



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

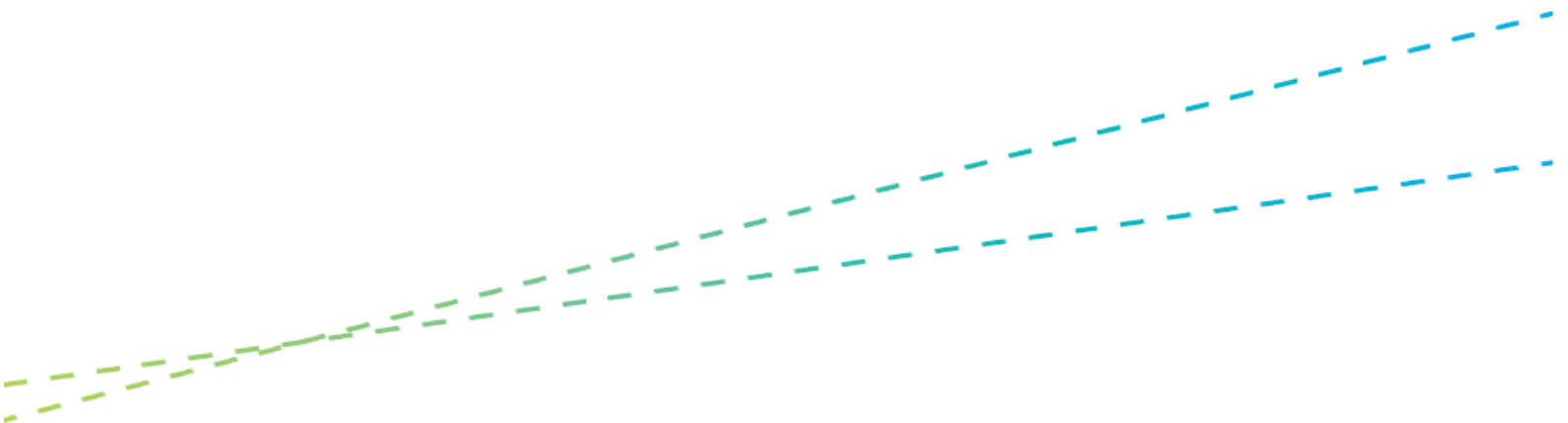
Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 109

Year: 2018

Lead inspector: Paschal McMahon

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Inspection and Monitoring Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Dates of Inspection:	20th September 2018
Registration Status:	Registered from 5th October 2018 to 5^h October 2021
Inspection Team:	Paschal McMahon
Date Report Issued:	28th November 2018

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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 on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in September 2014. At the time of this inspection the centre was in their second registration and was in year three of the cycle. The centre was registered from the 5th October 2015 to 5th October 2018.

The centres purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. There were two 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 20th September 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 client services manager
 - b) The regional services manager
 - c) The deputy centre manager
 - d) The child care leader
 - e) Eight of the care staff

 - f) One young person residing in the centre
 - g) One social worker with responsibility for a young person residing in the centre.
 - h) Other professionals e.g. General Practitioner's and therapists.

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

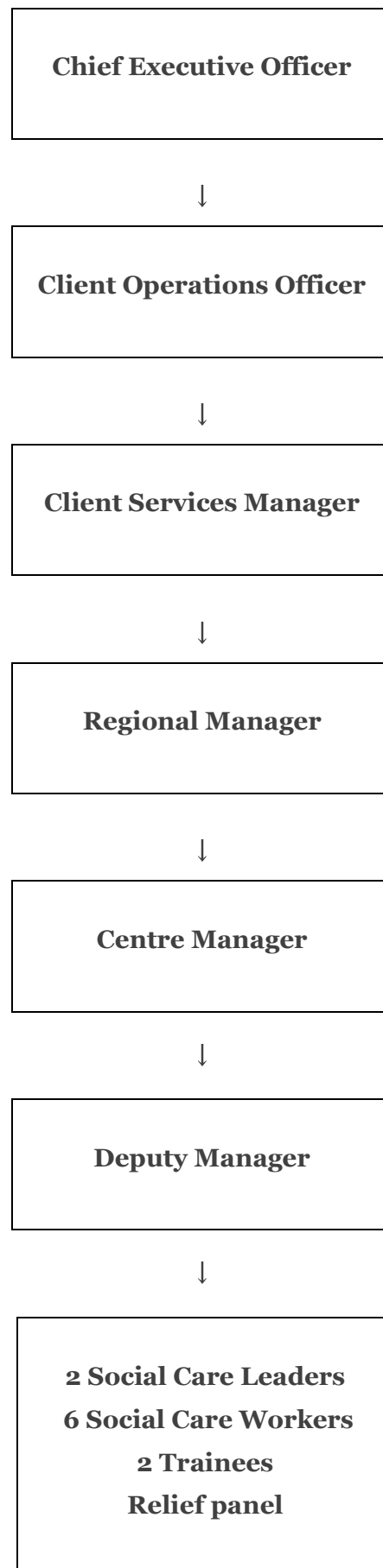
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The deputy centre manager
 - c) The regional manager
 - d) One social care worker
 - e) One young person
 - f) One social worker 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional manager, client services manager and the relevant social work departments on the 7th of November 2018. 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 of November 2018 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: 109 without attached conditions from the 5th October 2018 to 5th October 2021 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 organisational management structure of the centre comprises of a board of management, chief executive officer, chief operations officer, client services managers, regional managers, centre manager, a deputy manager and two social care leaders. The manager of the centre had been in post for seventeen months at the time of inspection. They were qualified and experienced for the post having worked with the organisation for nine years in various roles. The manager was supported by a deputy manager. The inspector found that the manager had oversight of the work at the centre in conjunction with the deputy manager through mechanisms such as the review of records, supervision, team meetings, handovers and day to day observations of practice with the young people.

