



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 113

Year: 2018

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

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Dates of Inspection:	3rd and 4th of December 2018
Registration Status:	Registered from 11th January 2019 to 11th January 2022
Inspection Team:	Michael McGuigan Linda McGuinness
Date Report Issued:	18th January 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 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 January 2016. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 11th of January 2016 to the 11th of January 2019.

The centre's purpose and function was to accommodate up to four young people of mixed gender aged between 13 and 17 years of age. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives.

This inspection was a themed inspection and examined standard 1 'purpose and function', standard 2 'management and staffing', aspects of standard 4 'children's rights' (complaints only) and standard 6 'care of young people' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 03rd and 04th December 2018.

1.2 Methodology

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

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager

- ◆ An examination of the questionnaires submitted by:
 - a) Five social care workers
 - b) The young person
 - c) The regional manager
 - d) The social worker for the young person

- ◆ An examination of the centre's files and recording process including care files; supervision records; management documents; personnel files

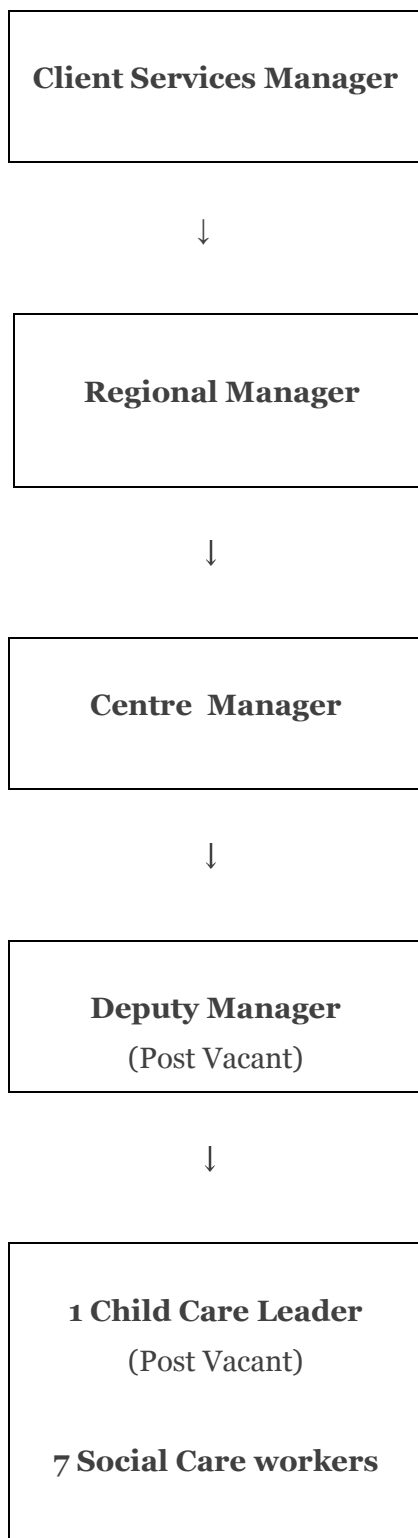
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The regional manager
 - c) Three social care workers
 - d) The social worker for the young person

- ◆ Observations of care practice routines.

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, regional manager and the relevant social work departments on the 24th of December 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 satisfactorily completed action plan (CAPA) on the 08th of January 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: 113 without attached conditions from the 11th of January 2019 to the 11th of January 2022 pursuant to Part VIII, 1991 Child Care Act.

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 purpose and function for this centre stated that it aimed to provide a responsive and flexible service that was underpinned by effective risk and needs assessments. The focus of the care being provided to young people was on their educational, social and psychological development. The care framework was specific to each young person and through an on-going assessment aimed to provide stability, independence and coping skills. Each young person had appointed key workers and the goal of relationships was to meet a number of young people's needs, primarily the need to feel cared for, safe, supported and respected. The purpose and function was part of a comprehensive policy document and noted legislation that protected the rights of young people.

