



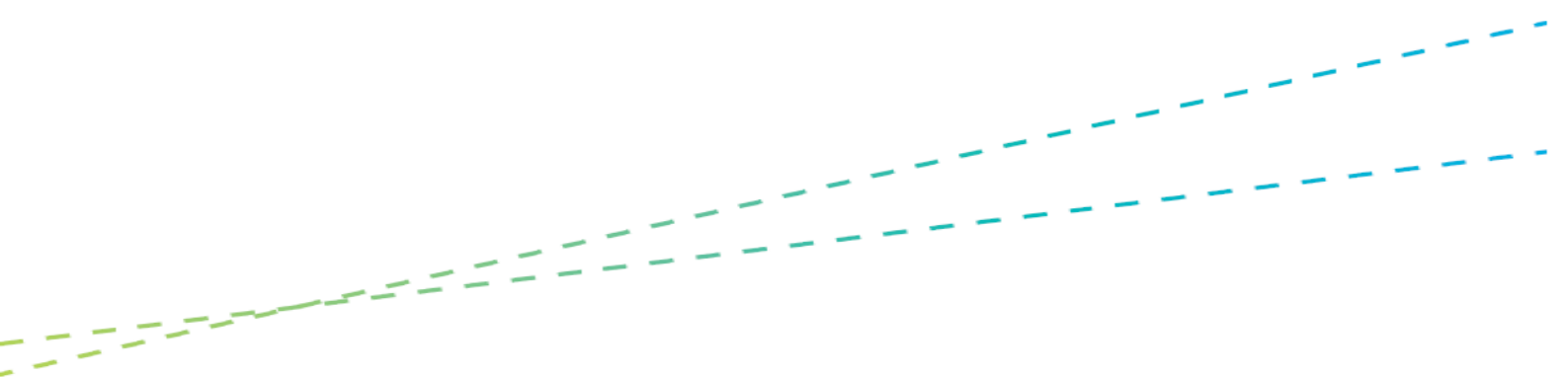
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 048

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:	11th & 12th June 2019
Registration Status:	Registered from the 16th July 2017 to the 16th July 2020
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	21st November 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.4 Children’s Rights	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	

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 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 July 2011. At the time of this inspection the centre was in their third registration and was in year two of the cycle. The centre was registered without conditions from the 16th July 2017 to the 16th July 2020.

The centre's 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 three young people in residence at the time of inspection.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 6 'care of young people', standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 11th and 12th June 2019.

1.2 Methodology

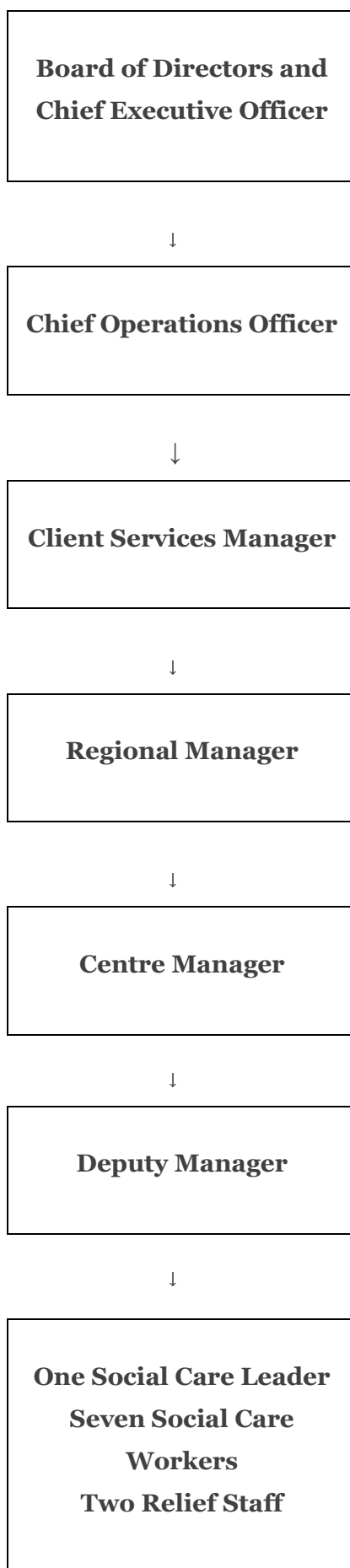
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) The acting deputy manager
 - b) Seven of the care staff
 - c) The client services manager
- ◆ An examination of the centre's files and recording process:
 - Specific sections of the three young people's care files
 - Personnel files
 - Staff supervision records
 - Complaints register
 - Staff team meeting records
 - House meeting records
 - Management meetings
 - Significant event register
 - Centre audit reports
 - Maintenance log
 - Safety documents
- ◆ 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 regional manager
 - d) The company's clinical psychologist
 - e) Two staff members
 - f) Three young people
 - g) The social workers for the 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional manager and the relevant social work departments on the 21st August 2019. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service by the 4th September 2019. The regional manager returned the report on the 27th August 2019 acknowledging that no factual errors had been identified.

