



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

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	073
Year:	2017
Lead inspector:	Noreen Bourke

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care Limited
Registered Capacity:	Four young people
Dates of Inspection:	6th and the 7th of December 2017
Registration Status:	Registered from the 29th of September 2016 to the 29th of September 2019
Inspection Team:	Noreen Bourke
Date Report Issued:	14th of March 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 regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was **announced** and took place on the 6th and the 7th of December 2017. The centre was first registered on the 29th of September 2016. It was registered to provide care to four children aged 13 – 17 years of age on admission, on a short to medium term basis.

At the time of this inspection there were three young people in placement. One young person was in placement past their 18th birthday. This was to allow the young person to complete their final year of secondary education.

The approach to working with the young people did not endorse a particular model of care but outlined the principles of therapeutic care. It relied on a care framework that took account of four stages of the life of a young person in their placement. The first is the entry and admission stage where the needs of the young person are assessed. The second stage allows for the young person to settle into their new environment and for planning and development to take place based on the assessed needs of the young person. The third phase incorporates an expectation that the young person will have developed significant relationships with keyworkers and staff. The purpose of such relationships is to allow for the formation of what is called a 'therapeutic alliance' between the young person and staff in order for the young person to reach their placement goals. The fourth stage takes account of the young

person's transition from the centre and engagement with the leaving and after care service.

The purpose and function document was reviewed on an annual basis by the senior management team and was last reviewed in October 2016. The work at the centre was supported by a comprehensive policy and procedures document in relation to planning for young people, care of young people, young people's rights, safeguarding and child protection, staffing and staff procedures. Staff were introduced and made familiar with the policies and procedures of the centre as part of their programme of induction.

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) Client service manager
 - b) Regional manager
 - c) Centre manager
 - d) Eight of the care staff
 - e) Three young people residing in the centre
 - f) The social workers with responsibility for young people residing in the centre.

- ◆ An examination of the centre's files and recording process.

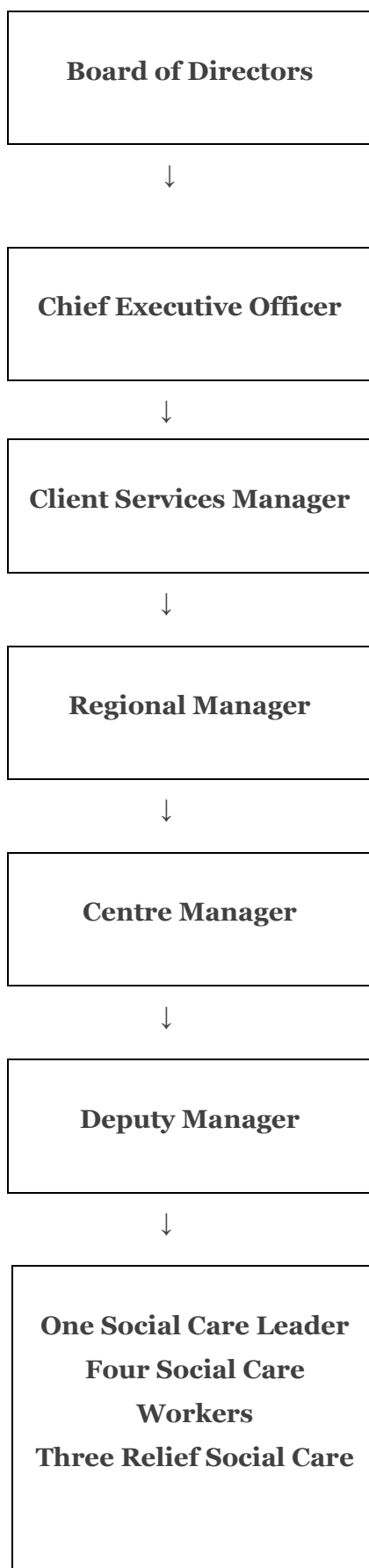
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) The regional manager
 - c) Client service manager
 - d) Five social care staff
 - e) Two young
 - f) The supervising social worker for the young people

