



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 058**

**Year: 2018**

Alternative Care Inspection and Monitoring Service  
Tusla - Child and Family Agency  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>17<sup>th</sup> and 18<sup>th</sup> December 2018</b>
<b>Registration Status:</b>	<b>Registered from 24<sup>th</sup> May 2017 to 24<sup>th</sup> May 2020</b>
<b>Inspection Team:</b>	<b>Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>03<sup>rd</sup> May 2019</b>

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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 June 2014. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without attached conditions from the 24th of May 2017 to the 24th of May 2020.

The centre's purpose and function was to accommodate and provide care for four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as being based on theoretical frameworks including attachment theory and the safety, emotional, loss and future programme (SELF). The centre also uses the Pathways programme with a strong link to the young people's community. There were four young people in residence at the time of inspection.

The inspector 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 announced and took place on the 17<sup>th</sup> and 18<sup>th</sup> December 2018.

## 1.2 Methodology

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

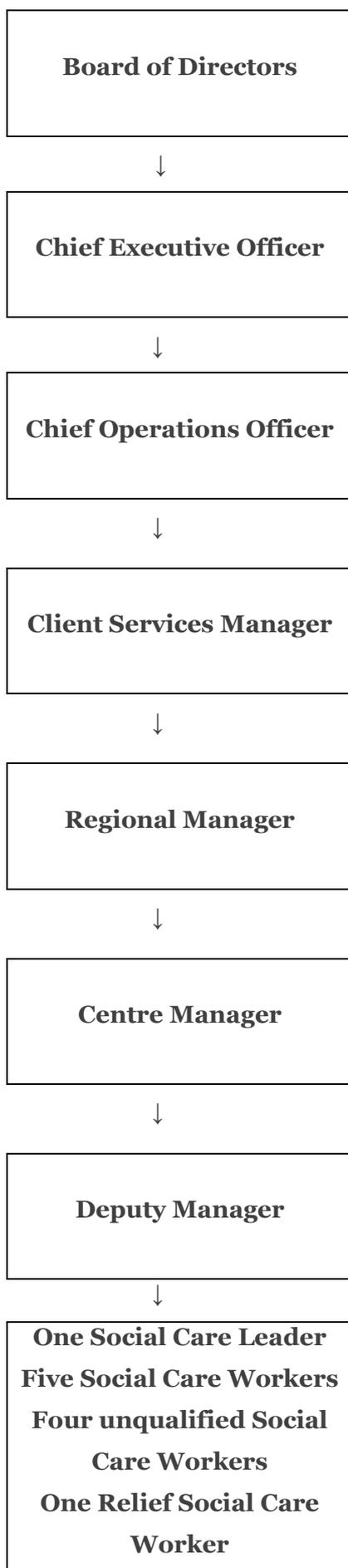
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) The chief operations officer
  - b) The client services manager
  - c) The centre manager
  - d) The social care leader
  - e) Nine of the care staff
  - f) Three young people residing in the centre
  
- ◆ An examination of the centre's files and recording process.
  - Four young people's care files
  - Staff personnel files
  - Supervision records
  - Training records
  - Centre register
  - Complaints register
  - Staff team minutes
  - House meeting minutes
  - Centre audit reports
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) The regional manager
  - c) One social care leader
  - d) Two social care staff
  - e) The four-young people residing in the centre
  - f) Three social workers with responsibility for young people residing in the centre
  - g) One social worker team leader with responsibility for a young person residing in the centre

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspector 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.

## 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 13<sup>th</sup> March 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 28<sup>th</sup> March 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: 058 without attached conditions from the 24<sup>th</sup> of May 2017 to the 24<sup>th</sup> of May 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 manager of the centre had been in post for two years prior to the inspection. The manager was appropriately qualified and had extensive experience in residential care. The manager was responsible for ensuring suitable and appropriate operational practices were in place which included the supervision of staff, placement planning, oversight of risk assessments and as well as attending staff meetings, reviewing records and daily interactions with the young people. The inspector found evidence that the centre manager monitored the progress of young people, followed up on significant events and liaised with external professionals regarding the young people. The manager was supported in their role by an acting deputy manager and social care leader. Social workers informed the inspector that communication practices to them regarding the transfer of key information relevant to each individual young person were proactive and effective. Social workers for the four young people in residence also spoke of the high level of commitment and care provided to the young people by the manager and the staff team.

