



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

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 015

Year: 2018

Lead inspector: Lorraine O' Brien

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	23rd February 2018 Follow up visit 6th September 2018
Registration Status:	Registered from the 9th September 2016 to 9th September 2019
Inspection Team:	Lorraine O' Brien Paschal McMahon John Laste
Date Report Issued:	7th January 2019

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

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. An unannounced inspection was instigated on the 23rd of February 2018 due to a number of high risk incidents that were reported to the inspection service through the significant event notification system. The inspection was specifically themed around the examination of the governance and decision making practices as a result of the organisations decision to admit a fourth young person to the centre that resulted in a number of serious incidents and a high level of property damage. The inspectors were cognisant that the centre were already caring for an eight year old child under derogation and the impact of any new admission on their care required close assessment.

The themes of the inspection focused on sections of standard 2 'Management and Staffing' and '10 Premises and Safety' of the National Standards for Children's Residential Centres (2001). Following the inspection the centre manager and senior management team were written to by the inspection service outlining their immediate concerns and a prompt response was requested with actions to stabilise the centre.

A follow up inspection took place on the 6th of September 2018 to confirm the centre had stabilised, the premises returned to a homely environment and the governance structure was robust to ensure support was provided to the manager and staff team in relation to new admissions. The themes of the inspection focused again on sections of standard 2 'Management and staffing' and '10 Premises and Safety' of the National Standards for Children's Residential Centre's (2001). The inspectors confirmed that the actions had been effective in practice and were satisfied that sufficient progress had been made to ensure the centre complied with the relevant standards and regulations.

1.2 Methodology

This report is based on a number of specific inspection techniques including:

- ◆ 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 recording process focusing specifically on the significant events notified to the inspection service; the centres referral and admissions policy and procedures and the maintenance repair plan in place by the centre manager.
- ◆ 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:

Initial inspection visit 23rd of February 2018:

- a) The centre manager
- b) One staff member
- c) All three young people resident in the centre
- d) Three social workers
- e) The CEO of the company
- f) The regional manager
- g) The lead inspector

Follow up visit 6th of September 2018:

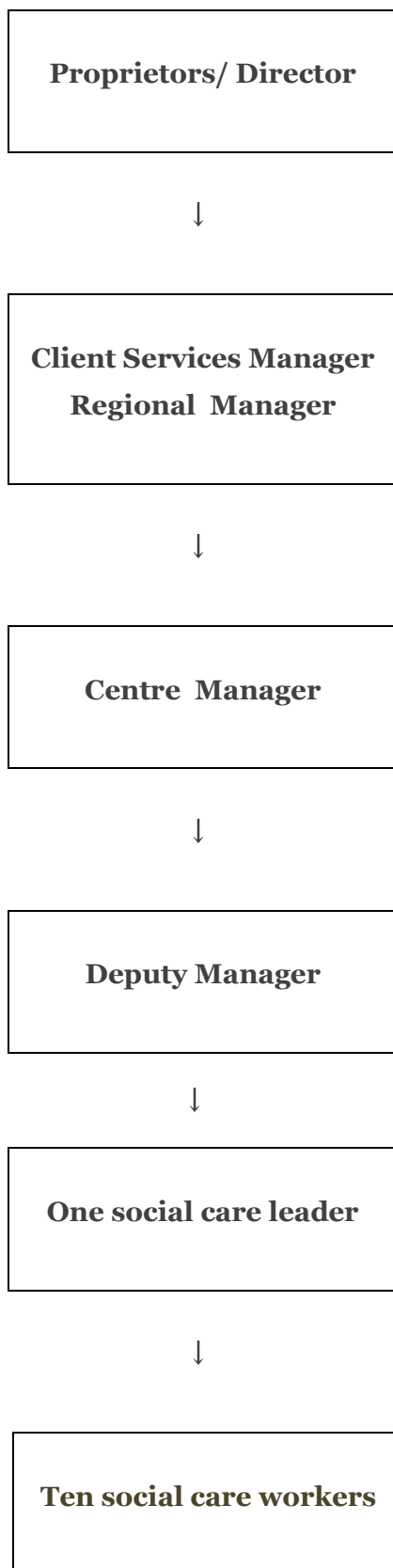
- (a) The centre manager
- (b) Two of the young people resident in the centre
- (c) The regional manager
- (d) The lead inspector

