



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	008
Year:	2015
Lead inspector:	Jackie Roche

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Positive Care Ireland
Registered Capacity:	Four young people
Dates of Inspection:	19th, 20th and 21st May 2015
Registration Decision:	Registered with a condition attached from 30th May 2015 to 30th September 2016
Inspection Team:	Jacqueline Roche Sinead Diggin
Date Report Issued:	September 18th 2015

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1. Foreword

The National Registration & 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 & 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

An application was duly made by the proprietors of this centre for continued registration on May 7th 2015. This announced inspection took place on 19th, 20th and 21st May over a three day period and this report is based on a range of inspection techniques including:

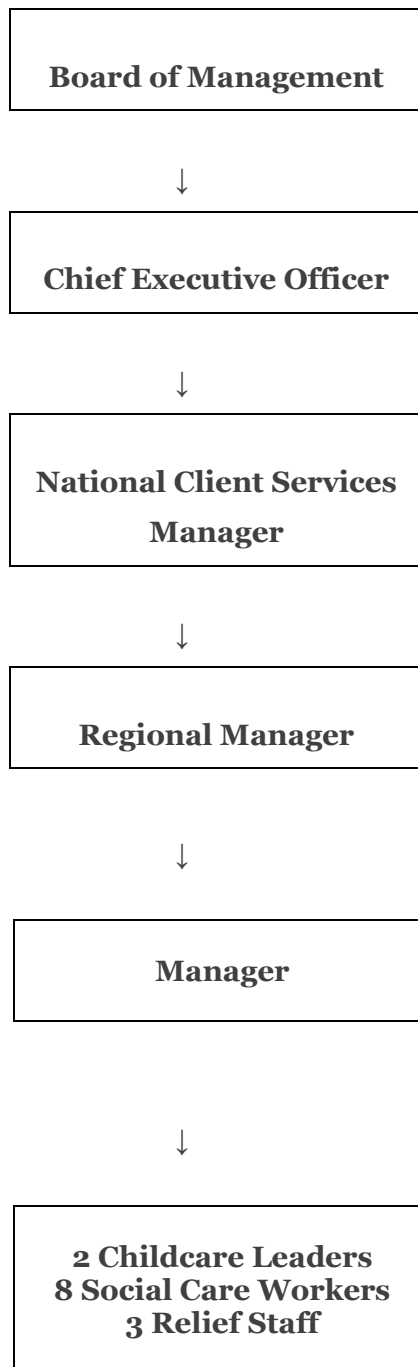
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - (a) Seven of the Care Staff
 - (b) The Manager
 - (c) The Chief Executive Officer
 - (d) The Psychologist
 - (e) Two Social workers with responsibility for young person residing in the centre.
 - (f) Three Course Tutors
 - (g) Juvenile liaison Officer
- ◆ An examination of the most report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ 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 fida interest in the operation of the centre including but not exclusively
 - ◆ The Manager
 - ◆ Two young people residing in the centre
 - ◆ The parents of one young person
 - ◆ Four of the care staff
 - ◆ The Regional Manager
 - ◆ The National Director of Client Services

- ◆ The Psychologist
- ◆ The allocated social worker(s)
- ◆ 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

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 & Children's National Standards for Children's Residential Centres 2001.

The findings of this report demonstrate that the centre failed to meet in full number of standard criteria outlined in the National Standards for Children's Residential Centres. The centre also failed to meet in full the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 7, Staffing.***

As such it is the decision of the Inspectorate to register the centre with an attached condition pursuant to Part VIII, Section's 61 (6)(a)(i) of the 1991 Child Care Act. The attached condition is that the centre must meet in full the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 7, Staffing.***

The period of registration therefore is from the 30th of May 2015 until the 30th of September 2016. This registration decision will be reviewed on or before the 30th of September 2016.

The public register of non-statutory Children's Centres as maintained by our office has been duly altered.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full.

None identified

3.1.2 Practices that met the required standard in some respect only

The centre has a statement of purpose and function which states that an individualized programme of care is offered which aims to assist young people's physical, social, moral, emotional and educational development. The Model of care is based on a number of programmes including a cognitive behavioural therapy programme called SELF which considers safety, emotional stability, loss and future as key areas to address in the care of young people. Therapeutic crisis intervention is the primary behaviour management approach utilized and this is augmented by other methods when appropriate.

The centre can accommodate up to four young people, males and females between the ages of 13-17 years on a short to medium term basis.

The statement references a qualified teacher that prepares educational programmes for young people. The Inspection team found no evidence of a teacher on the staff team. The statement refers to a clinical team that can conduct assessments and provide guidance to care staff. The Inspectors did not find evidence of a clinical team. The company employs a counselling psychologist who provides clinical support to the care staff employed in seven young people's residential centres operated by the organisation. The management team stated the intention to extend the therapeutic service to include an assistant psychologist and a trainee however this was not in place at the time of the inspection.

The registration of the Residential Centre incorporates a main house and a single occupancy cottage which is located adjacent to the main house. At the time of the inspection this was used to accommodate one of the three young people residing in the centre. This was a specific arrangement and was facilitated following consultation

with the social work department and the Central Referrals Committee. The statement of purpose and function did not refer to the capacity of the centre to facilitate particular standalone care arrangement for young people who reside in the centre. The Inspectors recommend that that this capacity is incorporated into the statement of purpose and function.

