



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 083

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Rainbow Community Services Ltd
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	06th & 07th December 2022
Registration Status:	Registered from the 19th of February 2023 to the 19th February 2026
Inspection Team:	Sharon McLoughlin Lorraine Egan
Date Report Issued:	27th February 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 19th of February 2008. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 19th February 2020 to 19th February 2023.

The centre was registered to provide accommodation to five young people of both genders from age twelve to eighteen on admission. Their model of care was described as relationship based and trauma informed. Staff interactions were advised by additional positive behaviour support tools and aimed at bringing young people to a place of good self-management and self-awareness. There were three young people living in the centre at the time of the inspection one young person just admitted some days prior to the onsite inspection,

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. This was a blended inspection with both onsite and offsite inspection activity.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 25th of January 2023 and to the relevant social work departments. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 7th of February 2023. This was deemed to be satisfactory.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 083 without attached conditions from the 19th of February 2023 to the 19th of February 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found from a review of centre records and interviews that young people were listened to and their views and preferences in relation to their daily living arrangements were considered. There was evidence of a culture of openness and transparency within the centre, and this was evident in a range of records reviewed such as in child in care reviews, placement planning minutes and key work records. The young people's views and opinions were considered when decisions were being made and the staff were able to give examples of where decisions were reviewed at team meeting following requests from young people to review certain practices in the centre. Records evidenced that key workers were advocating for young people at meetings and representing their views and opinions.

The centre had a policy on complaints and how they were responded to in the centre, information was available in the young people's booklet about their right to be heard and to make a complaint if they were not satisfied with decisions made or any aspect of their care. The key workers then spoke to the young people about the complaints process and how it worked in practice. The young people were made aware of external advocacy bodies such as Empowering People in Care (EPIC) and the Ombudsman for Children. One of the young people who spoke with the inspectors had met with an EPIC representative and the staff stated that they would invite them to visit again to meet the newest resident. There was also information for parents and guardians about the service and about the complaint's procedures. The manager also completed a survey with the young people, families and social workers on a yearly basis to gather feedback. This was then discussed at the team meeting for learning purposes. The manager stated that so far the feedback had been positive. The young people were also made aware of the Tusla "Tell Us" process and the staff had supported one of the young people to utilise this system and the issue was resolved to the satisfaction of the young person.

The inspectors found from a review of the complaints register that there were very few complaints made by the young people and that the focus was on local resolution. Staff when interviewed stated that the purpose of the complaints procedures was to resolve any issues that the young people may have and gave examples of how they had dealt with complaints. They stated that the culture of the centre was to hear what the young person was saying and to apologise to the young person if the staff had made a mistake or made the wrong decision at the time.

All the complaints that had been recorded as requiring review by the manager had been closed out and the young people had been provided with feedback on the complaint. While the inspectors were satisfied that there was a transparent and open culture within the centre it was noted that it was difficult at times when young people had specific issues with each other. All parties need to be supported but records and actions taken at times presented as if one young person's account of events was believed over another. The inspectors recommend that the staff review all the records to ensure that each young person, if they reviewed their records, felt equally supported and heard.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None

The centre promotes a positive culture in supporting the young people with behaviours that are challenging. The inspectors observed the interactions between the staff and the young people when on site in the centre and found the atmosphere to be calm and respectful.

The staff team were trained in a recognised model of behaviour management and physical intervention. All but one staff had completed their refresher training in November 2022. This staff was scheduled to complete theirs in the coming weeks.

The staff supported the young people in managing their behaviour by completing risk assessments based on the information provided in the Statutory Care Plans and supporting documents or assessments. Each young person had a behaviour support plan, and individual crisis management plan (ICSP) and individual absence management plan (IAMP). The plans reviewed by inspectors were age appropriate and there was evidence that they were supporting the young people in a proactive way to recognise their behaviours and manage these. Safety plans were put in place in response to presenting behaviours and inspectors found that these were developed in consultation with the young person and were regularly reviewed, altered and updated as the young people were making progress. Where the staff were struggling with making progress with managing behaviours, they sought external guidance and advice, and the young people were provided with opportunities to meet with external professionals such as CAHMS.

The young people reported through questionnaires and interview that they felt supported in the centre and that they were making progress. The social workers also confirmed that the staff were supporting the young people to recognise their behaviours and respond more appropriately.

The team reviewed all significant events for learning purposes and demonstrated an ability to reflect and review practices based on the events that occurred.

The use of all restrictive practices was recorded and reviewed regularly, the inspectors found evidence of where restrictive practices were removed on the request of a young person following representations by the young person's key worker and discussion at the team meeting.

There has been no audit completed on how the behaviour is managed in the centre however one was scheduled to be completed in 2023. It is a requirement centre that a scheduled audit takes place of the centres approach to managing behaviours that challenge. These audits must form part of a scheduled audit of the centres compliance with the National Standards.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management must ensure that a scheduled audit takes place of the centres approach to managing behaviours that challenge and that these audits form part of a yearly schedule of assessing compliance with the National Standards for Children's Residential Centres, HIQA (2018).

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The inspectors found that there was good attention to the health and wellbeing needs of the young people. The young people's health care needs were identified in their care plans and the subsequent placement plans developed by the staff. The medical

section of files contained medical histories. Where parents were involved the information about medical histories was sought from them. The young people were registered with a local GP practice and attended for initial medical reviews and follow ups as required. They also had up to date dental and ophthalmic appointments and any follow up as required.

The staff promoted healthy living and the placement plans identified goals for healthy eating and exercise. The young people were encouraged to prepare healthy food and were being educated around portion size when cooking. It was noted to complete this in a sensitive manner as this can be a difficult and triggering area for young people. The centre had a no smoking policy and young people were encouraged and supported to stop smoking. Individual key working discussed human growth and development and relationships in an age appropriate and sensitive manner. Where the young people required support with mental health issues this was identified and plans put in place in conjunction with social workers to source this and then support the young people to attend the appointments. Any recommendations from external professionals were incorporated in the placement planning and goal setting. The staff team had also completed training on suicide awareness and one staff had completed training in Youth Mental Health.

There was a written record of all administration of medication. An audit of the medical files was conducted, and recommendations made about changes to be made about how the records were to be kept. These changes were in the process of being implemented at the time of the inspection. The inspectors agreed that the records could be clearer and concurred with the identified changes to be made.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre management must ensure that a scheduled audit takes place of the centres approach to managing behaviours that challenge and that these audits form part of a yearly schedule of assessing compliance with the National Standards for Children's Residential Centres, HIQA (2018).	The Centre management will ensure that the centres approach to managing behaviours that challenge is audited as an integral part of the annual schedule of internal audit under the themes of the National Standards for Children's Residential Centres. The scheduled date for completion of theme 3 covering the approach to Behaviours that Challenge is March 2023.	The centres schedule of internal audit for 2023 is in place. This comprises a number of internal audits focusing on two themes on each occasion. Theme 3 comprising the audit of approach to behaviours that challenge has been scheduled to be completed in March 2023. However, as behaviours and significant events arise these are individually examined and evaluated within the Significant Event Review Group. Any needs identified as part of this process are addressed and supports are put in place as appropriate from internal or external resources. The service has an ongoing schedule of annual audits as per the requirements of

			the Standards and Theme 3 including the approach to Behaviours that Challenge is integral to this.
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