



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 044

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	21st and 22nd of March 2019
Registration Status:	Registered from 08th of June 2018 to 08th June 2021
Inspection Team:	Michael McGuigan Linda McGuinness
Date Report Issued:	24th June 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.1 Purpose and Function	
3.2 Management and Staffing	
3.6 Care of Young People	
3.8 Education	
4. Action Plan	20

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 report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in June 2015. At the time of this inspection the centre was in its' second registration and in year one of the cycle. The centre was registered without attached conditions from the 08th of June 2018 to the 08th of June 2021.

The centre's purpose and function was to accommodate up to four young people of both genders from age 13 to 17 on admission. However, in 2018 the centre admitted three young people aged twelve and under. These placements were agreed with the national derogations officer. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; 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.

The inspectors examined standard 1 'purpose and function, standard 2 'management and staffing', standard 6 'care of young people' and standard 8 'education' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 21st and 22nd of March 2019. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

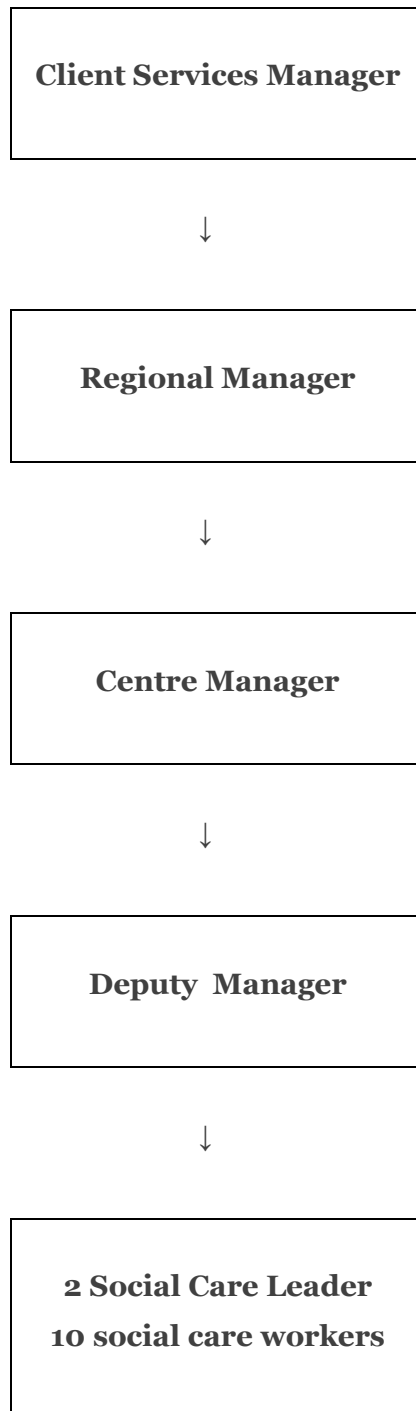
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Ten of the care staff
 - b) The deputy manager
 - c) The social workers with responsibility for three young people residing in the centre
 - d) Two young people
- ◆ An examination of the centre's files and recording process including:
 - The young people's care files
 - Staff supervision records
 - Personnel files
 - Records of management meetings
 - Handover book
- ◆ 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 manager
 - c) The regional manager
 - d) Two staff
 - e) Four young people
 - f) The social workers for three 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.

It should be noted here that no response was received from the social work department for one young person in relation to the planning for their care.

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 05th of June 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 14th of June 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 grant continued registration for this centre, ID Number: 044 without conditions from 08th of June 2018 to 08th June 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The purpose and function for this centre stated that it aimed to provide a responsive and flexible service that was underpinned by effective risk and needs assessments. The focus of the care being provided to young people was on their educational, social and psychological development. The care framework was specific to each young person and through an on-going assessment aimed to provide stability, independence and coping skills. Staff members worked through a model of care that contained four pillars: entry; stabilisation; planning; exit and this was underpinned by two intervention models: SELF (safety, emotional management, loss and future) and PACE (playful, acceptance, curiosity, empathy). Each young person had appointed key workers and the goal was to develop relationships that met a number of the young person's needs – primarily the needs to feel cared for, safe, supported and respected. The purpose and function was part of a comprehensive policy document that also contained centre policies and noted legislation that protected the rights of young people. The age range for the centre was stated as 13 to 17 on admission, however, there were three young people aged under 13 living there at the time of the inspection and one young person within the prescribed age range. The social workers for young people under age 13 had made application to the national private placement team for placements in the centre and for derogations against the national policy in relation to the placement of children aged 12 years and under in the care or custody of the child and family agency. Each of the young people stated when interviewed that they were happy living in the centre and felt supported by the staff team. However, it is important that the purpose and function reflects the day-to-day operation of the centre. Inspectors recommend that organisational management and Tusla meet to review the purpose and function.

