



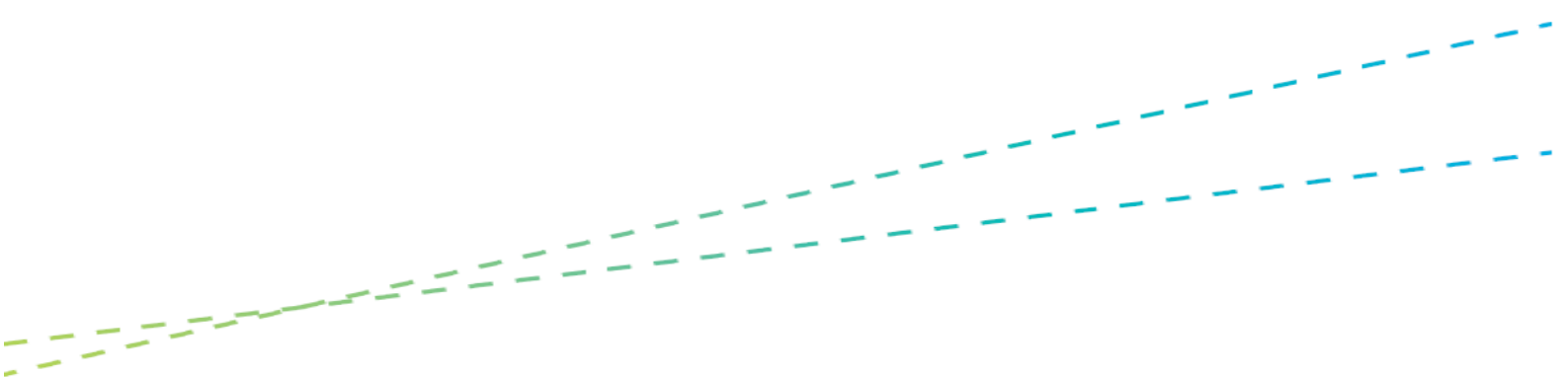
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 015

Year: 2019:

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	16th & 17th July 2019
Registration Status:	Registered from 9th September 2019 to 9th September 2022
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	6th September 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 an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2010. At the time of this inspection the centre were in their third registration and were in year three of the cycle. The centre was registered without attached conditions from 9th September 2016 to 9th September 2019.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium term basis. 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 model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were four young people in residence at the time of inspection.

The inspectors examined standards, 2 'management and staffing', 4 'children's rights', 8 'education' and 9 'health' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 16th and 17th of July 2019.

1.2 Methodology

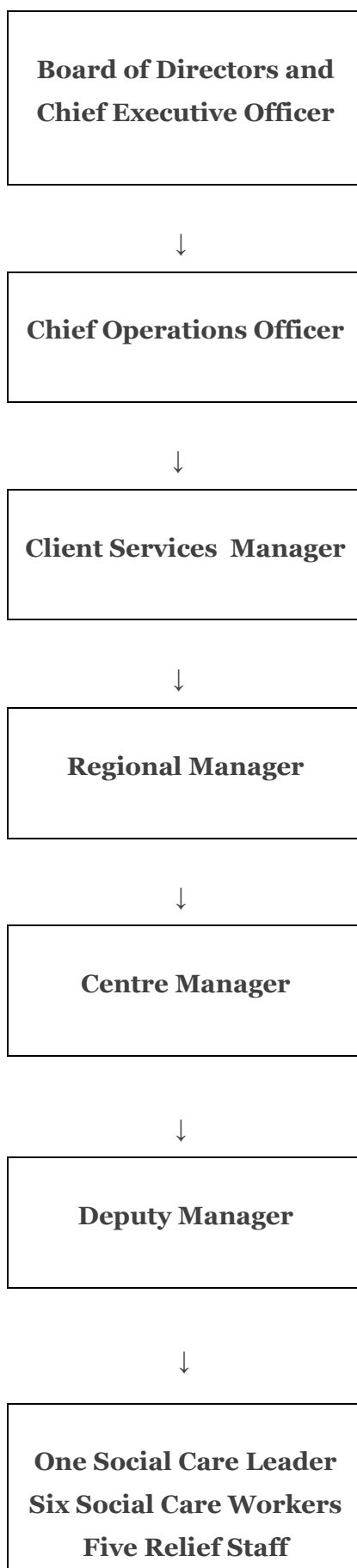
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) The deputy manager
 - b) Seven of the care staff
 - c) Two of the young people
 - d) The social workers for two of the young people
 - e) The client services manager
- ◆ An examination of the centre's files and recording process.
 - Specific sections of the four children's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Complaints register
 - Staff team meeting records
 - House meeting records
 - Handover meeting records
 - Management meetings
 - Centre register
 - Significant event register
 - Centre audit reports
- ◆ Interviews with relevant persons that were deemed by the inspection team to have 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 client services manager
 - d) Two staff members
 - e) Two young people
 - f) The social workers for the three of the young people
- ◆ 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, client services manager and the relevant social work departments on the 26th August 2019. 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 29th August 2019 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: 015 without attached conditions from the 9th September 2019 to 9th September 2022 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 young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

