



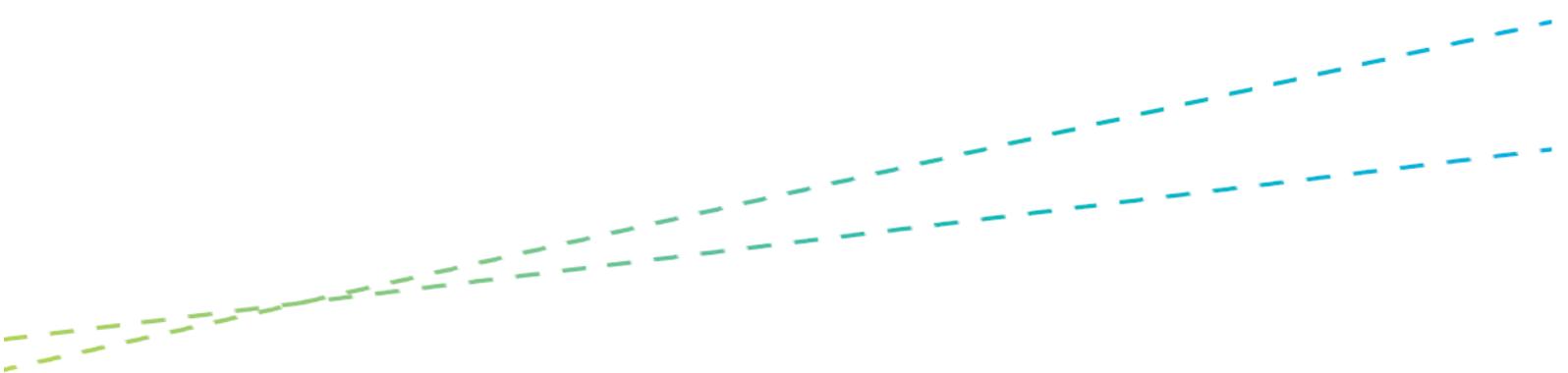
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 117

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care Ltd
Registered Capacity:	Two young people
Dates of Inspection:	15th and 16th May 2019
Registration Status:	Registered from 21st July 2019 to 21st July 2022
Inspection Team:	Sinead Diggin Cora Kelly
Date Report Issued:	2nd September 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 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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration in 21st July 2016. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without attached conditions from 21st July 2016 to 21st July 2019.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as care responsive to young people's individual needs. They aimed to develop an individual program for the young person, working from the CARE framework. Their CARE framework was based on theoretical approaches and they incorporate and combine a range of evidenced based practices to provide a coherent framework that guides the application of theory in to practice.

The inspectors examined standards 2 'management and staffing', 7 'safeguarding and child protection', 9 'health' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 15th and 16th May 2019. There were two young people resident in the centre at the time of the inspection.

