



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

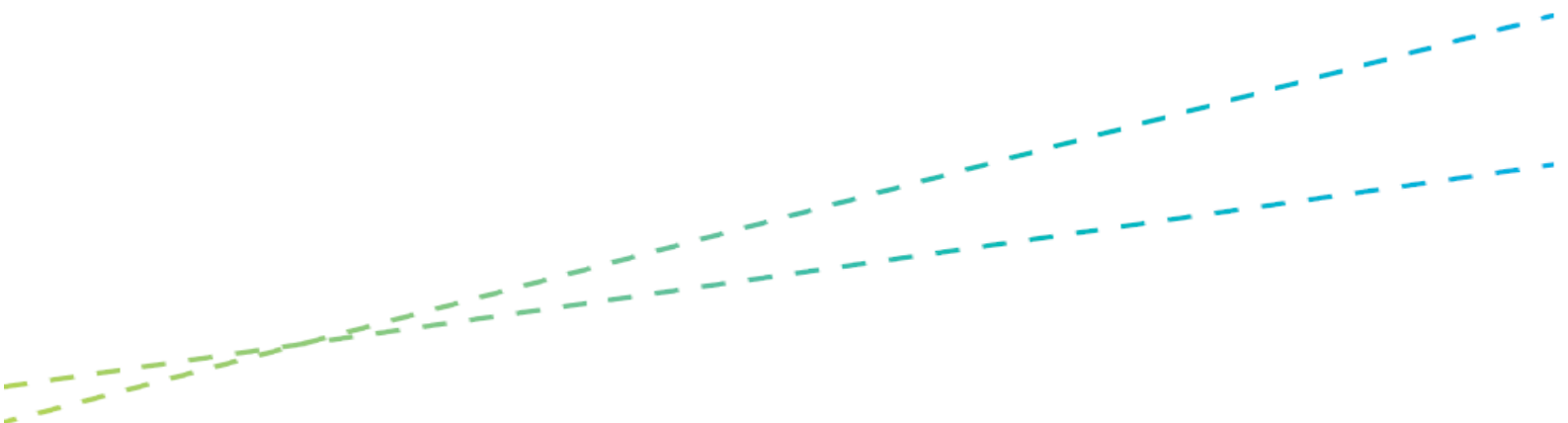
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 083

Year: 2015

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Rainbow Community Services
Registered Capacity:	Four young people
Dates of Inspection:	27th August 2015
Registration Decision:	Registered without conditions from 31st August 2015 to 19th February 2017
Inspection Team:	Catherine Hanly Sinead Diggin
Date Report Issued:	2nd November 2015

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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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

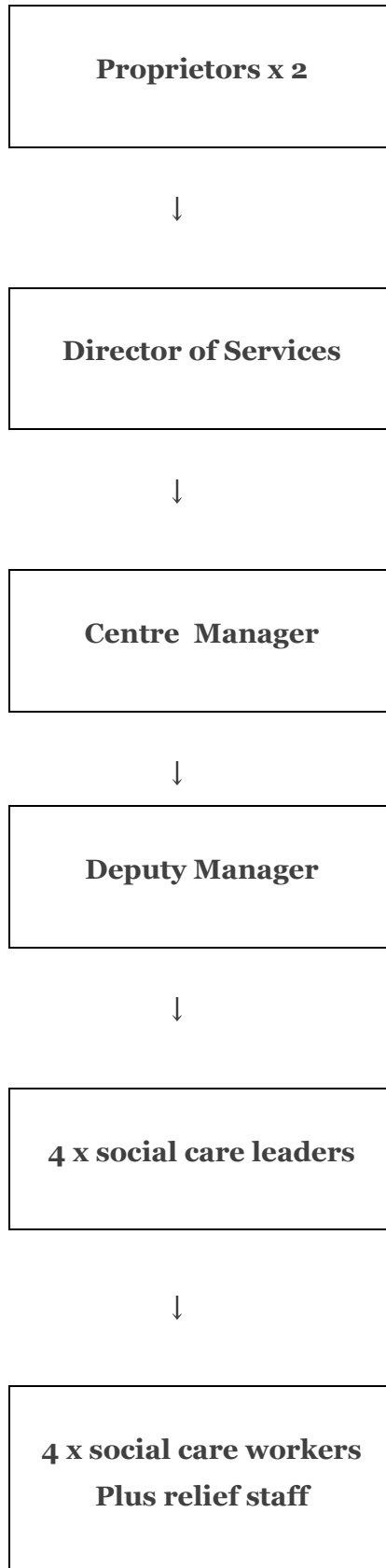
This centre had been the subject of a full inspection in February 2014 the outcome of which resulted in a condition being attached to the centres' registration for an identified period of time. This announced inspection took place on 27th August 2015 over the course of a one day period for the purpose of reviewing the centres' registration status and this report is based on a range of inspection techniques including:

