



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

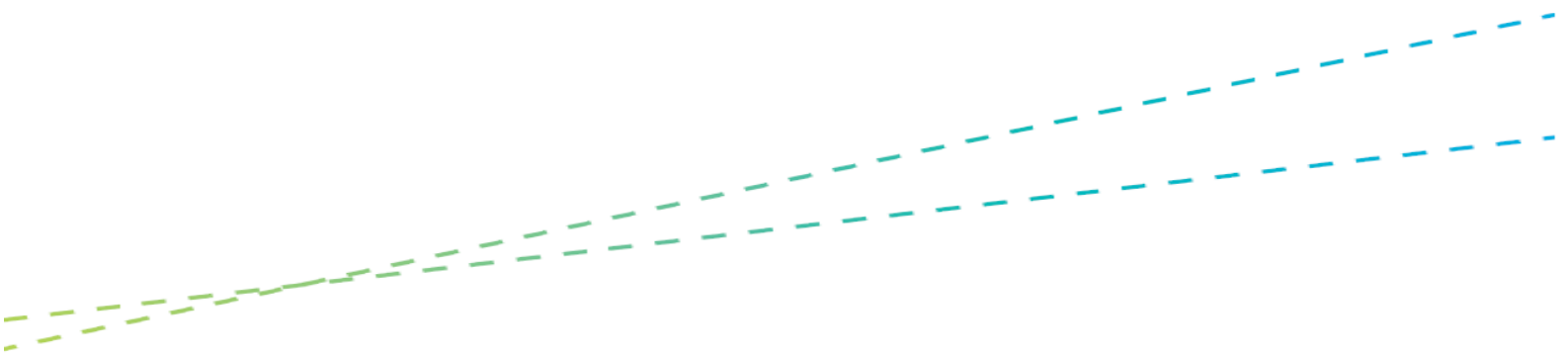
## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 044**

**Year: 2018**

**Lead inspector: John Laste**

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## Registration and Inspection Report

|                              |   |
|------------------------------|---|
| <b>Inspection Year:</b>      | <b>2018</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>15<sup>th</sup> and 16<sup>th</sup> of May 2018</b>                                    |
| <b>Registration Status:</b>  | <b>Registered from the 8<sup>th</sup> of June 2018 to the 8<sup>th</sup> of June 2021</b> |
| <b>Inspection Team:</b>      | <b>John Laste<br/>Paschal McMahon</b>   |
| <b>Date Report Issued:</b>   | <b>11<sup>th</sup> of July 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 June 2015. At the time of this inspection which was the third inspection of the centre, they were in their first registration and were in year three of the cycle. The centre was registered without conditions attached from the 8<sup>th</sup> of June 2015 to the 8<sup>th</sup> of June 2018.

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 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' and 5 'planning for children and young people' and aspects of 10 'Premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 15<sup>th</sup> and 16<sup>th</sup> of May 2018.

## 1.2 Methodology

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

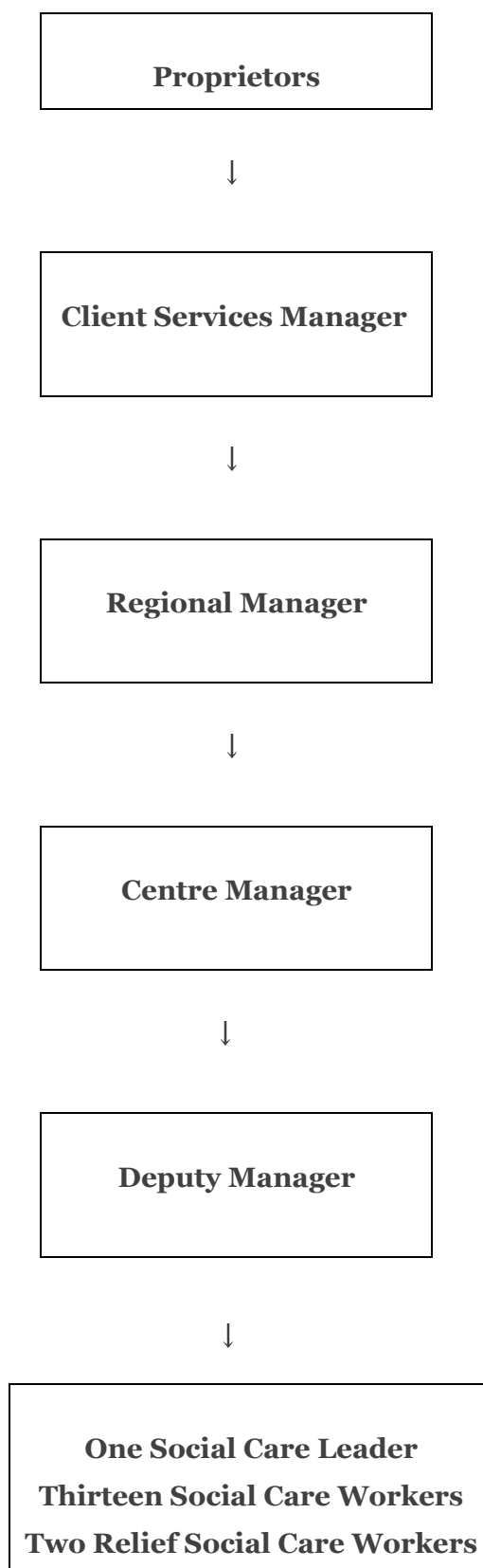
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) The deputy manager
  - b) The regional manager
  - c) The client services manager
  - d) Eleven of the care staff
  - e) Three social workers with responsibility for young person/people residing in the centre.
  - f) Guardian ad Litem
  