There were clearly defined lines of authority with regard to the operation of the centre. The day to day management of the service was the responsibility of the centre manager who had been in post for six months at the time of inspection. The manager had worked in the company for four years in a number of other roles including the role of deputy manager in another centre prior to assuming the manager's post. The manager did not have a qualification in social care but had a number of qualifications in a related field and was enrolled in a masters in social care management training programme funded by the company. The manager was supported in their role by a deputy manager and a social care leader. The inspectors found that the manager satisfied themselves that appropriate and suitable care practices were in place through a number of mechanisms including their oversight of records, attendance at handovers and staff meetings, supervision of staff, and interaction with the young people. Supervising social workers commented that the centre was well managed and they received regular updates on the progress of the young people.

External oversight was provided by a regional manager and a client services manager. These in turn were accountable to a chief operations officer who reported to the chief executive officer and a board of management. At the time of inspection the regional manager post was vacant and the manager was reporting directly to a client services manager who had previously managed the centre. The manager stated they had regular phone and email contact with the client services manager. There was evidence on file that the client services manager had visited the centre on a regular basis, had reviewed files, conducted audits and met with the young people and staff. The inspectors reviewed a sample of client services manager's audits which provided evidence that the work in the centre was being overseen and action had been taken by the manager to address any identified deficits. There were also regular online meetings with the client services manager and other centre managers in the region. Minutes of these meetings provided evidence that these meetings were structured

and there was evidence that issues identified were being responded to and addressed. At the time of inspection the chief operations officer was also providing support to the manager assisting them in the development of staff training and development plans which was evident on staff supervision files.

Register

The centre maintained a register of all young people who had been admitted to and discharged from the centre. The admission and discharge details of the young people were properly recorded in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. 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 inspectors were satisfied that there were systems in place to ensure that significant events were reported promptly to the Child and Family Agency. The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The inspectors found from a review of the significant event register that the dates of a number of incidents were recorded incorrectly and this needs to be amended. Placing social workers confirmed that they were satisfied that there were promptly notified of all significant events.

Staffing

The centre's staff compliment consisted of the centre manager, deputy manager, one social care leader, six social care workers and five relief staff. All members of the staff and relief staff team were qualified in social care or a related field. The inspectors noted that there was a stable staff team in place and there had been a low turnover of staff since the previous inspection. Staff interviewed during the inspection process and from their questionnaires, stated that positive dynamics existed amongst the team and that were dedicated to providing good quality care to the young people. Supervising social workers stated that the team were very committed and all of the young people had made good progress during their time in the centre. The young people that spoke to inspectors said they were happy in the centre and felt cared for and listened to.

