



**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

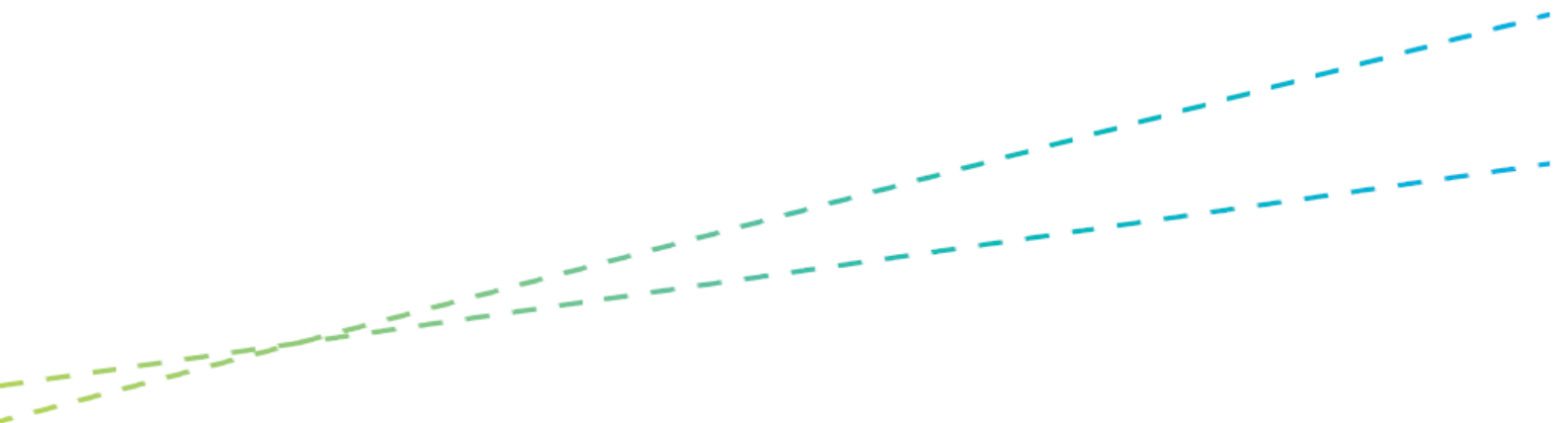
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 117

Year: 2017

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Dates of Inspection:	31st May & 1st June
Registration Status:	Registered without conditions from the 21st July 2016 until the 21st July 2019
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	9th August 2017

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This thematic inspection was announced and took place on the 31st of May and the 1st of June 2017.

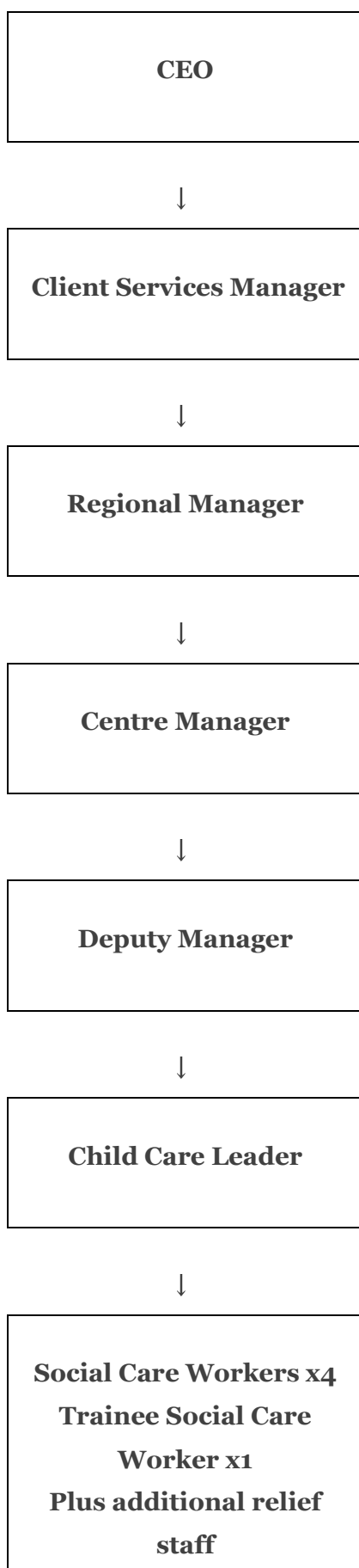
The report is based on a range of inspection techniques including:

- ◆ An examination of the questionnaires completed by six of the care staff
- ◆ An examination of relevant sections of the centre's files and recording process.
- ◆ Consultation with the lead inspector with responsibility for oversight of the significant event notifications from this centre.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) One staff member
 - c) One young person
- ◆ 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

This report reflects the findings of the second inspection within its first year of operation of the service provided in this centre. The findings detailed herein and assessment of the action plan submitted on 24th July deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. As such the registration of this centre remains from 21st July 2016 to 21st July 2019.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Staffing

The staff team has remained stable since the time of the centre's last inspection in November 2016. The staffing structure remains the same also with a deputy manager, one child care leader and five social care workers, one of whom is a trainee, which the manager views to be currently adequate. The manager is of the view that current staffing levels are appropriate to fit the needs of the centre and the inspector's concur with this view based on their findings at the time of this inspection.

Five of the current fulltime staff team have a qualification in social care or social science and the trainee staff member is currently engaged in a recognised social care course. Key work records were reflective of an ability of staff members to engage effectively with the young people.

At the time of the last inspection the management team gave a commitment to continue with efforts to provide ongoing training and development opportunities for the staff team in recognition of the low experience base and inspectors found that this commitment has been realised.

There have been two new relief staff members recruited to work in this centre since the time of the last inspection. The manager stated that both have been vetted appropriately in line with current vetting requirements.

Training and development

The company had an internal training department that delivers core and mandatory training on a rolling basis and it is up to staff member's to individually attend to their own training as required. The manager provided inspectors with a copy of staff training completed to date. This record shows that all staff have completed training

in a recognised method of physical restraint, first aid, fire safety, manual handling, child protection, and report writing. Additionally staff have attended training in sex education, drug awareness, key working, and self harm. In response to suggestions made by inspectors at the time of the last inspection, the staff team also sought expert guidance from an external agency in relation to diet and body image to support their work with the young people resident and this was reported as being of benefit to the team.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

Inspectors examined a sample of staff supervision record and found that, as with the findings of the last inspection, the practice of formal supervision has been occurring on a regular and consistent basis in accordance with the centre's policy. Inspectors noted at this time that previous direction given to centre management regarding the practice of supervision has been consistently implemented. This includes discussions regarding the individual therapeutic plans for young people and safety plans as and when relevant. Placement plans and key work goals and tasks were consistently reviewed within supervision sessions to ensure a continued focus on care delivery. These records also contained a consistent emphasis on use and development of a relationship approach with young people. The records demonstrated that the manager was maintaining a focus on professional learning and development with staff members through the supervision forum which is necessary and important given the relatively low experience base of the team.

Inspectors reviewed a sample of team meeting records convened since January 2017 and noted from this that they take place on a monthly basis. Previously team meetings were convened three-weekly. Some staff members highlighted in their questionnaires that team meetings could be improved upon by holding them more frequently and some staff also referenced the need for more consistency which would be assisted by more regular team meetings. Team meetings evidenced internal training taking place including self harm and child protection, although the former didn't state in the minutes who delivered this training. This ongoing attention to training and development had been directed by inspectors following the centre's last inspection and has been followed through by management. However with reference to consistency and frequency of team meetings, inspectors noted inconsistencies in the records in that the detail contained within some minutes was better than others. In addition, the minutes of the meeting convened prior to the most recent admission