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: 048 without attached conditions from the 16th July 2017 to the 16th July 2020 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

The inspectors found that the centre manager was a suitably qualified person and was in post for four years at the time of the inspection. Previous to this they had worked in the centre as a social care leader. The manager was responsible for ensuring suitable and appropriate operational practices were in place which included the supervision of the staff, daily interactions with the young people, observations of staff practices, attending staff meetings and reviewing records. Inspectors found evidence on file that the centre manager also monitored the progress of young people; ensured risk assessments were in place, followed up on significant events and liaised with external professionals. External professionals informed inspectors that communication practices to them regarding the transfer of key information relevant to each individual young person were proactive and effective. The manager was supported in their role by an experienced deputy manager. Staff members that were interviewed by the inspectors stated that the manager was supportive of their practice, provided good leadership and held them accountable.

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. The regional manager had previously managed the centre and had a good knowledge of the young people and staff in the centre. The regional manager was provided with regular updates regarding the young people from the centre manager. There was evidence on file and from interviews with staff that the regional manager had visited the centre regularly on a formal and informal basis and had attended staff meetings occasionally. The regional manager conducted monthly audits, monitored care files, reviewed significant event reports and met regularly with the staff and young people. The inspectors viewed a sample of the monthly audit reports which provided good evidence that the work of the centre was overseen and monitored on a regular basis. The manager also held weekly regional online meetings with other centre managers in the region. Records of these

meetings viewed by inspectors recorded issues discussed included staffing, training, policies and procedures along with operational and quality issues. Minutes of these meetings recorded decisions taken and action plans to be implemented.

At the time of inspection, the deputy manager was on planned leave and the manager was also due to go on leave for an extended period. In response the company had appointed an acting deputy manager a month prior to the inspection. Post inspection the inspectors were informed that a deputy manager from another centre within the company had been appointed to the acting manager role. The inspectors recommend that senior management must provide additional oversight, support and supervision of the centre during the period that the centre is being managed by acting managers.

Register

A register of all young people who live in the centre was maintained by the manager. The inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the residents were properly recorded, as were the discharge details of the previous residents. 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 examined the significant event records, and were satisfied that the significant events affecting young people living in the centre were notified to the Child and Family Agency. Significant event reports were maintained on the individual care files and the centre maintained a log of all significant events. Social workers interviewed by the inspectors confirmed that they received written significant events reports and were notified promptly. There was a clear system of oversight and review of the significant events. The regional manager, centre manager and where appropriate the company's behaviour management coordinator reviewed significant events and provided feedback to the staff team.

Staffing

Inspectors found that there were adequate levels of staff to fulfil the centre's purpose and function. The staff team at the time of inspection consisted of a centre manager, deputy manager, one social care leader, seven social care staff and relief staff. There was a stable core team in place, a number of whom including the manager and deputy manager had worked in the centre for a number of years. There was a good gender mix in the team and all staff had a social care or related qualification. Inspectors

observed that staff were committed and the young people were well cared for in the centre. The interactions observed during the inspection between staff and young people were friendly and respectful.

The inspectors carried out a sample audit of the personnel files of a number of staff who had been employed since the previous inspection and found that they had been appropriately vetted in accordance with relevant requirements. There was evidence on file that newly recruited staff members undertook an induction process and this was confirmed by staff members that were interviewed.

Supervision and support

The inspectors examined a sample of the staff supervision records and found good evidence that the team received regular formal supervision during the period under review. The centre manager was supervised by the regional manager and the manager supervised the staff team. The centre used a standard template for recording supervision which was completed comprehensively in the files reviewed. The inspectors found that placement plans and key working were consistently reviewed as part of supervision. Supervision records also demonstrated constructive feedback to staff regarding their performance.

Team meetings had taken place generally on a monthly basis. There were comprehensive minutes on file and the meetings were well attended. The agenda items included young people's placement plans, training and health and safety. The plans and progress of each young person was discussed in depth and there was evidence that young people's rights formed part of the agenda. Team meetings recorded action plans identifying persons responsible and timeframes for completion of these actions.

Daily handovers took place in the centre. The inspectors reviewed the handover sheet which reflected that there was a comprehensive sharing of information. Staff reported that there was a clear process of communication between shifts. The centre had a number of support mechanisms in place for staff including on-call support and debriefing following serious incidents.

Training and development

The manager provided the inspectors with a record of staff training. The inspectors found that all the full time staff had the required core training including, child protection, fire safety, a recognised model of physical intervention and de-escalation and first aid. Staff interviewed by the inspectors stated that there were on-going

opportunities for staff to attend further training. Additional training staff had received included medication management, manual handling, key work training and report writing.