- ◆ 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.
  - Care files
  - Supervision records
  - Centre Register
  - Handover book
  - Staff meeting minutes
  
- ◆ 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) Deputy manager
  - c) Regional manager
  - d) Two staff members
  - e) Three of the young people
  - f) Three social workers

- g) The lead inspector
- ◆ 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 15<sup>th</sup> of June 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 29<sup>th</sup> of June 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 conditions attached from the 8<sup>th</sup> of June 2018 to the 8<sup>th</sup> of June 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 8<sup>th</sup> of June 2018 to the 8<sup>th</sup> of June 2021.

## 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. The inspectors found that 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 centre's operational oversight was provided by the regional manager who reported to the client services manager who in turn reported to the chief executive officer and proprietors. The regional manager was provided with daily updates and had oversight of all practices in the centre including admissions, review of significant events, complaints and the day to day care of young people. The centre manager provided the line management with a weekly report detailing the tasks and events within the centre. The centre manager also conducted a monthly template checklist which covered all care practice and operational aspects of the centre. The monthly reports outlined what the centre manager reviewed and detailed the issues that were prevalent in the centre within the recorded period. The manager provided commentary on the centre's requirements and actions carried out to address any issues arising.

The regional manager provided supervision to the centre manager on a four to six weekly basis and also conducted monthly audits of the centre. The inspectors were informed by the regional manager in interview that audits were now being carried out by other regional managers in order to provide an independent view point. The inspectors were provided with copies of these audits and were satisfied that issues identified requiring actions were addressed by the centre manager.

The manager was supported in their role by an experienced deputy manager and a social care leader who assumed responsibility for the centre in the manager's absence.

### **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**

The inspector interviewed supervising social workers and examined the centre records and found that 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 attributed to one young person prior to the inspection. The inspectors found that these incidents were well managed and there was a huge reduction in the amount of significant events reported. The inspectors interviewed the young person's social worker who confirmed this improvement and the young person also informed inspectors that they were happy in the centre.

There was a clear system of oversight and review of the significant events. The regional manager, centre manager and therapeutic crisis training coordinator reviewed significant events and provide feedback to the staff team.

### **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 which was four to six weeks. 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.

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.

### **Administrative files**

The inspectors found that administrative records in the centre were of a good standard and facilitated good communication across the staff team. There was evidence that quality assurance checks of records was being carried out by the manager and the regional manager.

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

#### **Staffing**

The inspectors reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the four 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 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. Inspectors found that not all the staff files contained a curriculum vitae (CV) and the application form did not necessarily contain past work experiences. The inspectors recommend that each staff file have an up-date CV. All new staff members received formal induction training which was evidenced on file and was of a good quality.

The majority of the core team were experienced and eight team members had been at the centre over 2 years with another five staff being there over a year. The inspectors did however find that not all of the staff team were suitably qualified and three staff in particular did not hold a suitable qualification and lacked residential care experience. Two staff members did hold a third level degree but they were not equivalent to that of social care level seven or level eight, the other staff member had no relevant qualification. The inspectors were made aware that the untrained staff had been carrying out the same duties as the fully qualified experienced staff members. The inspectors found a newly appointed untrained staff member collected a young person alone from an access visit having never met the young person.

The practice of employing unqualified staff does not meet the required standard on staffing. The management must ensure that all staff members employed in the centre have the relevant qualification. Senior management must provide the registration

and inspection department with a comprehensive plan to ensure all staff in the centre meet the required standards regarding qualifications. The plan must include; an identified appropriate training course to ensure the relevant qualification standard is met, a timeframe for the training to be completed and a complete support package for those staff undergoing the training.