did not make any reference to that proposed admission or necessary risk assessment regarding same. Centre management pointed out that this meeting was convened two weeks prior to the young person's referral to the centre. Inspectors would utilise this as a key example of the need for more frequent meetings in order to have important and necessary discussion t team level prior to new admission. The minutes of the meeting post-admission lacked adequate detail reflective of a discussion on the admission of the young person, the purpose of their placement, risk assessments and safety plans in relation to specific matters arising regarding their behaviours and interactions with the other resident. Similarly there were gaps noted in the minutes/presentation of the child protection training delivered to the staff team by the manager. These included no evidence of a discussion regarding peer to peer allegations, no reference to recent standard reports made under Children First regarding both young people, didn't identify the Child Protection Officer for the centre and there is some reference to significant comment records being maintained at the centre that is unclear and is not referenced in the centre's own policy document. These latter matters will be further discussed under standard 7 of this report however suffice to say that team meetings require further attention in particular a focused agenda inclusive of admissions where relevant, safeguarding, routines, social media and complaints/concerns and adequately detailed minutes.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 7, Staffing (Numbers, Experience and Qualifications)*.

Required Action

- Centre manager must ensure that the team meeting is appropriately focused on all relevant issues and that minutes of these meetings are sufficiently detailed.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a written policy on complaints that very clearly distinguishes between a grievance and a formal complaint. The policy also outlines the practices involved in responding to and addressing both types of dissatisfaction, including timeframes and persons involved. Inspectors found however that practice in this area did not reflect the policy. There were no formal complaints on record since this centre commenced operations and there were a total of 48 'grievances' recorded in the complaints/grievance register. Inspectors advise centre management to change the terminology used in relation to the area of complaints as in line with recent developments and changes in practice, 'grievance' is a word typically linked to matters of HR.

Whilst the records in this register were reflective of issues being heard and responded to immediately by staff and management, the nature of some of the concerns recorded would warrant their being processed through the formal complaints procedure. Examples of such include dissatisfactions raised by young people in relation to restraints and to not being listened to by staff. These matters should have been picked up on by the centre manager in their oversight of practices and implementation of policy.

One young person verbalised their wish to make a complaint about a matter of restraint, in fact they had contacted the Gardai to do this. Whilst this incident was made known to the social worker at the time, the regards pertaining to it reflect uncertainty as to how it should be addressed and it was not addressed as a formal complaint at that time. The matter was not addressed by the manager directly with the young person until more than four weeks following the incident and their initial complaint to Gardai. This is despite records stating that the young person named to staff their wish to formalise the complaint. The centre manager indicated to

inspectors that this complaint is currently being in the process of being formalised. In future, centre management must ensure that practice in the centre regarding complaints and concerns accurately reflects policy. They must also ensure, through robust oversight, that there is a clear distinction via solid understanding of the issues that warrant being reported through the formal complaints process.

Inspectors examined the records pertaining to the incident that led to the young person expressing their desire to make a complaint. The relevant records lack sufficient detail on all relevant aspects of the events of the day, a matter which has already been picked up by centre management in their review of the event. The lack of such relevant detail will impact upon the ability of persons concerned to investigate any complaint made regarding these events and this element of practice must be given due consideration by management from the perspective of accurate and sufficient recording.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

None relevant to the area of practice reviewed during this inspection.

Required Action

- Centre management must ensure that all aspects of practice in the area of concerns and complaints accurately reflect policy.
- Centre management must review the grievance log and take retrospective action to process any relevant matter through the formal complaints process.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

None identified.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre has a policy guiding the process for admissions. There has been one new admission to this centre since the time of the last inspection six months previous. This young person had previously been placed within the same service at a different centre and the placement was agreed between the social work team and Tusla's National Private Placement Team. There is a significant amount of background information on the young person's file, both from the previous residential centre and from the social work team. The young person had a change in supervising social worker from the time of referral to this centre to the time of their placement commencement. Inspectors found that centre management had not adhered to their own policy in relation to the admission of this young person. There was no pre-admission meeting involving the young person, centre representatives and social worker. Although there were pre-admission risk assessment documentation on files, inspectors found that these did not take into consideration all of the known behaviours the new young person presented with. Having said that the behaviour management plan in place does appear to consider all known behaviours; however this was devised after the young person's admission and should have been duly considered within the pre-admission process.

