



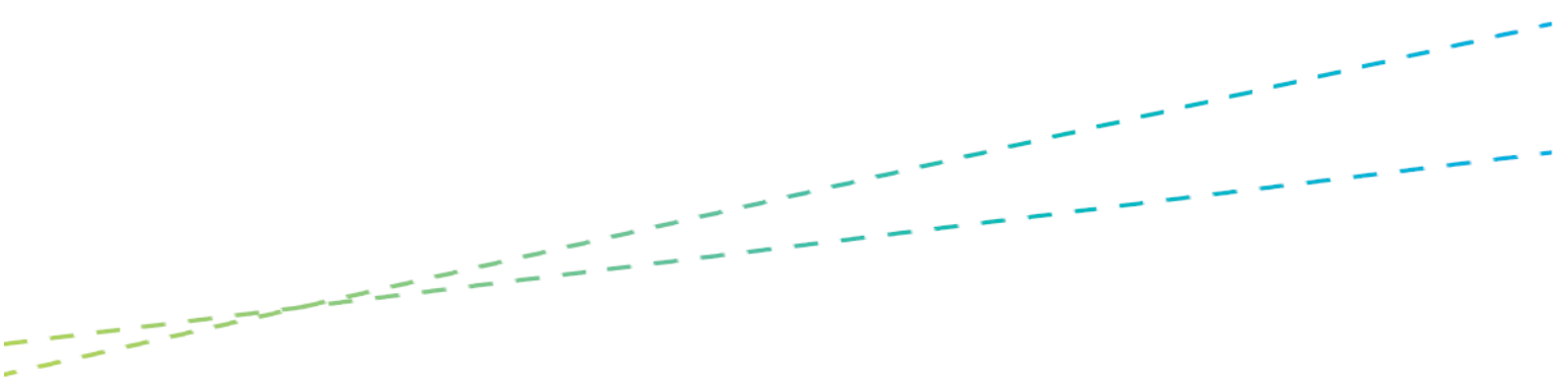
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 083

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Rainbows community services
Registered Capacity:	Five young people
Dates of Inspection:	26th and 27th of February 2019.
Registration Status:	Registered from the 19th February 2017 to 19th February 2020
Inspection Team:	Sinead Diggin Catherine Hanly
Date Report Issued:	12th July 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in March 2008. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without attached conditions from 19th February 2017 to 19th February 2020.

The centre's purpose and function was to accommodate five young people of both genders from age thirteen to seventeen years on admission. At the time of inspection there were three young people resident in the centre. Their model of care was described as being relationship based.

The inspectors examined standards 2 'management and staffing' and 8 'education' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 26th and 27th of February 2019.

1.2 Methodology

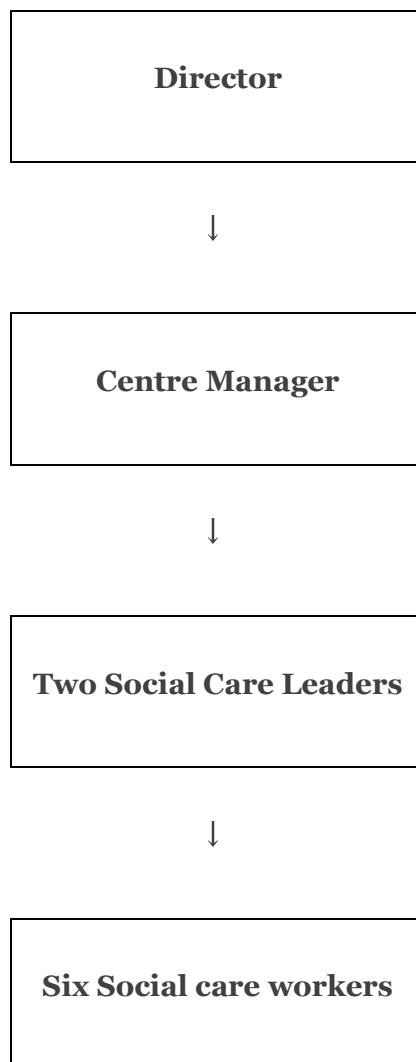
This report is based on a range of inspection techniques including:

- ◆ An examination questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) One young person residing in the centre
 - c) One social worker with responsibility for young person/people residing in the centre.
- ◆ An examination of the centre's files and recording process.
 - care files
 - supervision records
 - Training records
 - handover book
- ◆ 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 management
 - b) Two care staff
 - c) One social worker
- ◆ 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, director of services and the relevant social work departments on the 11th June on 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 17th 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 register this centre, ID Number: 083 without attached conditions from the 19th February 2017 to the 19th February 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

There had been recent changes in the management within the organisation. The manager of the centre had only been in post for two weeks at the time of inspection but had been the deputy manager in the centre for six years prior to that. In total, the manager had worked in the centre for ten years. The manager was suitably qualified and as well as being experienced, had considerable knowledge of the centre and the wider organisation. The manager worked 9-5 pm Monday to Friday and also provided on call. They described their role as having overall responsibility for the centre. They stated their duties included overseeing centre paperwork including care files, significant event notifications as well as scheduling the rota. The manager stated that their induction to the role of manager was still ongoing and the director of service continued to be present in the centre three days a week to support the manager in their new role and to ensure continuity for the running of the centre.

