minutes
 - House meeting minutes
 - Centre audit reports
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The deputy centre manager
 - c) The regional manager
 - d) One social care leader
 - e) Two social care workers
 - f) Two young people

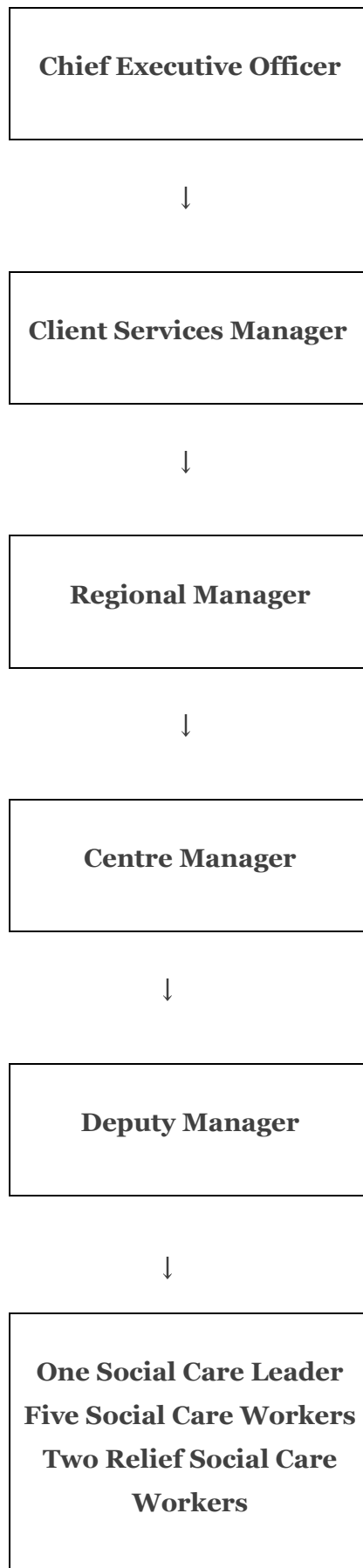
- g) The social workers with responsibility for the children residing in the centre

- ◆ 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, national client services manager and the relevant social work departments on the 12th of 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 centre manager returned the report with a satisfactory completed action plan (CAPA) on the 10th April 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 044 without attached conditions from the 8th of June 2015 to the 8th of June 2018 pursuant to Part VIII, 1991 Child Care Act.

3 .Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for children. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

A register of all those who live in the centre was maintained by the manager. The inspectors were satisfied 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 present residents were properly recorded. 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

Inspectors were satisfied that a prompt notification system of significant events was in place. Significant event reports were maintained on file at the centre and there was evidence of oversight of the significant events by the manager and regional manager. A register of significant events was also kept. The inspectors found that the register was not accurate as some complaints recorded in the complaints register were not recorded in the significant events register. The register should be reviewed and updated to ensure that all significant events are recorded. Inspectors were informed by social workers that they were notified promptly of significant events.

Staffing

Inspectors found there were adequate levels of staff to fulfil its purpose and function. The core staff team consisted of the centre manager, a deputy manager, one social care leader and six social care workers along with a number of relief staff. There was a stable team in place at the time of inspection with a good gender mix, all of whom were appropriately qualified or in training. Inspectors observed that staff were committed and the young people were well cared for in the centre. The

interactions observed during the inspection between staff and young people were friendly and respectful.

The inspectors found that staff from the centre supported some of the company's other centres including swapping staff on occasion. One of the young people residing in the centre made a complaint regarding this issue highlighting the number of relief staff they did not know. Inspectors recommend that this interchange of staff between centres is kept to a minimum.

The inspectors carried out a sample audit of the personnel files of a number of staff who had been employed since the previous inspection and found that they had been appropriately vetted. There was evidence on file that newly recruited staff members undertook a structured induction process and this was confirmed by staff members that were interviewed.

Supervision and support

The inspectors reviewed a sample of staff supervision records and found good evidence that the staff received formal supervision on a regular basis in accordance with the centre policy. There was evidence that individual staff practice was reviewed in the context of supervision as well as placement plans and planning for individual key work. There was a supervision contract on file for each staff member, and all supervision sessions were recorded. Staff members interviewed confirmed that they received supervision on a regular basis every four to six weeks.

