



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: 2022

Inspection Report

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| Year: | 2022 |
| Name of Organisation: | Rainbow Community Services Ltd |
| Registered Capacity: | Five young people |
| Type of Inspection: | Announced |
| Date of inspection: | 18th July 2022 |
| Registration Status: | Registered from the 19th of February 2020 to the 19th February 2023 |
| Inspection Team: | Janice Ryan Anne McEvoy |
| Date Report Issued: | 5th September 2022 |

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 19th of February 2008. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 19th February 2020 to 19th February 2023.

The centre was registered to provide accommodation to five young people of both genders from age twelve to eighteen on admission. Their model of care was described as relationship based and trauma informed. Staff interactions were based on additional positive behaviour support tools and aimed at bringing young people to a place of good self-management and self-awareness. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|--------------------------|----------|
| 3: Safe Care and Support | 3.1 |

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. Where required, they conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 19th February 2020 to 19th February 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision.

The centre manager returned the report with a CAPA on the 10th of January 2022.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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 of February 2020 to the 19th of February 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had policies and procedures in place to protect children from all forms of abuse and neglect. The inspectors reviewed these policies and found that they would benefit from further review to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017. The child safeguarding statement for the centre was dated the 02nd June 2022 and the inspectors recommend that it is reviewed by senior managers within the organisation to ensure it contains all relevant information and includes information in relation to who is appointed as the Designated Liaison Person (DLP) for the centre. Inspectors examined the centre's training register and found that all staff had completed the appropriate training in Children First, 2017 to safeguard young people in the centre.

The inspectors received an escalation from the National Private Placement Team which involved a significant event notification for the centre. The inspectors reviewed all documentation in relation to this one specific concern in the centre. On review of this incident the inspectors found that it had been categorised and reported correctly in line with Children First, 2017. However, on examination of safeguarding measures which were put in place prior to, and subsequent to, the allegation the inspectors found that they were not robust enough to safeguard all young people in the centre.

The inspectors reviewed the centre's pre-admission risk assessment for a recent new admission to the centre on the 19th May, within day 10 of the admission on the 29th May an allegation was made by this young person. -They found that the centre had identified a potential risk for the young person and had implemented control measures to support the management of this risk which included supervision whilst engaging with peers. The inspectors sampled associated centre records and found that the control measures that had been put in place to manage this risk had not been adhered to by staff. Due to this the inspectors found that on multiple occasions two

young people had left the centre for a walk without staff being present. There was no supervision of this by staff on shift resulting in staff being unaware of the interactions between both young people whilst out of the centre. This was not in keeping with safe care for both young people.

On review of the young people's daily logs the inspectors also found it difficult to ascertain at times whether staff were supervising young people's interactions. The inspectors also found that on the day of the incident that the centre had three staff members available. However, it was difficult to ascertain the supervision levels during specific timeframes throughout the day as the content of the daily logs and handover log did not include this. The inspectors found that appropriate supervision levels were not always maintained whilst in the communal areas and this was not safe practice.

The inspectors reviewed relevant risk assessments/safety plans and multidisciplinary meetings and although oversight was provided from a range of disciplines the day to day safeguarding of young people was not sufficient. The centre conducted a risk assessment for both young people but did not identify specific risk or vulnerabilities to two other young people in the centre. The risk assessments did not safeguard all young people in the centre and were only specific to the two young people in question and were not robust enough to ensure overall safety in the centre.

Although risk assessments and safety plans were completed and agreed with the social work department, inspectors were not satisfied that the appropriate safeguarding measures were applied. One risk assessment reviewed stated that both young people were to be "supervised as much as possible" and the inspectors found that this left supervision at times to staff discretion and these gaps in supervision resulted in this incident. The inspectors found that this was not proportionate to the level of risk and was not sufficient to respond to the serious risk identified.

The inspectors found that the management of risk with regard to young people and staffing in accordance with the centre's policy and procedures was not robust. The centre's lone working policy was not comprehensive enough, it requires improvement and needs to be reviewed. The inspectors reviewed the centre risk register and found no entry or risk assessment for lone working was completed in relation to staff.

The inspectors found that the centre was operating with three sleepover shifts to manage four young people within the service. This was sufficient. Due to the recent allegation the centre had implemented a day shift from 8am to 11pm at night to

support the management of risk around this concern. On review of a sample of rosters the inspector found that a fourth staff member was not always available, and staff were completing back-to-back shifts and sleepover into day shifts which had not been risk assessed. The inspectors acknowledge that although the centre was not utilising outside agency staff to ensure continuity of care however, to maintain these rostering practices on a long-term basis would not be sustainable or safe practice.

