



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number:** 123

**Year:** 2017

**Lead inspector:** Paschal McMahon

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>14<sup>th</sup> and 15<sup>th</sup> of September 2017</b>
<b>Registration Status:</b>	<b>Registered from the 22<sup>nd</sup> of December 2016 to the 22<sup>nd</sup> of December 2019</b>
<b>Inspection Team:</b>	<b>Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> January 2018</b>

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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 ongoing operation of the centre in line with its registration.

The centre was registered to commence operation in December 2016 and following the verification of the registration application, supporting documentation and a site visit the centre was registered without conditions attached for a period of three years expiring in December 2019. The centre was registered to cater for up to four young people; both boys and girls aged 13-17 on admission on a medium term basis. The centre was inspected three months after they opened in March 2017.

This inspection was unannounced and was a nine month inspection that took place on the 14<sup>th</sup> and 15<sup>th</sup> of September 2017. The inspector examined standards four, six and seven of the National Standards for Children's Residential Centres (2001).

## 1.2 Methodology

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

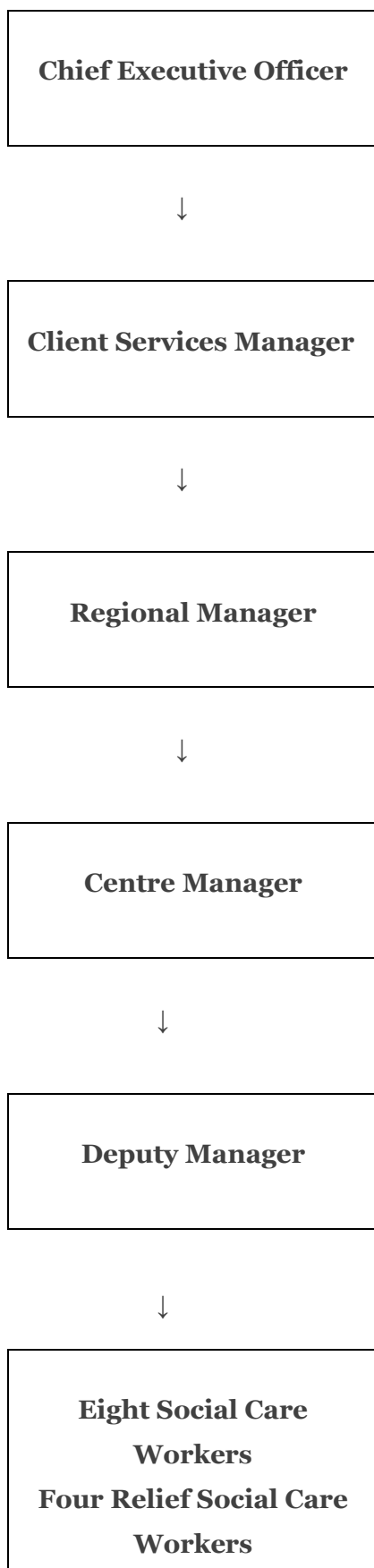
- ◆ An examination of the questionnaires completed by:
  - a) The centre manager
  - b) The deputy centre manager
  - c) Six of the care staff
  - d) Two young people residing in the centre
  - e) Other professionals e.g. Guardian Ad Liteum, General Practitioner's and therapists.
  
- ◆ An examination of the centre's files and recording process.
  
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) Two acting regional managers
  - c) The deputy centre manager

- d) Two staff members
  - e) Three young people
  - f) One parent
  - g) One of the allocated social workers
- ◆ 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, national client services manager and the relevant social work departments on the 28<sup>th</sup> of November 2017. 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 15<sup>th</sup> of December 2017 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: 123 without conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 22<sup>nd</sup> of December 2016 to the 22<sup>nd</sup> of December 2019.

## 3. Analysis of Findings

### 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**

#### **Consultation**

The inspector found that the rights of young people were reflected in all centre policies and practices and young people's views were sought about daily activities and decisions that affected their future. This was confirmed through interview with the young people and the staff team. Staff conducted key work sessions with the young people prior to their care plan reviews and advocated for young people who chose not to attend meetings. The centre held daily house meetings. The inspector reviewed the house meeting records which recorded staff checking in with the young people and enquiring if they had any issues they wished to discuss along with feedback in some cases from the staff and centre manager. The inspector reviewed the house meeting records which recorded staff checking in with the young people and enquiring if they had any issues they wished to discuss along with feedback in some cases from the staff and centre manager. The inspector reviewed staff meeting minutes to seek further evidence of consultation with young people. The inspector noted that while there was some evidence of consultation with young people, team meetings had not occurred as frequently as they should as there was a two month period during which no team meeting took place. Senior management must ensure that team meetings take place at least once within a four week period in accordance with the organisations policy.