- ◆ An interview with the centre manager.
- ◆ An examination of the questionnaires submitted from staff members and young people resident at the time of this review.
- ◆ An examination of relevant sections of the files of all young people resident at the time of this review.
- ◆ A review of a cross section of staff supervision records.
- ◆ A review of a sample of team meeting minutes.
- ◆ A review of a sample of entries in the child protection folder.
- ◆ An examination of the most recent report from the monitoring officer
- ◆ Observations of care practices 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

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 29th October 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 31st August 2015 until the 19th February 2017.**

3. Analysis of Findings

3.1 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.

3.1.1 Practices that met the required standard in full Management and staffing

The manager of this centre has been in post since before the last inspection and is supported in their role by a full time deputy manager. A director of services is responsible for external oversight of this and the organisations other residential centre. The last inspection found that “*centre management must review systems in place to satisfy themselves that appropriate and suitable care practices and operational policies are in place*”. The most recent monitoring visit found evidence of significant improvements in this area and this review found that these had been successfully maintained. There was evidence of the manager’s presence in the unit, overseeing all paperwork and in particular the significant event records. The manager noted that there is a significant amount of paperwork to be completed on a daily basis and stated that the role of deputy manager is invaluable in supporting this aspect of the management role. Inspectors observed a warm supportive interaction between the manager and the young people during their visit and the manager indicated that they are conscious of establishing positive working relationships with young people that supports staff in their role.

Inspectors reviewed a sample of management meetings which are held monthly and attendees include the director of services and representation from the management teams of both children’s residential centres operated by this organisation. There was a consistent format to these minutes with discussions based primarily on current residents and progress within placements as well as staff teams in the context of their development. A positive reflection from these minutes was that referrals to the organisation are discussed in detail and decisions are clearly made about whether or not to admit a young person based on suitability and the ability of staff teams to appropriately meet the needs of all young people. The latter minutes on file demonstrate greater detail and this level of recording should be maintained as per previous inspection and monitoring recommendations.

The centre is adequately staffed given its purpose and function and capacity. There have been some changes in the staff team recently and relief staff members are currently working shifts to ensure there are no gaps in the rota. The manager has completed exit interviews with staff members and is satisfied that the individual reasons for leaving were not impacted by any issues in the centre.

The last inspection recommended that the care team review its model of care and the monitor found during their audit from interviews with staff that there was a clear understanding of the model of care in use. During this review the manager stated that the staff team are familiar with the model of care and its use in their daily practice and that training has been provided to ensure this training is refreshed.

3.1.2 Practices that met the required standard in some respect only Supervision and support

The responsibility for supervision is shared between the manager, deputy manager and child care leaders. Inspectors sampled some staff supervision files and found they covered areas including working relationships with young people, professional development and support for the worker. Inspectors did find inconsistencies in terms of content and quality of recording as well as no clear pattern of frequency. The latter point is an issue that was highlighted at the time of the last inspection in January 2014 and was again raised by the monitor as an issue that needed to be addressed following their audit in December 2014 and February 2015. Although the monitor noted some improvements in the quality of supervision records, in light of the direction given to centre management about this matter it is unacceptable that it remains an area of practice that requires attention. The centre manager and director of services must oversee the delivery of staff supervision and in doing so ensure that it is occurring within the specified timeframes, is purposeful and demonstrates a consistent link to the implementation of young people's placement plans. Inspectors sampled records of the team meeting minutes which takes place weekly. The minutes noted consistently high staff numbers in attendance with discussions and decisions clearly outlined. Overall these minutes read as having a good level of detail and being purposeful in terms of communication and information sharing. There was an evident link here to placement plans and individual work with young people as well as clear directives to staff from management regarding practice expectations.

