



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Positive Care
Registered Capacity:	One young person
Dates of Inspection:	24th January 2019
Registration Status:	Registered from 1st March 2019 to 1st March 2022
Inspection Team:	Paschal McMahon
Date Report Issued:	4th March 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	
3.5 Planning for Children and Young People	
4. Action Plan	17

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 on the 3rd December 2018 as a special arrangement. At the time of this inspection the centre were in their first registration. The centre was registered without attached conditions from the 3rd December 2018 to the 3rd March 2019.

The centres purpose and function was to accommodate one specified young person aged sixteen. Their model of care was described as being based on theoretical frameworks including attachment theory and the safety, emotional, loss and future programme (SELF). The centre also uses the Pathways programme with a strong link to the young people's community.

The inspector examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 24th of January 2019.

1.2 Methodology

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

- ◆ An examination of questionnaires and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The chief operations officer
 - b) The client services manager
 - c) The centre manager
 - d) The deputy manager
 - e) The social care leader
 - f) The young person residing in the centre
 - g) Other professionals e.g. General Practitioners and therapists.

- ◆ An examination of the centre's files and recording process.
 - Young person's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Staff team minutes
 - Centre registers
 - Visitor's log
 - Centre audit reports

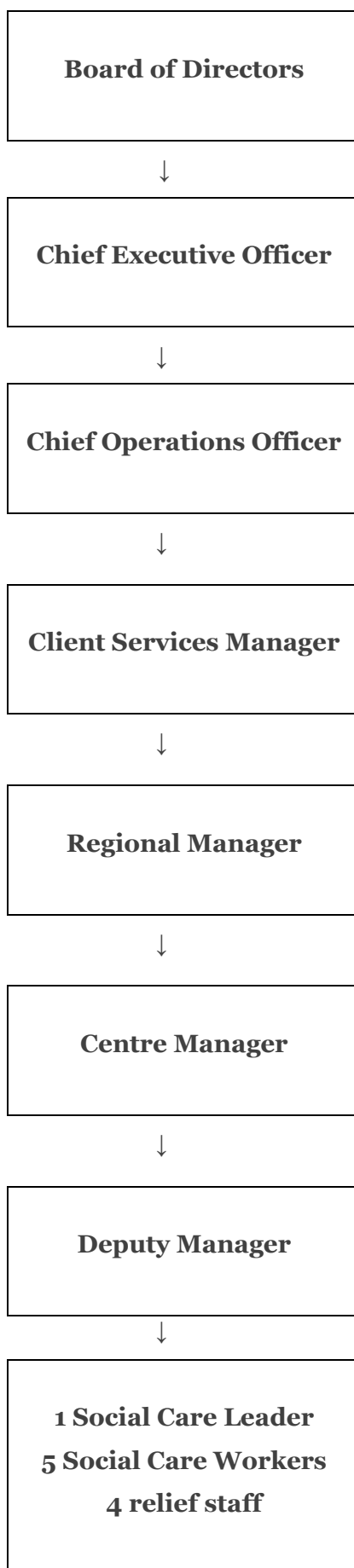
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The regional manager
 - c) Two staff members
 - d) The social worker for the young person
 - e) The social work team leader for the young person
 - f) The young person residing in the centre

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

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

The inspector would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, 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 11th February 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 regional manager returned the report with a satisfactory completed action plan (CAPA) on the 14th February 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: 146 without attached conditions from the 3rd December 2018 to the 3rd March 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

Management

The centre manager had been in post prior to the centre being granted registration in December 2018. The manager was appropriately qualified and had worked for the organisation for eight years in various roles including the role of deputy manager in another centre for a three year period prior to assuming the role of centre manager. The manager oversaw the work at the centre through various mechanisms such as the review of records, supervision of staff, team meetings, handovers and day to day observations of practice with the young person. The manager was supported in their role by a deputy manager and a social care leader.

External oversight of the centre was provided by a regional manager and a national client services manager. There was evidence that both the regional manager and the national client services manager had visited the centre, reviewed records and conducted audits. The regional manager satisfies themselves regarding the standards of care at the centre through oversight of significant event reports, presence at the centre from time to time, meeting the young person and the staff, and through management meetings and feedback from internal audits. The inspector reviewed the audits conducted to date and was satisfied that actions had been taken by the centre manager to address any deficiencies identified.

Register

A register of those who live in the centre was maintained by the centre manager. The inspector was satisfied that the admission details of the young person residing in the centre were properly recorded in the register in compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The register did not contain a section recording the gender of young people and this should be amended. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre maintained a register of significant events. The inspector was satisfied that the significant events affecting the young person living in the centre were notified to the Child and Family Agency. The placing social worker confirmed to the inspector that they received written significant events reports and were notified promptly. There was evidence that the centre manager and regional manager reviewed all significant event reports and provided guidance and direction to staff in terms of the care approach and the management of the event.

