

**Addendum to Inspection report form 7th and 8th
February 2023- Review of CAPA.**

Year:	2023
Name of Organisation:	Ideal Care Services Ltd
Registered Capacity:	One young person
Type of Inspection:	Unannounced
Date of inspection:	25th May 2023
Registration Status:	Registered with conditions attached from the 11th of March 2022 to the 11th of March 2025
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1. Methodology

The purpose of this inspection was to review implementation of the CAPA in response to the most recent inspection report from February 2023 and the representations made to the NREP in response to propose to remove the centre from the register of children's centres.

Inspectors looked at:

- centre paperwork
- young person file
- centre audit reports
- staff rosters

Inspectors spoke with

- Centre manager
- The young person

2. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

The inspectors found some minor improvements in the how the centre was operating since the last inspection on the 7th and 8th of February 2023. However, the inspectors found from review of records and files there was not enough evidence of governance and oversight to ensure that the centre was operating in compliance with the National Standards for Children's Residential Centres (2018). While files had been set up with audit templates for the managers review of the service, maintenance audit template, incidents, significant event notifications and CPWRF audit templates. None of these audits had been completed and all the documents were blank. The manager acknowledged that no audits had taken place and that they were working with a consultant on how to commence auditing the centre. The inspectors found on review of significant events that on one occasion the date an event occurred and the date in which the event was reported was different. This had not been identified by management. On review of staff records, it was evidenced that staff were not being provided with one-to-one supervision. There was no evidence of regular reviews and learning from the day-to-day operation of the centre to improve compliance.

Therefore, the inspectors found that the centre was found not to be operating in compliance with Theme 5 Leadership and Governance Standard 5.4. National Standards for Children's Residential Centres (2018).

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

In the representations submitted it was stated the aim of the service was “to provide a therapeutic environment that would promote the wellbeing of the young person. We have adopted the Welltree approach which is focused on wellbeing and achieving positive outcomes for young people. Staff in the centre are experienced in trauma-informed approach in their care of the young person and there is strong emphasis on unconditional positive regard for the young person in our care”.

The inspectors found it difficult to evidence from the paperwork available to them how the staff were providing a therapeutic environment and also how they were experienced in trauma informed approach on the care of the young person. As they had completed no specific training in trauma informed care. The staff had since the last inspection completed two meetings with the co-ordinator of the Well Tree model. However, it was difficult to evidence how the staff were progressing the goals using this model. The most recent placement was dated for review by the 1st of April 2023. The manager informed inspectors that this review had not occurred until the 22nd of May 2023 which was only a few days prior to this inspection. The Well Tree Model was referenced though out documents and in the daily logs but based on review of a sample of the paperwork it was not clear how these goals and indicators were being assessed and if there was a consistent approach by the staff on completing them. For example, some days the indicators for meeting the goals were blank and on other times the indicators were contrary to the account in the daily log. The centre has reviewed their policies and procedures since the last inspection however these have not been discussed with the staff team at team meetings to date. There was no identified plan of how the policies and procedures document was to be delivered to the team and how the management were going to assure themselves that all the staff understood the policies that inform the day-to-day practices.

Therefore, the inspectors found that the centre was found not to be operating in compliance with Theme 5 Leadership and Governance Standard 5.3 National Standards for Children’s Residential Centres (2018).

Compliance with Regulation	
Regulation not met	Regulation 5

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

There was some evidence of staff in recent weeks trying to set boundaries with the young person in response to aggressive behaviour. It was recorded that only when physical aggression occurred it was reported as a significant event. This resulted in verbal aggression occurring but not reported. There was no evidence of any tracking or learning from how to manage the young person behaviour or support positive behaviour. There was an Individual Crisis Management Plan on file however there was no reference to this in any of the other records and the inspectors could not see

any evidence of how this plan informed the manner in which the staff interacted with the young person.

Inspectors spoke with the young person, and he was overall positive about living there currently and said it was better than it was in February when he last spoke to inspectors. He stated that *“he had gotten used to the staff and the centre and felt that the staff were trying to help him”*. He said he was the one who chose not to engage, specifically regarding food and that they do offer food choice to him, but he refuses to eat what’s offered. The staff do talk to him about healthy eating and food. Inspectors did see individual work (1 record) of this work with him. The inspector found that there was a daily activity plan in place for the young person and he was leaving the house more often. However, the inspectors were unable to ascertain for the records how much influence the staff had on this decision as if he did not want to follow the plan for that day then he just stayed in the house playing his computer games.

