



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 117

Year: 2018

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Dates of Inspection:	6th of November 2018
Registration Status:	Registered from 21st July 2016 to 21st July 2019
Inspection Team:	Michael McGuigan Catherine Hanly
Date Report Issued:	18th January 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.4 Children’s Rights	
4. Action Plan	14

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 its' first registration in July 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 21st of July 2016 to the 21st of July 2019.

The centre's purpose and function was to accommodate two young people in a dual occupancy arrangement. It aimed to provide care responsive to the individual young people's needs within a child-centred, supportive and safe environment. The centre offered individualised programmes to assist young people in developing physically, socially, emotionally, cognitively and educationally through the medium of therapeutic relationships.

This inspection was a themed inspection that examined aspects of standard 2 'management and staffing', standard 4 'children's rights' (complaints only) and focused on the implementation of the most recent CAPA from an inspection that took place in May and June 2017. The inspection was unannounced and took place on the 06th of November 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) One young person
 - b) Four social care workers
 - c) The deputy manager
 - d) The client services manager
 - e) The social workers for two young people

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

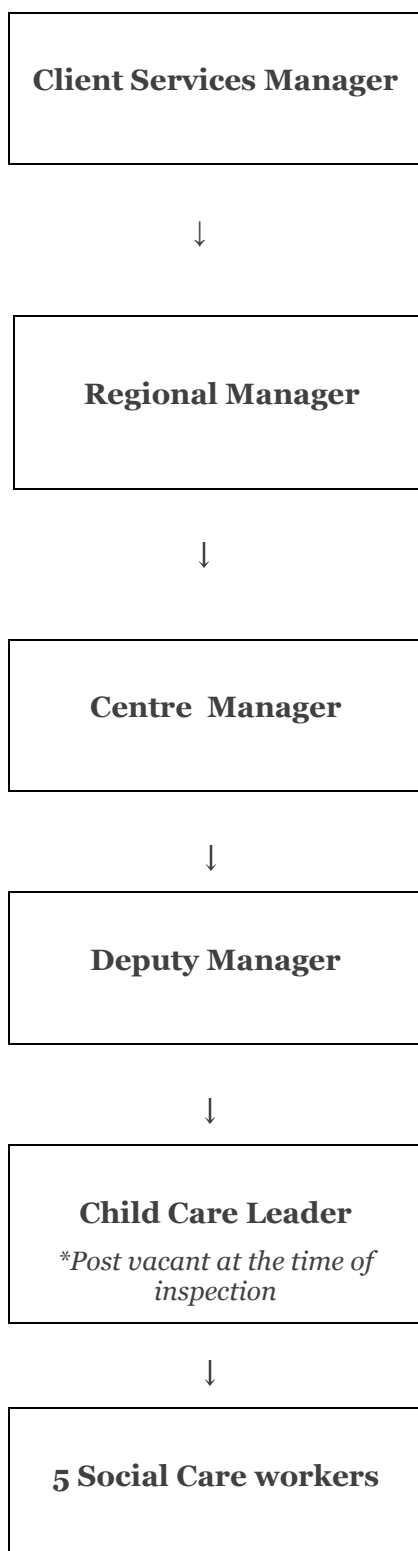
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The deputy manager
 - c) The regional manager
 - d) One social care worker

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional manager and the relevant social work departments on the 21st 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: 117 without attached conditions from the 21st of July 2016 to 21st of July 2019 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

Training and development

Training in this centre was arranged and delivered by the organisation's internal training department. From a review of the training information provided to inspectors it was observed that staff members had training in fire safety, first aid, manual handling and the Children First, 2017 E-learning programme. Staff had also received training in medication management, manual handling, health and safety, report writing, key working and supervision. Further training was also planned for staff in the coming months in the care framework, sex education and drug awareness.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager who had been in post for two years and four months. The manager was supported by a deputy manager who worked a mixture of rostered day shifts and office days. The centre management structure also contained a child care leader position; however, this post was vacant at the time of inspection. As part of their governance in the centre the managers reviewed care files and administrative files and also attended staff team meetings, handovers and professionals meetings. Inspectors found evidence of the delivery of the management role in terms of oversight, planning and support.

The centre manager reported to the regional manager for the service who also provided supervision. The centre 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 the regional manager in the centre. 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. Inspectors noted that actions were completed within suitable time frames.

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.

Supervision and support

Inspectors conducted a review of a sample of supervision files and found that these were occurring on a consistent basis and in line with the centre's policy. In many instances supervision records reflected good oversight, directing, planning and support by the centre manager. Both the centre manager and deputy manager had received training in supervision. However, inspectors found that placement plans and key working were not being consistently reviewed as part of supervision. Given the inexperience of some members of the staff team it is important that this occurs. Further, discussions on the model of care in operation in the centre were not evident and it is important that this is reviewed regularly with staff.

From a review of the staff team meeting minutes, inspectors found that these were scheduled to occur monthly. There had been nine staff team meetings in 2018 and they were generally well attended. The records for these meetings contained evidence of planning for the complex behaviours displayed by the young people. However, in one instance there was no meeting for nine weeks and inspectors found there were times when no action plan was created from the meeting. Further, allocated persons and time frames were not always noted beside the tasks or decisions. In some instances there was no review of the actions agreed at previous meetings and inspectors also noted that the model of care and its delivery was not being discussed. From an analysis of minutes for handovers and planning documents in the centre inspectors found that issues raised by staff were not always discussed at staff team meetings and there was no record of how these issues were then resolved.

