



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

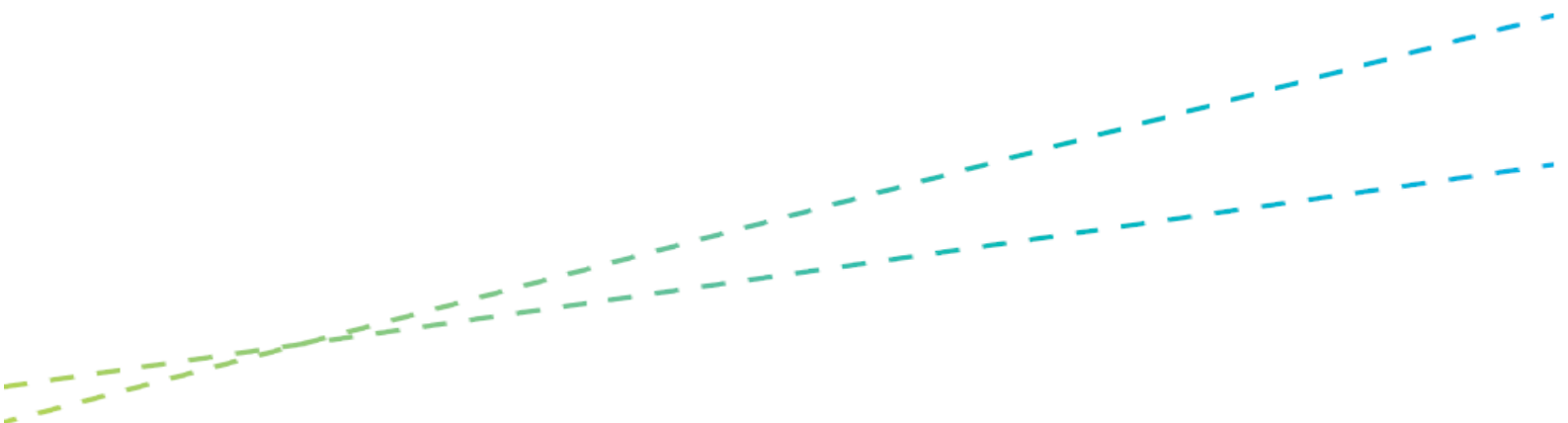
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 109

Year: 2017

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Dates of Inspection:	21st of February 2017
Registration Status:	Registered from the 5th of October 2015 to the 5th of October 2018
Inspection Team:	John Laste
Date Report Issued:	13th of June 2017

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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 Methodology

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 ongoing operation of the centre in line with its registration. It catered for two young people, males and females aged 13 – 17 on admission accessing the service on a short to medium term basis for the provision of care and protection. This inspection was unannounced and took place on the 21st of February 2017.

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

- ◆ An examination of the questionnaires completed by:
 - a) Two of the care staff
 - b) One young person residing in the centre
 - c) The two social workers with responsibility for young people residing in the centre.
 - d) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process.

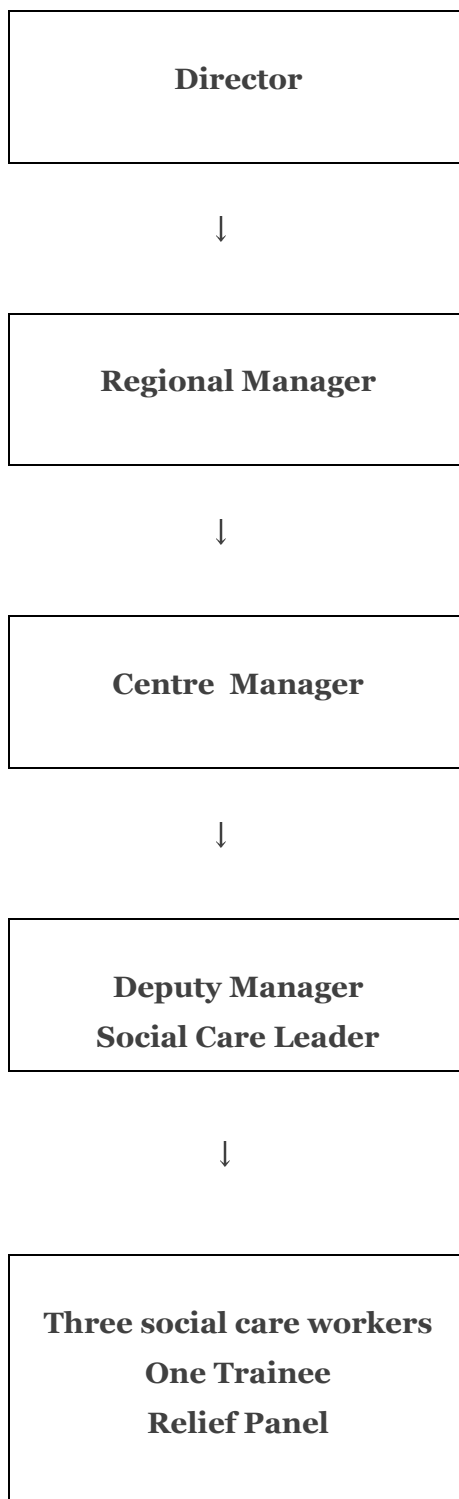
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Regional manager
 - c) Deputy manager