There are separate handbooks prepared for young people and their families which give relevant information on life in the centre. A handbook should be prepared for young people who reside in the centre cottage in to explain what they can expect from the service.

3.1.3 Practices that did not meet the required standard

None Identified

Required Action

- The statement of purpose and function must be reviewed and updated to provide accurate information in relation to the service provided. This statement must be regularly reviewed and updated whenever there is a change to care arrangements in the centre.
- In the event of a standalone placement being offered to a young person a handbook or leaflet should be prepared in order to ensure that there is clarity in relation to conditions of care.

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.

Management

The Manager of the centre is suitably qualified, has been in the post for over two years and prior to this they had worked as a social care worker and deputy manager in other centres operated by the company. The Manager demonstrated strong leadership skills and there were systems in place to ensure the existence of a good standard of care and operational practices. These included a therapeutic approach to the care of young people, regular staff supervision, attendance at handover and team meetings and oversight of reports and record keeping in the centre. The Manager is supported in the management role by two social care leaders.

External oversight is provided by a Regional Manager and a National Client Services Manager. These in turn are accountable to the Chief Executive Officer who reports to the Board of Management.

The Inspectors found that the Regional Manager was committed to the provision of a quality service to young people. There was evidence that they had knowledge of the young people, regularly attended team meetings, spent time in the centre both on a formal and informal basis, and supervised the centre Manager. 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.

The company employs two Regional Managers based retrospectively in the Munster and Leinster regions. Both are accountable to a National Client Services Manager who was appointed two weeks prior to this inspection. The National Client Services Manager has many years experience working within the company. Formal management meetings take place on a weekly basis and during these operational and care matters in all seven houses operated by the company are addressed. These matters include review of significant events, staffing matters, review and support of young people's placements including admission and discharge and long term

planning. The external management team have daily oversight of daily logs, all reports including significant events as these are accessible on a secure computer system. The aforementioned facilitates effective communication and the capacity to provide governance over practices in the centre. The Regional Manager and the National Client Services Manager have put systems in place to audit the individual centres.

The Chief Executive Officer who had involvement in operational and care practices in the past has designated this role to the National Client Service Manager. The CEO and the Board of Management have responsibility to ensure that systems are in place to support the care of the young people and delivery of effective operational practices in the Centre's operated by the organisation.

Register

The centre maintains a register of all young people who have been admitted to and discharged from the centre. The Inspectors found that one young person's date of birth was not recorded in the Register. All other relevant information including dates of placements and discharge details were adequately maintained. A copy of the details recorded in the register is held by Tusla, The Child and Family Agency.

Supervision and support

There is a policy on supervision which states that each staff member receives supervision once every four-six weeks. The Manager and the two social care leaders have completed supervision training. The Manager supervises the social care leaders. The social care leaders are each allocated social care staff to supervise.

Supervision sessions are recorded in a specific company document and are signed by supervisor and supervisee. The agenda for supervision is determined in advance and addresses the young people, continuous professional development, team work and performance. The Inspectors reviewed a sample of supervision files and found from these and from discussion with staff that supervision is an effective process during which staff are encouraged and supported. The supervision process incorporates a performance matrix and a training and development plan. The Inspectors acknowledge the viability of these documents however a sample indicated a lack of emphasis on support and encouragement and this should be reviewed. The Regional Manager and the National Client Services Manager indicated a commitment to review of these documents

At the time of the inspection team meetings were taking place on a monthly basis. However specific team meetings are called when a new person is being admitted into the house or if the environment is going through a period of turbulence. One Inspector attended a team meeting and found that these are effective forums and that all staff members are invited to contribute. The young people are individually addressed during team meetings and all relevant documentation is reviewed and updated as necessary. The Regional Manager and the Psychologist attend team meetings on a regular basis.

The Manager offers debriefing to staff who suffer stress in the work place and there is consideration given to risks that staff may be exposed to in the centre. Staff reported that they have confidence in the Manager and that they felt supported in the day to day working environment in the centre.

3.2.2 Practices that met the required standard in some respect only

Training and development

Review of personnel files indicated that all staff members had completed core training in therapeutic crisis intervention TCI, fire safety, first aid and child protection.

There was a lack of evidence of a robust training schedule on the model of care operated in the centre although the training department of the company provides an overview of the model of care as part of the induction process. In view of the turnover of staff the company must ensure that training in the care approach is provided on an ongoing basis in order to ensure that it is integrated into the day to day care of young people.

At the time of Inspection the cottage was effectively used to accommodate a young person under a particular standalone arrangement. The Inspectors found an absence of specialized training to facilitate the specialist care arrangement that this placement required.

In relation to the use of the cottage to accommodate a young person under a standalone particular arrangement the Inspectors found that members of the staff team were inexperienced addressing some of the care needs presented. If young people are presenting with specific identified needs the organisation must ensure that the staff team are up skilled or receive specific training to facilitate their capacity to meet these needs.

Notification of Significant Events

The centre has a clear and prompt notification system in place which informs relevant parties of all significant events concerning young people in the centre. These are reported and recorded in the organisation's critical incident system. The Inspectors found the centre maintains a register of critical incidents and that in general report forms are fully completed, that they have sufficient detail in relation to the incidents and that they are consistently signed by the centre manager.