External oversight was provided by a regional manager and a national client services manager. These in turn were accountable to a chief operations officer who reported to a chief executive officer and a board of management. The regional manager was provided with updates on the young people by the centre manager and there was evidence on records that they visited the centre on a regular basis. The regional manager conducted monthly audits of the centre, monitored care files, personnel files, reviewed significant event reports and met with the young people. The inspector viewed a sample of these audit reports which provided good evidence that the work of the centre was overseen and monitored on a regular basis.

The centre had systems in place to review young people's progress and to assess the quality and effectiveness of the services provided by the centre, including weekly managers' meetings with the regional manager and client services manager. At this

meeting centre managers were requested to contribute to the agenda and issues and concerns raised were brought to the attention of the senior management team. The inspector reviewed minutes of these meetings which recorded decisions taken and action plans to be implemented.

### **Register**

A register of all those who lived in the centre was maintained by the centre manager. The inspector examined the centre register and found that the admission and discharge details of residents 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 inspector was satisfied that a prompt notification system of significant events was in place. The inspector noted that the centre had a register to record significant events and significant event reports were maintained on each young person's file. There was a clear system of oversight and review of the significant events. The regional manager, centre manager and where appropriate the company's behavior management coordinator reviewed significant events and provided feedback to the staff team. The placing social workers confirmed to the inspector that they received written significant events reports and were notified promptly.

### **Supervision and support**

The centre had a supervision policy which stated that individual supervision is provided once every four – six weeks for all full time staff. Supervision is provided by the manager and social care leader. The manger received formal supervision from the regional manager who also offered informal support through regular phone contact and visits to the centre. The inspector reviewed a sample of staff supervision records and found that the staff received formal supervision on a regular basis in accordance with the centre policy .Supervision was primarily focussed on placement planning and the needs of the young people. There was evidence of a shared agenda and evidence of staff practice being addressed. The inspector noted that the training and development and performance feedback sections of the supervision record template were not always completed by the manager and this should be addressed.

Team meetings were held monthly and there was evidence of a good level of attendance. A review of the team meetings showed that the focus of the meetings was on the young people and how best to support them. The minutes of the most recent

team meetings contained action plans which assigned individuals specific tasks and timeframes for these actions to be completed which is good practice.

Handovers took place daily. A new staff roster had been introduced prior to the inspection and this is discussed in more detail further on in report. The introduction of the new roster changed shift patterns and resulted in some staff coming on shift receiving a written hand over as opposed to a verbal one. Considering the fact that there are four young people residing in the centre the inspector had concerns regarding the effectiveness of this system. The inspector recommends in line with best practice and ensuring effective communication that verbal handovers must be put in place to ensure there is a comprehensive sharing of information and a clear process of communication between shifts.

There was evidence on records that the manager supported the staff team to manage the care of young people in the centre and provided debriefing for staff following serious incidents. Staff members interviewed stated that the manager was approachable and supportive and expressed confidence in the manager's ability to provide effective leadership.

### **Training and development**

The inspector found that there was an effective ongoing staff training and development programme in place for staff; all full time employees had the core training in child protection, behaviour management, fire safety and first aid. Additional training provided to staff included report writing, keyworking, and training on the centres model of care. Staff interviewed by the inspector stated that there were ongoing opportunities for staff to attend further training which was funded by the organisation.

### **Administrative files**

The inspector reviewed the administrative files at the centre and found that there were systems in place to facilitate effective management and accountability. There was also evidence that the manager and external managers were monitoring the quality of the centre records. All records relating to young people who leave the centre were kept in perpetuity in a storage facility maintained by the organisation. The inspector was satisfied that there were clear financial management systems in place and that the centre manager was satisfied that they were provided with appropriate funding to operate the centre.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Staffing**

The staff compliment at the time of inspection consisted of the centre manager, an acting deputy manager, one social care leader, five social care workers, four trainee social care workers and one relief staff. Eight of the staff had between seventeen months and thirty two months experience in residential care with the company. Of the four trainees, two had over two and a half years residential care experience, one was in training and the other staff member did not have the relevant qualification in social care. The other two trainees had been appointed prior to the inspection; one had eight months experience and was in training. The second trainee had no residential care experience and was unqualified. The inspector was informed that they had committed to undertaking an approved training course.

The inspector viewed a sample of personnel files of the newly recruited staff members and was satisfied that they had been appropriately vetted. There was evidence on file that newly recruited staff members undertook a structured induction process and this was confirmed by staff members that were interviewed.