Notification of Significant Events

This area of practice was highlighted as requiring significant improvement at the time of the last inspection despite the monitor having given regular feedback and guidance on the area. In the monitor's subsequent audit report, although

improvements were noted, practice in this area was identified as still requiring further attention. As part of this inspection review, Inspectors examined the significant event reports on file for each of the current residents. Overall these records were found to be sufficiently detailed in the context of the event and clearly identified who was notified. However detail regarding the response of various personnel including centre management and social workers was lacking, as too was cross-referencing to other pertinent documents. For example in one record of a significant event pending actions identified included the drawing up of a behaviour management plan and revision of the young person's individual absence management plan. The manager informed inspectors that the former plan was underway and would be finalised at an upcoming team meeting. However the absence management plan had a date subsequent to the significant event date and there was no specific concerns or behaviours highlighted that staff should be aware of/would need to consider in light of this incident and in consideration of managing any future similar events. Inspectors had a number of queries in relation to the significant event records relating to dates and actions/outcomes, and whilst acknowledging it is a positive that the centre manager was able to clarify these queries, the evidence should have been clearly documented on the file. Based on these findings it is inspectors view that this is an area of practice that continues to require development and intense oversight in order to ensure that it meets the standard required.

3.1.3 Practices that did not meet the required standard

None identified.

3.1.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 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 manager and director of services must oversee the delivery of staff supervision and in doing so ensure that it is occurring within the specified timeframes, is purposeful and demonstrates a consistent link to the implementation of young people's placement plans.

- The centre manager and director of services must oversee practice in the area of recording significant events in order to ensure that it meets the standard required.

3.2 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.

3.2.1 Practices that met the required standard in full

Suitable placements and admissions

There were four young people resident at the time of this review inspection with timeframes ranging from two and a half years to a matter of days. The manager expressed the view that all young people were appropriately placed in this centre and that these determinations had been made via discussions at team and management meetings, which inspectors viewed evidence of, as well as through a process of risk assessments. Inspectors examined pre-admission risk assessment, impact risk assessment and collective impact risk assessment documents on file although each of these was not present on each of the respective young people's files. In general, inspectors found the collective impact risk assessment document to be the most informative and specific to the risks/concerns identified that needed to be considered in informing a decision to admit a young person to this centre. The other two forms would benefit from additional specific information such as dates of particular events that would lend greater clarity to whether a behaviour identified was still a valid concern/risk. Centre management should ensure that if all documents are being utilised, they should be present on each file.

Transition periods varied for each young person depending on their individual circumstances and it was evident that these were done at a pace that was appropriate to the needs of each.

The manager was clear that the centre was never under pressure to accept a placement and that such a decision was made clearly in the interests of all young people concerned. There was documented evidence to support this in records at the centre. The manager acknowledged that there have been occasions whereby a young person is admitted based on suitability and that circumstances may change leading to unsafe behaviours and thus unsuitability of their continued stay at the centre. In such situations the centre has taken measures such as not accepting further

admissions until the behaviour settles or the young person is moved to a suitable alternative placement.

Placement plans

Inspectors examined the current placement plans for each of the young people resident at the time of this review and for some of the longer term residents sampled some of their previous plans on file. Inspectors found these documents, in particular the current format, to be clear and comprehensive with the plan of care evident for the young person. As inspectors did not examine statutory care plans during this review they are unable to comment on the link between statutory and centre planning documents. However, inspectors did find a clear link to areas of identified need in referring document information which is provided by the allocated social worker. Based on commentary in the most recent inspection and monitoring reports, inspectors found on this occasion there were notable improvements in the content and development of placement plan documents on file. The areas of responsibility assigned to key workers were clearly identified in current placement plans examined, this was an element that was highlighted as being absent in the two previous reports referenced above. Inspectors also noted from reviewing previous plans on file for one young person that these documents are responsive to the changing nature of the young person's presentation/their placement yet remain consistently focussed on matters including family access, education/training opportunities. It was evident from these plans that the young person's placement and care is discussed in detail at the weekly team meeting where decisions/courses of action are clearly agreed upon.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.3 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.