There was a parents' information booklet that was specific to the young person and provided details on the operation of the centre and the model of care. Inspectors found that the centre had enough staff to meet its purpose and function and in general admissions were in keeping with this document. However, during interview with the centre manager, regional manager and staff members it was acknowledged that staff were struggling to link the language of the care framework to their interventions and recording in this area needed to improve. This is now under on-going review by centre and external line managers. Inspectors reviewed the training documents for staff and found that they had received recent training in the care framework.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

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

As part of this inspection the centre register was reviewed. This document contained the required information to meet regulatory requirements and was up-to-date. A copy of the centre register was held by Tusla, Child and Family Agency.

Notification of Significant Events

Inspectors found that there was a system for the notification of significant events and these reports were forwarded to the appropriate persons. From a review of a sample of these reports it was observed that they contained appropriate information and were forwarded promptly. Significant events were also reviewed by the centre manager and regional manager who added their comments on interventions and staff practice and could also be reviewed by the organisation's TCI coordinator if required.

Training and development

From a review of the training information provided to inspectors it was observed that staff members had up-to-date training in the organisation's model of care, fire safety, first aid, TCI, manual handling and child protection. Staff had also received training in sex education, drug awareness, report writing, supervision and health and safety. Further training was also planned throughout the year.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Management

There was a manager in place who had been in post for almost three years and had previous experience working at social care leader level in another children's residential centre. This person held a qualification in social care and reported to the organisation's regional manager. The centre manager reviewed daily logs, care files and placement planning in the centre and also conducted staff supervision. They were present at handover and staff team meetings and also attended child in care reviews and professionals meetings. The manager was responsible for the day-to-day operation of the centre and was present each week during normal working hours. The organisation also had an on-call system that provided support to staff members at evenings and weekends. Inspectors found evidence of good governance in the centre and oversight of the planning of care for young people.

The centre manager reported to the regional manager for the service who also provided their supervision. There had been a recent change in regional manager for this centre. The manager completed a monthly self-audit check list which was forwarded to the regional manager who also carried out monthly audits of operations, care planning and care practice. There was evidence of the regular presence of a regional manager in the centre and this person occasionally attended staff team meetings. Audits included reviews of key working, placement planning, complaints and child protection issues. From this an action plan was created and the regional manager followed up with the centre manager on completion of tasks. However, inspectors found that issues in relation to supervision and complaints were not noted in the regional manager audits.

The organisation held weekly centre manager's meetings with the client services manager and regional manager. This was a new governance mechanism that had recently been implemented within the service and replaced the regional manager's meeting forum. From a review of a sample of minutes for both the regional managers' meetings and those with the client services manager, inspectors found they were occurring regularly and were well attended. However, these meetings were generally focused on organisational and operational issues. It was observed that the delivery of the model of care, placement planning and care practice were not being discussed.

From a review of the staff team meeting minutes, inspectors found that these were scheduled to occur monthly. There had been ten staff team meetings in 2018 and

they were generally well attended. The records for these meetings contained evidence of planning for behaviours and the care of young people. However, it was observed that there was no team meeting in February and this meant that there was a gap of seven weeks where this decision making forum did not occur. Inspectors found action plans were created for young people and there were reviews of placement and therapeutic plans, ICMs and absence management plans. Staff training, health and safety and risk management plans were also discussed. However, allocated persons and time frames were not always noted beside the tasks or decisions and in some instances there was no review of the actions agreed at previous meetings. Further, the minutes for the meeting for July 2018 did not contain sufficient information to evidence the discussion on the care of young people. Inspectors also noted that the model of care and its delivery was not being discussed at team meetings.

Inspectors found that there was a large amount of narrative in the young person's daily journal that did not assist planning or reflect staff interventions with young people. It is recommended that regional manager discuss this issue with the centre manager and staff team to ensure that excessive recording does not occur.