The findings of the previous inspection in relation to staffing were that the centre service directors must review its ability to maintain a consistent staff team within the centre. The inspector found in this inspection that the centre's inability to maintain a consistent staff team was still an issue. This was evidenced by the fact that there had been eight changes to the staff team in the twenty one months since the previous inspection and ten of the staff team presented for this inspection had been appointed in the previous year. The company operated a staff interchange policy and relief and contract staff from other centres within the company were used to cover shifts when required. At the time of inspection the centre was also providing an outreach service to a young person who had moved on to aftercare which placed an additional strain on staffing resources. Social workers the inspector interviewed stated that they had noted a high staff turnover in the period prior to the inspection ,but also commended the level of commitment and care the staff provided to the young people and their efforts to achieve the objectives set out in the young people's care plans.

In interview with the regional manager and centre manager both highlighted that a number of staff had moved on as a result of internal promotions within the company but they were unable to state reasons for such a high turn-over of care staff which was concerning as it did not show insight into the barriers to care staff retention. The inspector requires that the management ensures that a consistent staff team is

maintained in the centre in order for the centre to provide a stable environment for the young people and for the purpose and function of the centre to be realised. In addition, the use of external staff must be kept to a minimum. Senior management must also review the reasons for the ongoing high staff turnover and strategies employed by the organisation to retain care staff.

Prior to the inspection the staff roster changed following the company's implementation of Organisation of Working Time Act (1997) and the associated implications with the Working Time Directive. The inspector examined the new roster and had concerns in relation to two of the shift patterns that were in operation at the time of inspection. One of these shifts was of twenty hours duration. This shift commenced at 8.00 am and the staff member worked until 4.00 am. At 4.00 am the staff member went to bed until 8.00 am after which time they were off duty. The second shift pattern was as follows: the staff member commences their shift at 8.00 am and is on duty until 12.00am. They are then expected to go off duty and sleep for four hours. This staff member is back on duty again at 4.00 am and works until 8.00 am. At 8.00 am their shift finishes and they are off duty and can leave the centre.

While acknowledging that these shift patterns may include scheduled breaks and may be legally compliant with the Organisation of Working Time Act, the inspector formed the view that these shift patterns were not in the best interests of safeguarding children and safe care practices. Some staff the inspector interviewed acknowledged the length of these shifts could be an issue for them particularly if there were a number of challenging incidents to manage during the course of the day. Social workers when informed of these shift patterns by the inspector also expressed concerns in relation to the length of these shifts and the possible implications on safe care practice. When developing appropriate rostering arrangements, the centre should consider the needs of the children placed there, the requirement to provide adequate cover and maintain a safe level of staffing and also to observe the employers appropriate duty of care to employees. The inspector is of the opinion that the model of rostering does not extend to an appropriate level of care and should be reviewed

### **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**

- Senior management must provide the inspectorate with a targeted plan of how they are going to maintain a stable consistent staff team in the centre
- Senior management must review the reasons for the ongoing high staff turnover and strategies employed by the organisation to retain care staff.
- Senior management must review the current roster in operation to consider the needs of the children placed in the centre, the requirement to provide adequate cover and maintain a safe level of staffing, and also to observe the employers appropriate duty of care to employees.

## **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 inspector found evidence that the views of the young people were sought when decisions were being made that affected their daily life and routine. This was confirmed through interviews with the four young people and the staff team. The young people said they were very happy about the quality of care provided to them and spoke positively of the management and staff team. All four young people confirmed to the inspector that they were satisfied that they could approach staff and felt their views were heard. The staff team encouraged young people to attend weekly young people's meetings. The inspector reviewed the minutes of these meetings and found that the young people were consulted around meal planning and activities, etc. The records evidenced good participation and decisions and actions were recorded.

Young people had allocated key workers who met with them individually on a regular basis and the inspector found evidence of good quality key working sessions taking place. The young people confirmed that they were aware of their care plans and had attended care plan review meetings.

The young people informed the inspector that they were given written information on admission to the centre. In the year prior to inspection EPIC (Empowering People in Care), the children's advocacy organisation had visited the centre on a number of occasions and provided information for the young people in relation to their advocacy service. The inspector noted that there was also EPIC literature available in the centre.

### **Complaints**

The Inspector was satisfied that a complaints procedure was in place. Young people interviewed told the inspector that they were aware of how to make a complaint and felt confident that they could speak to the manager and staff about any issues they were unhappy with. The inspector found that the centre maintained complaints register in hard copy and electronically. Staff interviewed had good knowledge of the complaints procedure, and what to do in the event of a complaint. There were no serious complaints during the period under review, and the inspector was satisfied that the complaints registered by residents during the period under review were properly investigated and recorded. The placing social workers stated to the inspector that they were satisfied with the centres handing of complaints.