3.3.1 Practices that met the required standard in full

None identified.

3.3.2 Practices that met the required standard in some respect only

Safeguarding

At the time of this review, inspectors observed some good safeguarding practices in place including buzzer system on bedroom doors, high supervision levels which are consistently referenced throughout planning documents in young people's files, and regular use of informed practical risk assessment documents. In addition, centre management have made considered decisions about placements bearing in mind the needs of all young people and their safety. Having said this, inspectors noted from reviewing files that two residents have reported having an alleged relationship and there was one recorded incident of these young people engaging in 'horseplay'. The outcome noted on this record is to continue to supervise these young people, a practice that was already in place, and no additional action is named. In interview, the manager stated that the staff team know that 'horseplay' is not to be permitted in future but this is not clear from the relevant documents on file and should be. Also, as supervision levels alone did not prevent this incident from happening, it would appear that additional measures are required to address the issue. Inspectors noted that whilst specific key work for one of these young people has focussed on appropriate peer relationships, there has been no recorded individual work with the second young person of this or a similar nature. This is despite their individual crisis management plan identifying this behaviour as an issue that requires direct work by staff amongst other behaviour management techniques. It is not acceptable that the matter of safeguarding practices continues to require attention in order to meet the expected standard particularly in light of the level of input from the inspection and monitoring processes previously. These deficits must be addressed without further delay to ensure that all safeguarding practices are appropriately robust.

3.3.3 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.

3.3.4 Practices that met the required standard in full

None identified.

3.3.5 Practices that met the required standard in some respect only

Inspectors reviewed the dedicated child protection folder as well as individual young people's files which contained some records of a child protection nature. Inspectors found in both sets of records examined that incidents/events/conversations had been

reported to social workers that remained without a clear outcome recorded or evidence that the matter had been concluded by the relevant social worker. One example of this is the incident of ‘horseplay’ referred to above and separate reports from the two young people involved of an alleged relationship. In addition, inspectors found one record on a young person’s file of a conversation they had with a staff member which included content of a child protection nature. There is no evidence recorded in the outcome section of this record of the information being passed onto the allocated social worker. The centre manager stated that this information was not new and was already known to the social worker, however the ‘outcome’ section of the relevant record should clearly state this as the reason this information was not communicated to the social worker. The lack of documented outcomes is an issue that has been raised by both the inspectors and monitor previously yet remains to be addressed at the time of this review. Centre management must take immediate and robust action to address this matter without further delay.

3.3.6 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must take immediate and effective action to address deficits in safeguarding and child protection practices. Such practices must be adequately robust at all times.

4. Action Plan

Standard	Required Action	Response
3.1	<p>The centre manager and director of services must oversee the delivery of staff supervision and in doing so ensure that it is occurring within the specified timeframes, is purposeful and demonstrates a consistent link to the implementation of young people's placement plans.</p> <p>The centre manager and director of services must oversee practice in the area of recording significant events in order to ensure that it meets the standard required.</p>	<p>The centre manager has indicated that a supervision schedule will be forwarded to the director on a monthly basis to ensure the necessary oversight. The manager stated that key workers conduct monthly case management and this evidences the link between care and placement plans, key working and individual reports, and professional intervention.</p> <p>The manager has agreed to address this matter and it will be further explored through monthly supervision with the director.</p>
3.3	<p>Centre management must take immediate and effective action to address deficits in safeguarding and child protection practices. Such practices must be adequately robust at all times.</p>	<p>A number of steps have been taken by management to address this issue. The staff team and young people have been reminded of expected behaviour and unacceptable behaviour amongst young people; joint risk assessments or individual work will be conducted as necessary following any incidents of note; and there is a clear expectation of the staff team to record and report any conversations with young people regarding safeguarding matters.</p>