The Inspectors found evidence that a staff member did not report a critical incident/significant event. The Manager must ensure that staff are aware of the importance of recording all significant events that take place in the centre. One significant event was reported as a child protection concern in the Tusla, Standard Report Form for reporting child protection and welfare concerns. The Manager must ensure that child protection concerns are recorded and notified as significant events.

Social Workers and the Child and Family Monitor indicated that they were satisfied that information relating to critical incidences/significant events was communicated effectively and in a timely fashion. Young people's families are informed in relation to all significant events that take place in the centre.

Administrative files

The centre records are comprehensive, well maintained and easy to navigate. There was evidence that the Manager has responsibility for the administrative system and that they ensure that the recording system contains relevant information.

Writing styles are appropriate and staff are aware of their responsibilities under the Freedom of Information Act. Young people's records are maintained in perpetuity by the organisation.

3.2.3 Practices that did not meet the required standard

Staffing/ Vetting

The care team at the time of the inspection comprised two child care leaders, five social care workers and two night sitters. This team were based in the main house of the centre and had responsibility for the care of two young people. The third young person was accommodated in a cottage adjacent to the main house. Three weeks prior to the inspection they moved to a short term secure care facility with the intention of returning to the cottage on completion of the programme. This cottage

was staffed by three social care workers to facilitate a fixed purpose care arrangement with a staff ratio of two to one young person. At the time of the inspection these staff were redeployed to covering shifts in the main house.

18 members of staff left employment in the centre in the two years prior to the inspection. A high percentage of the staff team has less than two years experience working in residential care. The Inspectors found that there were occasions when inexperienced staff were on shift and were expected to manage challenging situations presented by young people. The Inspectors saw from review of records that social work departments have brought this to the attention of the Manager and have highlighted the requirement for adequate staff training and support which is a matter that the Inspectors found needed to be addressed by the organisation. The high turnover of staff has left the Manager and the Child Care Leaders vulnerable in the responsibilities associated with managing an inexperienced staff team. There was evidence that inconsistency in the staff team had a negative effect on the well being of young people in the centre. The organisation must review and address the circumstances that contribute to a high turnover of staff in the centre.

Based on the above evidence the Inspectors found that the centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 –Part 111, Article 7, Staffing (Numbers, Experience and Qualifications)***. The registered proprietor must ensure that the experience of members of staff is adequate to meet the needs of children residing in the centre. The Inspectors request a response from the Chief Executive Officer and the Board of Management in relation to this matter.

The company employs a Human Resource Manager and a recruitment Manager whose responsibility is to ensure that staff are appropriately vetted prior to commencement of work in the centre. The Inspectors reviewed staff personnel files and found that Garda vetting was completed, there were references on file and these were verified. All of the staff had completed a degree in Social Care or a related field. One of the staff employed as a night sitter was completing the third year of a Social Care Degree.

All newly appointed staff attend a five day induction programme which includes core training in therapeutic crisis intervention, fire safety, first aid and manual handling. This induction includes training in the model of care and takes place in the company administrative office. On completion of this initial induction there is continued induction provided specific to the centre and includes a shadowing system.

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 16, Notification of Significant Events.

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 7, Staffing (Numbers, Experience & Qualifications)

Required Action

- The organisation must review and address the circumstances that contribute to a high turnover of staff in the centre. The Inspectors request a response from the board of management in relation to this matter. The organisation must ensure that a core group of experienced staff are maintained in employment.
- The organization must ensure that all of the staff team involved in the delivery of the service have training relevant to the care needs of young people residing in the centre.

3.3 Monitoring

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard

The centre Manager maintains regular contact with the Child and Family Agency Monitor and uses this service as a source of advice to support effective care of the young people. The Monitor receives notification of significant events and reported that these were prompt and adequately documented. The Monitor reports a positive working relationship with the Manager of the centre. The Monitor produced a report in July 2014 met with two of the young people residing in the centre.

The Inspectors saw that centre Manager used the Monitors report effectively and addressed all matters which were identified as requiring action.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards*

3.3.2 Practices that met the required standard in some respect only

None identified

3.3.3 Practices that did not meet the required standard

None identified

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.4.1 Practices that met the required standard

Consultation

The Inspectors saw that young people residing in the centre are encouraged to express their opinions and views. There is a weekly house meeting the minutes of this are maintained and the Manager responds to any matters raised by young people. There is a section in the daily log to reflect the views of young people and the Inspectors noted an ethos in the centre of respect for and empathy with young people. Young people are helped prepare for statutory reviews and the Inspectors saw that they are encouraged to express their views in relation to their care plan. Young people have input into the day to day running of the centre including daily menus and activities.

Access to information

The centre has a policy on young people's access to information. Inspectors found evidence that young people are encouraged to view their records and to have their views and opinions reflected therein.

The Inspectors saw that each young person receives a formal invitation to view records on a monthly basis and there was evidence that two young people resident in the centre had done so.

Complaints

The centre has a policy on complaints and this is presented in child friendly form to young people in their information booklet. Young people can make a complaint verbally to a staff member or communicate a complaint in writing.

The centre maintains a complaints log which was reviewed by the inspectors. Records of complaints reviewed contained sufficient detail and were maintained in young people's care files. Complaints are investigated by the Manager and records reviewed

evidenced a process was in place where details pertaining to the investigation and outcomes were recorded.

The Inspectors found that the Regional Manager has oversight over the complaints process and supports the Managers capacity to effectively manage complaints.