### **Training and development**

The inspectors found that the organisation had an ongoing staff training and development programme in place. Records the inspectors viewed showed evidence that the staff team had received core training in fire prevention, occupational first aid, health and safety, behaviour management, and child protection. Other relevant training provided included key working, report writing and supervision training. Inspectors found at the time of inspection that a number of new staff members did not have all of the core training. The centre's training schedule showed that dates have been arranged for this training to be completed. Management must ensure that deficits in the required training such as fire safety and occupational first aid are addressed are completed as scheduled.

The centre's care framework was based on a number of theoretical approaches to care. The inspectors found from interviews with the manager and staff that they did not demonstrate a sufficient knowledge of the care framework and were unclear about the care approach operated by the service. The management must ensure that all staff members receive sufficient training, information, guidance and have a working knowledge and understanding of the centre's care framework and its application in practice within the delivery of care to young people.

### **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 16, Notification of Significant Events.***

The centre had not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

### **Required Action**

- Senior management must provide the registration and inspection department with a comprehensive plan to ensure all staff in the centre meeting the required standards regarding qualifications.
- Management must ensure that deficits in the required training such as fire safety and occupational first aid are addressed as a matter of priority
- The management must ensure that all staff members receive sufficient training, information, guidance and have a working knowledge and understanding of the centre's care framework and its application in practice within the delivery of care to young people.

## **3.5 Planning for Children and Young People**

### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

#### **Suitable placements and admissions**

The centre had clear policy and procedures describing the process of admissions. At the time of inspection there were four young people residing in the centre. Two of these young people were under thirteen years of age and the centre had been granted derogations to admit the young people. Monthly statutory reviews were taking place for both young people.

The inspectors reviewed the admissions practice and examined care file records. There was good evidence that the centre received adequate information about each of

the young people in advance of their placements. Key documentation, reports and background information regarding the young people was recorded on their care files. There was evidence that prior to the admission of each young person that risk assessments had taken place and the impact that the new admission might have on the other placements and on each other was assessed appropriately.

There was evidence on file that prior to admission young people were provided with a young person's booklet containing age appropriate written information describing all aspects of the centre. Young people and their families could visit the centre prior to admission and the process was sensitive to each young person's needs.

### **Statutory care planning and review**

Each of the young people had a written care plan developed by the social worker. The centre manager and the young person in interview with the inspectors confirmed that they were consulted about the care plan. The inspectors reviewed the care plans and found that they set out the objectives of the placement. Reviews of the care plans were taking place in a timely fashion and two of the young people interviewed confirmed that they had attended their reviews, that they were listened to and their views were taken into account.

Placement plans were developed for each young person that put in place clear strategies on how to support the young people and meet the goals in their care plans. The effectiveness of the placement plan in achieving the objectives of their care plan was further evidenced in a review of the key working folders and in interview with one of the young people's keyworkers.

### **Contact with families**

Inspectors found evidence that visits from family members and friends were encouraged and facilitated by the centre. The young people's contact with their family had improved in some cases since their admission to the centre. There was evidence from a review of the key working folder and through interview with the centre manager and young people that the centre had been proactive in reengaging young people with their family where possible. The inspectors found evidence that a young person who was recently discharged back home to the care of their family after much work by the team with the young person and family which was a very positive outcome. The young people in the centre told inspectors that they had good contact with their family and friends.

## **Supervision and visiting of young people**

Each young person's social worker visited them regularly and signed the young people's logs routinely. The centre logged each visit by a social worker on the young people's files and there was ample space in the centre for social workers to meet the young people in private. Social workers interviewed by the inspector confirmed this and that the centre welcomed all visits to the centre by outside professionals. One of the young people had a court appointed Guardian ad Litem who told the inspector that they had visited the centre and attended care planning meeting for the young person.

## **Social Work Role**

### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The inspectors interviewed one of the young people's social workers and conducted telephone interviews with three other social workers. The social workers were familiar with the care needs of the young person and progress in their placement. The social worker informed inspectors that they had visited the centre and met with the young person post inspection and this was confirmed by the centre manager. There was clarity in the working roles between the centre staff and the allocated social workers and all parties reported an effective working relationship.

The social workers reported that they were satisfied with the care of the young people. They told the inspectors that the centre kept them well informed on all aspects of the young people's care. The centre provided social workers with copies of significant event notifications and regular telephone contact was also maintained by centre staff.

## **Emotional and specialist support**

From the review of the care files the inspectors found that the staff played a central role in working with the young people's emotional needs through key work and individual work. The team provided an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The centre had a key working system in place and the inspectors found that the



keyworkers had a good insight into the young people's emotional needs and they were attuned to these needs.