There was evidence that team meetings took place on a monthly basis. The inspectors examined team meeting records and found that the review of each young person's needs was prioritised. Staff handovers took place between shifts; an inspector attended a handover meeting and observed clear communication and consistency between work shifts. The centre had a number of support mechanisms in place for staff including on-call support.

Training and development

The inspectors found that there was an effective ongoing staff training and development programme in place for staff; all full time employees received induction and had the core training in child protection, behaviour management, fire safety and first aid. At the time of inspection two relief staff members had not completed all the mandatory training and this needs to be addressed. The centre manager maintained a

record of all training undertaken and the company had a training schedule in place identifying future training needs and when refresher training was required.

Administrative files

The inspector found that the centre had a comprehensive recording system, which was well organised and accessible. The inspectors found evidence that the centre manager and regional manager were monitoring the quality of records. Inspectors had some concerns in relation to how information was recorded in regards to the language used in a number of cases in young people's records which is addressed in the management section of the report. All records relating to young people who leave the centre were kept in perpetuity in a storage facility maintained by the organisation. The organisation employs a financial manager and they have oversight of the financial management systems and records.

3.2.2 Practices that met the required standard in some respect only

Management

The manager was appropriately qualified and had extensive experience in residential care management. The manager was responsible for ensuring suitable and appropriate operational practices were in place which included the supervision of the staff, daily interactions with the young people, observations of staff practices, attending staff meetings and reading and signing records. Inspectors also found evidence that the centre manager monitored the progress of young people, followed up significant events and liaised with external professionals regarding the young people. External professionals informed inspectors that communication practices to them regarding the transfer of key information relevant to each individual young person were proactive and effective. The manager was supported in their role by a deputy manager and a social care leader. Staff members that were interviewed by the inspectors stated that the manager was supportive of their practice, provided good leadership and held them accountable.

External oversight was provided by a regional manager and a national client services manager. These in turn were accountable to the chief executive officer who reported to a board of management. The regional manager was provided with regular updates on the young people living in the centre, visited the centre on a regular basis, conducted monthly audits and met with the staff and young people. The centre had systems in place to review young people's progress and to assess the quality and effectiveness of the services provided by the centre, including monthly managers'

meetings with the regional manager. At this meeting centre managers were requested to contribute to the agenda and issues and concerns raised were brought to the attention of the senior management team.

Despite the clear and robust governance systems in place, the inspectors found that the centre manager and external managers did not ensure in all cases that the management and recording of complaints were correct, an issue that the management team must address and this is also addressed further under the complaints section of this report.

Inspectors also found during a review of the young people's care records that one young person's file contained other young people's sanctions records and inspectors instructed the centre manager to review all young people's records to ensure that only sanctions related to each young person were maintained on their files.

Inspectors spoke to the centre manager in relation to how information was recorded in regards to the language used in a number of cases in young people's records. On one occasion staff recorded that they should "disengage from a young person until 17:00" as the young person had not attended their educational placement. The manager explained that in practice this meant that staff should not engage with the young person in any activities during the period that they were due to be in school. The centre manager must ensure that staff use clear and appropriate language when recording information in young people's logs and files.

The inspectors identified some issues in relation to the upkeep, repair and maintenance of the centre which was noted by one of the young people and required more robust oversight from the management team and this is addressed further on in the report.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has 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 has 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 centre manager and external managers must have in place effective mechanisms for assessing the quality and effectiveness of the services provided by the centre, particularly outcomes for the young people by ensuring that their monitoring and oversight systems are effective in practice.
- Centre management must ensure that staff use clear and appropriate language when recording information on young people's files.

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard in full.

Consultation

The inspectors interviewed two residents and found that they were knowledgeable about their rights and they said that their views and opinions were sought about issues affecting their daily life in the centre. The young people were very happy about the quality of care provided to them and spoke positively of the management and staff team. On admission to the centre there was evidence that staff completed a questionnaire with the young people to ascertain their likes and dislikes. There was evidence of weekly house meetings taking place. Inspectors viewed the minutes of the house meetings which were of good quality and included feedback from management to issues raised by the young people. The young people told the inspectors that they could raise issues at the meeting and that they were satisfied with the responses they received.