Inspectors did speak with one young person and they indicated that they had a good understanding of the reasons for their placement in the centre. Their feedback in general was quite positive and they reflected that they have made progress in their placement.

As noted earlier in this report, the team meeting prior to the admission of this young person did not reflect any discussion of the impending admission and what this would mean for staff practice in the centre particularly in relation to supervision, routines, monitoring the interactions of young people and supporting appropriate engagement with each other.

There was no admissions meeting held for this young person which would strengthen the process and provide an opportunity to clarify with all parties the expectations and purpose of the placement.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

Required Action

- Centre management must ensure they adhere to their own policy with regard to all future admissions to this centre.

3.7 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.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre has a comprehensive policy on safeguarding young people that includes good practice guidelines, professional relationships with young people, one to one supervision, whistle blowing, staff education and training, and internal oversight of all policies and practices. The inspectors found that this policy compliments other policies in place, including the complaints policy, as well as good practices in the centre. Practices evidenced that support the safeguarding policy include recruitment, induction and supervision of staff, ongoing internal monitoring of the implementation of policies and practices, staff encouragement of children's rights

and participation in all matters that affect them, and staff advocating on behalf of young people. A good knowledge of safeguarding practices was reflected by the staff members in the questionnaires completed for the purpose of this inspection.

Young people are encouraged to liaise with EPIC and are provided with information about this organisation. They can and do make contact with their social workers and family members in private and have visits with them.

Staff and the manager devise and implement individual or situation specific risk assessments as the need arises. Whilst acknowledging the difficulties for the staff team inherent in such practices, inspectors are of the view that ongoing review of the structure and agreements in place regarding access to social media would be of benefit in particular for one young person.

It has been noted earlier in this report that the matter of complaints requires attention, this is in relation to the oversight by management to determine the appropriate processing of issues raised and responsiveness to same. It has also been commented upon that the area of pre-admission requires attention to ensure that the process is adequately robust for all young people and that the staff team are fully aware of the behaviours of young people and interventions and supports that will be required of them. Inspectors also recommend that the manager improve the focus on safeguarding within the forum of supervision, particularly in relation to the interactions between the two young people.

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.

The centre's written policies and procedures in relation to child protection are in accordance with the guidelines in Children First. As stated earlier in this report, staff members have been provided with internal training in child protection and additionally the centre manager has revised relevant aspects of child protection at a team meeting. Centre management informed inspectors that the training slides on file available for review by inspectors were supplemented by thorough discussion by the team. However as noted earlier the minutes of this meeting/presentation did not demonstrate evidence of a discussion regarding peer to peer allegations. Nor did the minutes reflect a discussion on recent standard reports made under Children First regarding both young people, although centre management stated that these were discussed. The records didn't identify the Child Protection Officer for the centre although management state that this is the centre manager. It is important for

accountability and consistency in practice that records maintained accurately reflect all aspects of meetings/discussions held at team level.

Some gaps in knowledge are reflected in the information provided by the staff team in their questionnaires where there was inconsistent explanations provided for the procedure to be followed in the event of an allegation being made. Whilst inspectors acknowledge the point made by management regarding the limited room within the questionnaires, the staff team did not demonstrate a consistently clear understanding on the procedure to be followed in such an event and there was no acknowledgement by the staff team that allegations can occur between young people. Additionally within the training provided by the manager, there was some reference to significant comment records that was not clear to the reader and is not referenced in the centre's own policy document. This was referenced by some staff in the context of recording/reporting allegations and centre management did endeavour to explain the purpose of these but on the whole the purpose and use of this as a recording mechanism for child protection concerns is unclear and inspectors recommend that these be reviewed.