1.2 Methodology

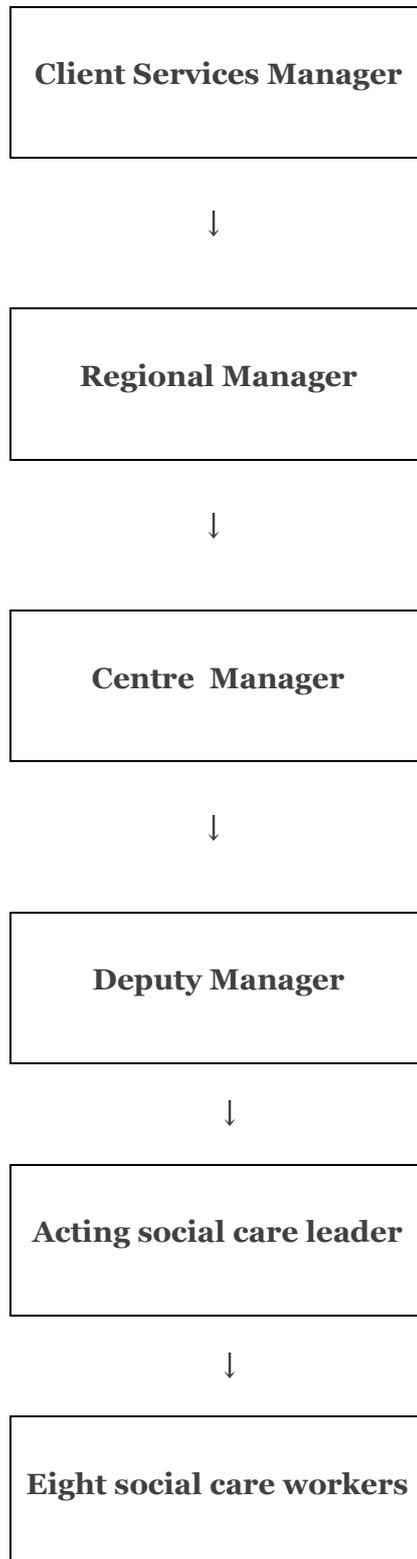
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by
 - a) Seven of the care staff
 - b) A social worker with responsibility for young person residing in the centre.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
 - care files
 - supervision records
 - handover book
 - team meetings
 - management meetings
 - maintenance log,
 - fire register
- ◆ 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 client services manager
 - c) Three care staff
- ◆ 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, client services manager and the relevant social work departments on the 18th July 2019. 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 31st July 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 July 2019 to 21st July 2022 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 manager of the centre had not changed since the last inspection and had been working in the centre since it commenced operation in 2016. They were suitably qualified and had a number of years experience working in residential care. The manager was present in the centre and worked normal working hours Monday to Friday. In interview the manager stated that their role was to guide practice within the centre and ensure that policies and procedures were adhered to. They stated that they attended handovers on a daily basis, chaired team meetings, provided supervision, linked in with the psychologist associated with the organisation and would have also attended meetings for the young people. Evidence of this was found in centre records. The manager stated that they also had responsibility for conducting monthly audits which included areas such as staffing, young people and maintenance requirements. Inspectors reviewed a sample of the audits which displayed oversight across a number of centre records. Monthly manager meetings were held and the manager stated that managers would communicate weekly usually by telephone.

The manager was line managed by a regional manager of the organisation at the time of inspection. Inspectors found evidence that the regional manager had visited the centre and there was evidence of oversight and audits separate to the managers that had been conducted. Inspectors did not meet with the regional manager at the time of inspection as they were on sick leave. Inspectors had a brief telephone conversation with them and they confirmed that they had visited the centre on a regular basis and were satisfied that the centre was managed effectively. In the absence of the regional manager, inspectors contacted the services manager, who assured them that they would take on this role to provide support and supervision to the manager. The service manager stated that they had visited the centre and had met the young person who had recently moved in.

Register

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency. The register was viewed by inspectors and evidenced that all the relevant details were recorded.

Staffing

The centre had a complement of ten staff in total. This included a deputy manager and an acting social care leader. There were also relief staff as required. This facilitated for three staff to be present with the young people. Two staff completed a sleepover and the third staff member covered a day shift. The deputy manager worked both with the young people and also had administration duties. They did not work any sleepover shifts. The acting social care leader's role included giving advice and guidance to staff who were present with the young people. From interviews conducted, staff were happy with the management in the centre and found that there was always management available for advice when needed. Inspectors found evidence of good structures in place in which to work from. Staff confirmed that they had received an induction before commencing work with the young people. Inspectors reviewed a sample of staff files and found that they contained up to date Garda Clearances and references had been checked and verified.

Supervision and support

The centre had a policy and inspectors found that professional supervision was conducted in line with the policy of four to six weekly sessions. Both the manager and deputy manager had the responsibility in providing supervision and had received training in this. The manager stated that the acting social care leader was still in the process of supervision training with the intention that they would supervise relief staff. Records reviewed showed that the young people were discussed which included their placement plans. There was evidence of guidance and constructive criticism for further development. The model of care was referred to with an emphasis on implementation in daily practice. The manager was supervised by a regional manager and due to their absence at the time of inspection, inspectors were unable to view the records. Team meetings were held fortnightly in which all staff were expected to attend. Minutes reviewed evidenced that placement plans were kept on the agenda so as to ensure that the aims and objectives continued to be met. Inspectors also noted that at each meeting a different centre policy was discussed for learning and review. A full time psychologist for the organisation met regularly with the staff team for guidance in their work with the young people. Handovers occurred daily and one inspector had the opportunity to observe one during the onsite inspection. Records from the previous shift were read before a verbal handover on each young person was

given. A plan was put in place for the day with tasks assigned to the staff members beginning their shift.

Training and development

The manager stated in interview that all staff core had training which included fire safety, first aid, a recognised model of physical intervention and Children's First National Guidance for the Protection and Welfare of Children, 2017. Inspectors also found that training, including manual handling, medication management, aftercare, report writing, health and safety, food safety and sexual education and drug awareness was also provided. Inspectors found evidence of certificates to confirm this on staff files. Staff had also received training in the CARE framework and staff named this as guidance for their daily practice with the young people. From questionnaires reviewed and interviews conducted, inspectors were informed that training was not an issue and any training requested was where possible accommodated.