- d) Social care leader
 - e) One social care staff member
 - f) One young person
 - g) Two social care workers
 - h) One aftercare 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 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.

1.2 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains from the **5th of October 2015 to the 5th of October 2018.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

The inspector found that the centre has a clear statement of purpose and function which accurately describes what the service sets out to provide for young people, and describes the manner in which care is provided. Information about the centre is provided in the form of an accessible booklet to young people, parents and supervising social workers.

The regional manager is responsible for keeping the statement up to date; the statement was reviewed in 2016 since the last inspection.

There were two residents at the time of the inspection. The inspectors found that admissions to the centre were in line with the statement of purpose and function. This centre is registered to provide short to medium term care, and can accommodate up to two young people of mixed gender aged 13 to 17 years old on admission.

There is a comprehensive policy and procedures document to inform practice at the centre. The inspectors found that the staff team were familiar with the statement of purpose and function, and the key policies and procedures in operation at the centre.

Required Action

None identified.

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

A register of all young people who live in the centre was maintained by the centre manager. The inspector found that the register complies 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 inspector interviewed supervising social workers and examined the centre records and found significant event reports were promptly notified to both the monitoring officer and social work department in a timely fashion. This practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

Training and development

The inspectors found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. New team members were asked to attend induction training. The inspector found that the company provided for identified training on request from the manager and staff team such as, self harm, suicide awareness training and other relevant training.

Administrative file

The administrative files were examined by the inspector 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 company utilises a modern computerised data system with cloud based storage. All computers are fully encrypted and password protected to a high specification with job grade related access permissions. Relevant records relating to the young people were kept

in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect only

Management

There were clearly defined lines of authority within the operational procedures of this centre. The day to day management of the service was the responsibility of the centre manager. The centre manager reported to the regional manager who in turn reported to the service director nationally.

The inspector found that the centre manager, who was the person in charge, was a suitably qualified person, and had extensive work experience in residential care. The manager had been newly appointed and had eight years previous residential experience. The manager was supported in the role by a deputy manager and a social care leader. The deputy manager was also newly appointed.

The company had a regional manager who provided scrutiny and oversight of the operational functions and care practices at the centre. The regional manager also provided supervision to the centre manager. The inspector found good evidence that the centre manager and regional manager were satisfying themselves that appropriate and suitable care practices were in place in the centre. There was good evidence that the centre records were regularly reviewed and signed by the managers. The regional manager was visiting the centre on a regular basis with monthly audits being conducted by the regional manager.

The inspector interviewed the regional manager who was clear about the role, which was to assess the quality and effectiveness of the service and to supervise the centre manager. The regional manager carried out regular audits of the centre's operational practices as well as receiving regular update and significant event reports on young people from the centre manager. The inspector was given copies of recent audit reports which covered all operational aspects of the centre including care practices and the audit offered feedback and critical analysis to the manager and team where deficits were found.

The inspector had concerns regarding disruption and uncertainty caused by the changes of manager and deputy managers. Since October 2016 there had been two changes of manager and one change in deputy manager. The inspector acknowledges

that the regional manager offered extra support to the centre during the transition period, nevertheless there had been inconsistencies in approaches and support for staff during the recruitment and induction process for the new managers. The service director and regional manager must ensure that there is consistency at centre management level and minimal disruption to service provision while replacements are being recruited.