The Regional Manager and the National Client Service Manager have access to all recordings of complaints in the centre via a secure, cloud based computer system.

The centre maintains a grievance log and the Inspectors found that grievances are recorded and that matters raised are addressed by the care staff and the Manager. Young people are informed in relation to the outcomes of complaints and grievances and if appropriate and possible adjustments are made in the centre in order to enhance young people's care experience.

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*

3.4.2 Practices that met the required standard in some respect only

None identified

3.4.2 Practices that did not meet the required standard

None identified

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

Statutory care planning & review

All three statutory care plans were comprehensive documents and were up to date. They reflected individual placements in the centre and explained the purpose of the placement. The young person's development was considered in these plans, matters requiring attention were identified and designated persons were listed to take responsibility for these.

All three Care Plans were reviewed in accordance with the Child Care Regulations 1995. There was a copy of each care plan in young people's files. There was evidence that the young people and their families contributed to the review process. Care plans indicated that the social work departments recognized that all three young people had made progress in the centre and that the management and care staff engaged positively with them.

Individual placement plans were comprehensive and correlated to the content of the care plans. The Manager prepared the initial placement plan for each young person and these were reviewed and updated by key workers on a monthly basis. There was evidence that the care staff used the placement plan as a guide to the work done with young people and this was reflected in weekly, daily plans and logs.

Contact with families

All three young people residing in the centre at the time of the inspection visited their families on a weekly basis. Young people had regular contact with siblings. Contact was facilitated by the care staff and when required contact was supervised by a staff member. Families were included in any celebrations in the centre and they were invited to statutory reviews and were part of the pre admission planning process.

All three young people had daily phone contact with their families. There was evidence of recognition of the importance of family in the young people's lives and social workers interviewed reported that the ethos of including family members in care arrangements enhanced the care of each young person. Where there were concerns pertaining to family contact the inspectors found evidence that management, care staff and key workers made efforts to ensure that young people were helped to understand the reasons for this.

Supervision and visiting of young people

Standard

Supervising social workers have clear professional & statutory obligations & 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

Centre records and interviews indicated that all three social work departments had regular contact with the young people. There was evidence of a high standard of communication between social work departments and the centre. Social workers reported that they receive regular updates in relation to the young people by telephone and by e mail. There was evidence that multidisciplinary meetings including strategy meetings took place when there were matters pertaining to young people's care to be addressed.

Social workers are aware of their responsibilities to young people and in one instance when the social worker had left the post the team leader took responsibility for the care arrangements of the young person pending the allocation of a designated social worker.

Social workers report that the young people in care advisory group EPIC provides a service to young people who reside in the centre and that they advocate on their behalf.

Emotional and specialist support

Inspectors found that the staff team demonstrated a genuine caring approach to the care of young people. The Manager and key workers were strong advocates for young people. There was evidence that staff were encouraged to attend training that enhanced their capacity to manage young people and these included sexual health, aftercare, drug and alcohol awareness and mental health matters.

The organisation employs a psychologist for four days each week. The Psychologist did not have regular scheduled therapeutic contact with any of the three young people resident at the time of the inspection however there was evidence that the staff consult with the psychologist in relation to the day to day care of young people, their therapeutic plans and the management of behaviour. The Psychologist attends team meetings and the Inspectors found evidence that they provide clinical guidance to the staff team.

There was evidence that the staff team liaise with specialist services in the community when these are required and young people's attendance at relevant meetings are facilitated by the care staff. There was a commitment to a multidisciplinary approach to the management of young people and recommendations made by specialists were incorporated into young people's placement and therapeutic plans.

Children's case and care records

Care records in the centre are well maintained and easily accessible. The Inspectors found that young people's records demonstrated an understanding of their past histories. Relevant documentation was maintained on file including care orders, consent forms, photographs, birth certificates etc.

There was evidence that the Manager and the Regional Manager has oversight over all records. Records reviewed demonstrated that the voice of the young person is taken into consideration and there is evidence of continuous commitment to supporting progress.

The Organisation has a secure online system for the recording of files and external Management have access to this at all times.

Post discharge young people's care files are stored in perpetuity by the organisation.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Referrals to the centre come through the Central Referrals Service of the Child and Family Agency. Social workers present detailed reports to this committee requesting a suitable placement for young people. Referrals are initially considered by the Regional Manager, the National Client Services Manager and the Centre Manager. The Inspectors found that the Manager places significant emphasis on the impact of each new referral on the care of each resident in the centre. The Manager reports that their opinion is taken into account when a referral is being considered.

The Inspectors saw that impact risk assessments take place in relation to each new referral and the Manager considers the impact of new referrals on young people residing in the centre. Risk assessments are prepared following review of historical information and consultation with social workers and the Monitor. The Psychologist

reviews risk assessments and attends team meetings for the purpose of consultation prior to the admission of young people.

There were three young people residing in the centre at the time of inspection and there was evidence that all of these placements were planned. Pre-admission planning is well recorded and there is evidence that families are invited to be part of this process. One young person was resident for almost three years, one young person eleven months and the third fifteen months.

The Inspectors found that the centre has the capacity to offer standalone placements to young people if this is required and recommended by the Central Referral Committee and the referring social work departments. Evidence gathered indicated that young people availing of this service felt supported and cared for. There was evidence of constructive communication between the centre Manager and social work departments.