The inspectors interviewed the company's psychologist during the course of the inspection. Their role included providing clinical guidance to the team, developing therapeutic care plans for the young people and providing training in the centre's care framework. The inspectors found that the staff interviewed were familiar with the centres model of care and were able to demonstrate its application in their work with the young people and this was also evidenced on care files.

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 regional manager were monitoring the quality of records. The centre had arrangements in place for the archiving of files.

The inspectors were satisfied that there were clear financial management systems in place and that the centre manager was satisfied that the monies allocated to the centre were adequate.

3.2.2 Practices that met the required standard in some respect only

None identified.

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

None identified.

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

The three young people in interview confirmed to the inspectors that they were consulted, and that their opinions and views were sought on decisions affecting their daily lives and future. The young people said they were very happy living in the centre and spoke positively of the management and staff team. Social workers told inspectors that the staff were attuned to the young people's needs and had developed good relationships with the young people.

There was good evidence on file that residents' meetings were taking place three or four times a month and that there was good attendance from the young people. A review of the house meeting records showed that young people's issues were being recorded along with feedback in response to issues raised from the manager and deputy manager who co-signed the records. The inspectors were satisfied from interviews with the young people that they were knowledgeable about their rights and responsibilities, and that the young people's rights were reflected in centre policies. The young people informed the inspectors that they were given written information on their rights and responsibilities on admission to the centre. Young people were encouraged to attend their statutory reviews and when they chose not to attend there was evidence on file that they had completed review forms and staff had advocated on their behalf. EPIC (Empowering People in Care), the children's advocacy group had visited the centre two months prior to the inspection and provided information for the young people in relation to their advocacy service.

Complaints

The centre had a complaints policy in place which had been reviewed and updated since the previous inspection to include a reference to "Tell Us", the Tusla policy for

complaints and feedback. Young people informed the inspectors that they knew how to make a complaint and they could identify people they could make a complaint to. There was evidence that complaints were responded to appropriately and addressed either by the staff team or by their social workers. The young people's social workers confirmed this. The inspectors reviewed the complaints on file and were satisfied that there was sufficient evidence to indicate that these complaints had been investigated and brought to a conclusion. The staff interviewed had a clear understanding of the complaints procedure. The inspectors found that the complaints log was reviewed and monitored on a regular basis by the manager and the regional manager through their audit process.

Access to information

The centre has a written policy on young peoples' access to their written information. The manager and staff stated that young people could access information contained in their logbooks and care files. There was evidence on file of each young person being offered access to their records on a monthly basis and all young people confirmed this in interview. One young person who was due to leave care in the coming months had not accessed their records. There was good evidence of staff encouraging the young person to access his records before he left care.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People*.

Required Action

None identified.

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

Inspectors found that from speaking with the young people and reviewing young people's daily plans and records that attention was given to their individual needs and interests. Young people were encouraged to engage in the community and some were linked in with local clubs and activities. Each young person had a dedicated key worker and co key worker who focus on the individual needs identified in the young person's placement plan. The inspectors found from reviewing a sample of key working sessions that they were linked with placement plan goals. The young people were provided with their own bedroom which they had personalised and decorated according to their own taste. From interviews with care staff and a review of files young people were supported with any issues in relation to hygiene in a sensitive manner. The young people told the inspectors that their birthdays and other festive celebrations were acknowledged and celebrated in the centre.

Provision of food and cooking facilities

The inspectors observed that the young people had access to adequate amounts of nutritious and appetising food. The young people said that they had opportunities to participate in devising menus, accompanying staff on shopping trips and be involved in cooking. One young person had a flair for baking and this was encouraged and facilitated by staff. Young people were encouraged by staff to maintain a healthy diet and lifestyle.

Race, culture, religion, gender and disability

The centre had a written policy on discrimination. The policy recognised that young people in the centre can be vulnerable to discrimination through being in care. The policy promotes the recognition of diversity in race, culture, religion, gender and

disability. The inspectors found that the manager and team were aware of their role and responsibilities in this area. Individuality and diversity was valued and the centre endeavoured to maintain a culture of acceptance and respect. Staff stated that young people in the centre can practice their religion of choice if they so choose.