- g) The parent and guardian for one young person
 - h) The lead inspector with responsibility for 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, director of services and the relevant social work departments on the 13th of February 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 27th of February 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 continue to register this centre, ID Number: 073 without conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 29th of September 2016 to the 29th of 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 centre manager had an appropriate qualification in social care and had obtained the required level of experience to undertake this role. The inspector found that the manager provided clear leadership in relation to the day-to-day running of the centre and the needs of the young people. They provided oversight of all of the written records and reviewed the significant event reports for the centre. The centre manager monitored and guided practice at the centre through conducting regular team meetings and providing formal supervision to staff.

There was a clear management structure in place and the inspector found that the management provided effective leadership to the team. There was good external oversight of the centre. The service manager had oversight of the centre through monthly audit reports compiled by the regional manager. The audits provided an overview of financial expenditure, health and safety, fire safety, care files and placement planning for the young people. The service manager provided support to both the regional and centre manager.

Register

The centre manager maintained a register that outlined the required information relating to the admission and discharges of young people from the centre. The inspector found it was completed in line with the regulations and was up to date and complete. The register recorded five admissions to the centre since its initial registration. The register showed that there were two discharges from the centre. Three young people were resident at the centre at the time of the inspection. There was a system in place where duplicate records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a written policy regarding the notification of significant events and written guidance for staff that detailed what constituted a significant event. The inspector was satisfied that the centre had a prompt notification procedure in place that provided details in writing of significant events relating to the young people. The supervising social workers told the inspectors they were satisfied they were notified of all significant incidents in a timely manner and written reports contained sufficient and appropriate information. The inspectors found that in the event of a serious significant event occurring the centre manager notified the social workers by phone prior to receiving a written record of the event.

Oversight of significant event reports was undertaken by the co-ordinator for the delivery of behaviour management training for the service, the regional and centre manager. Staff practice in the management of significant events was reviewed. The lead inspector with responsibility for the review of significant events reported that incidents were written to a good standard, were well managed by the staff team with appropriate follow up and oversight by the centre manager.

Staffing

The inspector found that the core team comprised of the centre manager, deputy centre manager, one social care leader and four social care workers. The team was supported by three relief staff. The inspector found that it was a stable team, staff had on average four years' experience of working at the centre. Three staff were rostered on duty each day and two staff on overnight duty. The adequacy of staffing levels was based on the centre caring for three young people. All of the core team were appropriately qualified and had satisfactory Garda vetting. The centre had in place a staff induction programme of which there was evidence on file.

Staff interviewed were familiar with the model of care and of its application in practice. They were clear about the care and placement plans for the young people. They had a clear understanding of their function as key workers and were able to evidence specific individual work that they had undertaken with the young people in achieving the objectives of their placement plan.

Supervision and support

The centre had a written policy in relation to staff supervision. The centre manager received regular supervision from the regional manager. The inspector found that staff received regular and formal supervision every four to six weeks. There were supervision contracts on file for all staff members. There was a structured format for conducting staff supervision and there was evidence that the centre manager reviewed staff practice and provided feedback to staff within the supervision process. There was evidence that the placement plans for the young people were addressed within the process of supervision. The supervision records evidenced a review of the role of the key workers in achieving the goals set out for the young people. The goals set for work with the young people were further evidenced in the key work files of the young people.

There was evidence that team meetings were undertaken on a regular basis and a structured handover meeting took place each day. The inspector reviewed the minutes of the team meetings and found that the team were supported by the management team within the centre in implementing the model of care.

Administrative files

The inspector found that the recording systems were organised and maintained in a manner that facilitated effective management and accountability. There was good attention to confidentiality and storage of the young people's files. Files were held in perpetuity by the service.

A review of the audits compiled by the regional manager for the three months prior to the inspection evidenced further oversight of the centre. The audit reviewed the care file of the young people to ensure that all relevant statutory information was on file. The audit reviewed the link between the care plan, the placement plan and key work sessions. Feedback was given to the centre manager on issued to be followed up on.