Staffing

The inspector reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the two residents. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspector found that staff were suitably qualified and experienced. The centre had access to a central relief panel formed by the company and utilised by the local residential centres. At the time of this inspection the staff compliment in this centre consisted of one deputy manager, one child care leader and three social care workers, one of whom was a trainee and enrolled in a social care degree course working limited hours. The inspector noted concerns regarding the high turnover of staff since October 2016. Since then seven staff members had left including the departure of two managers and a deputy manager. Some of these staff members had transferred to other centers within the company. Consistency in the care provision for the young people cannot be maintained with such a high level of staff turnover. The centre management must ensure as much as possible that the staff turnover is kept to a minimum particularly in the transfer of staff from one centre to another.

The inspector carried out an audit of staff personnel records - the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. This complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

Supervision and support

The inspector examined the staff supervision records. Each staff member had an agreed supervision contract. Supervision sessions were recorded and signed by the supervisor and supervisee. On average sessions were organised every 4/6 weeks. The centre manager and the deputy manager supervise the team while the centre manager was supervised by the regional manager. There were some gaps in the duration of the supervision which was attributed to the changes in management. The

centre management must adhere to the centre policy with regard to supervision scheduling.

There was good evidence of a link to the implementation of the placement plans in the supervision records reviewed by the inspector. The inspector found that the supervision records were of a good quality and staff appeared to be provided with good support in their work with the young people.

Staff members interviewed by the inspector said that the new manager was supportive and provided clear leadership to the team. There were however clear contrasts in management style which required some adjustment on behalf of the staff. The staff confirmed that support mechanisms were in place to assist the team. There was good evidence of teamwork, team meetings took place monthly and the minutes of meetings were recorded. The team meeting records reflected that young people's needs were prioritised. The team contribute to the agenda of the meetings.

3.2.3 Practices that did not meet the required standard

None Identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The service director and regional manager must ensure that there is consistency at centre management level and minimal disruption to service provision while a centre manager is being recruited.
- The centre management must ensure as much a possible that the staff turnover is kept to a minimum particularly in the transfer of staff from one centre to another.

- The centre management must adhere to the centre policy with regard to supervision scheduling.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The inspector found that the admissions to the centre were planned and in line with the statement purpose and function. The centre's capacity was for two young people who would have been presenting behaviourally as requiring higher levels of staff support. In almost all cases these young people were in the judicial system and this centre aimed to manage their behaviour in a mainstream open setting.

There were two young people in residence at the time of the inspection. One young person was being prepared to leave the centre in the coming month. The other young person had recently been admitted just prior to the unannounced inspection. This young person was in a period of settling in and required time to form relationships with staff members.

Applications for admission to the centre were coordinated nationally by the Child and Family Agency private placements team. The inspector was satisfied that appropriate information was provided about young people prior to admission. This was confirmed through audit of the young people's care files. Pre-admission risk assessments were carried out prior to each new admission.

The inspector met with one of the young people who confirmed that they were clear about the reason for their admission to care. They also confirmed that they had received written information about the centre as part of the admission process.

Statutory care planning and review

The inspector reviewed compliance with the regulations on care planning. Child Care Plans were completed within the required time frame for the young people in compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23. The care plan reviewed for one of the young people was comprehensive and placement plans linked to the care plans were drawn up by the centre. The other young person had a recent care plan from another placement and a review meeting was scheduled for this placement where by a centre specific care plan will be developed. Care review meetings were being organised in line with the statutory defined time limits as set out in the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV*.

Contact with families

The young person and the manager interviewed confirmed that young people have contact with family and friends where this was in their best interest and welfare. This was confirmed by the supervising social workers. Access with family and friends was facilitated by the centre.

Supervision and visiting of young people and social work role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The supervising social workers were asked to complete an inspection questionnaire. There was evidence that they were carrying out their role and responsibilities in line with the regulations and standards. The inspector interviewed two of the social workers by phone during the inspection and confirmed that the social workers were reading and signing records relating to the young people on visits to the centre.

Emotional and specialist support

Standards for Children’s Residential Centres criteria 5.29 states ‘All children in care should have early access to the specialist services they may require’. The inspector confirmed that the young people had access to the specialist services they required at the time of the inspection. The centre had access to the psychologist who met regularly with the staff team to discuss issues arising with the care of the young people. The psychologist provided insight and clinical guidance to the staff team to support them in meeting the needs of the young people. The psychologist was available for consultation by phone or e-mail with the centre manager and occasionally visited to the centre. The young people could meet on an individual basis with the psychologist if they wished to.

The young people were each assigned a key worker. The inspector interviewed one of the key workers, and found that they were knowledgeable about the young person they were assigned to and showed good insight into the emotional and psychological needs of the young person.