Young people resident in the centre met with the Inspectors and reported that they felt that staff listened to their views. They felt supported by the staff team. There was evidence that all three young people had benefited from their placement in the centre. Social Workers stated that care staff, key workers and the Managers had established positive relationships with the young people. There was evidence that the young people had many positive experiences in the centre, that staff had respect for them and that there was a real commitment to young people's holistic development.

There were ten discharges from the centre over the two years preceding the inspection. Three of these were unplanned. The Inspectors found that a number of young people have been admitted into the centre where the care staff team were unable to safely manage behaviours presented. These behaviours contributed to an unsafe environment for young people and staff. The Board of Management, The National Director of Client Services, The Regional Manager of the organisation and the Manager must ensure that the placement can safely meet the needs of young people referred. The organisation must ensure that there are adequate staffing levels to manage young people during periods of turbulence especially during the first trimester of young people's placements. The Inspectors found that this period has proved challenging in the past as it is a period of assessment for many young people. Referring agents from the Child and Family Agency have a shared responsibility with the organisation to ensure that young people's needs can be safely met in the centre.

Preparation for leaving care

Inspectors found a good awareness amongst the staff team of the need to prepare young people for leaving care. The Inspectors found a variance in the aftercare arrangement offered to young people and this must be addressed by social work departments. Young people residing in residential care must have an aftercare worker and an aftercare plan in place. The Inspectors found evidence that the absence of these compromised the care staffs capacity to prepare young people for leaving care. There was evidence that the Manager had the capacity to support staff to prepare young people for leaving care and there was evidence that young people were supported to develop independent living skills.

The organisation prepares young people for leaving care using an Umbrella and Pathway Programmes. The Director of Client Services stated the intention to review the preparation for leaving care procedure.

Discharges

There were ten discharges from the centre over the two years preceding the inspection. Three of these were unplanned.

In the case of unplanned discharges the Inspectors found that the care staff did not have the capacity to manage the behaviours of a number of the young people referred. The Inspectors found that the staff made efforts to manage the young people however in a number of cases a more specialist care arrangement was required. The National Client Services Manager and the Child and Family Agency must ensure that the organisation can meet the needs of young people referred and that staff have the relevant skills and experience to manage the environment in the centre.

When young people are discharged the Inspectors found that the Manager and the Psychologist have offered support, efforts are made to help young people understand the reasons for discharge and outreach support is offered when this is appropriate.

Aftercare

The Inspectors found variance in social work areas support for young people's after care provision. There was evidence that some young people did not have knowledge of the available support and entitlement when they left the centre. There was inconsistency in relation to the allocation of aftercare support and plans.

The Child and Family Agency must give consideration to the aftercare needs of young people in residential care and especially those who present with identified circumstances that require specialist attention.

There was evidence that the Manager and the care staff advocated on behalf of the young person and that they communicated an awareness of individual aftercare needs.

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 1&2, Care Plans

-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan

-Part V, Article 25&26, 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 organisation must ensure that care staff have the relevant skills and experience to manage the environment in the centre.
- The National Director of Client Services, The Regional Manager of the organisation and the Centre Manager must ensure that the placement can safely meet the needs of young people referred.
- Referring agents from the Child and Family Agency must share the responsibility to ensure that young people's needs can be safely met in the centre.
- The Child and Family Agency must ensure that young people have an aftercare needs assessment and aftercare plan in order to ensure that residential care staff can prepare young people for leaving care.
- The Child and Family Agency must give consideration to the aftercare needs of young people in residential care and especially those who present with identified circumstances that require specialist attention.

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

Individual care in group living

There was evidence that young people were cared for in a respectful manner. The therapeutic environment created in the centre provides staff with an insight into the individual needs and there was evidence that staff were attuned to young people. This was evidenced by the provision of practical supports to ensure that young people are comfortable in the centre. The Inspectors saw that young people were respected, valued and liked by staff.

The emotional needs of young people are given particular attention. The care team are motivated to protect young people and have a commitment to maintaining a positive living environment in the centre. Young people who met with the Inspectors reported that they feel respected and they believe that staff are concerned about them. Staff use the advice and support of the consultant psychiatrist to inform care practices. Each young person has a key worker and a co key worker who are available to support them and advocate on their behalf. The Inspectors found that the key working system is effective, young person centred and that it reflects goals established in placement plans.

Special occasions are celebrated and young people are given the opportunity to participate in local clubs and activities. Achievements are acknowledged and applauded by staff in the centre. Young people are offered the opportunity to develop skills necessary for adulthood.

Provision of food and cooking facilities

Young people have adequate quantities of nutritious and appetizing food and their preferences are taken into consideration in planning menus. Young people are encouraged to eat nutritious food and to develop healthy eating habits. Staff and young people eat meals together and mealtimes are regarded as a positive social event.

Race, culture, religion, gender and disability

There is a non judgmental and supportive ethos in the centre. Young people are not subject to any form of discrimination. Young people are given the opportunity to practice their religion if they wish to do so. Families are respected by the care staff and there was evidence that staff support young people to maintain positive relationships with family members. Young people residing in the centre at the time of the inspection were encouraged to develop positive images of each other and there was evidence an anti-discriminatory ethos in day to day practice.

Absence without authority

Each young person living in the centre has an individual Absence Management Plan IAMP. The Inspectors reviewed these and found that they were effective documents and are reviewed on a regular basis. There was evidence of a multidisciplinary approach to the management of young people who are regularly absent without permission from the centre or are missing in care. There was evidence that strategy

meetings take place and that these forums facilitate communication between the gardai, the social work departments and the centre.