- ◆ 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

Following the initial inspection in February 2018 the centre manager and senior management team were written to by the inspection service outlining their immediate concerns and a prompt response was requested with actions to stabilise the centre.

They were required to:

- Conduct a full review of their governance practices in order to inform themselves of the reasons for the serious incidents occurring and put strategies in place to rectify all deficits in their referral and admission system.
- Not to commence any new admissions for a three month period (March 7th 2018 to June 7th 2018).
- Provide and evidence sufficient post crisis support to staff and the young people.
- Review the centres policy in relation to the length of time given to induct and settle young people into their placements before admitting another young person.

The senior management team responded in writing with strategies they were putting in place to adhere to the above requests and the inspection service were satisfied that immediate actions were taken to ensure the safety of all young people and a reasonable timeframe was given to review progress made.

The inspection service met with the regional manager regarding progress made to stabilise the centre on the 18th of June 2018 and met with two national client service managers on the 13th of August 2018 to review progress made in relation to the centre and the changes in the organisations governance structure. The organisation gave a commitment to ensure processes would be put in place to support safe and responsible decision making in relation to the referral and assessment of young people referred to their services, and that the capacity of the staff teams will be considered to inform these decisions.

A follow up unannounced inspection was carried out in September 2018 to confirm the centre had stabilised, the premises returned to a homely environment and the governance structure was robust to ensure support was provided to the manager and staff team in relation to new admissions. The centre manager had left their position and the deputy manager was acting in their place until a replacement was identified.

The deputy manager was qualified and experienced and demonstrated good management skills to the inspectors.

A draft inspection report was issued to the centre manager, regional manager, client services manager and the relevant social work departments on the 14th of December 2018. The centre provider was required to check the report for factual accuracy and as there were no outstanding issues to be addressed they were not required to submit any corrective and preventive actions (CAPA) to the inspection service. The centre manager returned the reviewed report on the 4th of January 2019 stating the report was accurate in its content.

The findings of this report 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: 15 without attached conditions from 9th September 2016 to 9th 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

During the first unannounced inspection in February 2018 the inspectors found that the manager was appropriately qualified but lacked management experience in a residential care environment. They had responsibility for the day-to-day management of the centre which included attending staff meetings, handovers, staff supervision and the review of young people's placements, records and reports. The centre had undergone a number of operational and management changes over the previous year. The senior management structure had changed, the centre manager had changed, there had been a number of staff changes and young people admitted and discharged. The inspectors found evidence that all of these factors contributed to the centre manager and staff team requiring a period of stability and support. From staff and young people's interviews and a review of centre rosters the inspectors found that the safety of staff and young people was compromised by the decision to admit a fourth young person to the centre at that time.

The centre manager reported to the regional manager and was supported in their role by a deputy manager who had a number of years' experience. The role of the regional manager and client services manager was to oversee the development and the day to day operational activities. Their role included staff recruitment and management oversight of the staff roster. They had responsibility for maintaining oversight of staff training and development which was done in consultation with the centre manager. They also had responsibility to maintain an operational link with the manager, to offer support and direction and where necessary to appraise themselves on all aspects of the young people's care including decisions in relation to their referral and admission. The inspectors found that while there were systems in place to oversee the centre they were not effective in relation to the referral and admission decision making process, which resulted in the inability of the centre to operate to its own policies and procedures.