Staffing

The centre had a staff complement of one social care manager, a deputy manager, a social care leader and five social care workers. Each of the staff working in the centre held a qualification in social care or a related field and there was a shared relief panel with other centres. At the time of inspection the social care leader position was vacant and the centre manager was actively attempting to recruit for this position. Inspectors reviewed a sample of the personnel files for staff and noted these contained up-to-date Garda vetting, three references that had been verbally verified, copies of qualifications with accompanying transcripts and a relevant CV.

However, inspectors found that the majority of the staff team had limited experience working in children's residential centres. Four staff had left the service in the past year and exit interviews had been conducted with these staff members. Inspectors also reviewed the daily reports for young people and found that there had been 20 different staff working in the centre in the four months previous to the inspection. The centre was moving to a new rostering system that required an increase in staff numbers and new staff were due to take up employment there in the coming weeks. From a review of the CVs for these new staff inspectors noted that they also had limited post-qualification experience in children's residential centres. The centre manager was aware of the difficulties that the balance of experience on the staff team would pose and a robust induction for new staff had been planned. However, given the limited experience of the staff team and the issues identified in the oversight of the model of care, a written plan addressing how the deficits in experience among the staff will be managed must be forwarded to the registration and inspection service by 22/12/18.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found that the centre registers for complaints and child protection needed to be updated by managers as the information they contained did not reflect the actions taken or the conclusions reached on a number of issues. Further, it was also observed that a number of care records for young people were being held in boxes in an area of the centre. These needed to be removed for archiving to ensure that they were not damaged.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

-Part III, Article 5, Care Practices and Operational Policies

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

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 review placement plans and key working as part of supervision to ensure oversight of care planning and care practice.
- 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 centre manager must ensure that centre registers contain up-to-date information.
- The centre manager must ensure that information relating to young people is appropriately archived.

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 written policy on complaints that provided details formal and informal complaints and how these should be addressed. The policy also included

information on time frames for resolution and those responsible. From a review of the complaints register inspectors found that this did not contain up-to-date information on the number of complaints and efforts to resolve these. Further, it was observed that one complaint that related to the service being provided by a young person's social work department was not notified through the significant event notification system and was not treated as a formal complaint. This was also not addressed through the Tusla Child and Family Agency 'Tell Us' complaints system. The regional manager should review the operations of the complaints policy with the centre manager.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- The regional manager must ensure that there is an effective system for recording, tracking and oversight of formal complaints in the centre.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	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.	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. Recent work that the organisation's psychologist has provided to support the management and the team in relation to the care framework were PACE which incorporates a set of attitudes that engages a child in ways that are playful, accepting curious and emphatic. Staff have also engaged in training and awareness of the SELF model to maintain a unit embedded in	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 & 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>The regional manager and centre manager must review the structure of team meetings to ensure they meet the needs of the service.</p> <p>The centre manager must review placement plans and key working as part of supervision to ensure oversight of care planning and care practice.</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</p>	<p>safety, emotions, loss and future.</p> <p>The regional and centre manager will ensure that the team meeting minutes are structured appropriately, focusing on action plans being reviewed from the previous meetings. The centre manager will ensure that the structure includes a review of all young persons' placement plans goals and risk management and intervention strategies being used with the young people.</p> <p>The unit manager will ensure that the supervision agenda includes a review of placement plan goals and also a review of key working from the previous month and will set out key working topics to be covered in the upcoming month.</p> <p>Inspectors note: This plan was provided and deemed to meet the needs of the service by inspectors.</p>	<p>The team meeting minutes will have more oversight from the regional manager to ensure that they structured in line with the positive care policy. The regional manager when possible will join the team meetings on occasions to ensure that the structure is being followed.</p> <p>Regional manager monthly audits will review supervisions and supervision content ensuring an appropriate focus on placement planning goals for young people and focused key working. The RM monthly audit will ensure that individual staff members are making progress in relation to their training and development plan goals.</p> <p>This plan will be utilised on an ongoing basis for any team members who come to work in the centre.</p>
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	<p>be managed by 09/01/19.</p> <p>The regional manager must ensure that centre registers contain up-to-date information.</p> <p>The centre manager must ensure that information relating to young people is appropriately archived.</p>	<p>The regional manager will ensure that centre registers are up to date. This is reviewed upon monthly audits.</p> <p>Archive boxes have been removed from the premises and appropriately stored.</p>	<p>CSM audits will also ensure that this is available and up to date.</p> <p>There will be an annual review of all files which remain in the centre and they will be archived and stored appropriately.</p>
3-4	<p>The regional manager must ensure that there is an effective system for recording, tracking and oversight of formal complaints in the centre.</p>	<p>The unit manager will ensure on an on- going basis through review of daily paperwork and complaints that all are recorded appropriately and in line with Tusla Tell Us and our own complaints policy, all complaints are notifiable to all senior management through our notification system.</p>	<p>The regional manager will ensure full oversight over the formal complaints within the house. The regional manager will provide oversight to ensure that they are responded to appropriately. This will also be reviewed and discussed during a team meeting that the regional manager will attend.</p>