



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 048

Year: 2017

Lead inspector: Paschal McMahon

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	16th of May 2017
Registration Status:	Registered from the 16th of July 2017 to the 16th of July 2020
Inspection Team:	Paschal McMahon
Date Report Issued:	July 2017

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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 Methodology

The centre was granted their first registration on the 16th of July 2011 to accommodate four children of both genders from age thirteen to seventeen years on admission on a short to medium term basis. 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. This inspection was unannounced and took place on the 4th and 5th of April 2017. The report is based on a range of inspection techniques including:

- ◆ An examination of the questionnaires completed by:
 - a) The deputy centre manager
 - b) Two of the care staff
 - c) Two young people residing in the centre

- ◆ An examination of the centre's files and recording process.

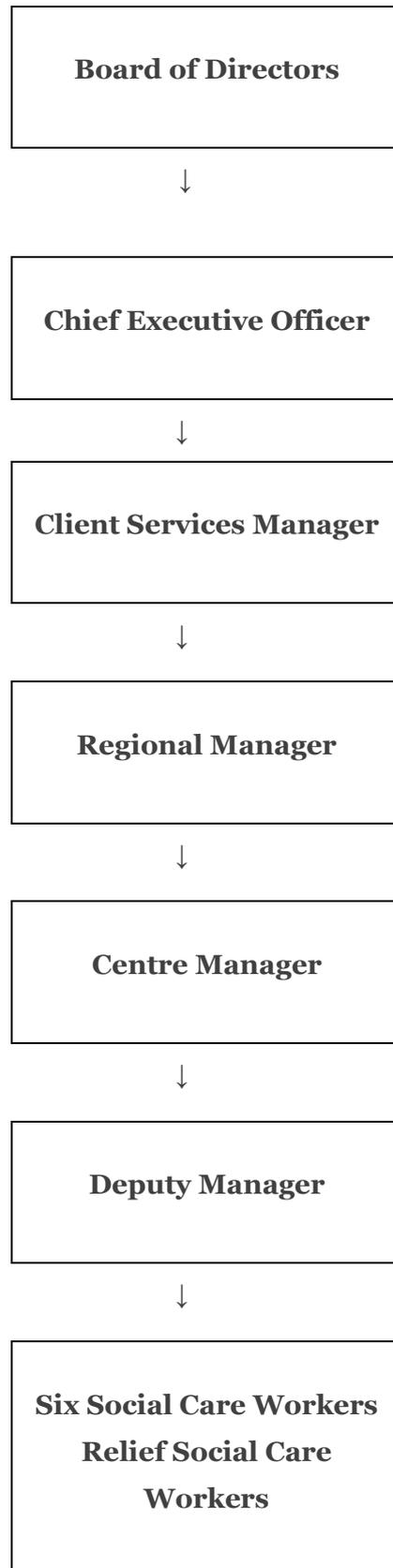
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Three staff members
 - c) Two young people
 - d) Two of the allocated social workers
 - e) One guardian ad litem

- ◆ Some 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.

1.2 Organisational Structure



2. Findings with regard to Registration Matters

The findings of this report and assessment of the submitted action plan deem the centre to continue to operate in adherence to regulatory frameworks, the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains registered without conditions from the 16th of July 2017 to the 16th of July 2020.

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 a recognised qualification in social care and had been managing the centre for a year and ten months at the time of inspection. Previous to this they had been working within the centre as a social care leader. The inspector found evidence that the manager was overseeing practices in the centre and the staff team expressed confidence in the manager's ability to fulfil their role. The centre manager was supported in their role by a deputy manager. The Inspector found good evidence that the managers were satisfying themselves that appropriate and suitable care practices and operational policies were in place.

External oversight was provided by a regional manager and a national client services manager who in turn were accountable to the chief executive officer who reported to the board of management. There was evidence that the regional manager had knowledge of the young people and spent time in the centre. The regional manager had oversight of all practices in the centre including admissions, review of significant events, complaints and the day to day care of young people and carried out regular audits. The inspector viewed a sample of these audit reports which provided good evidence that the work of the centre was overseen and monitored on a regular basis.

Register

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate, up to date and was held in line with the requirements of the child care regulations. The register recorded three admissions and no discharges since the initial registration of the service. 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 inspector was satisfied that the centre had a prompt notification procedure to the Child and Family Agency of significant events in relation to the young people in their care. Social workers and external professionals the inspector spoke with confirmed that communication between them and the centre was excellent. There were a small number of significant events on file in the period under review and these incidents were well managed. There was a clear system of oversight and review of significant events.

Supervision and support

The manger received formal supervision from the regional services manager who also offered informal support through visits to the centre and regular phone contact. The manager and deputy manager were responsible for the supervision of all care staff. Each member of staff had a supervision contract that set 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 noted that there was a link between supervision and the implementation of the young people's placement plans. Staff members interviewed by the inspector confirmed that they had regular supervision in accordance with the centres supervision policy.