There was good evidence that the centre manager and supervising social workers for three of the four young people were satisfied that the placements had been suitable and in general were meeting the needs of the young people placed there. However, following the admission of the fourth young person resulting in a number of serious incidents reported to TUSLA Child and Family Agency, concerns were raised in relation to the ability of the centre to adequately provide care and protection to all four young people.

During the unannounced inspection the inspectors found evidence to support the finding that there was validity to the concerns as the external management systems were not sufficiently robust in order for appropriate and suitable care practices and operational procedures to be maintained. The inspectors spoke with all three young people and found that they had experienced chaos and disruption in their placement over the previous few weeks.

The inspectors concluded that a robust structure needed to be put in place that would adequately provide external oversight of the service and take action with strategic plans when referrals presented themselves in order to avoid compromising the quality of care the young people received and the safety and welfare of the staff team.

The inspectors found evidence that despite a significant amount of background information available prior to the young person's admission about the potential risks surrounding the management of them, there appeared to be a lack of acknowledgement by the senior management team of the potential challenges of admitting young people within a short time frame to each other. The inspectors found that young people in the centre had an increased level of vulnerability and risk to each other due to their complex set of needs which appeared to intensify due to the staff team not having the capacity to manage all four young people's needs and being ill prepared due to the speed of the admission for the last young person admitted to the centre.

Following the inspection the centre manager and senior management team were written to by the inspection service outlining their immediate concerns and a prompt response was requested with actions to stabilise the centre.

The senior management team responded in writing with strategies they were putting in place to adhere to the above requests and the inspection service were satisfied that immediate actions were taken to ensure the safety of all young people and a

reasonable timeframe was given to review progress made. A follow up unannounced inspection was carried out in September 2018 to confirm the centre had stabilised, the premises returned to a homely environment and the governance structure was robust to ensure support was provided to the manager and staff team in relation to new admissions. The centre manager had left their position and the deputy manager was acting in their place until a replacement was identified. The deputy manager was qualified and experienced and demonstrated good management skills to the inspectors.

Strategies confirmed by the inspectors were that all future referrals were channelled through their national client services managers who would screen the referrals. Centre managers would only be sent viable referrals for consideration which would be more effective in terms of time management and ensuring suitability of placement mix.

The inspectors found that the organisations policies were being reviewed by an independent company and the acting centre manager confirmed that they had a copy of the new admissions policy.

The inspectors confirmed that the actions taken to stabilise the centre and review the admissions and referrals policy had been effective in practice and were satisfied that sufficient progress had been made to ensure the centre complied with the relevant standards and regulations.

During the follow up inspection the inspectors spoke with two of the three young people who confirmed that the centre had stabilised and that they now felt safe in their placements.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

Required action

None Identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the children 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 property experienced a significant level of property damage prior to the first inspection in February 2018 and the inspectors found evidence during the inspection that maintenance requests were dealt with promptly. During the follow up visit in September 2018 the inspectors found that maintenance work had continued to improve the physical environment for the young people and make it as homely as possible.

While the centre was clean and areas recently painted internally the inspectors found there were a number of areas of the house that required a decorative upgrade and the acting centre manager had a schedule of improvement work to take place over the coming months. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people's awards and achievements were evident throughout the centre and the young people confirmed that they were included in the decoration of the centre.

The inspectors were satisfied that staff ensured there were adequate arrangements in place for children to have visits from family members and social workers that were in private.

The children had their own bedrooms that were decorated in accordance with their own personal preferences but required ongoing monitoring by the acting centre manager to ensure they were maintained in good decorative order.

Maintenance and repairs

Following a significant level of property damage prior to the first inspection in February 2018 the inspectors found evidence during the inspection that maintenance requests were dealt with promptly. A maintenance log was maintained

by the centre manager that recorded the maintenance required. The inspectors advised the record should also include the date when the tasks were completed.

During the follow up visit in September 2018 the inspectors found that maintenance work had continued and the acting centre manager had a schedule of improvement work to take place over the coming months such as the replacement of the windows in the house; that was supported by the senior management team.

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 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

None identified.