The centre manager was directly accountable for practice in the centre to a regional manager who had line management responsibility for the centre and a number of other centres in the region. The inspector evidenced from interview with management and review of centre files that they maintain regular contact with the centre manager, visited on a regular basis and supervised the centre manager. 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. There was also evidence that the client services manager had visited the centre and was providing support to both the regional and centre manager.

The previous inspection of the centre highlighted the lack of a consistent centre management team and a high staff turnover in the centre. While in this inspection the inspector found that there had been a consistent management team in place, the issue of a high staff turnover and the failure of the organisation to maintain a

consistent staff team continues to be an issue. This matter is addressed further on in the report.

Notification of Significant Events

The centre had a system in place for notifying all significant events. Significant event notifications reviewed by the inspector showed that copies were sent to the social workers and a young person's Guardian ad litem. In interview, one social worker for one of the young people said they were satisfied with the content and timeframes within which they were notified of significant events in the centre. There was evidence that the centre manager and regional manager reviewed all significant event reports and provided guidance and direction to staff in terms of the care approach and the management of the event.

Supervision and support

The centre had a supervision policy which stated that individual supervision is provided once every six weeks for all staff. The manager received formal supervision from the regional services manager along with informal support through visits to the centre and regular phone contact. The manager, deputy manager and a childcare leader were responsible for the supervision of the staff team. 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. There was good evidence that supervision was focused on the young people's needs and their placement plans. Individual staff practice was reviewed along with training needs, support and debriefing following serious incidents. The inspector found good practice in regard to supervision as in most cases individual supervision sessions were linked with goals and action plans which were reviewed at the start of each session.

Handover meetings took place every day and team meetings took place monthly which was sufficient to meet the needs of the two young people at the time of inspection. The team meetings were well attended and the inspector found the minutes recorded were of a good standard. Staff interviewed said they found them to be an effective forum in achieving a consistent approach to working with the young people and an opportunity to share information and make decisions.

Training and development

The inspector found that the organisation had an on-going staff training and development programme in place. Training records provided to the inspector showed that core training in fire safety, first aid, Children's First and behaviour management

was up to date. Additional training was provided by the organisation's psychologist and a neuropsychologist providing clinical input in one of the young people's cases. The centres model of care was being reviewed by the organisation and it was envisaged that a centre specific model of care would be developed.

Administrative files

The inspector observed that the files were kept in secure cabinets. The record keeping system was well organised and accessible in a way that facilitated effective management and accountability. There was good evidence that care records were reviewed by the centre manager and the regional manager. 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 the monies allocated to the centre were adequate.

3.2.2 Practices that met the required standard in some respect only

Register

The centre maintained a register of all admissions and discharges to and from the centre. The inspector reviewed the register and found that one of the current residents had spent a number of months in a secure care placement which was not recorded in the centre register. The centre manager must amend the register to record this information. The inspector also found that the register was not secure and contained a number of loose pages. The centre manager must ensure that the register is maintained in a secure format. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

The staff team in the centre at the time of inspection consisted of the centre manager, deputy manager, two child care leaders and eleven social care staff which included two trainees, two night sitters and three relief staff. As a result of the needs of the young people an appropriately high level of staff members were required on shift at all times and was based on on-going assessments. The inspector reviewed the staffing levels in the centre at the time of inspection and found that there were adequate numbers of staff on duty at the key times. However, a large number of the staff were new and inexperienced. The inspector found that there had been a significant number of changes to the staffing in the centre in the nineteen months since the last inspection. Information provided to the inspector recorded that fifteen staff had left

the service for various reasons during this period. Nine of the staff that were presented for inspection had worked in the centre for a period of six months or less and a number of these had limited experience in residential care.

The manager stated that staff rotas were organised in so far as possible to ensure that there was a balance of experience to inexperienced staff on duty. At the time of inspection the centre had appointed a second child care leader in an effort to ensure that there was a staff member qualified to child care leader level on each shift. The issue of staff retention was also an issue in the previous inspection and measures put in place by the organisation to maintain a consistent experienced team in the centre have not been successful. The inspector was informed that senior management, the centre manager and the organisation's human resources department had met to consider staff turnover and had conducted exit interviews. In interviews with centre management they informed the inspector that the information gained from exit interviews in regards to the reasons staff were leaving the service, included career progression, travelling and the difficulties in working in a very challenging environment. The high staff turnover in the centre was also highlighted as a concern by both of the young people's social workers stating the young people's requirement for a consistent stable team to meet their needs. The organisation must continue to address and review the circumstances that contribute to a high turnover of staff. The organisation must ensure that a core group of experienced staff are maintained in the centre.