A sample of staff personnel files were reviewed as part of the inspection process and were found to comply with the vetting requirements in regards to Garda vetting and references from previous employers. Copies of qualifications were also on file and there was evidence that these had been verified with the relevant colleges.

Personnel files contained staff induction records. In a number of cases these were not signed and dated by staff and records did not record sufficient detail in relation to the induction process. Centre management during inspection feedback acknowledged this issue and informed inspectors that the company were in the process of renewing their induction process to ensure it was more robust and centre specific.

Supervision and support

The centre had a supervision policy which stated that individual supervision was to be conducted every four to six weeks for all staff. Supervision was provided by the manager, deputy manager and a social care leader. Inspectors noted that the social care leader who had responsibility for the supervision of one staff member did not have the required supervision training and this must be addressed. At the time of inspection the manager was receiving formal supervision from the chief operations officer while the company were in the process of recruiting for the vacant regional manager post. An inspector examined a cross section of supervision files and found evidence that the team received regular formal supervision during the period under review. Supervision records reviewed provided evidence that supervision focussed on young people's placement plans and key working. Inspectors also noted evidence of significant events being reviewed, constructive feedback on performance identifying areas for further improvement as well as training and development.

There were good systems in place for the staff team to communicate effectively and efficiently with each other. Team meetings were held fortnightly and were well attended. A review of the team meeting minutes showed that an in-depth discussion took place on each young person. Operational issues were discussed along with a number of standing agenda items which included a review of any child protection concerns, health and safety issues and a review of a centre policy. Team meeting minutes contained action plans with persons responsible and clearly defined tasks.

An inspector attended a staff handover and reviewed records for handover meetings. The inspector found the meeting to be child centred with the discussion focused on each of the young people, the events from the previous day and tasks that needed to be achieved on the current shift. Staff members that were interviewed by the inspectors stated that the manager was supportive of their practice and provided good leadership. They confirmed that support mechanisms were in place to assist the team including on-call support and access to clinical guidance and support if required.

Administrative files

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and client services manager were monitoring the quality of records. There were clear arrangements in place for the financial running of the service. The manager and staff were satisfied that there was adequate petty cash for the day-to-day expenses and if finance was required for specific items then this would be facilitated.

3.2.2 Practices that met the required standard in some respect only

Training and development

Training for staff is provided by the organisation. Training records presented to inspectors provided evidence that the core team had received the required training in first aid, child protection, a recognised model of physical intervention and de-escalation and fire safety. At the time of inspection staff were undergoing training in the company's revised policies and procedures. Other relevant training provided included medication management, understanding self-harm, drug awareness, key working and reporting writing. Staff interviewed said that there were on-going opportunities for staff to attend further training which was sourced by the organisation. As previously stated a social care leader providing supervision to a member of staff did not have the required supervision training.

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

- Centre management must ensure that the social care leader receives the required supervision training.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

A review of the care files along with observations of staff practice and interviews with young people in placement provided evidence to support that consultation with young people had been a regular feature of staff practice. Young people were invited to participate in their daily and weekly plans and participated in house meetings. Young people's meetings were held weekly and in most cases were attended by all four residents. There was evidence in the house meeting minutes that the young people's voices were heard and each young person was asked specifically for their input. Agenda items included meal planning, activities, house issues and requests from the young people. The house meeting minutes were signed by the young people and the manager who provided feedback and follow up in relation to the young people's issues and concerns.

Young people were consulted as part of their statutory care plan and care plan review meetings and had a say in the development of their placement plan. Young people interviewed felt listened to by the staff team and also reflected that the staff took time to discuss rationale behind decision making with them. The centre had a young person's information booklet which provided information on the centre. There was evidence on file that key-workers had carried out individual work with the young people informing them of their rights. The young people in the centre had been visited by the children's advocacy group, EPIC (Empowering Young People in Care) and there was EPIC literature available in the centre.