There was a parents' information booklet that was specific to the young person. This provided details on the operation of the centre and the nature of the care being offered under the purpose and function. Inspectors found that the centre had enough

staff to meet its purpose and function and that staff understood the needs of young people. It was observed that staff understood the model of care and were attempting to link the language of the care framework to their interventions and include this in the records. Inspectors reviewed training documents for staff and found that they had received recent training in the care framework and noted that the purpose and function had been recently reviewed and renewed.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

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

Register

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young people as well as admission and discharge dates. Details for the young people's parents and social workers were also included. However, it was observed that the information on this register did not contain parents' details for one young person and these should be included. There was evidence that this record had been reviewed by the centre manager and the regional manager for the service.

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 centre had a system for the prompt notification of significant events. From interview with the social workers for young people it was noted that reports were sent in a timely manner and contained appropriate information. There was a significant event notification register that provided details of each incident in the centre.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order and evidence of oversight by external line managers. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager who had been in post for four years and held a qualification in a field related to social care. This person was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people's daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings and handovers and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who worked a mixture of day shifts and administration/office days. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends.

The centre manager reported to the organisation's regional manager and inspectors found evidence of governance in the centre and oversight of the planning of care for young people. The manager completed a monthly self-audit check list which was forwarded to the regional manager who also carried out monthly audits of operations, care planning and care practice. Inspectors found that the monthly self-audit template was not being effectively completed by the centre manager as reports did not contain sufficient information and some sections were not completed. These reports could not then be used to effectively inform planning for the young people in the centre. This issue had not been identified by the regional manager.

The regional manager audit system had recently changed to focus on a move to compliance with the new HIQA National Standards for Children's Residential Centres, 2018. There was evidence of the regular presence of a regional manager in the centre and this person occasionally attended staff team meetings. However, inspectors recommend that attendance at these meetings increases. Audits included reviews of previous action plans and tasks identified; significant events and the management of incidents; care practice; key working, placement planning, staff supervisions, complaints and child protection issues. From this an action plan was

created and the regional manager followed up with the centre manager on completion of tasks. However, inspectors found that the regional manager audit for January 2019 did not have an accompanying action plan. Audits generally had a finding against the new standards and actions required. On occasion inspectors found that themes were found to be compliant/met when inspectors noted that further actions were required and issues remained. There were good recommendations from the regional manager on the use of the model of care and placement planning. Inspectors noted that in some instances the issues that had been identified by the regional manager had not been addressed or resolved by the centre manager. For example, issues with supervision were noted in October 2018, however, was also listed in February 2019 as the issue had not been resolved.

The organisation held weekly centre managers Skype calls with the regional manager. This was a governance mechanism designed to support managers and address operational and care planning issues. However, from a review of a sample of minutes for the regional managers forum inspectors found that they did not contain enough details and there was a lack of evidence of substantial discussion on some care planning and operational issues. Inspectors did not find strategies in place to address presenting issues. The minutes for this forum were quite brief and often phrased as questions rather than detailing with the issue and providing strategies to address them. Records reflected that discussion was focused on issues and questions were posed but no follow up or solutions were presented. At times these records did not have a date or list of those who took part. Minutes were created under the headings of actions review; quality control; quality of care; staffing referrals and health and safety. However, there were instances where the section on quality of care was not completed and no discussions were recorded. Inspectors found that these meetings did not adequately address planning of care for young people and operational issues. In some instances the action plans for these audits were not fully completed and there was no evidence that some issue had been addressed.

Staffing

This centre had a staff complement of one manager, a deputy manager, two social care leaders and ten social care workers. There were also three trainee and two fixed term contract staff and a relief bank of five staff who worked as and when required. Of the 15 staff working regularly in the centre five did not have a qualification in social care. Inspectors found that one social care leader position was held by a staff member that did not have three years post qualification experience. A number of the permanent staff were working reduced hours; however, inspectors found that there was enough staff to meet the centre's purpose and function and that there was a

balance of experience on the staff team. Through interview inspectors noted that staff had an awareness of the needs of young people and were familiar with care practices and operational policies.

Inspectors conducted a review of a sample of staff personnel files and found that these contained up-to-date Garda vetting, references that had been verbally verified, training certificates, CVs and copies of qualifications. However, inspectors found that in some instances the qualifications for staff had not been verified with the awarding institutions. It was also noted that at times employment references were not obtained when they could have been and instead references from placement supervisors or course tutors were included. As such these references could not provide accurate information on employee conduct or suitability. It is important that employment references are obtained where possible.