Young people confirmed to inspectors that they attended review meetings about their care and felt that they had a say and felt listened to. They were also consulted about planning the menus and the type of activities they would like to participate in. The centre was very proactive in encouraging young people in maintaining and developing their interests which was evidenced by the wide range of sporting and recreational activities the young people were engaged in. During the inspection the inspectors shared an evening meal with the residents and staff and observed that there was a good atmosphere and positive interaction between residents and staff. EPIC (Empowering People in Care) had visited the centre on two occasions in the year prior to the inspection and provided information for the young people in relation to their advocacy service.

Access to information

The centre has a written policy on young people's access to information. The inspectors found evidence of young people accessing their files and the care staff informing them of the procedure. Young people the inspectors spoke with confirmed that they had been given access to their records. Inspectors did not find any evidence of young people commenting on their logs and recommend that young people are encouraged when reading their records to record personal statements including any dissent they have with decisions which affect them.

3.4.2 Practices that met the required standard in some respect only

Complaints

Inspectors found that there was a written complaints policy and procedure in place. The policy distinguished between formal and informal complaints. Informal complaints were also referred to as "grievances" and inspectors advised management that this term should no longer be used going forward as it is more appropriately used in regards to industrial relations matters. The young people the inspectors met with during the inspection were aware of their right to complain and demonstrated an awareness of the process in conversation with inspectors.

The inspectors examined the complaints log along with individual complaints maintained on young people's files and identified a number of issues requiring action in relation to the management and recording of complaints as well as sanctions issued to young people. Inspectors found that a number of complaints that were logged as informal complaints/grievances should have been constituted as formal

complaints and processed accordingly. In a number of complaint forms on file the outcomes was not recorded and in some cases correspondence and supporting documentation was not attached to the relevant complaint forms. The centre manager must review the complaints register to ensure it adequately reflects all complaints and the outcomes and ensure that all correspondence and supporting documentation is attached to the relevant complaint forms. Inspectors also require that the centre manager must review their recording of formal/informal grievance titles and ensure that all complaints of a significant nature have been notified to social work departments and other relevant professionals.

One young person made complaints expressing his unhappiness in regards to a number of sanctions issued by the centre. Two of these sanctions were in relation to the young person being prevented from going on family access due to their behaviour and not being allowed attend a sporting activity for not attending school on another occasion. The centre manager and social worker should review the appropriateness of using family access and sporting activities as consequences.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has 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

- The centre manager must review their recording of formal/informal grievance titles and ensure that all complaints of a significant nature have been notified to social work departments and other relevant professionals.
- Centre management must review the complaints register to ensure it adequately reflects all complaints and the outcomes.
- Centre management must ensure that all correspondence and supporting documentation is attached to the relevant complaint forms.
- The centre manager and social work department must review the appropriateness of using family access and sporting activities as consequences.
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3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full.

The inspectors found that the centre placed a value on education as a key outcome requirement for young people with all four young people engaged in education at the time of inspection. The centre manager identified the culture of a close collaborative relationship with the schools and multidisciplinary professionals as the key enabling factor to achieve educational objectives for young people. The regional manager and all staff stated similar views. The inspector verified this through case file review. There was evidence of regular contact and follow up for all young people with school personnel including school principals, teachers, a school liaison officer, and social workers to ensure school attendance and the achievement of educational objectives. The staff team in interview were well aware of the children's progress in school and actively linked in with the teachers and attended school parent teacher meetings and ensured any additional supports were put in place. The staff provided appropriate support to the young people in relation to their homework.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full.

The inspectors reviewed the care records of the young people and found good evidence that their health needs were being met. The young people received medical, dental and other services as required and had access to a general practitioner.