The centre follows the Children Missing from Care Protocol of An Garda Síochána and Child and Family Agency when reporting young people missing in care. In the twelve months prior to the Inspection there were seventy episodes of unauthorized absence by young people. There was evidence that adequate consideration was given to the individual circumstances of each young person and the Inspectors found effective strategies were put in place to manage and reduce future occurrence of these situations

Restraint

The centre has a policy for the use of restraint which states that it may be used in exceptional circumstances where the safety of the young people is at risk.

The Inspectors found that all of the care staff were trained in TCI techniques.

Physical restraints are not a regular feature of the care of young people who reside in the centre. Sixteen episodes of restraint were recorded. There is a log of restraints maintained. The company employs two therapeutic crisis intervention (TCI) trainers who provide training to newly recruited staff and review instances of restraint on a regular basis.

The Inspectors saw that the regional manager has oversight of all restraints that take place in the centre.

Managing behaviour

The Inspectors saw evidence that positive behaviours are encouraged and rewarded. The management of behaviour in the centre is a piece of the overall service provided to young people. There is a high degree of consultation with young people. Limits were negotiated rather than being imposed. Young people interviewed demonstrated that they understood the rules in the house such as respect for others, themselves and the property. Key workers and care staff use opportunities to explore behaviour and to offer advice in relation to concerning behaviour.

The centre has a policy for responding to inappropriate behaviour. Young people who were interviewed were clear about the behaviour that is expected of them and the young people's booklet explains the reasons for limits to acceptable behaviour. When inappropriate or anti-social behaviour presents sanctions are used. These were designed to encourage young people to make appropriate decisions about behaviour.

Care staff discuss the reasons for the sanction with young people. There is a record of sanctions maintained in young people's care files.

The gardaí are asked to intervene if young people use drugs in the house or if drugs are found in their possession. Young people's social workers are informed when there are concerns in relation to behaviours and the Inspectors found that multidisciplinary strategy meetings take place.

The Inspectors found that a number of young people have been admitted into the centre where the care staff team were unable to safely manage behaviours presented. The organisation must ensure that there are adequate staffing levels to manage young people during periods of turbulence. The Inspectors saw that a number of young people referred presented behaviour challenges that contributed to an unsafe environment for young people and staff. The Board of Management, the Chief Executive Officer, the Client Services Manager, the Regional Manager and the Centre Manager must ensure that the care staff team can safely manage the behaviour of young people who reside in the centre

Therapeutic Crisis Intervention is used as the primary framework to support the management of the behaviour of young people in the centre. This is augmented by other methods when appropriate. All staff receive TCI training and refresher training on a biannual basis.

The young people have Individual Crisis Management Plans ICMP. The Inspectors saw that these are robust documents which demonstrate a genuine knowledge of matters relating to the young people including safety concerns and factors that might cause upset to the young person and provoke a negative reaction. Interventions and strategies to manage behaviour are clearly recorded. The ICMP documents are signed by the Manager, the Key Worker and the Regional Manager. These are reviewed on a monthly basis or more frequently if necessary.

The Inspectors found that a positive and safe environment is promoted in the centre and the Manager encourages the staff team to act as positive role models for young people.

3.6.2 Practices that met the required standard in some respects only

None identified

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 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 12, Provision of Food
- Part III, Article 11, Religion
- Part III, Article 16, Notifications of Physical Restraint as Significant Event.

3.7 Safeguarding and 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.

3.7.1 Practices that met the required standard

Child Protection

There have been a number of child protection concerns pertaining to young people who lived in the centre. The Inspectors found that the Manager reports these concerns in line with the recommendations in *Children First: National Guidance for the Protection and Welfare of Children 2012* to young people's social work departments. Reports are sent on Standard report Forms and there was evidence that the Manager contacts the social work department post reporting to establish the status of reports made.

There was evidence that the Manager and the Regional Manager conduct internal investigations of incidents of concern.

All of the care staff employed in the centre have completed Children First training.

The Inspectors found that child protection notifications are stored in sealed envelopes. For the purposes of accountability and monitoring the Inspectors recommend that the centre maintains a register of all child protection concerns reported to the Child and Family Agency.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

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.

There is a written policy on safe practice in the centre which demonstrates a commitment to the provision of a safe environment in the centre for young people. Safeguarding is a component of policies on admission, complaints, bullying, consultation and staff recruitment/employment. The Manager supports a culture of safety in the centre however the Inspectors found that unsuitable admissions and the lack of an experienced staff team have compromised the safety of young people and staff in the centre. This is a matter that must be addressed by the organisation.

The organisation has a human resource department and the Inspectors found that relevant safeguarding matters are considered when staff are recruited. There was evidence that the Manager and the Regional Manager monitors the standard of care provided to young people and they promote an environment of openness and accountability. Young people are encouraged to express their views and opinions and there was evidence that social workers have regular contact with the young people.

Staff who were interviewed demonstrated a knowledge of their responsibility to keep young people safe and the responsibility to monitor each other's practice. Young people have access to facilities for making telephone calls and there was evidence that they maintain daily contact with their families.

The Young people's advocacy group EPIC had contact with the young people residing in the centre.