Staffing

This centre had a staff complement of one manager, a deputy manager, one child care leader and seven social care workers. Inspectors noted that both the child care leader and deputy manager posts were vacant at the time of this inspection. Further, from a review of staff personnel files it was observed that six of the seven staff members had been working in the centre full time for less than one year. While the majority of staff held a qualification in social care or a related field, inspectors found that there was not a balance of experience on the team and this needed to be addressed. The regional manager and centre manager both stated that recruitment was under way for the child care leader position and that the recruitment process was complete for the deputy manager post. However, it was acknowledged that the staff were struggling to reflect the organisation's care framework in their report writing.

For this inspection a review of a sample of staff personnel files was conducted. Inspectors noted that these files generally contained up-to-date Garda vetting documents, training information, verified qualifications and references for staff. However, in some instances the written references that had been provided for staff had been verified by a person other than the referee. Verbal verification should only occur with the person who has written the reference. Further, staff files did not always contain up-to-date CVs or copies of qualifications.

Supervision and support

This centre had a policy that stated supervision would be conducted four to six weekly or more frequently if required and inspectors found this time frame was generally being adhered to. Supervisions were being conducted by the centre manager who had taken over all staff supervision following the deputy manager leaving the service. However, the model of care being used in the centre was not being discussed in supervision.

From a review of a sample of supervisions inspectors observed that placement plans were always reviewed. The records for supervision generally provided a narrative on the young person under each heading and inspectors found that more planning was required. Further, it was noted that the actions agreed during supervision were vague and should have provided staff members with more direction. During 2018 there was a period of crisis in the centre where staff struggled to manage the behaviours of one young person who was subsequently discharged. Inspectors did not find sufficient guidance or discussion on these issues in the supervision records for that period.

It was also noted that the centre manager and deputy manager had been using different templates for their supervisions during the year and this had not been addressed during the regional manager's audits. Inspectors found some duplication in the records of staff members where the information contained in one record had been cut and paste into another.

Inspectors reviewed the records for handover and noted that these were used for the exchange of information on young people and to plan for the day. However, there was no discussion on placement planning or key working and it was unclear how this was being organised for the young person. Inspectors found that the focus was generally on the completion of administrative tasks and that the planning of care could be included here.

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

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 client services manager for the organisation must ensure that senior management meetings with centre managers contain discussions on the model of care and its delivery in the centre.
- The regional manager and centre manager must review the structure of team meetings to ensure they meet the needs of the service.
- The centre manager must ensure that action plans are always created for decisions made at staff team meetings and that the model of care is periodically discussed at this forum.
- The regional manager must provide a written plan to the registration and inspection service addressing how the deficits in experience on the staff team will be managed by 09/01/19.
- The regional manager must ensure that references for staff are appropriately verified with the author and that up-to-date CVs are held for staff.
- The regional manager must ensure that appropriate actions / decisions are included in staff supervisions and that the model of care is periodically discussed at this forum

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

None Identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a comprehensive policy on complaints and staff that were interviewed were familiar with its operation. The centre had an information booklet for parents that provided information on how to make a complaint and to whom. There was also a young person's booklet specific to the centre which provided information on their rights and complaints.

However, inspectors found that the dedicated section for complaints in the young person's file was not completed. As such, information on efforts to resolve complaints and the young person's views on the outcome were not recorded. Further, there were no accompanying key work records to evidence discussions with the young person on their complaints. Informal complaints were referenced in the daily logs but again there were no accompanying records on how these were resolved.

Care records reflected that one young person had stated they were dissatisfied with the structure of key working and that they did not want to undertake this. Given the nature of the complaint this should have been formally notified to the young person's social worker. This was not picked up or addressed by the centre manager or regional manager through their audit process. Inspectors found that complaint details had been retrospectively added to the register and it is important that this record is kept up-to-date for oversight and governance.

3.4.3 Practices that did not meet the required standard

None Identified.