Medical examinations were taken up prior to the admission of the young people. The inspectors examined the care records of the young people and found evidence that the young people's health needs were being addressed. There was evidence of appropriate guidance for the young people in health education including diet, exercise and sexual health carried out by the young people's keyworkers and external agencies. All medicinal products were stored safely and securely in the staff office and the inspectors were satisfied that the administration of medicines was properly recorded.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

Required Action

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The centre was a detached property located in a rural location and was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre had a homely appearance with young people's art work and pictures of the young people and staff on display. Young people had their own bedrooms and the rooms seen by the inspectors were decorated and furnished appropriately to their own taste. There was adequate space within the centre for young people to have visits from family members and social workers in private.

While the house was in good structural repair overall, inspectors were of the view that the kitchen and sitting room required redecoration and furniture needed to be updated. The centre had a number of rooms the young people could use for recreation including a sitting room and a large playroom. Taking into account the age profile of the residents at the time of inspection the inspectors found that the playroom could be developed further with the addition of more age appropriate toys and equipment. There was a large garden outside the centre and consideration should be given to purchasing outdoor play equipment.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

Required Action

- Senior management should ensure that the kitchen and sitting room are decorated to a good standard including the updating of furniture.
- Senior management should consider developing the playroom and purchasing outdoor play equipment.

2. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre manager and external managers must have in place effective mechanisms for assessing the quality and effectiveness of the services provided by the centre, particularly outcomes for the young people by ensuring that their monitoring and oversight systems are effective in practice.</p> <p>Centre management must ensure that staff use clear and appropriate language when recording information on young people's files.</p>	<p>A complete overview of the service is being conducted by the client services manager of the service and there is a concordant action plan attached to this. This review will look at all aspects of functioning of the centre. In addition the clinical team are designing an outcome measurement piece which will focus on the efficacy of interventions.</p> <p>Review of use of clear and appropriate language took place with staff team during team meeting following inspection.</p>	<p>On a day to day basis we have initiated a new centre manager audit which will focus on operational pieces and a new regional manager audit which will focus on quality pieces. These will be rolled out as soon as possible.</p> <p>Unit manager to ensure on-going and regular reviews of use of language being used.</p>
3.5	<p>The centre manager must review their recording of formal/informal grievance titles and ensure that all complaints of a significant nature have been notified to</p>	<p>Register for complaints changed to include recording of all correspondence and supporting documentation.</p>	<p>Our complaints policy has been overhauled recently to ensure that it reflects the TELL US complaints policy from TUSLA. All complaints are passed on to the relevant</p>

	<p>social work departments and other relevant professionals.</p> <p>Centre management must review the complaints register to ensure it adequately reflects all complaints and the outcomes.</p> <p>Centre management must ensure that all correspondence and supporting documentation is attached to the relevant complaint forms.</p> <p>The centre manager and the social work department must review the appropriateness of using family access and sporting activities as consequences.</p>	<p>Complaints register reviewed and recording of all complaints changed removing informal grievances so that all complaints are recorded as complaints.</p> <p>Complaints folder developed to keep these separate from main folder so that all supporting documentation and correspondence is kept chronologically.</p> <p>Individual consequences, sanctions list communicated to social workers for review of appropriateness of sanctions used.</p>	<p>authorities and a training programme for staff has been initiated around this.</p> <p>Register changed to adequately record all complaints and the outcomes.</p> <p>Complaints folder developed to ensure all correspondence and supporting documentation is kept chronologically.</p> <p>Monthly review of consequences, sanctions list with social workers included as a task in unit manager’s monthly audit.</p>
<p>3.10</p>	<p>Senior management should ensure that the kitchen and sitting room are decorated to a good standard including the updating of furniture.</p> <p>Senior management should consider developing the playroom and purchasing</p>	<p>Couches for living room were purchased in January ’18. Refurbished furniture and decorations throughout the house including sitting room and kitchen.</p> <p>Wii fit and television purchased along with a wide range of toys for the games room.</p>	<p>There is an overall plan for the upkeep of the centre which reflects what the centre needs at any given time. This is in addition to the existing petty cash budget and the additional purchase order system which is used for bigger purchases.</p>

	outdoor play equipment.	Plan for play house for games room and outdoors provided to maintenance team. Plan for purchase of outside play equipment agreed with unit manager and regional manager with oversight from senior management team.	
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