The complaints policy provided to the inspector did not contain information in relation to the Tusla's complaints procedure 'Tell Us' outlining how children could make a complaint about any aspect of Tusla's services. The inspector recommends that the policy is updated to incorporate this information.

### **3.4.2 Practices that met the required standard in some respect only**

#### **Access to information**

The centre has a written policy on access to information and there was information in the young person's booklet informing them of their rights regarding accessing their file. The inspector reviewed care files and found evidence of young people being offered their records but little evidence of young people availing of this option. In addition to this not all staff in interview were clear on the centre's policy on access to information and specifically on what information young people had access to. The centre manager must ensure that all staff are aware of the centres policy on young

people's access to information and access to information by young people must be actively and consistently promoted.

### **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**

- The centre manager must ensure that all staff are aware of the centres policy on young people's access to information and access to information by young people must be actively and consistently promoted.

## **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 inspector found from 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. At the time of inspection three of the young people had educational placements. One young person was not attending their placement and there was evidence on file that the centre were actively trying to engage the young person to return to education. The supervising social worker and centre manager informed the inspector that they were pursuing other appropriate educational/employment options for the young person including home tuition. The centre maintains a register of contact with schools/education placements which provided evidence that the centre is actively engaging and supporting young people in their educational placements. Social workers stated that management and staff were strong advocates in sourcing and 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**

Medical examinations were taken up prior or after the admission of the young people. All young people had access to a G.P. The inspector 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 appropriate guidance for the young people in health education including sexual health and development, 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 stated that the centre had been very proactive and responsive in managing health concerns that had arisen.

All medicinal products were stored safely and securely in the staff office and the inspector was satisfied that the administration of medicines was properly recorded.

### **3.9.2 Practices that met the required standard in some respect only**

None identified.

### **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**

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>Senior management must provide the inspectorate with a targeted plan of how they are going to maintain a stable consistent staff team in the centre.</p> <p>Senior management must review the reasons for the ongoing high staff turnover and strategies employed by the organisation to retain care staff.</p>	<p>The issue identified by the inspectorate is staff being transferred out of the centre either through promotion, to grant transfer requests owing to location, fixed term contracts coming to an end or short term transfers.</p> <p>The organisation recognises that staff retention is a sector wide issue affecting both the private, voluntary and statutory sector. In the period identified only two staff assigned to the centre resigned from the organisation. However we acknowledge that between promotions , transfer requests being granted and fixed term contracts coming to an end an additional ten staff left the centre in the time period identified.</p>	<p>Internal transfer requests to other Units will not be facilitated and the practice of issuing fixed term contracts in the centre will cease. The centre contracted staff will only work in the centre and will not be subject to short term transfers.</p> <p>Time frame : with immediate effect</p> <p>In relation to the centre: Internal transfer requests to other Units will not be facilitated and the practice of issuing fixed term contracts in the centre will cease.The centre contracted staff will only work in the centre and will not be subject to short term transfers.</p> <p>The organisation: additional appointments have been made to the training department and clinical department with a view to providing additional training and support</p>

	<p>Senior management must review the current roster in operation to consider the needs of the children placed in the centre, the requirement to provide adequate cover and maintain a safe level of staffing, and also to observe the employers appropriate duty of care to employees.</p>	<p>In consultation with the staff team rostering arrangements have been reviewed and amendments made with a new shift pattern introduced. A new shift pattern has been introduced - 4pm to 8am</p>	<p>to all out staff teams Time frame : recruitment campaign underway for trainer and Assistant Psychologist  The rostering arrangement at the centre will be reviewed on a regular basis in consultation between Senior Management , Centre Management and the staff team.</p>
3.4	<p>The centre manager must ensure that all staff are aware of the centres policy on young people’s access to information and access to information by young people must be actively and consistently promoted.</p>	<p>This issue arised from staff interviewed at time of inspection appearing to lack clarity around young people accessing information. The centre staff are all aware of young people being offered daily logs regularly and how to log same.</p>	<p>In response to this report, the centre manager will under take covering Access to Information Policy in team meeting for the months of March &amp; April 2019 this will be minuted in team meeting minutes, and also discuss this further with individual team members in Lakeview through supervision. Timeframe for completion : 17<sup>th</sup> April 2019</p>