3.7.3 Practices that did not meet the required standard

None identified

Required Action

- The organisation and the Child and Family Agency must ensure that the safety of young people residing in and staff working in the centre is not compromised by admitting young people who are unsuitable.
- The organisation must ensure that staff employed can safely manage the behaviour of young people admitted into the centre.
- The Inspectors recommend that the centre maintains a register of all child protection concerns reported to the Child and Family Agency.

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

Young people had individual educational plans and from review of care files the Inspectors found that the Manager and care staff made consistent efforts to source appropriate education placements for young people. Young people were encouraged to engage in constructive educational programmes which were well researched. Young people attending school had an incentives homework programme.

All of the three young people residing in the centre at the time of the inspection had been offered access to appropriate educational facilities. There was evidence that young people receive support from centre staff to participate in work experience related to their areas of interest.

There were occasions when educational placements found that the centre did not communicate effectively with them. This is a matter that must be addressed by the Manager.

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

- The Manager must ensure that effective communication is maintained with educational providers.

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

Centre records evidenced that all three young people were medically assessed when they were admitted into the centre. All three young people attended the dentist and optician and the general practitioner whenever necessary.

The centre Manager ensures that consent for medical treatment is collected and maintained on file.

There was evidence that young people have attended the local Child and Adolescent Mental Health service when this is required.

Young people have received guidance on matters such as diet, exercise, sexual health/behaviour, substance misuse, relationships and personal safety. Young people and staff are discouraged from smoking.

When medical treatment is required the care staff ensure that young people are supported and encouraged to receive this. Medication is stored securely and there is a record of all medication administered.

Young people's medical records since birth were not on file although there was evidence that the Manager had made efforts to collect these. The Inspectors recommend that the Manager contacts the young people's general practitioner and requests that this information is gathered from previous general practitioners.

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)*

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard

Safety

The centre has a designated Health and Safety Officer and there is a health and safety statement. Staff are trained in first aid techniques and medicines and hazardous materials are safely stored.

The vehicles used to transport young people are over eleven years old. Given the rural location of the centre and the requirement to transport young people to access, clinical appointments and schools the Inspectors recommend that the organisation upgrades the centre cars on a regular basis.

Fire Safety

The centre has written confirmation that statutory requirements relating to fire safety and building control have been complied with.

The staff team have completed fire safety training and fire drills take place on a regular basis. One of the care staff is a designated fire officer whose responsibility is to ensure that fire safety equipment is checked and maintained in working order. The Centre has been inspected by a fire officer.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The centre comprises two buildings. There is a main children's residential centre with a cottage adjacent.

The cottage is a single storied self contained unit comprising a slate roof, oil fired central heating, two bedrooms, three bathrooms, one sitting room and a kitchen. This

is a pleasant unit however the Inspectors recommend that it is redecorated in order to improve the ambiance. The kitchen area requires mechanical ventilation as recommended in an environmental health report dated 2/9/13.

The main centre is a two storied building. On approach this is a pleasant building that comprises four bedrooms, eight bathrooms, three sitting rooms, three kitchens, two offices and one access room. The floor area is large stretching to a floor area of over 4,000 square feet. There are facilities to provide self contained accommodation for two young people. At the time of the inspection two young people occupied these areas. Both young people were over seventeen years of age. These bedrooms were located at separate ends of the house and were accessed via two separate stairways. These stairways were provided to facilitate specific sole access to each bedroom. While these were functional for young people occupying them at the time of the inspection the Inspectors recommend that consideration should be given to the layout in the context of the needs of other young people admitted.

Maintenance and repairs

The Manager reports any matters requiring attention to a maintenance team employed by the organisation. A maintenance log is maintained and the Manager reports that repairs are dealt with promptly. There was evidence that there are regular concerns in relation to the drainage in the centre. The centre has a septic tank to manage effluent. The Inspectors request a report from a reputable drainage company in relation to the efficiency of this system.

The Inspectors found that efforts have been made to create a homely atmosphere in the house and the kitchen units were upgraded shortly before the inspection. The floor area of the reception/ sitting room is large however the staff have created a pleasant space around the television area. One young person's bedroom area is accessed via a wooden stairs and this is secured by a perspex frame.

There were three stairs used to access one young person's bedroom area, the staff office and the Manager's office. These were wooden structures and the Inspectors recommend that the suitability of these are regularly reviewed by the organisation.

The Inspectors viewed a report from the Public Analyst's Laboratory in relation to the drinking water in the centre which reported that the water sample tested was "hygienically suspect". This must be addressed by the organisation.

The Inspectors received evidence that the centre is adequately insured.

3.10.3 Practices that did not meet the required standard

None identified

3.11.3 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health & Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The organisation must take the interior layout of the centre into consideration when assessing suitability for young people.
- The organisation must provide a report to the Inspectors in relation to the efficiency of the effluent disposal system.
- The organisation must provide a quality assurance statement in relation to a sheet of perspex used to secure wooden stairs in the centre.
- The organisation must provide a report on the suitability of drinking water in the centre.