The centre conducted monthly progress reports with the young people focusing on their goals, areas of achievement and areas to work on. EPIC the children's advocacy group had not visited the centre in the nine months since it opened and inspector recommends that an invitation is issued to them to visit the centre.

## Complaints

The inspectors found that there was a children's complaints procedure in place. Young people the inspector spoke with during the inspection stated that they knew how to make a complaint and identified the centre manager or their key worker as the people they would speak to if they had a complaint. The young people said that they were listened to and they believed that their complaints would be taken seriously. A parent the inspector spoke with confirmed that they were made aware of the centres complaint process when their child was admitted.

The centre maintained a register of complaints which recorded formal and informal complaints made by the young people. On reviewing the register the inspector found that there had been some confusion around the recording of complaints. There had been a number of informal complaints recorded in error in the formal complaints section of the register which had been identified by the regional manager. One recorded informal complaint was in relation to a young person alleging that they were restrained without justification which should have been processed through the complaints procedure. This was reported to the social work department and resulted in a critical incident review taking place. In another case there were a number of informal complaints recorded in relation to a young person complaining about the level of contact and the ability of the young person to contact their social worker. Given the fact that this issue was raised on a number of occasions the inspector is of the view that the centre should have advised and supported the young person of their right to make a complaint through the Tusla's "Tell Us" complaints procedure.

The inspector found that a formal complaint made seven months prior to the inspection had not been resolved. This complaint necessitated an internal and external investigation and was undertaken by the service and the Child and Family Agency. At the time of inspection the Child and Family Agency had not completed its investigation. There was evidence that this matter had been followed up on by the management of the organisation. Following the inspection the inspector wrote to the relevant social work department and requested that the outcome of the complaint when completed is forwarded to the centre and the inspectorate.

Senior management must review the complaints policy and procedure with the manager and staff team to ensure that they have a clear understanding of what constitutes a formal/informal complaint and the way in which they should be recorded. The complaints register must also be reviewed to ensure all complaints have been appropriately recorded and responded to.

## **Access to information**

The centre had a written policy on young people's access to information. The inspector could not find any evidence on file of young people accessing their records. Two of the young people the inspector spoke with had read information in relation to their care plan reviews prior to the inspection. Interviews with staff demonstrated an understanding of children's rights in relation to accessing information, but acknowledged that a more proactive approach could be taken in relation to making young people more aware of their right to access to information, and recording when young people access their records. The inspector require that the centre manager ensures that young people are given information that is accessible to them in accordance with their age, level of understanding and evidence being informed of their rights to access their records.

Staff told the inspector that they had good working relationships with the parents of the young people in the centre and that they kept in contact with them in regards to the care of the young person. This was confirmed by a parent the inspector spoke with who was very satisfied by the care provided by the centre.

### **3.4.3 Practices that did not meet the required standard**

None identified.

### **3.4.4 Regulation Based Requirements**

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

### **Required Action**

- Senior management must ensure that team meetings take place at least once within a four week period in accordance with the organisation's policy.
- Senior management must review the complaints policy and procedure with the manager and staff team to ensure that they have a clear understanding of what constitutes a formal and informal complaint and the way in which they should be recorded.
- Senior management must ensure that the complaints register is reviewed to ensure all complaints have been appropriately recorded and responded to.

- The centre manager must ensure that young people are given information that is accessible to them in accordance with their age, level of understanding and evidence being informed of their rights to access their records.

### **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**

The young people in the centre were cared for in a manner that took account of their individuality and their wishes. Interviews with management and staff demonstrated that they had an in depth knowledge of the young people and their needs. The inspectors observed interactions between the young people and staff and they appeared to be relaxed and good humoured. Young people are supported to make choices about their personal appearance and clothing with support and guidance from the care staff. Issues regarding personal hygiene had been managed sensitively by the staff team through the key work system. Two of the young people had recently celebrated birthdays and both expressed satisfaction at the efforts of the staff team to make these events special occasions. The inspectors found that there were opportunities for young people to develop and maintain individual interests such as rapping and rugby.

##### **Provision of food and cooking facilities**

The inspector found that there was a range of healthy foodstuffs available in the centre. Staff told the inspector that young people accompanied them when food shopping. The young people were involved with staff in weekly menu planning and had access to a range of foods and snacks outside of meal times. There was a practice of young people having their evening meal together where practicable.