Administrative files

The centre works from a technology system which requires the staff to complete forms online and upload them on to a secure server. The manager of centres and staff can access all documents relating to their specific centre. The senior management has access to all documents pertaining to all centres and includes oversight not withstanding on site audits. Documents created on the system are then duplicated and stored on the young person's care file.

3.2.2 Practices that met the required standard in some respect only

None identified.

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*

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

-Part III, Article 16, Notification of Significant Events.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The centre had a child protection and safeguarding policy which had been updated in 2018. The policy outlined how to report a child protection and welfare concern using the Tusla web portal. There was a specific folder with guidelines for staff including completing risk assessments. Inspectors did note that one section of the folder for reporting procedures had not been updated and referred to 2011 guidelines. This needs to be updated to reflect the most recent guidelines. The centre had a safeguarding statement that was deemed to be compliant with the compliance unit. From questionnaires reviewed and interviews conducted, staff named safeguarding practices in the centre as: completing risk assessments, safety planning, internet safety, supervision, absence management plans and alarms on doors. Inspectors found evidence that safeguarding was included in their induction training. There was evidence of good advocacy from staff working with the young people. There was evidence of social workers and guardians ad litem visiting the young people and inspectors also noted that EPIC had also visited the centre.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Staff had received training provided by the organisation in Children's First: National Guidance for the Protection and Welfare of Children (2017). Inspectors noted that the manager's training in child protection was out of date and this needs to be updated as soon as possible. E-learning training in Children First had been completed and staff were clear in their role as a mandated person. The manager stated that they were

registered to use the Tusla web portal and a number of other staff had also registered. There were five child protection and welfare report forms completed for one young person of which four were still open and in the process of investigation. The centre also had a complaints register and inspectors found that all complaints logged had been addressed and signed off by the manager.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

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

One young person had a registered G.P. and there was evidence of staff sourcing a G.P. for the other young person who had recently moved to the centre. There were immunisation records for one young person. Medical cards were in date and stored in the young person's file. There was evidence that young people had attended medical appointments. In the case of one young person, they didn't always attend appointments and staff in consultation with the social worker were in the process of devising a plan to try and encourage the young person to attend. Keyworking records reflected that topics such as healthy eating, the effects of smoking, drug and alcohol misuse had been addressed by staff. Keyworking sessions on sexual education, health and wellbeing had also been completed. Records of medication administered were on file with the signatures of staff on duty. Medication was stored in a locked cabinet in the office.

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, 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).*

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

Inspectors found the accommodation to be nicely decorated and the centre had a warm feeling to it. The young people each had their own bedroom and there was space in the centre for young people to meet with family and friends. There were recreational facilities available to the young people both in the centre and in the wider community. The centre was adequately insured against accidents in line with the Child Care (Placement of Children in Residential Care) regulations, 1995, Part 111, Article 14.

Maintenance and repairs

The centre had a maintenance book in which a record of all repairs needed was logged. The entries listed what was urgent and not urgent. While the entries recorded displayed what was repaired, dates of completion were not always entered and inspectors recommend that this is monitored.

Safety

The centre had a safety statement which had been updated in 2018. There was a designated health and safety officer on the team. There were records of audits completed and these took place regularly. A weekly audit was completed weekly by

the health and safety officer, monthly by the manager and quarterly by the regional manager. The audit records reviewed by inspectors found them to be detailed with commentary attached. Medications were stored safely and staff had received training in First Aid.

The centre had two cars which were insured and dates of the last car service were also recorded.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The centre had a register which recorded the details of all fire drills that had taken place. While the staff and young person's initials were recorded, there was no record of the time. Inspectors recommend that the time of the fire drill is recorded to evidence that they occur on either day or evening time. Staff had received fire safety training and the fire alarm system had been recently serviced. While the staff had completed fire safety training it was not specific to the centre. Management must ensure that fire safety training is site specific. There were records to display that the accommodation was adequately insured with regulation requirements.

3.10.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must ensure that fire safety training is site specific.

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.10	Management must ensure that fire safety training is site specific.	Unit Manager has organised this to be completed with the whole team on the 20.08.19 in the centre by a relevant company.	This recommendation will be completed on the 20.08.19.