Supervision and support

The centre had a supervision policy which stated that individual supervision is provided for staff once a month. The centre manager and deputy manager supervised the staff team. The manager received formal supervision from the service's regional services manager who also offered informal support through regular phone contact. Each member of staff had a supervision contract that sets out the terms, expectations and arrangements for supervision. The agenda was shared and supervision records were signed. The manager kept the supervision records in a secure locked cabinet. The inspector did a random check on a number of supervision files and noted that there was a link between supervision and the implementation of the placement plan. Staff members interviewed by the inspector confirmed that they received supervision regularly in accordance with the centres supervision policy.

Team meetings take place fortnightly. The agenda for the meeting is put on display in the staff office prior to the meeting for staff to add agenda items. The records showed that these meetings were well attended and included a review of the actions and the routines surrounding the care of the young person. The young person's placement plan was also reviewed at the meetings.

Daily handovers took place in the centre. The inspector reviewed the daily handover format which took the form of a written template completed by staff going off shift for staff coming on duty. The inspector recommends that the effectiveness of this is reviewed and the centre should consider the reintroduction of verbal handovers to ensure the effective transfer of information between shifts.

Training and development

The inspector found that the organisation had an ongoing staff training and development programme in place. Training records provided to the inspector provided evidence that all of the staff had received the required core training including first aid, fire safety, child protection and behaviour management and the centre's model of care. Additional training provided to the staff included medication

management, drug awareness, key working and report writing. Each staff member had a training and development plan in place identifying future training needs.

Administrative files

The recording systems in place were very well organised and maintained to facilitate effective management and accountability. There was evidence of oversight and records were signed by the manager and external management. The inspector noted that the daily logs completed by staff were not always signed and the manager should address this. The centre had arrangements in place for the archiving of files. The inspector was satisfied that there were clear financial management systems in place and that the centre manager was satisfied that the monies allocated to the centre were adequate.

3.2.2 Practices that met the required standard in some respect only

Staffing

At the time of inspection the staff team consisted of the centre manager, deputy manager, one social care leader, four social care workers, four relief staff and one unqualified social care worker who was experienced and training in a related field. There was a good mix of experience in the team, all of whom had a social care or related qualification. There had been no changes to the permanent staff team since the centre was registered. The inspector reviewed the staff rota and found that seven staff were used to cover relief shifts over a nine week period. This included the four regular relief staff along with three staff from the organisation's other centres. On one occasion the young person was taken on an outing with a staff member from another centre who they did not have an established relationship with and a serious incident occurred. There was no risk assessment carried out prior to this decision and even though a recently devised safety plan was in place it was not adhered to resulting in a serious incident occurring. Centre management must ensure that the use of staff from other centres is kept to a minimum to ensure a consistency of care. In addition, all outings the young person engages in with staff from other centres must be risk assessed.

There was one staff member recruited since the centre was registered. The inspector reviewed their personnel file and was satisfied that they had been appropriately vetted prior to taking up their post.

There was one staff member recruited since the centre was registered. The inspector reviewed their personnel file and was satisfied that they had been appropriately vetted prior to taking up their post.

Staff interviewed confirmed that they received a formal induction and core training such as child protection and behaviour management prior to taking up their positions which they found very beneficial.

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.

Required Action

- The centre must be adequately and sufficiently staffed by a core team of staff that are familiar with the placement and the rostering of staff must meet the needs of the child foremost.
- Centre management must ensure that the use of staff from other centres is kept to a minimum and all outings the young person engages in with staff from other centres must be risk assessed.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre was registered to operate as a single occupancy unit to provide care for a specified young person in consultation with the allocated social work department. The inspector found that there was substantial referral information on file including a social history, previous placement reports and preadmission risk assessments. These risk assessments included information around the presenting risks and strategies to be employed by the staff team. The allocated social worker to the young person in placement was satisfied that the young person had been suitably placed on admission and that the centre were committed to meeting the young person's needs.

Statutory care planning and review

The inspector found that the young person had a care plan on file and statutory reviews had been held within the recommended timeframes. The minutes of the most recent review were not on file and these had been requested from the allocated social worker by the centre manager. The inspector reviewed the care plan and found that it set out the objectives of the placement. The young person had attended their care plan review meetings and the staff assisted the young person to prepare for these meetings. There was a placement plan on file which had been developed by the young person's keyworkers and was reviewed bi-monthly by the centre manager. The young person had been assigned two key workers who had responsibility for progressing particular aspects of the placement plan. Key working had taken place in response to pertinent issues including diet, education, relationships and safety.