Managing behaviour

The inspectors were satisfied that the centre had an appropriate policy on behaviour management. The inspectors found clear evidence from interviews with the centre manager, care staff and social workers that positive relationship building was the foundation of the teams practice approach. All staff were trained in an approved model of behaviour management. Each young person had an I.C.M.P. (individual crisis management plan) on file which had been reviewed on a regular basis and updated as required. These I.C.M.P.s outlined high risk behaviours, possible triggers and detailed appropriate intervention strategies for staff. In addition, there were practice guidelines in place for each young person along with individual risk assessments. Records of significant events reflected a consistent approach from the staff team that included post incident work with the young people to explore and promote alternative coping strategies. There were no instances of bullying recorded in the centre and the young people the inspectors met confirmed that they had never been bullied in the centre. There is a policy and procedure in place for staff to follow to prevent and deal with bullying if it is required. The centre had a written policy on sanctions and sanctions were recorded and monitored by management. There was evidence from a review of sanction records on file that sanctions were age appropriate and the centre were focussing on rewarding positive behaviour.

Restraint

The centre had a policy on the use of physical restraint. All of the staff team were trained in a method of physical restraint that had been researched and was based on reputable practice and had regular refreshers. Each young person had an individual crisis management plan which identified the appropriate form of restraint for each young person if required. There were no restraints recorded in the period under review.

Absence without authority

The centre has a written policy on absence without authority. Each young person had an absence management plan in place which had been developed in conjunction with their supervising social workers. There were a small number of absences on file for one young person. The inspectors found that these absences were managed well. The staff were aware of the Children Missing from Care: a Joint Protocol between an

Garda Síochána and the HSE Children and Families Services, 2012 on reporting young people missing from care and follow as necessary.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

None identified.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The centre had a comprehensive set of policies and procedures covering safeguarding and child protection. Inspectors found through interviews that the centre manager and staff team had an awareness of safeguarding practices. Staff members cited a lone working policy and a whistleblowing policy along with a culture of openness and reflective practice whereby staff are encouraged to challenge each other as good safeguarding practices. The young people had individual risk assessments and safety plans on file which had been reviewed on an on-going basis and following significant events. Night time cover in the centre was provided by two sleep-in staff. At the time of inspection there were three teenage residents, two males and one female who slept on separate floors with a staff member present. The young people's bedroom

windows and doors were not alarmed as the centre management were of the view that they were not required based on the profile of the current residents. Inspectors recommend that this is formally risk assessed, documented and regularly reviewed.

The centre had a written child safeguarding statement that had been reviewed and deemed compliant by the Tusla child safeguarding statement compliance unit. Effective consideration was given to safeguarding when recruiting, vetting, inducting and supervising staff. Young people at the centre had access to make telephone calls and to meet with family and professionals in private and information was provided to them on their rights. All three placing social workers confirmed to inspectors that they had visited the centre and met with the young people in private.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre had a policy on child protection which included safeguarding and child protection. Training records viewed by inspectors recorded that all staff had completed training in Children First: National Guidance for the Protection and Welfare of Children, 2017 along with the new E-learning training programme. Staff in interview were clear of the procedures to follow in the event a young person disclosing some form of abuse. The inspectors found that there had been three child protection concerns made by the centre in relation to the young people in the year prior to inspection. Records examined by inspectors showed that these were reported appropriately. All of the reports made were found by inspectors to be responded to and safety measures where necessary were taken to promote the on-going safety of the young people involved.

Required Action

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

This centre was a detached property located in a housing estate overlooking a seaside town. Overall the accommodation was fit for purpose for the three young people in residence. The inspectors found at the time of this unannounced inspection that the centre was being redecorated with a number of rooms being repainted, new furniture purchased, bathrooms upgraded etc. Each young person was allocated their own room on admission to the centre and the inspectors found that the rooms were comfortably furnished and personalised. There were gardens to the front and rear of the property. Inspectors recommend that the centre should consider fencing in the rear garden to make it more secure. There was access to amenities, leisure services and shopping within a short walking distance from the centre. Evidence of insurance cover was provided to inspectors.

Maintenance and repairs

Routine maintenance and repair work was carried out by a maintenance team employed by the organisation. The inspectors reviewed the maintenance log and found that generally repairs were dealt with promptly. The inspectors found that the regional manager also routinely monitored the premises and conducted audits to ensure the maintenance of standards and safety as required under the national standards.

Safety

The centre had a Health and Safety statement on file which was signed by all staff. The centre manager was the health and safety officer for the centre and inspectors observed from the files that health and safety audits were being conducted on a

monthly basis and identified deficits were addressed. There were two designated house cars and staff were licensed and insured to drive these. Medicines for young people were stored and secured in the staff office, the administration of which was recorded appropriately in young people's medication folders. All of the staff were trained in first aid.

Fire Safety

Inspectors found that fire detection and fire safety equipment at the centre met the required standard and all staff had received fire safety training. The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm and that all fire prevention equipment is regularly checked by external fire safety consultants. The inspectors found evidence that care staff carried out regular fire drills, daily inspection of fire fighting equipment, weekly checks of emergency lighting and young people and staff are informed of the fire procedure as part of their induction to the centre.

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

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

None identified.