The staff team were supported through shift handover meetings and monthly staff meetings. Minutes of staff meetings focussed on the young people's needs. The centre also had a number of support mechanisms in place for staff including on-call support and debriefing following serious incidents.

Administrative files

The Inspector examined the centre records which were comprehensive, well maintained and easy to navigate. There was good evidence that the manager and regional manager were monitoring the quality of records. Young people's records were maintained in perpetuity by the organisation.

3.2.2 Practices that met the required standard in some respect only

Staffing

The inspector reviewed the staffing levels in the centre and found that the deployment of staff was sufficient to address the needs of the young people. Staff duty rosters were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspector found that there was a consistent experienced stable staff team in place who had shown a high level of commitment to the young people. Social workers the inspector spoke with also highlighted the centres commitment to the young people and the positive relationships that young people had established with the manager and members of the staff team.

The inspector found that all staff were suitably qualified with the exception of one staff member whose qualification did not meet with the required level 7 qualification in social care. The inspector requires that a plan is put in place to ensure the staff member is supported to obtain the required qualification. The Inspector carried out an audit of the personnel files of three staff members who had transferred to the centre since the last inspection and found that they were properly vetted prior to the commencement of employment.

Training and development

There was evidence of ongoing training and development available to the staff team and both manager and staff members stated that the organisation was supportive and facilitative of staff training and development needs. Staff training records the inspector viewed provided evidence that a training schedule was in place and all the core staff had received training in Children First, behaviour management, fire safety, first aid and manual handling. At the time of inspection one of the regular full time relief staff did not have training in first aid and fire safety and this needs to be addressed.

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 organisation should ensure that a plan is put in place to support the unqualified staff member to obtain the required level 7 qualification in social care.
- The organisation must ensure that training in first aid and fire safety is provided for one of the full time relief staff members at the earliest opportunity.

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

Consultation

The inspector was satisfied after meeting with two of the young people that they were consulted, and that their opinions and views were sought on decisions affecting their daily lives and future. Young people were able to choose what activities they would like to participate in, were involved in local sports teams and activities and this was encouraged by staff. There were regular young people's meetings held and minutes of these meetings provided evidence of feedback from the centre manager in response to issues or concerns that were raised. Young people were encouraged to take part in their care plan/review meetings but those who do did not wish to attend meetings had their keyworker to advocate for them and provide them with feedback.

There was evidence that the centre had linked in with the children's advocacy group EPIC (Empowering Young People in Care) and one of the young people had attended an EPIC event prior to the inspection. Each young person received a user friendly information booklet upon admission to the centre.

Complaints

The centre has a written complaints policy in place. The young people that spoke to the inspector understood the complaints process and identified staff members they could raise concerns with. The inspector reviewed the complaints register and was satisfied that complaints were properly investigated in line with procedures. This was confirmed by the supervising social workers. The staff members interviewed were clear about the complaint procedures and there was an emphasis on resolving issues through discussion at an early stage. There were no outstanding complaints on file at the time of the inspection.

Access to information

The inspector was satisfied that there was a clear written procedure which sets out how young people can access information about themselves and the services available to them. The inspector found through interviews that the staff team were aware of the young people's right to access information held about them. Each young person was offered to view their records on a monthly basis and a record of this was maintained on file. The current residents of the centre had not accessed their information or requested to do so. The centre management should continue to actively promote young people's right to access their information.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People*.

Required Action

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

At the time of inspection there were two young people in education and a placement had just been sourced for the third young person. This young person had experienced some behavioural difficulties and a number of previous educational placements had broken down. The team were proactive in sourcing educational placements to meet the needs of the young person and plans were in place for staff to link in with the new school to support the young person in maintaining the educational placement.

Prior to inspection an issue had arisen in relation to another young person's education and there was evidence that the centre had been responsive and took appropriate action to resolve the matter.

3.8.2 Practices that met the required standard in some respect only

None identified

3.8.3 Practices that did not meet the required standard

None identified

Required Action

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

All of the young people had medical cards and were registered with General Practitioners. There was evidence on file that medical appointments and medical interventions were recorded. Medical assessments were undertaken on admission or shortly after admission. Immunisation records were on file for two of the young people and there was evidence that efforts were being made to source immunisation

records for the third young person. All medicinal products were stored safely and securely in the staff office.

The young people were encouraged to maintain healthy lifestyles and physical health was promoted through a range of activities available to young people. There was evidence that key workers carried out individual work with young people on health education in a number of areas including diet, smoking cessation and sex education.

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).*

Required Action

None identified

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The organisation must ensure that a plan is put in place to support the unqualified staff member to obtain the required level 7 qualification in social care.</p> <p>The organisation must ensure that training in first aid and fire safety is provided for one of the full time relief staff members at the earliest opportunity.</p>	<p>The organisation provides an educational assistance programme to their employees to support their education. This staff member will be offered this scheme to support him to obtain a level 7.</p> <p>This staff member has been booked on to the two named courses in July 2017.</p>	<p>The organisation will endeavour to ensure that there is at least 1 staff member on shift daily with first aid and fire safety.</p>