The young people had access to specialist services such as Child and Adolescent Mental Health Services (CAMHS), drug and alcohol and other services as required in the community on an individual basis which are accessed through the local and regional health services.

Preparation for leaving care

The centre had an independent living skills programme and it was clear from documentation, interviews with social workers, aftercare services and staff members that key workers were engaged in direct work in order to prepare the young people for leaving care. Key work sessions included: personal development; health promotion; drug awareness; sexual health and wellbeing; self care skills; budgeting and homemaking skills.

The keyworker interviewed provided the inspector with a comprehensive plan to prepare the young people for leaving care. This preparation work was to be completed in the coming weeks and months. This plan had been communicated to the team with set tasks to be completed by members of the team during their shifts.

Discharges

There had been one discharge in the previous six months. The young person was in a transition plan to leave the centre and return home but was no longer engaging in the

centre programme. The leaving process was escalated and the young person was discharged in consultation with the social work department.

Aftercare

One young person was linked in with aftercare services and an aftercare plan was developed in line with each young person's care plan and placement plan. The young person had not engaged with the aftercare worker in the early stages of the process and was refusing to attend meetings. The social worker informed the inspector that it had been very frustrating for everyone that the young person had not engaged in the aftercare process. The inspector spoke to the young person who confirmed they had not attended the meeting with the aftercare worker but told the inspector that they would attend the next meeting which had been scheduled. The inspector later contacted the aftercare worker and was informed that the young person was taking a much more positive approach to the process and was making efforts to engage with the aftercare worker. The aftercare worker was complementary toward the care staff in the centre regarding their efforts to prepare the young person for leaving care and had found the staff very helpful.

Children's case and care records

The inspector reviewed care files of the young people. The files were maintained in a standardised format which was accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and the inspector could see that the records were scrutinised by management. The manager confirmed that the care files of ex-residents are archived and stored securely.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***

- Part IV, Article 23, Paragraphs 1and2, Care Plans***
- Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***
- Part V, Article 25and26, Care Plan Reviews***
- Part IV, Article 24, Visitation by Authorised Persons***
- Part IV, Article 22, Case Files.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The service director and regional manager must ensure that there is consistency at centre management level and minimal disruption to service provision while a centre manager is being recruited.	The current manager in situ is an Acting Unit Manager. They had extensive experience in the realm of Social Care. It is hoped they will provide stability to the current team over the coming months to bed down any historic inconsistencies. Due to them not meeting all elements of new criteria (ie: despite 8 years experience, has only recently graduated in social care -2016) they will not be in a position to take on the permanent role of Unit Manager however will remain in situ until the right replacement can be found and will be part of the handover process with a new manager.	<p>Regional Manager to review current induction processes for management teams and ensure they target all areas for learning.</p> <p>The Organisation continues to ensure exit interviews are done with all staff upon leaving or transferring to other units and apply learnings from this.</p> <p>Supervision for new managers to be conducted every fortnight in the first two months of employment and every four weeks thereafter. Training and Development plan to be drawn up in conjunction with unit manager to ensure all areas are being targeted for development.</p>

<p>3.1</p>	<p>The centre management must ensure as much a possible that the staff turnover is kept to a minimum particularly in the transfer of staff from one centre to another.</p>	<p>This remains ongoing and is something the service is very conscious of. Whilst there has been staff turnover in the past, we are striving to build a consistent team in the centre. We are looking at current staff compliments and building on the foundations of the current staff team.</p>	<p>The Organisation will continue to provide external supports in terms of Psychologist input, team training and debrief days and Employee Assistance Programmes and Education Assistance Programmes. As part of planning for staff retention the organisation has rolled out a new bonus scheme which is aimed at promoting staff retention.</p> <p>Unit Manager and Regional Manager to continue to monitor training (compulsory & optional), and provide feedback to staff team.</p> <p>Supervision will continue to ensure staff in the centre are afforded the time to be guided and supported in their work practice.</p>
<p>3.1</p>	<p>The centre management must adhere to the centre policy with regard to supervision scheduling</p>	<p>Supervision is to be regular for all staff members as the importance of it is hugely recognised within the organisation. This has been an historic issue within this centre and this has been addressed with the current</p>	<p>Additional Supervision training has been provided to the Acting Unit Manager, Deputy Manager and Childcare Leader with supervisee's being appointed to each member of management and a schedule in place</p>

		management team in the centre.	monthly which is to be adhered too. Regional Manager will be overseeing this through monthly audits to ensure the schedule is being followed.
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