The manager was line managed by the director of service who had recently been appointed to the role. They had previously been the manager in this centre. The organisation operates two residential and the director of service had responsibility for oversight of both centres, including line managing both managers. Inspectors found some evidence of oversight in centre records from both the manager and director of service. In interview the director of service stated that more oversight was required and they intended to implement this. Inspectors recommend that the director of service develop an audit tool for external oversight and conduct audits both announced and unannounced. Inspectors reviewed recent management meetings and found there was a set agenda in place. Managers from both centres had attended and issues in both centres were discussed, as well as organisational issues and planning including training. There was evidence that deputy managers had also attended. There were no records of management meetings chaired by the previous director of service available for review at the time of the onsite inspection. The centre also had a

weekly audit book which was completed by staff. This was used as a check list to ensure staff had completed daily tasks in the centre. It was a tick box system but also had a comment section if tasks had not been completed.

Register

The centre had a register in place in which the details of all young people who had been resident in the centre were recorded. 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 register of significant events. The lead inspector and social workers of the young people were satisfied that they were notified of all significant events in a timely manner.

Supervision and support

The centre had a supervision policy and the manager had completed supervision training. Inspectors reviewed a cross section of supervision records and found that in the main it was taking place in line with the policy however some gaps were noted. Inspectors recommend that if supervision did not take place, the reason for this is recorded. The manager had conducted the majority of the supervision. There was a set template and young people were discussed in each session. Some supervision sessions made reference to staff having difficulty with the behaviour of a young person. There was evidence that the manager supported staff around this and discussed different options and alternatives for future learning. The manager stated that if necessary or on request from staff, external counselling was available to staff as a further support.

As the manager of the centre was new to the role, supervision had recently commenced with the director of service. There was evidence in the records reviewed that young people were discussed. Staff and training were also on the agenda as well as centre paperwork and auditing.

There were daily handovers in which a plan was made for the day and staff took responsibility for different tasks. Team meetings were held regularly with minutes recorded. Minutes reviewed evidenced that young people were discussed. There was evidence of placement planning for a young person prior to them moving in to the centre and discussions around possible behaviour that may present. One inspector

had the opportunity to attend a team meeting. The meeting was chaired by the manager. The director of service was also present for part of the team meeting. A progress report for each young person had been completed and read out by the young people's keyworker. Any issues with the young people were discussed and there was good input from the staff and direction given by the manager. Staff also brought up the young people's meeting which included any issues or requests from any of the young people.

Training and development

The manager stated to inspectors that all core training was completed including training in an identified behaviour management model, Fire safety, Child Protection and E-Learning in Children's First; National Guidance for the Protection and Welfare of Children 2017. First Aid had been sourced for newer staff and those in need of refresher training. Inspectors reviewed the training records and found not all certificates were on file to evidence completed training. Management must ensure that a copy of all completed core training is maintained on staff files. Inspectors found evidence that the manager and staff were pro-active in identifying and sourcing additional training. There was a plan in place for a psychologist working with one of the young people to meet with the team to offer support and guidance. Inspectors also noted that time in the team meeting were given to learning and discussion around online safety and understanding the risks to young people.

Administrative files

Inspectors found that overall the files were organised and easy to navigate. There was evidence of oversight in centre records. The manager stated that the budget was adequate to meet the needs of the young people and additional funding could be requested if required.

3.2.2 Practices that met the required standard in some respect only

Staffing

Inspectors found that the centre had a balance of experienced to inexperienced staff. At the time of inspection there were seven full time staff, one part time and a full time relief staff. There were also additional relief staff available to cover annual leave or sick leave. Two of the staff were social care leaders who had additional responsibilities. The manager at the time of inspection had been the deputy manager in the centre. Management informed inspectors that they were unsuccessful in replacing the deputy manager and were going to leave this position vacant for the

time being and review if there was a suitable person to fill the position. The rota allowed for two staff to complete twenty four hour shifts with a third member of staff completing a day shift. Inspectors found through interviews conducted and a review of staff questionnaires that the staff had good knowledge of the young people and were confident in their role of working with them. The model of care was described as relationship based.

Personnel files reviewed by inspectors displayed that all staff had up to date Garda vetting however it was unclear to inspectors in some cases whether written references had been verbally verified by management. Management must ensure that all references for staff are verbally checked with written commentary to evidence this including dates.

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

- Management must ensure that all references for staff are verbally checked with written commentary to evidence this including dates.

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 staff in the centre placed value on the importance of education for the young people. The three young people had educational placements at the time of inspection. The attendance for one young person in their education placement was irregular despite encouragement from staff and other professionals. Meetings had taken place with the school which staff had attended in effort to maintain the young person's educational placement. Another young person was in school and staff stated that attendance was good and this young person was doing well with their school work. A young person who had recently moved in to the centre had only recently commenced in their school placement. Extra supports were identified for this young person and this was in process at the time of the inspection. There were educational certificates on file and copies of educational assessments. An educational assessment for one young person had taken place some time ago and it was identified that a new educational assessment was required.

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	Management must ensure that all references for staff are verbally checked with written commentary to evidence this including dates.	Management will ensure that all references for staff are verbally checked with written commentary including dates.	A template for verbal references has been devised and will be on future new staff personal files.