Inspectors examined the child protection register in the centre and noted that there were eight entries since the centre commenced operations in August 2016. Some of these events have been closed by the social worker following investigation or upon receipt of further information. All were reported by the centre manager in accordance with Children First guidelines. Inspectors noted that some Standard Report Forms did not include the name of the Principal Social Worker to whom the information is sent and the manager should ensure that all forms are fully completed. One recent incident that is alleged to have happened between the two young people was appropriately reported to the local area Principal Social Worker in accordance with current reporting guidelines. However this office has refused to process this report instead referring it back to the respective placing social work teams. Whilst one social work team is happy to process this report and investigate the matter despite what policy dictates, the other placing social work team is insisting upon compliance with policy. The matter remains deadlocked at the time of writing this report despite being pursued by the registration and inspection service with the service director in the area.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must take the necessary steps to ensure that all safeguarding practices are adequately robust.
- Tusla senior management must ensure that all child protection concerns are processed in accordance with their own Practice Note issued in October 2016.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Centre manager must ensure that the team meeting is appropriately focused on all relevant issues and that minutes of these meetings are sufficiently detailed.	The Centre Manager will ensure that the team meeting minutes are focusing on all relevant issues that are occurring within the house and that they are detailed.	The team meeting minutes will have more oversight from the Regional Manager to ensure that they are discussing all relevant issues and the meeting minutes are detailed. The Regional Manager when possible will join the team meetings on occasions to ensure that the content and agenda of the team meeting is appropriate to current issues that are arising in the house.
3.4	<p>Centre management must ensure that all aspects of practice in the area of concerns and complaints accurately reflect policy.</p> <p>Centre management must review the grievance log and take retrospective action to process any relevant matter through the formal complaints process.</p>	<p>The Centre Manager will ensure on a on-going basis that concerns in the area of staff practice are recorded appropriately in order to follow policy and procedures that are in place within the unit.</p> <p>The Centre Manager has followed up on the young persons' grievance that was made following the incident and completed a formal complaint on behalf of the young person. The Unit Manager has ensured that all relevant professionals have been sent a copy of the formal complaint and the young person has been spoken to about the physical</p>	<p>The Regional Manager will ensure full oversight over the grievances & formal complaints within the house. The Regional Manager will provide oversight to ensure that there is clear differentiation between grievances and complaints and that they are responded to appropriately. This will also be reviewed and discussed during team meetings that the Regional Manager will attend and will also ensure it is evidenced more efficiently in the monthly audits.</p> <p>This formal complaint has been notified to all relevant professionals and has since been closed. This will be closely monitored by the Regional Manager and will be discussed in supervision with the unit manager.</p>

		intervention that took place and a key working session was completed with them around their complaint. This complaint has now been closed and all relevant professionals are satisfied along with the young person as to how it was managed.	
3.5	Centre management must ensure they adhere to their own policy with regard to all future admissions to this centre.	The Unit Manger will ensure that all future admissions to the centre include a pre admission meeting prior to the admission of the young person.	The Regional Manager will ensure that all future admissions to the centre will include a pre- admission meeting prior to the young person's admission to the centre as well as a meeting with the other residents Social Work Department to discuss the impact risk assessment.
3.7	Centre management must take the necessary steps to ensure that all safeguarding practices are adequately robust. Tusla senior management must ensure that all child protection concerns are processed in accordance with their own Practice Note issued in October 2016.	The Centre Manager will ensure that all safeguarding practices are robust within the house. This will include annual Child Protection refresher training for all staff, ensuring CPN's are notified to all relevant professionals including the Principal Social Workers, ensuring that formal complaints are managed in the appropriate manner. This matter remains outstanding at the completion of the inspection process. Inspectors are awaiting clarity on action to be taken by the relevant social work management.	The Regional Manager will ensure that all safeguarding practices are robust throughout the house. The Regional Manager will focus on safeguarding practices during monthly audits in the house to ensure that any Child Protection Notifications are sent to the relevant professionals, that there are appropriate safety management plan / risk management plans implemented where necessary, ensuring there are up to date risk assessments in place and that staff supervision levels are maintained throughout the house on a daily basis. The Regional Manager will also sit in on a team meeting in the coming months to review safeguarding measures within the house and the procedures to follow in terms of allegations.