The centre had clear financial management systems in place. Oversight of the centre budget was maintained by the regional and centre manager. The centre manager stated that the centre was adequately resourced.

3.2.2 Practices that met the required standard in some respect only

Training and development

The centre manager maintained a record of all training undertaken by staff. These records evidenced that the core team were trained in behaviour management, child protection, fire safety and first aid. The relief staff were receiving training in behaviour management and child protection; to date they have not been trained in fire safety and first aid which has been an on-going issue within the service. The service manager informed the inspector that plans are in place to have relief staff included in the future training schedules for fire safety.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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 service directors must provide evidence of the proposed training programme for relief staff to address the deficit in fire safety and first aid training.

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 inspector reviewed the centre's admission policy. There was good evidence that the required information was submitted by the supervising social workers in support of the admission of each resident. Referrals to the centre were assessed and considered within the process of referrals for placements within the service.

Referrals were assessed having regard to specific criteria, this included the experience of the young person and of their emotional maturity. The centre manager stated that at the admission stage all referrals are considered in terms of their individual needs and the ability of the centre to provide a service. The placements were in compliance with the centres policies and procedures.

Admissions were considered on the basis of any likely impact upon the existing residents. The inspector reviewed the centres impact risk assessments for each of the residents. The assessments took account of the duty of care to all young people with specific reference to the group mix. It was on this basis that the young people were admitted to the centre.

The young people were provided with age appropriate information regarding the centre. This was confirmed to the inspector in interview with two of the young people. They understood the reason for their placement and had a clear understanding of the objectives of their care.

Contact with families

The young people maintained positive relationships with their parents and siblings when this was in the best interest of the young person. Arrangements were in place

for young people to visit their families and staff facilitated these in line with the care plans. Family members visited the centre. A parent and relative spoken to by the inspector were positive about their visit to the young person and were satisfied that they were kept informed about events of their child's life.

Supervision and visiting of young people

The young people had allocated social workers. In conversation with the inspectors the young people stated that they were met by their social workers in placement. The inspector found that visits by the social workers to the young people were recorded and dated on the young people's file.

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 young people in placement had allocated social workers. The centre manager confirmed that they received relevant background information prior to the young people being admitted to the centre. The quality of care plans received by the centre were good. The young people and parents confirmed to the inspector that they were consulted regarding the formulation of the care plan. They were consulted and invited to attend child in care review meetings.

The young people were visited in placement by their social workers. They were notified about all significant events and received regular written reports from the centre regarding the young people's placements. The social workers were satisfied that the centre, where necessary, had put measures in place to reduce the level of risk of harm to the young people.

The social worker interviewed at the time of the inspection, stated that they were satisfied that the young people for whom they had statutory responsibility were in need of residential care. The centre manager confirmed that the social workers

engaged actively with the young people in collaboration with the centre staff and other professionals. The centre held a record of all social work visits to the centre.

Emotional and specialist support

The emotional and psychological needs of the young people were assessed and staff were aware of these needs. The young people had access to specialist services such as Child Adolescent and Mental Health Services, bereavement counselling medical appointments and health services. A psychologist attached to the service was in the process of devising a therapeutic support plan for one of the young people. The support plan was to form part of the support to the team on how best to work with the young person. However, a date had not been set for the implementation of the support plan. The service manager must ensure that plans of this nature are implementing in a timely fashion.

There was evidence of further supports and good inter-agency involvement with the team in accessing supports for the young people through the Community Substance Misuse Team, the Garda Junior Liaison Officer Scheme, Garda Diversion Programmes and Probation and Welfare.

Preparation for leaving care

One young person was actively engaged with the aftercare service. An aftercare worker was working the young person. The young person's needs in relation to aftercare were assessed. The young person told the inspector that they were involved in their plans for aftercare. They were supported in this by their keyworkers. The young person was engaged with specialist emotional services with a view to determining their long term aftercare placement needs.

The young person was engaged in developing some independent living skills. The inspector observed staff consulting with the young person in supporting them to improve their independent living skills.