The young person did say that he does not get money for clothing and that he spent his last clothing grant on a computer console. There has been no new clothes bought for him since Christmas and his clothes do not fit him. The manager confirmed that the agency does not buy clothes for the young person, but he was offered on many occasions to go to the shops but has refused to go. When asked if the staff had offered to choose clothes using on-line shopping as an alternative option the manager stated this has not been considered.

Therefore, the inspectors found that the centre was found to be operating in some respects, but on-going improvements were required to be fully in compliance with Theme 3 Leadership and Governance Standard 3.2 National Standards for Children’s Residential Centres (2018).

Regulation 6: Person in Charge

Regulation 7: Staffing

Regulation 5: Care Practices and Operational Policies

Theme 6: Responsive Workforce

There were 7 staff rostered to work in the centre. One staff member who was named as part of the staff team was actually on maternity leave so was not working at the time of the inspection. The inspectors informed the manager that having the staff named as part of the team while they were not working was a safeguarding issue. The inspectors reviewed the staff rotas and the daily logs and found that there were

inconsistencies in the staff named on the rota and the actual staff that were working against the daily logs. This again was deemed to be a safeguarding issue. This was raised as issue on the inspection in February 2023 and a commitment was given by the centre to address this matter. On review of the daily logs, there were four occasions in May 2023 when staff worked a double shift. A commitment was given that this practice was ceased in response to the February 23 inspection report. The inspectors found that one of the staff listed was self-employed and worked outside of the centre. The manager stated that the organisation had a policy of not allowing staff to work elsewhere while in their employment however the manager was aware that this person was also working outside the centre while working full time hours. There were no risk assessments carried out when this person was working to assess their safety and wellbeing.

There was no record available of the supervision of staff and on review of the staff team meetings, the minutes from the meetings in March 2023 and April 2023 have identical wording on both sets of minutes. These minutes were both signed and dated at Jan 31st, 2023, by the manager and the service director. The minutes reviewed did not reflect any changes in behaviours of the young person or how the staff were to work with the young person.

In a record from a team meeting in May 2023, the staff completed a workshop with a consultant on what is an incident and how to report them. Given the young person being cared for by the staff since May 2022 this is an undue delay in completing this work with the staff team.

The inspectors found that the centre was found not to be operating in compliance with Theme 6 Responsive Workforce Standard 6.3 & 6.4 National Standards for Children's Residential Centres (2018).

Compliance with Regulation	
Regulation not met	Regulation 5

Appendix 1

Review of the most recent implementation of the CAPA

Centre response to action identified.

The Welltree Model is currently being implemented within the centre. Welltree consultant has consulted regularly with Centre Manager from December of 2022 and has completed assessments and training with staff on the 17th of December 2022 and the 31st of January of 2023. Next consulting and training dates have been scheduled for 25th of March of 2023 and an assessment and scoring scheduled for end of April of 2023. Over the coming 3-6 months all staff will continue to receive external training and guidance in the implementation of this model. SLA with consultant is attached. (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

Some evidence that the Welltree model is more integrated into the reporting and daily logs. There is incongruence with how the staff are accessing and then recording the domains on the Well Tree indicators e.g., some are saying young person is meeting the indicators and others are saying he is not. Meeting took place on the 24th of April and the 22nd of May 2023 (No minutes for May 22nd). However, the minutes of Well Tree meeting for April are exactly word for word as the staff meeting minutes from March 2023.

Centre action to action identified.

A placement planning process underpinned by wellbeing framework was implemented in January 2023. This is in line with policy and model of care. This will ensure that the placement plan is informed by the Care Plan and is comprehensive in terms of meeting the needs of the young person and promoting his wellbeing. Centre manager is receiving guidance by the consultant. There will be clearly identified areas of responsibility in relation to actions within the placement plan and these will be reviewed on a two monthly basis. (Next review is 1st April 2023). There are now specific intervention goals, and these shall be communicated and recorded through key working and individual work. Key pieces or care delivery is included in Centre Management Audit process and shall be reviewed by the Operations Director for effectiveness. (Next audit is 30th March 2023). (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

The placement plan on file is up to the 1st of April 2023. There is no updated one on file for April / May 2023. Some improvements with the plan as it is following the Well Tree Goals, however not clear how the goals are to be met with young person. There was some evidence of individual work carried out in line with the goals identified. There was one written record of key working in March, two of individual work in March and three written records in April 2023. None for May to date. No evidence of audit of the placement plan being reviewed for effectiveness. Little evidence of the young person voice on the records- however he does have limited capacity to engage.

Centre action to action identified.

A new audit tool is being adopted from April 2023 to ensure a systematic and effective measuring and auditing the effectiveness of care delivery. This will help to empower staff and capture all information on a daily basis that will inform the decision-making process and provide effective support for staff. (Commencing second week of April). (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

This has not occurred as, yet they have discussed with a March 2023 and April 2023 are consultant about the audit tool but still in progress. They had visited on the 20th of April 23.