Required Action

- The centre manager must formally notify the complaint made by one young person in relation to key work.
- The regional must conduct a review of the operation of the complaints process with the staff team and centre manager.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual Care in Group Living

This centre had a policy stating that a young person's identity would be fostered and a sense of individuality promoted. Inspectors reviewed key working reflecting this was on-going and that the placement plan for the young person also promoted individuality. The centre was a large detached building in a rural area of Leinster. The young person had a bedroom to themselves that they could decorate to their own tastes. There were communal areas for young people to meet with family and friends in private. The young person had two allocated key workers that undertook placement plan work with them and also took them to activities and events. The model of care was relationship based and staff that were interviewed demonstrated an understanding of the needs of the young person. There was evidence that young people were provided with opportunities similar to that of their peers and the young person was attending the gym and spending time in the community with friends.

Provision of Food and Cooking Facilities

Inspectors found that there were adequate cooking facilities in the centre and that there was a supply of nutritious food. The placement plan for the young person noted programmes for healthy eating and they were consulted on a weekly menu planner on Sunday evenings. There was evidence that the young person shared meals with the centre staff and these were considered social events. Inspectors also observed that the young person was routinely taken out for meals with staff.

Race, Culture, Religion, Gender and Disability

The centre had a policy stating that young people would be actively protected from discrimination and that staff would demonstrate respect for diversity based on religion, family, sexuality, disability and race. This policy also noted the discrimination young people may face due to being in residential care. Inspectors

found that placement planning focused on identity with the young person and there was on-going key work on developing a sense of self. Programme work had also been carried out on society and bullying.

Restraint

This centre used a recognised model of physical intervention and de-escalation and each of the staff had received recent refresher training in this. Restraint had not been used on the young person living in the centre and there had not been any restraints in the twelve months prior to the inspection. However, it was observed that the information booklets provided to parents and young people did not mention that young people may be subject to restraints in the centre. It is recommended that discussion on this is part of young people's induction to the centre.

Absence Without Authority

The centre has a policy on managing unauthorised absences. This policy is consistent with Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive, Children and Family Services, 2012. Inspectors found that the young person had an up-to-date absence management plan and that absence without authority was not an issue in the centre at present.

3.6.2 Practices that met the required standard in some respect only

Managing Behaviour

The centre had policies on both managing behaviour and bullying. Inspectors reviewed the sanctions records for the centre and observed that they were appropriate and generally related to the behaviours of the young person. There was evidence of rewards for positive behaviours and overall there was a balanced approach to sanctions and rewards. However, the young person had clearly expressed dissatisfaction that they were being docked pocket money for refusing to engage in elements of placement plan work and this sanction should be immediately reviewed. There were some instances where sanctions had been followed up with key working to support changes in behaviours and it is recommended that this positive practice is reviewed and discussed with the team for further implementation.

The young person had an up-to-date individual crisis management plan. However, it was observed that substantial information relating to non-outburst behaviour was included in this document. Inspectors found evidence of planning for behaviour management in the young person's placement plan; however, more systemic planning was required given the nature of the young person's complex behaviours.

Inspectors recommend that a separate detailed behaviour support plan is created to address challenging behaviours.

The centre staff had created a number of risk assessment plans and safety plans that addressed behaviours of concern and risk taking. These were used to direct staff interventions and there was evidence that the young person had been consulted in some instances on the content of the plans. There had not been any instance of outburst behaviours from the resident young person in the months preceding the inspection. However, inspectors reviewed records and information in relation to one young person who had been discharged in the months preceding the inspection and found that there had been significant issues in managing their behaviour. This led to an unplanned discharge. From a review of the staff team meeting minutes and supervisions, inspectors did not find sufficient discussions or efforts to address behaviours. Planning in this respect needs to be reviewed by the regional manager.

There was no up-to-date care plan for the resident young person. Given the complex natures of the behaviours and the programme work to be undertaken an up-to-date care plan is required to guide the specialist interventions. This should be provided by the allocated social worker without delay.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notifications of Physical Restraint as Significant Event*.