Complaints

The centre had a written complaints policy in place. There was evidence that the young people had been supported to understand that they could raise issues and

complaints and that these would be listened and responded to. Inspectors found that there were a number of avenues open to the children to raise complaints and dissatisfactions that they had. These included young people’s meetings, key work sessions, regular contact with their social workers and there was evidence of a culture to promote the young people to voice their views. The centre maintained a register of complaints and the centre manager was responsible for overseeing all complaints. The inspectors reviewed the register and found that there had been thirty seven recorded complaints in the period under review. The majority of these were minor complaints in regards day-to-day life issues that had been resolved with staff. The staff interviewed had a clear understanding of the complaints procedure. There was evidence of the external management oversight of complaints on file.

Access to information

The centre had a written policy on young people’s access to information and this was reflected in the young person’s booklet provided on admission. Records maintained by the staff team recorded that young people were offered access to their files on a monthly basis. All young people had signed a form stating that they had been made aware of their right to access information on their file. The young people who spoke with inspectors confirmed that they had been offered access to their records on a regular basis and some had chosen to avail of this option.

3.4.2 Practices that met the required standard in some respect only

None identified.

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 from a review of the care files and interviews with placing social worker’s that the centre places a high value on education and assists young people fully with their educational needs. The centre maintained a register of all contact with schools/education placements. At the time of inspection all four young people had educational placements. There were issues in regards to two of the young people’s attendance and an alternate placement had been sourced for one of these young people as a result. In these cases meetings had taken place with the schools in

an effort to resolve issues and maintain their placements. Key work records provided evidence of efforts made by staff to reengage young people in their placements and the benefits of remaining in education. One of the young people who spoke to inspectors acknowledged the help and support the staff team provided to them recently in completing their junior certificate. Educational assessments for young people had taken place when required. Social workers stated that management and staff were proactive in assisting young people to stay or re-engage in education.

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

None identified.

3.9.2 Practices that met the required standard in some respect only

All of the young people in the centre had access to a local general practitioner. Each young person had a medical assessment as part of the admission's process and all of the young people had medical cards. All relevant records of each young person's medical history were on file as required. The inspectors examined the care records of the young people and found evidence that the young people's health needs were being addressed. Young people were encouraged to engage to participate in a healthy lifestyle and sport and some of the young people were involved in local activities and the gym. There was evidence of age appropriate guidance for the young people in health education including substance misuse, sexual health, diet and exercise carried out by the young people's keyworkers and external agencies. There was evidence on file of good communication with overseeing medical professionals by the care staff.

In interview, social workers said that they were satisfied that staff were responsive in managing health concerns that had arisen.

Staff had received training in the administration of medication. All medicinal products were stored in the staff office and the inspectors were satisfied that the administration of medicines was properly recorded. The inspectors reviewed the contents and organisation of the medication cabinet and found that the young people's prescribed medication was not stored separately and clearly labelled in individual containers. Prior to the inspection an incident took place during which a young person gained unauthorised access to medication in the staff office. This incident was subsequently reviewed at a team meeting and additional safety measures were put in place to prevent a reoccurrence of this incident.

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

- The centre manager must review the storage of prescribed medication ensuring that medication is stored separately and clearly labelled in individual containers for each resident.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	Centre management must ensure that the social care leader receives the required supervision training.	The social care leader will attend supervision training in October 2019. Following on from inspection the social care leader no longer supervises staff and will not do so until supervision training is completed.	No staff within the centre will supervise staff until appropriate supervision training is completed.
3.9	The centre manager must review the storage of prescribed medication ensuring that medication is stored separately and clearly labelled in individual containers for each resident.	This action was completed following the first day of inspection on the 16th of July and prior to the full inspection been completed. Individual medication storage containers are in place which are labelled with individual young person's name on each. These are located in the locked medication cabinet on individual shelves for each young person.	Centre manager will have full oversight and ensure that current medication storage system remains in place.