Contact with families

The inspector was satisfied that the young person had contact with relatives and friends where this was in their best interest and welfare. The care staff worked closely with the social work department to risk assess and implement the agreed access arrangements between the young person and their family. Family access visits can take place at the centre on agreement with the social work department and there are facilities for this to take place in private.

Supervision and visiting of young people

The young person had an allocated social worker who visited the young person at the centre in line with statutory regulations. The young person had the contact information for the social worker and access to a telephone. The inspector observed records of regular contact between the social worker and the centre regarding the young person's progress. The inspector found no evidence that the social worker had

read the records in the centre. The social worker should read the logs at the centre on future visits. A record of social work visits was kept on the young person's care file.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Social Work Role

The young person had an allocated social worker who had oversight of the case for a number of years. In interview the social worker informed the inspector that they were moving on from their post and the social work team leader was taking responsibility for the case in the interim. The inspector interviewed the social work team leader and found that they had met with the centre management and were aware of the care needs of the young person and their progress in placement. The social worker and social work team leader were satisfied that the young person was safe and well cared for in the centre. There was evidence of good communication between the social worker and the centre staff. The social worker stated that they could raise any issue or concern about the care with the centre manager if required and was confident any concerns would be addressed by the organisation.

Preparation for leaving care

There was evidence that the young person was being prepared for independent living. There was a preparation for leaving care needs assessment on file completed by the young person and their keyworkers. This structured plan identified specific pieces of work to be undertaken with the young person providing them with guidance and information on their rights, budgeting etc. and records were kept of the progress to date.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that young people leave the centre in a planned and structured way that is in accordance with their statutory care plan. There had been no discharges from the centre under its current registration.

Children's case and care records

The inspector found that records were very well organised and indexed to facilitate easy access. The care files were sub-divided into sections and the key documentation

was clearly in evidence. Records were written in an appropriate professional manner. The care files contained copies of the young person's birth certificate and other relevant documentation. The centre manager was aware that care files would be kept in perpetuity and stored in a manner that maintains appropriate levels of privacy and confidentiality about young people's circumstances.

3.5.2 Practices that met the required standard in some respect only

Emotional and specialist support

In interview the manager and care staff demonstrated an awareness of the young person's social history and circumstances that would impact on their emotional wellbeing. A review of key work records and daily logs demonstrated regular efforts from the staff team to engage with the young person and interact in supportive ways towards building positive relationships. There was evidence that the young person had been referred to a number of suitable clinical and therapeutic professionals and of the team's involvement in this process. The young person was linked in with a number of services including counselling and the Child and Adolescent Mental Health Service, CAMHS. The organisation also had its own psychologist who was scheduled to meet with the team to provide clinical guidance and to assist the team in managing specific issues and behaviours presented by the young person. The inspector was informed by the allocated social worker that prior to admission a psychological assessment had been recommended for the young person. To date this assessment has not been undertaken and no date has been set. The supervising social work department must ensure that a psychological assessment is completed as a priority given the young person's age and complex needs.

Aftercare

It was evident in the minutes of the most recent professionals meeting that aftercare options were being discussed for the young person. At the time of inspection a referral to the aftercare services had not been made for the young person. The allocated social worker must ensure that an application is made to the Tusla aftercare services without delay. An advocacy member from the children's advocacy organisation EPIC (Empowering Young People in Care) had visited the young person in the centre.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 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 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The supervising social work department must ensure that a psychological assessment is completed as a priority given the young person's age and complex needs.
- The supervising social work department must ensure that an application is made for the young person to the Tusla aftercare services without delay.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre must be adequately and sufficiently staffed by a core team of staff that are familiar with the placement and the rostering of staff must meet the needs of the child foremost.</p> <p>Centre management should ensure that the use of staff from other centres is kept to a minimum and all outings the young person engages in with staff from other centres must be risk assessed.</p>	<p>The centre currently has 7 staff which is sufficient for two young people under current staffing ratios. In addition there are 2 relief staff currently being used regularly who will be the next in line for contracts.</p> <p>This was completed on an ad hoc basis. A risk assessment was completed as a result of this incident to ensure that only staff who are known to the young person accompany them on outings.</p>	<p>Company policy states that all centres should be as close to fully staffed as possible. This is the case in this centre and will continue to do so. Supervision and supports have improved within the unit and this is continuously monitored in auditing.</p> <p>Risk management strategies will be reviewed with the social work team on a formal basis to ensure that risks are managed as safely as possible.</p>
3.5	<p>The supervising social work department must ensure that a psychological assessment is completed as a priority given the young person's age and complex needs.</p>	<p>The supervising social work department is liaising with centre management in regards to completing the psychological assessment.</p>	<p>Not Applicable</p>

	The supervising social work department must ensure that an application is made for the young person to the Tulsa aftercare services without delay.	The supervising social work department has confirmed that an application for the young person to the Tulsa aftercare services has been made.	
--	--	--	--