Centre response to action identified.

The updated Policy & Procedures document has been finalised and is now in place at the centre since the 14th of March 2023. A copy of the full document is attached with this CAPA. Staff induction on the Policies and Procedures is ongoing through staff meetings and 1:1 meetings with Centre Manager. Operations Director has completed a session of training on the 20th of March 2023. Support is provided by external consultant. All staff shall sign off the Policy document (Sign off to be completed by 30th March 2023). Further training sessions to embed the procedures in practice have been scheduled by the external consultant by 30th of April 2023.

(Inspection Report February 2023)

25/05/2023 Inspectors assessment.

Policy and procedure document has been reviewed to date but has not been discussed at the team meeting or discussed with staff.

Centre response to action identified.

Child Protection Training for all staff was carried out by external trainer on the 15th of March 2023. Training logs are updated and evidenced by certificates. (Inspection

Report February 2023)

25/05/2023 Inspectors assessment.

The are still no certs for 4 of the staff working in the centre.

Centre response to action identified.

The centre manager will, as part of their daily duties, review events from previous days to ensure appropriate recording and notification to the relevant people.

(Inspection Report February 2023)

25/05/2023 Inspectors assessment.

There were some improvements in incidents being recorded but still some issues with how incidents were recorded. Staff Consultant has done work with team on recognising an incident and reporting it. For one incident there was issues with date occurred and who the staff were on shift, they don't match the daily logs or the roster. Inspectors pointed this out to the manager -this was not identified by any oversight or audit of records by the manager.

Centre response to action identified.

Specialist support services are currently doing assessments on the young person and Centre staff are supporting this contact. The Centre Manager contacted the GP on the 10th of March to provide a new script for the medication the young person had stopped taking. Other required supports shall be discussed at CICR meeting scheduled for the 29th of March 2023. The Centre Manager will follow up with the Social Work Department in relation to this and record the outcome of same. (Inspection

Report February 2023)

25/05/2023 Inspectors assessment.

The young person was brought to GP and began to take his medication from the 24th of March 16th April. From this date he refused to take it again.

Centre response to action identified.

The young person attended a dental appointment on the 9th of March 2023. Young person has so far refused to attend his eye tests appointments scheduled for him on the 17th and 22nd February 2023. Staff will put in place interventions to ensure the

young person's attendance. Next scheduled eye test appointment is on 23rd March 2023. (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

He has since refused to attend for eye appointment staff are encouraging him to attend.

Centre response to action identified.

The Collective Risk Assessment has been updated on the 30th of February 2023. A new updated safety plan shall be completed after the CICR meeting scheduled for the 23rd of March 2023. (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

This has not been completed as centre awaiting the safety plan from the social work department. Centre Manager was informed on 17th of May by NIAPP that they are no longer engaging with the young person and case closed due to young person refusing to engage with NIAPP. The risk still remains undefined. No assessment report on file and no record of it being requested by manager.

Centre response to action identified.

Individual work around healthy eating was done with the young person to plan a healthy menu centred around the young person's preferences. The young person's engagement in the process was positive. Interventions to encourage healthy choices shall be developed. The young person shall be encouraged to be involved in the shopping for the kitchen in order to ensure his preferences are acknowledged. A review for the effectiveness of the interventions shall be done on the 31st of March 2023. (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

Some improvement in the eating pattern but still very poor diet and relationship with food. An appointment made for 27th May 2023 with Nutritionist for on-line consultation with young person (he is refusing to attend) staff will also attend this on-line meeting.

Centre response to action identified.

Practical First Aid Training was conducted on the 11th of March 2023 by external trainer. All centre staff attended this training. Training log is updated. (Inspection Report February 2023)

25/05/2023 Inspectors assessment.

First aid training was provided for 5 staff on the 11th of March 23. Two staff who were on the roster did not attend this training, the manager said they would have completed training in first aid and have certs on their file. However later verified that one staff had not completed the training and for the other staff their certificate had expired.

Centre response to action identified.

A full review of centre staff was done by the Operations Director and Centre Manager. A full complement of staff have been ratified for the centre. See updated staff information sheet. This commenced on the 20th of February 2023.

Commencing 28th of February 2023, all double shifts have ceased. A new roster schedule has been implemented that ensures adequate rest between shifts. (Inspection

Report February 2023)

25/05/2023 Inspectors assessment.

A review of the daily logs and rosters on file showed that in May 2023, 4 staff did double shifts on the roster. There was also different staff named the rota as were working as per the daily logs. There were seven identified staff as routinely working on roster, but these did not match the daily logs.