One young person as part of their independent living skills was responsible for the planning, budgeting and preparation of their own meals and had their own storage space and fridge in the kitchen. The centre is to be commended for the work they have carried out in developing the young person's independent living skills.

### **Race, culture, religion, gender and disability**

The centre had a policy on discrimination. Staff promoted a positive sense of identity amongst all the young people. They worked well with young people from different cultures and specific food was sourced occasionally so that one of the young people could cook meals from their country of origin. Staff recognised the importance of family in young people's lives and supported them in maintaining contact. Each young person's religious denomination was taken into account and where young people and their family wish to pursue their religious belief this is accommodated.

### **Restraint**

The inspector was satisfied that an appropriate restraints policy was in place. All of staff team were trained in an approved behaviour management model. There were 72 physical restraints recorded in the period under review. All of these restraints were in relation to one young person who had complex needs and was no longer residing in the centre. There was evidence that these restraints were reported to the supervising social worker and reviewed by the centre management, external management and the organisations behaviour management trainer. The young person was subsequently discharged due to their high risk behaviours, and the centres inability to meet their needs and keep them safe.

### **Absence without authority**

The centre had a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing from care. The inspector was satisfied that young people had Individual Absence Management Plans on file which were informed by absence risk assessments. There was one record of a young person going missing from the centre during the period under review which was managed appropriately in accordance with the joint protocol.

At the time of inspection one resident was eighteen years of age. A risk management plan had been developed in conjunction with the social worker that included actions to be taken if the young adult went missing from the centre.

### **3.6.2 Practices that met the required standard in some respect only**

#### **Managing behaviour**

The inspector found that the centre had an appropriate policy on managing behaviour. All staff were trained in an approved method of managing behaviour. There was a clear sanctions policy in place and positive behaviour was rewarded. Sanctions were only administered when there was unacceptable conduct, and the inspector found that no inappropriate sanctions were administered during the period under review. Young people at the centre had been supported to understand their rights and the behaviour expected of them through discussion with the staff, key working and written information provided in the young person's booklet.

The first two admissions to the centre when it opened nine months prior to the inspection had very complex needs and presented with very challenging and high risk behaviours for the staff to manage. One of these young people was discharged after six months. The young person was beyond the control of the centre and the level of risk was escalating and subsequently resulted in the young person being admitted to a more specialist care placement. The second young person was discharged during this inspection. The young person was over eighteen and the centre made a decision to discharge the young person following an incident which took place in the centre as they could no longer guarantee the young person's safety following this incident.

The staff team utilised a number of plans to ensure the young people's behaviour was being managed such as, individual crisis management plans, behaviour support plans, individual absent management plans, placement plans and risk assessments. Two incidents took place in the centre involving two residents which resulted in safety plans being developed and the provision of a live night staff on duty. The inspector examined the pre-admission risk assessments on file and found that the pre-admission risk assessments for one of the young people were not robust enough in identifying indicators of potential risk. The inspector is of the view that a more comprehensive risk assessment should have resulted in the implementation of more robust management plans and other safeguards which may have triggered a more preventative response in ensuring the safety of the young people was not compromised. Senior management must ensure that comprehensive risk assessments

are undertaken for each child admitted to the centre to inform the development of robust behaviour management plans.

### **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 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Action**

- Senior management must ensure that comprehensive risk assessments are undertaken for each child admitted to the centre to inform the development of robust behaviour management plans.



### **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**

None identified.

#### **3.7.2 Practices that met the required standard in some respect only**

The centre had policies on child protection and safeguarding practices including policies on staff recruitment and vetting, complaints, staff supervision, professional boundaries & code of behaviour, working alone and whistleblowing. At the time of the last inspection a number of deficits were identified in regards to staff supervision. The inspector found during this inspection that while there had been improvements in this area, further improvement was required as supervision for a number of staff was overdue. Other deficits in safeguarding highlighted previously in this report were in regards to the centres management of complaints, the need for robust pre-admission risk assessments and the requirement for team meetings to take place regularly in accordance with the centres policy.

The members of the staff team interviewed during the inspection had a good knowledge of the safeguarding procedures operating in the centre. Two of the young people who met with the inspector were familiar with their rights and could identify a person or persons on the staff team to whom they could raise any concerns. Staff were carrying out ongoing key working sessions with one young person specific to safe use of social media.

#### **3.7.3 Practices that did not meet the required standard**

None identified.