The inspector examined a cross section of personnel files and found that staff had relevant qualifications or were in training. Personnel files contained the required references and evidence that staff 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.

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 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 16, Notification of Significant Events.

The centre has not met the regulatory requirements in accordance with the **Child Care (Standards in Children’s Residential Centres) Regulations 1996 - Part III, Article 7, Staffing (Numbers, Experience and Qualifications)**

Required Action

- The centre manager must ensure that the centre register is maintained in a secure format and amended to record the period one of the current residents spent in a secure care placement.
- The organisation must continue to address and review the circumstances that contribute to a high turnover of staff in the centre. The organisation must ensure that a core group of experienced staff are maintained in the centre.

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 was satisfied from interviewing one young person and a questionnaire completed by the second young person that they were consulted and that their opinions and views were sought on decisions affecting their daily lives and future. Young people confirmed that they were consulted regarding their care plans and had attended statutory care plan review meetings. A review of the records of the centres house meetings evidenced that meetings were attended by the young people. These took place on an individual basis at times when the dynamic between the two young people was not positive. There was evidence that the centre manager reviewed and commented on issues raised by the young people and how issues were resolved. The young person who met with the inspector was happy with the quality of care provided to them and was clear of the expectations and routines in the centre and felt listened to by the management and staff team.

All young people were provided with a booklet on admission which provided information on the centre and on their rights and responsibilities. The young people in the centre had also been visited by the children's advocacy group EPIC (Empowering Young People in Care) and had attended a number of EPIC events.

Complaints

The centre had a complaints policy in place which had been reviewed and updated since the previous inspection. In addition to this there was documentary evidence that the young people had been made aware of "Tell Us", the Tusla policy for complaints and feedback. Young people in interview and questionnaires confirmed they were aware of the complaints procedure and what to do in the event of a complaint. The inspector reviewed the complaints on file and was satisfied that there was sufficient evidence to indicate that these complaints had been investigated and brought to a conclusion. The inspector found that the complaints log was reviewed and monitored on a regular basis by the manager and the regional manager to ensure that complaints were managed appropriately and to identify trends or areas for development and learning.

Access to information

The centre had a written policy regarding young people's right to access written information in their care files. The inspector found evidence on file that the two residents were informed of their right to access information and the daily recordings about them. Records maintained on file recorded the young people being offered their records on a monthly basis. While both young people were in placement for over a year neither had chosen to avail of the opportunity to access their records. The inspector recommends that the centre is more proactive in this area and actively encourages young people to read their records including their daily logs.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

None identified.

3.8 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

There was evidence of a positive and focused approach to restoring and enhancing young people's engagement in education. One of the young people with complex needs had been out of education for a long period. There was evidence that the centre manager had actively and successfully sourced an appropriate placement for the young person which the young person was attending and making good progress. The second young person was out of education at the time of inspection. The centre had supported the young person in attaining their Junior Certificate. There was evidence on file that the centre were actively seeking an appropriate educational placement for the young person. Education records viewed by the inspector also provided evidence of good interagency cooperation between the centre and the various educational services.

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

The inspector found that the young people were in general good health. The two young people had access to a general practitioner and had received a medical examination on or prior to admission. The young people had medical cards and immunisation records on their files. There was evidence that the young people had access to medical and specialist services and records of the administration of medications were maintained. The centre had developed close working relationships with external professionals that were evident in the high level of clinical support and oversight in relation to one young person's care. The inspector found that health education was undertaken by key workers on a number of areas including diet, exercise and sexual health. The inspector recommends that further work could be done with the young people on healthy eating and smoking cessation.

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, and 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>The centre manager must ensure that the centre register is maintained in a secure format and amended to record the period one of the current residents spent in a secure care placement.</p> <p>The organisation must continue to address and review the circumstances that contribute to a high turnover of staff. The organisation must ensure that a core group of experienced staff are maintained in the centre.</p>	<p>Completed. The centre manager has ensured that a new centre register has been implemented with all information transferred to ensure all information is secured. Additionally, the information regarding the time frame a young person spent in a secure care placement had been transferred also.</p> <p>Positive Care in line with the management in the centre has a strong focus on the area of staff retention. This remains a high priority for the centre. Positive Care are striving to maintain staffing levels by ensuring that meetings are being held between Human Resources, Regional Management and the Centre Management. Exit interviews are also being completed and continual reviews are in place.</p>	<p>The centre manager will ensure that the centre register is maintained to a high standard. This will also be reviewed throughout regional manager audits.</p> <p>The centre is continually working to build and maintain a consistent team through a variety of ways which include:</p> <ul style="list-style-type: none"> Continual training and development Quarterly management meeting to discuss and review exit interviews and trends Exit interviews for all staff leavers Supervision policy followed at all times to ensure support is in place Debriefs following significant incidents

			Team building days Clinical meetings and support from clinical team Employee assistance programme Educational assistance programme
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