Required Action

- The regional manager must review planning for behaviour management in the centre to ensure it meets the needs of young people.
- The social worker for one young person must provide a care plan in a timely manner.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The client services manager for the organisation must ensure that senior management meetings with centre managers contain discussions on the model of care and its delivery in the centre.</p> <p>The regional manager and centre manager must review the structure of team meetings to ensure they meet the needs of</p>	<p>There is a scheduled weekly video call meeting which is attended by both the client services manager and unit manager. A fixed item agenda on this meeting is the implementation of the care framework and any clinical needs for the young people or any clinical input required from the organisation’s psychologist. Areas of need identified in these meetings are forwarded to the organisation’s psychologist who then follows up immediately with the unit manager.</p> <p>Regional manager and unit manager have reviewed the structure of the team meetings and these will occur every three weeks to</p>	<p>The focus on future weekly meetings between the client service manager and the management team will be to assess what supports are required from the clinical department to train, guide and educate the staff team to work effectively and confidently with the young people. Supports available can focus on attachment, loss and transitions, self-harm and the developing adolescent. Training will continue in areas such as The care framework, direct contact between the unit manager or individual keyworkers and the organisation’s psychologist is available if required as are clinical meetings or debriefing sessions.</p> <p>Unit manager / regional manager will liaise together and will ensure that team meetings are scheduled every three weeks.</p>

	<p>the service.</p> <p>The centre manager must ensure that action plans are always created for decisions made at staff team meetings and that the model of care is periodically discussed at this forum.</p> <p>The regional manager must provide a written plan to the registration and inspection service addressing how the deficits in experience on the staff team will be managed by 09/01/19.</p> <p>The regional manager must ensure that references for staff are appropriately verified with the author and that up-to-date CVs are held for staff.</p> <p>The regional manager must ensure that appropriate actions / decisions are included in staff supervisions and that the</p>	<p>ensure that they are meeting the needs of the service.</p> <p>Unit Manager will be responsible for taking minutes at the team meeting and ensuring actions are identified and follow up prior to the next team meeting. Team meeting agenda has also been updated to include the model of care to be discussed every three weeks.</p> <p>Inspectors note: This plan was provided and deemed to meet the needs of the service by inspectors.</p> <p>All staff members have 3 references written and verified. All staff not having both application form and CV will be requested with immediate effect to provide a CV for their staff file.</p> <p>Regional manager will review supervisions monthly in RM audit and will ensure that appropriate actions and decisions are</p>	<p>Regional manager will review team meeting minutes monthly during regional manager house audit and ensure actions are being identified and the model of care is being discussed. This will also be reviewed during Client services manager's audits.</p> <p>This plan will be utilised on an on-going basis for any team members who come to work in the centre.</p> <p>Any further applications that move to progression, a CV will be requested for file.</p> <p>Client services manager will also review supervisions during audits and ensure that appropriate actions/decisions are being</p>
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	model of care is periodically discussed at this forum.	included and that the model of care is discussed.	identified and the model of care is being discussed.
3.4	<p>The centre manager must formally notify the complaint made by one young person in relation to key work.</p> <p>The regional manager must conduct a review of the operation of the complaints process with the staff team and centre manager.</p>	<p>Social worker has received a copy of all complaints and has come to the unit to physically sign off on all complaints made by the young person.</p> <p>Complaint training and review scheduled for review of tell us - TUSLA, internal complaint procedure, policy and recording/ responding.</p>	<p>Regional manager will have over sight on all complaints made by the young person and will review daily paperwork alongside the unit manager to identify any complaints going forward.</p> <p>Complaint training will be completed with all team members prior to probation end cycle.</p>
3.6	<p>The regional manager must review planning for behaviour management in the centre to ensure it meets the needs of young people.</p> <p>The social worker for one young person must provide a care plan in a time manner.</p>	<p>Review will be undertaken in audits, daily through SEN notifications and any issues arising will be flagged. On-going training and workshop pieces will be undertaken along with a focus on individual learning through supervisions.</p> <p>This was received on 21.12.2018 and is on file in the young person's file.</p>	<p>CSM/ COO will have oversight through auditing procedures and also by oversight on SEN's.</p>