Supervision and support

This centre had a policy that stated supervision would be conducted monthly. The function of supervision was split across the manager, deputy manager and two social care leaders. Each were trained in the provision of supervision; however, as noted above one supervisor did not have three years post qualification experience. As part of this inspection a review of a sample of supervisions was conducted including those carried out by the centre manager, deputy manager and one social care leader.

Inspectors found that there was inconsistency in the quality of supervision across the team and that the frequency of supervision was not in line with centre policy.

At times inspectors noted that there were good discussions on the planning of care for young people and there was strong support for staff members including agreed actions on training, professional development and care practice. However, it was observed that at times the supervisee was not bringing items for the agenda and the review of previous decisions was not always used effectively. Inspectors also noted that the section for placement planning contained substantial narrative rather than planning for young people and goal setting. Records for supervisions did not reflect discussion on the model of care being used in the centre or the SELF / PACE models. Supervision was not being used to ensure staff understanding and integration of the model in care practice.

From a review of the staff team meeting minutes, inspectors found that these were scheduled to occur monthly. However, there were periods of up to eight weeks where a meeting did not occur. There was agreement at this forum that meetings would be held more regularly, and this was also requested by the regional manager, but the frequency had not increased at the time of this inspection.

Inspectors noted that meetings focused on the planning of care for young people and were generally well attended. For one meeting the therapeutic plan for a young person was a focus and strategies were developed to help them manage their current behaviours. Inspectors also noted discussions on the model of care at team meetings. The focus of these meetings was placement planning for young people and guidance documents were also updated. This included reviews and strategies from the centre's '*functional analysis*' documents. Meetings also reflected on staff interventions and care practices and positive interventions were developed.

Inspectors noted discussions on child protection, risk management plans, therapeutic plans, clinical support and supervision and team meeting minutes contained action plans with persons responsible and clearly defined tasks. Inspectors also reviewed records for handover meetings and found these to be focused on the exchange of information and the planning of care for young people.

Training and development

Inspectors reviewed the training log and certificates in the centre and found that the majority of staff had up-to-date training in children first e-learning, fire safety, a recognised model of physical intervention and de-escalation and first aid. Some staff had received further training in medication management, sex education, report writing, and suicide prevention and there was further training planned for the rest of the year. However, inspectors noted that three staff required training in fire safety, two staff required training in first aid and two staff required training in Children First. This training should be provided in a timely manner.

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 7, Staffing (Numbers, Experience and Qualifications)

-Part III, Article 16, Notification of Significant Events.

Required Action

- The client services manager must conduct a review of the operation of governance mechanisms in the centre to ensure that they are being effectively implemented.
- The regional manager must ensure that social care leaders in the centre have the required experience for that post.
- The regional manager must ensure that vetting is in line with the Department of Health Circular on Vetting, 1995.
- The regional manager must review the provision of supervision to ensure that it adequately addresses issues of placement planning and care practice and occurs in line with centre policy.
- The centre manager must ensure that training in fire safety, first aid and Children First is provided to those staff who require it in a timely manner.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual Care in Group Living

This centre had a policy stating that a young person's identity would be fostered and a sense of individuality promoted. Inspectors reviewed key work reflecting this was on-going and the placement plans for the young person also promoted individuality. The centre was a large detached building in a rural area of Leinster. The young people each had a bedroom to themselves that they could decorate to their own tastes. There were communal areas for young people to meet with family and friends in private. The young people had two allocated key workers that undertook placement plan work with them and also accompanied them to activities and events. The model of care was relationship based and staff that were interviewed demonstrated an understanding of the needs of the young people. This was also reflected in placement planning and supervision records. There was evidence that young people were

provided with opportunities similar to that of their peers and that they spent time in the community.

Provision of Food and Cooking Facilities

Inspectors found that there were adequate cooking facilities in the centre and that there was a supply of nutritious food. The placement plans for young people noted programmes for healthy eating and they were consulted on a weekly menu planner on Sunday evenings. There was evidence that the young people shared meals with the centre staff and these were considered social events.

Restraint

This centre used a recognised model of physical intervention and de-escalation and each of the staff had received recent refresher training in this. Where restraint had been used there had been post crisis reviews of these incidents to see if further incidents of restraint could be minimised and for staff learning. Restraint was not a regular feature of the care of in the centre. Young people that were interviewed who had experienced restraint stated that they understood why this was used. Records of restraint were maintained and there was oversight by external line management of these.

3.6.2 Practices that met the required standard in some respect only

Race, Culture, Religion, Gender and Disability

The centre had a policy on race, culture, religion, gender or disability. Inspectors noted that placement plans addressed relationships with family, individuality and identity and that there was on-going work with young people on the sense of self and their place in the community.