Discharges

Two young people had been discharged from the centre. These discharges took place in consultation with the placing social workers and were in line with the centres policy of discharging young people.

Children's case and care records

Care files were held securely on each young person. Appropriate levels of privacy and confidentiality about the young people's history and circumstances were safeguarded. The care files contained all information as required by the regulations such as a copy of birth certificates, care orders and parental consent forms.

There was evidence from the records that the young people were consulted when devising placement plans. Their views were sought in respect of child in care review meetings, weekly house meetings and in the daily life and planning of the centre.

It was not always clear to the inspector when reviewing the care files who staff were referring to, as the full name, title of profession and reason for contact was not recorded. The service were in the process of reviewing the care records with a view to ensuring a more effective record of case planning and revised new system should incorporate the positive outcomes in respect of the overall wellbeing of the young people.

3.5.2 Practices that met the required standard in some respect only

Statutory care plans

The care plans reviewed were clearly written and based upon the assessed needs of the young people. However, the care plan for one of the young people was not furnished to the centre until five month after their admission. There was evidence on file that the centre manager had requested a care plan on a number of occasions. The young person's file and care plan evidenced that they required specialist dental treatment. The placing social worker was to seek direction from their line manager regarding funding for this treatment. At the time of the inspection there was no evidence on file to indicate that this had been acted on; an issue that must be followed up by the young person's social worker and the manager of the centre.

The inspector reviewed the placement plans in place for the young people. Placement plans facilitate staff and management to implement the care plan and guide staff in ensuring positive outcomes for the young people. The placement plans were effective with clearly identified goals. In the absence of a care plan for one young person the centre manager had developed a placement plan. As a result of the lack of a care plan, the placement plan reflected the daily routine of the young person as opposed to the objectives of their care and how they were to be achieved.

The centre manager and the social care leaders took responsibility for overseeing the placement plans for individual young people. This was done in collaboration with key workers as part of the process of supervision. Within this process the objectives of the care plan and the assessed needs of the young people were considered. Specific areas of work were assigned to the key worker to be completed with the individual young person. Each young person had two key workers assigned to them from the care staff team. The role of the key worker was to provide individual guidance and support to the young person and to ensure that the placement plan was implemented. Key workers interviewed by the inspector were knowledgeable about the needs of the young people in their care. This was evidenced in the key work records and in individual work they had undertaken with the young people.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency had 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 had 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

- The service manager must ensure that the proposed therapeutic plan devised by the service psychologist is put in place for the young person in a timely manner.
- The placing social worker for one of the young people must ensure that provision is made for the required dental treatment.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The service directors must provide evidence of the proposed training programme for relief staff to address the deficit in fire safety and first aid training.	The company is now providing First Aid and Fire safety training for part time staff. Dates are booked in for 1 st , 8 th and 22 nd March 2018 for fire safety and the 20 th March for First Aid. All current regular relief staff are booked on to these courses for the coming month.	The company has now committed to training relief staff on an ongoing basis and fire safety and first aid will be run monthly for these staff going forward.
3.5	The service manager must ensure that the proposed therapeutic plan devised by the service psychologist is put in place for the young person in a timely manner.	<p>Therapeutic planning is at the forefront of our schedule at present. This can be quiet a timely process with our clinical team needing to review the young person’s information, meet with the Unit manager, Keyworker and team and discuss needs of the young person , strategy and implementation.</p> <p>The therapeutic plans for the young people are currently drafted awaiting finalisation and will be formally in place by the end of February.</p>	<p>A New Therapeutic Childcare Specialist has been employed in the company to join the clinical team and is currently working alongside the psychologist finalising all therapeutic plans in place.</p> <p>A schedule of regular reviews is being complied and will be set monthly in advance on a needs basis to ensure all young people have adequate therapeutic input.</p>

	The placing social worker for one of the young people must ensure that provision is made for the required dental treatment.	This has been followed up with all parties and a dentist appointment has been made for 20 th February at 4.30pm	
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