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	<p>The statement of purpose and function must be reviewed and updated to provide accurate information in relation to the service provided. This statement must be regularly reviewed and updated whenever there is a change to care arrangements in the centre.</p> <p>In the event that that a standalone placement is offered in the centre there must be reference to this in the young person’s handbook in order to ensure that the young person understands the conditions of their care.</p>	<p>The statement of purpose and function will be reviewed, along with all other policies, in October and will be forwarded on to the inspectors for their approval</p> <p>In the event that a standalone placement is offered in the centre there will reference to this in the young person’s handbook in order to ensure that the young person understands the conditions of their care.</p>
3.2	<p>The organisation must review and address the circumstances that contribute to a high turnover of staff in the centre. The Inspectors request a response from the board of management in relation to this matter. The organisation must ensure that a core group of experienced staff are maintained in employment.</p>	<p>This is something that the organisation intends to address</p> <p>To date we have organised:</p> <ul style="list-style-type: none"> ➤ Review by HR Manager of the reasons behind staff turnover ➤ Development of HR plan to address this issue ➤ Organising a review of terms and conditions of our employees ➤ Comprehensive review of workload ➤ Comprehensive review of training needs, sourcing such training internally and externally.

	<p>All of the staff team involved in the delivery of the service must have training relevant to the care needs of young people residing in the centre.</p> <p>The organisation must ensure that the petty cash allowance is adequate and that there is provision made for all necessary expenditure including unforeseen situations.</p>	<ul style="list-style-type: none"> ➤ Ensuring all young people have a therapeutic plan to ensure that our staff receive the maximum amount of guidance around this. <p>The organisation will review this matter on a bimonthly basis with the Registration and Inspection service.</p> <p>We support staff in sourcing additional training either financially, or by adaptations to the rota or both. We will continue to source training depending on the needs of the young people.</p> <p>The centre has access to a purchase order system in the case of unexpected expenditure. A review of petty cash has been initiated and the rate of petty cash has been raised. This will continue to be reviewed by the organisation.</p>
3-5	<p>The organisation must ensure that care staff have the relevant skills and experience to manage the environment in the centre.</p>	<p>The role of the company psychologist is largely to up skill the team. This is being completed at present through the medium of the decider program, a dialectical behaviour program. Issues such as motivational interviewing and sexual health are also covered in training pieces. This is something we continue to address on a number of fronts (seeking additional training externally, utilising internal assets to</p>

	<p>The National Director of Client Services, The Regional Manager of the organisation and the Centre Manager must ensure that the placement can safely meet the needs of young people referred.</p>	<p>produce training, maintaining teams, addressing management pieces, etc)</p> <p>Placements are reviewed by unit managers, regional managers and the client services manager. We will review all placement breakdowns to learn from these.</p> <ol style="list-style-type: none"> 1. We have created a crisis management team which will supplement existing staff teams at times of crisis. These team members are experienced staff members who will supplement the staff team at times of crisis. R 2. We have initiated a placement review group. This comprises the psychologist, the national client services manager, a regional manager and a unit manager 3. At the behest of the regional manager, in conjunction with the unit manager, extra staffing will be provided as and when needed.
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	<p>Referring agents from the Child and Family Agency have a shared responsibility with the organisation to ensure that young people’s needs can be safely met in the centre.</p> <p>The Child and Family Agency must ensure that young people have an aftercare needs assessment and aftercare plan in order to ensure that residential care staff can prepare young people for leaving care.</p> <p>The Child and Family Agency must give consideration to the aftercare needs of young people in residential care and especially those who present with identified circumstances that require specialist attention.</p>	<p>The decision to place a young person is based on a preadmission risk assessment and placement proposal which are submitted to the social work department. The viability of placement will be considered in conjunction with the monitoring officers.</p> <p>We will continue to advocate for all of our young people in this area, and utilise all additional external advocacy agencies.</p> <p>As above we will continue to advocate around this in the future.</p>
3.7	<p>The organisation and the Child and Family Agency must ensure that the safety of young people residing in and staff working in the centre is not compromised by admitting young people who are unsuitable.</p>	<p>There is a long term strategy in place at the moment and this involves:</p> <ul style="list-style-type: none"> • The above points re: referrals and admissions • The need to retain staff • There is a new focus on managing referrals on a long term basis

	<p>The organisation must ensure that staff employed can safely manage the behaviour of young people admitted into the centre</p> <p>The Inspectors recommend that the centre maintains a register of all child protection concerns reported to the Child and Family Agency.</p>	<ol style="list-style-type: none"> 1. Staff training: we are consistently updating the training available to staff 2. Staff retention: we are redoubling our efforts to retain staff and build teams 3. The existing team will be supplemented by the crisis management team <p>We have reviewed the previous strategy around admissions and the Centre has put a register of child protection concerns in place.</p>
3.8	<p>The Manager must ensure that effective communication is maintained with educational providers</p>	<p>We will continue to source and support all education placements and will continue to maintain contact with them</p>
3.10	<p>The interior layout of the centre should be taken into consideration when decisions are made pertaining to new referrals</p> <p>The Inspectors request a report from a reputable drainage facility in relation to the efficiency of the effluent disposal system.</p> <p>The organisation must provide a quality assurance statement in relation to a sheet of Perspex used to secure wooden stairs in the centre.</p>	<p>The interior of the centre is always under review and has been considerably updated of late.</p> <p>This has been completed and the report will be forwarded on to registration and inspection.</p> <p>This Perspex was placed there, at the behest of a previous member of the registration and inspection service, who requested its placement to prevent weapons being thrown at staff.</p>

	<p>The organisation must provide a report on the suitability of drinking water in the centre.</p>	<p>The centre has requested a report on the suitability of drinking water and will forward this to the registration and Inspection service.</p>
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