There was evidence on each of the care files that both planned and opportunity led work took place to address the young people's emotional needs. There was evidence that any specialist support needed for the young people was easily accessible. The manager and staff used their initiative and knowledge of the local community to source external support programmes, assessments, consultancy and treatment or individual therapies for the young people.

### **Preparation for leaving care**

The inspectors found evidence of the centre staff working with the young people around practical life skills such as personal hygiene, household chores and cooking. Specific life skills programmes were tailored to meet their individual needs.

### **Discharges**

There was one young person discharged from the centre in the past six months. The young person returned to the family home and was enrolled in a school in their own community. The inspectors were satisfied that the young people discharged from the centre were discharged in a planned way. Information regarding all discharges are notified to Tusla Child and Family Agency and recorded on the centre register

### **Aftercare**

One of the current young people at the centre was just of the age for the aftercare needs assessment process to commence. A statutory review was taking place at the time of the inspection and the young person's social worker when interviewed by inspectors stated that aftercare was on the agenda for the review and the social work department would be commencing the aftercare process for the other young person.

### **Children's case and care records**

The inspectors reviewed the care files of the young people. The files were maintained in a standardised format which was accessible and easy to follow. Care file records were kept up-to-date and the records were filed in chronological order. Each care file contained an original copy of the young person's birth cert, care order or parental consent. There was evidence that all the key documentation as set out in the regulations and standards were properly recorded on the care files. The recording standard was good and the inspectors could see that the records were scrutinised by management. The inspectors noted that there were some young people's files in archive boxes on the floor in the back office upstairs in the centre. The manager

confirmed that the files were ready to go to archive to be stored securely. The inspectors recommend that all young people's care records are stored securely while in the centre and archived as soon as possible.

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

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

None identified.

### **3.5.4 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 23, Paragraphs 1and2, Care Plans*

*-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan*

*-Part V, Article 25and26, Care Plan Reviews*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

### **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**

#### **Accommodation**

The centre was a two storey building located in a rural setting. The house was detached and set in its own grounds with large gardens. At the time of the last inspection, the 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. They also were of the view that taking into account the age profile of the residents at the time of inspection, 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 the inspection findings stated that consideration should be given to purchasing outdoor play equipment.

Inspectors found on this review that overall the centre was in good structural repair. There was evidence that new furniture had been purchased for the living room, the kitchen had undergone some extensive decorating repair and painting and the playroom had been fitted with a purpose built play house which was designed specifically for the younger children in the centre. There were plenty of books and games on the shelves and a new computer console had been purchased for young people's use. The inspectors noted that the back door out to a patio area had a key lock. The inspectors recommend that the door be fitted with a thumb lock as it was a fire exit door.

The outside area had been cleaned up and the grass was cut neatly. There was a small swing in the garden however the manager informed inspectors that a bigger swing set had been selected and was being purchased for the garden.

All young people had their own room and had been encouraged to decorate their bedrooms to their own taste. There was adequate space within the centre to facilitate private family or other visits for young people. Inspectors found photographs on display throughout the centre of the current residents which helped to create a homely atmosphere for young people in the house.

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

None identified.

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

None identified.

#### **3.10.4 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 8, Accommodation*

#### **Required Action**

None identified.

## 4. Action Plan

| Standard          | Issues Requiring Action   | Response with time scales  | Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again   |
|-------------------|---|--|--|
| <p><b>3.2</b></p> | <p>Senior management must provide the registration and inspection department with a comprehensive plan to ensure all staff in the centre meet the required standards regarding qualifications.</p> <p>Management must ensure that deficits in the required training such as fire safety and occupational first aid are addressed are completed as scheduled.</p> <p>The management must ensure that all staff members receive sufficient training, information, guidance and have a working knowledge and understanding of the centre's care framework and its application in practice within the delivery of care to young people.</p> | <p>Senior management will abide by the most recent instructions received from the Registration and Inspection service and ensure that appointments abide by these instructions.</p> <p>All staff requiring training in fire safety and occupational first aid will complete these as soon as possible and have been enrolled on the next available courses.</p> <p>Team will be re-trained in existing care framework in next 2 weeks. We are sourcing a new care framework which will hopefully be easier to implement.</p> | <p>Unit Manager to continue to maintain training schedule for the centre's staff team and ensure new staff are enrolled on all mandatory training as soon as possible following the start of their contract. The company has expanded our training department and this will include our own internal fire safety trainer</p> <p>Unit Manager to remind staff through email of when their training is going out of date and ensure they enroll on required course so that their mandatory training does not laps.</p> |