Inspectors found that the centre were aware of a risk for one young person however, they did not implement appropriate responses and supervision levels to ensure safe care. The inspectors also found that the centre did not identify individual vulnerabilities and safeguard the other young people in the centre while the investigation was ongoing.

| Compliance with regulations | |
|------------------------------------|---------------------------------------|
| Regulation met | Regulation 5 Regulation 16 |
| Regulation not met | None identified |

| Compliance with standards | |
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| Practices met the required standard | None identified |
| Practices met the required standard in some respects only | Standard 3.1 |
| Practices did not meet the required standard | None identified |

Actions required

- The registered provider and social care manager must review the centre's Child Protection Policy, Lone working policy and Children's Safeguarding statement.
- The registered provider and social care manager must ensure that training in the organisations own Child Protection Policy is completed with all staff members.
- The registered provider and social care manager must ensure that risk assessments are completed in respect of all young people so as to ensure that all residents are safeguarded from abuse.
- The registered provider and centre manager must review risk lone working for young people and staff and record on the centre risk register.
- The registered provider and centre manager must ensure appropriate supervision levels to ensure safeguarding of young people and staff in the centre.

- The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.

4. CAPA

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
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| 3 | The registered provider and social care manager must review the centre's Child Protection Policy, Lone working policy and Children's Safeguarding statement. | The Registered Provider and centre manager have reviewed the Child Protection Policy, Lone Working Policy and Child Safeguarding Statement. All are attached with this response. | The policies and procedures are reviewed on an annual basis and in the event of any material change in provision or legislation. This will continue to be the case and the provider will work with the inspectorate to ensure that the policies remain current and relevant to all legislation and changing best practise. |
| | The registered provider and social care manager must ensure that training in the organisations own Child Protection Policy is completed with all staff members. | Training on the organisations Child Protection Policy has been arranged in conjunction with Social Care Ireland and is due to take place 21/09/2022. For staff unable to attend on that date a further date is being sought and will be arranged once the rosters are complete and no later than 30/11/2022. | Training in the organisations Child Protection policy will become a mandatory element of the training profile of the organisation following initial training 21/09/2022. |

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| | <p>The registered provider and social care manager must ensure that risk assessments are completed in respect of all young people so as to ensure that all residents are safeguarded from abuse.</p> <p>The registered provider and centre manager must review risk lone working for young people and staff and record on the centre risk register.</p> <p>The registered provider and centre manager must ensure appropriate supervision levels to ensure safeguarding of young people and staff in the centre.</p> | <p>Risk Assessments for all young people have been updated to reflect the specific incident and the potential for abuse in line with the updated Safeguarding Policy and are available to the inspector as required.</p> <p>The Working Alone Risk Assessments have been updated and added to the centres risk register in line with the Lone Working Policy and are made available with this response.</p> <p>The Centre manager, in co-operation with the Director, Social Work Teams and the NPPT has implemented additional staff supervision and evidence requirements and have a system in place for hourly recording of interactions/activities for the relevant young people which will remain in place as part of the Safety Plan until relevant risk assessments indicate that this can be withdrawn. Staff are signing off on these plans hourly and management</p> | <p>The risk assessments for all young people going forward will include a risk assessment on the potential for abuse in line with the Safeguarding Policy. This will also be outlined in the collective risk assessment for any new admissions to the service.</p> <p>The Lone Working Risk Assessments will remain as an integral element of the centre Risk Register and be reviewed minimum annually as per requirements.</p> <p>The safety plans will continue and be adapted as necessary while the centre manager continues to liaise with the Social Work Teams on the appropriate long term arrangements for the young people involved.</p> |
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| | | oversight is signed daily. Staff are available at all times when young people are within the unit and outside of their private rooms. There is also an updated risk assessment for young people in the event that they choose to leave the unit without staff support. | |
| | The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk. | The Registered Provider and Service Manager gave reflection and learning on the serious incident at the following team meeting 08/06/2022. Further reflection took place in light of the inspection with further learning and implementation of new practices and risk assessments at the team meeting 27/07/2022. The registered provider and Service Manager will provide for further reflection and learning with the team on completion of the inspection process and this will take place at the first team meeting following inspector confirmation. | The Registered Provider and Service Manager to go through the final inspection report to provide for further reflection and learning with the team at the first team meeting following completion of the inspection process. |