Managing Behaviour

The centre had policies on managing both aggressive and violent behaviours. While individual crisis management plans were comprehensive documents, they contained substantial information that was not related to the crisis cycle or outburst behaviours. Inspectors found evidence of planning for behaviour management in the young person's placement plans, therapeutic plans, functional analysis documents and individual risk assessments. However, more systemic planning was required and the information in these documents needed to be reviewed and collated into a behaviour management plan that gave clear direction to staff on addressing challenging behaviours.

Inspectors reviewed the sanctions records for the centre and observed that they were appropriate and generally related to the behaviours of the young person. There was evidence of rewards for positive behaviours and overall there was a balanced approach to sanctions and rewards. Bullying was not an issue in the centre.

Absence Without Authority

The centre had a policy on managing unauthorised absences. This policy was consistent with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012*. Inspectors found that absence without authority was not an issue in the centre at present and that each young person had an absence management plan. However, inspectors found that these plans were not in keeping with the joint protocols and needed to be amended. Further, these documents needed to be reviewed monthly as required to evidence risk planning for the absence of young people and should be agreed with allocated social workers.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 16, Notifications of Physical Restraint as Significant Event*.

Required Action

- The regional manager must review behaviour management planning in the centre to ensure that documents provide clear direction to staff on the issue.
- The centre manger must ensure that absence management plans are in line with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012*.

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

Inspectors found that education was valued in the centre and that routines supported school attendance and study. Each of the young people living in the centre was attending an education placement regularly. The individual placement plans for young people were up-to-date and contained identified key working actions in support of education. There was evidence of on-going communication with course tutors and school. There were psychological and educational assessments on file and staff attended school meetings. There were records of young peoples' educational achievements and the structure of the centre supported homework and study.

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.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The client services manager must conduct a review of the operation of governance mechanisms in the centre to ensure that they are being effectively implemented.</p> <p>The regional manager must ensure that social care leaders in the centre have the required experience for that post.</p>	<p>A review of the governance systems has taken place in respect of the recommendation to ensure that these systems are robust and have a purpose and that there is evidence to support that these are effectively used and implemented with clear follow through noted on actions. Some items such as the self-audit have ceased operations and more effective planning documents have been implemented.</p> <p>At the time of the inspection there was one qualified social care leader that met the criteria in relation to qualifications and experience. The second social care leader was in an acting capacity to cover maternity leave and had the appropriate qualification but not experience. The second social care leader is returning from maternity leave on July 1st therefore the</p>	<p>The client services managers now conduct unannounced audits throughout all services to ensure that the systems that are in place are being utilised and are appropriate. All governance pieces are available on the online organisation's IT system to enable regular review by the Client services manager for effectiveness and implementation. This can be done both on-site in the services and remotely.</p> <p>The service will ensure that staff with the relevant experience and qualifications are appointed to management roles.</p>

	<p>The regional manager must ensure that vetting is in line with the Department of Health Circular on Vetting, 1995.</p> <p>The regional manager must review the provision of supervision to ensure that it adequately addresses issues of placement planning and care practice.</p> <p>The centre manager must ensure that core training is provided in a timely manner.</p>	<p>acting post will no longer be in place.</p> <p>Additional check added to the recruitment department checklist and is in place now.</p> <p>Completed on most recent review.</p> <p>Completed.</p>	<p>Current staff files are reviewed by our recruitment and regionals managers on a regular basis. This has now been added to the checklist and will be backdated if required.</p> <p>Supervisions reviewed at most recent regional audit and areas of focus identified with unit manager and other supervisors. This will be addressed at the next team meeting also. Some of this was a recording issue which was addressed at a local level and will be monitored via regional audit.</p> <p>Staff members who were out of date with training have now completed the training. Training is a fixed item on the agenda of each team meeting but needs more cohesive review at each meeting.</p>
3.6	<p>The centre regional manager must review behaviour management planning in the centre to ensure that documents provide clear direction to staff on the issue.</p>	<p>There is a new risk management document will be implemented in the near future. This document has been developed and can be forwarded if and when required.</p>	<p>The risk management plan will harness the appropriate section of the IAMP and the ICMP and other relevant documents and will offer clear guidance to staff members. This will be reviewed in supervision and at</p>

	<p>The centre manger must ensure that absence management plans are in line with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012.</p>	<p>This has been addressed.</p>	<p>team meetings. At present the risk management strategy is too diluted across too many documents. Prior to this document being implemented all risk assessments will be reviewed at the weekly link in meeting to ensure they offer sufficient guidance.</p> <p>This arose from the unit being selected as part of a pilot project and the correct documentation is now in place.</p>
--	--	---------------------------------	---