## 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.

#### **3.7.4 Practices that met the required standard in full**

All staff members working in the centre had received training in child protection. The centre manager was the centre's designated liaison protection person for reporting child protection concerns and staff interviewed were aware of the procedures for reporting concerns. A social worker interviewed by the inspector was satisfied that the staff report any concerns to them promptly and there was evidence that they were working with the centre to put in place measures to reduce the level of risk to the young person.

The centre maintains a register of all child protection concerns reported to the Child and Family Agency. The inspector found that the centre had notified the relevant social work departments of five child protection concerns since it opened in January 2017. Two of the concerns related to a young person who is no longer in the care of the centre and there was evidence that the centre had made efforts to follow up on the outcome of these concerns. There was also acknowledgement from social workers on file in relation to the three most recent concerns.

#### **3.7.5 Practices that met the required standard in some respect only**

None identified.

#### **3.7.6 Practices that did not meet the required standard**

None identified.

### **Required Action**

- Senior management must address identified safeguarding deficits in relation to staff supervision, team meetings, complaints and risk assessments.

## 4. Action Plan

Standard	Issues Requiring Action	Response with timeframes	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.4</b></p>	<p>Senior management must ensure that team meetings take place at least once within a four week period in accordance with the organisations policy.</p> <p>Senior management must review the complaints policy and procedure with the manager and staff team to ensure that they have a clear understanding of what constitutes a formal and informal complaint and the way in which they should be recorded.</p>	<p>Centre manager will ensure that all dates of team meetings are notified to the regional manager three months in advance. Regional manager checks preparation pieces in weekly checks submitted each Friday. This is currently in place as of today 29.11.17.</p> <p>There were oversight pieces missing here. Whilst pieces were recorded and passed on they were not given the sufficient importance designated by the complaints system.</p>	<p>A handover between the centre manager and the deputy manager will occur prior to any leave taken in order to ensure the deputy manager is aware of the upcoming schedule. The Team meeting schedule will be on the notice board in the office so the team and deputy manager acting in the centre manager position while the centre manager is on leave will ensure the team meetings continue as scheduled. The regional manager will monitor same during monthly audits.</p> <p>Following feedback from the Registration and Inspection service our complaints policy is being revamped. We had asked that this be reviewed by the Registration and Inspection service to ensure that it complies with the guidance given by the TELL US process.</p>

	<p>Senior management must ensure that the complaints register is reviewed to ensure all complaints have been appropriately recorded and responded to.</p> <p>The centre manager must ensure that young people are given information that is accessible to them in accordance with their age, level of understanding and evidence being informed of their rights to access their records.</p>	<p>This is done daily by the unit manager when they are commenting on daily logs and this is done monthly by the regional manager in audits. Regional manager completed this check on 18.11.17.</p> <p>This is offered monthly in line with our procedure and signed by the young person. The issue here on the day of inspection was dates and times were missing the form has since been amended by the centre manager. A new form will be given to the unit today for young people to sign stating they are of age with their rights to access information.</p>	<p>The unit manager sends a check list to the regional manager each Friday, part of this check list it to confirm all complaints are recorded accurately and to outline what follow up has taken place in relation to the complaint.</p> <p>Following feedback from the Registration and Inspection services changes have been made to the register.</p> <p>All young people are encouraged and involved in reviewing the goals they set out for the previous month and for naming goals they want to work on next month, they look at what they did well in the month and what they want to work better on next month. All young people engage well in this process and complete same with their keyworkers. Along with this where appropriate young people will be offered to view their daily logs if they wish.</p> <p>A new form has been in place in the unit 'young person's right to access information' where young people will sign same to state</p>
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			<p>they are aware of their rights to access information. Regional manager will oversee this is occurring in monthly audits.</p> <p>In addition our placement plan is undergoing changes to ensure that it is more accessible to the young people and that their voice is heard.</p>
<b>3.6</b>	Senior management must ensure that comprehensive risk assessments are undertaken for each child admitted to the centre to inform the development of robust behaviour management plans.	This will be completed at referral stage	Centre manager will complete the impact risk assessment outlining all risks of the new referral on the existing young people and vice versa. Regional manager will oversee this and ensure all concerns possible are covered in the preadmission risk assessments and the impact risk assessments.
<b>3.7</b>	Senior management must address identified safeguarding deficits in relation to staff supervision, team meetings, complaints and risk assessments.	Immediately.	Centre manager must send her supervision list a month in advance to the regional manager going forward. Where supervision does not occur the cover sheet needs to clearly identify why they supervision has not occurred and they date it is rescheduled for. Team meeting schedule also to be sent to regional manager as detailed above. Complaints and risk as above also.