



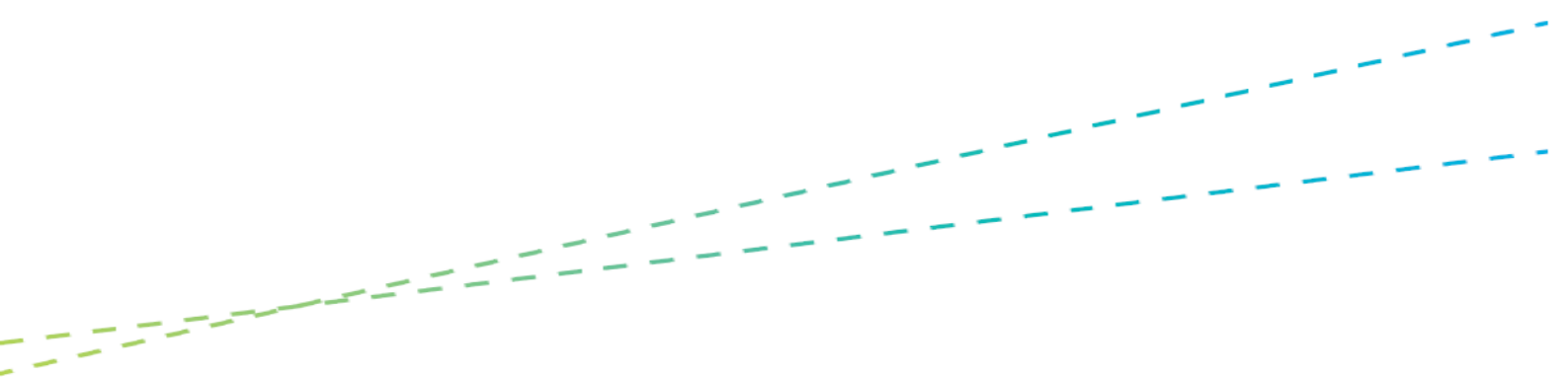
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 102

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Positive Care Ltd.
Registered Capacity:	Four young people
Date of Inspection:	20th and 21st of July 2020
Type of Inspection:	Announced
Registration Status:	Registered from 21st May 2019 to 21st May 2022
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	9th November 2020

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2011. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without attached conditions from 21st May 2019 to 21st May 2022. In January 2020 following an application to the Alternative Care Inspection and Monitoring Service the centre was granted permission to transfer their registration to new premises.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The organisation does not work within one particular model of care. They have developed a care framework that outlines the principles of therapeutic approaches and models that underpin placements and the overall therapeutic care approach. This centre had a particular emphasis on attachment theory while focusing on the development of relationship with the young people. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors looked closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, senior management and the relevant social work departments on the 1st September 2020. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 15th September 2020 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 102 without attached conditions from the 21st May 2019 to 21st May 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies
Regulation 6 (1) and (2): Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The inspectors were satisfied that the centre was operating in compliance with child care legislation, regulations and standards. At the time of inspection, inspectors were informed that the centre had engaged the services of external consultants to assist them to review and update their policies and procedures and realign them with the National Standards for Children’s Residential Centres, 2018 (HIQA). The inspectors require the registered provider to provide a copy of the revised policies and procedures to the Alternative Care Inspection and Monitoring Service when the review process has been completed.

Staff informed inspectors they had received training in the national standards and there was an on-going training programme in place to ensure they were familiar with new and updated centre policies and procedures.

In interview managers and staff were aware of regulations, policies and procedures, relevant legislation including Children First and how these documents impact on daily practice within the centre. There were systems in place to identify gaps in compliance through various internal and external auditing systems.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centered, safe and effective care and support.

There was evidence of good leadership within the centre. A qualified and experienced centre manager had been in post for five years. At the time of inspection the centre manager had tendered their resignation from the service and interim arrangements were in place pending the appointment of a new manager. In interview staff stated

that they were confident in the centre manager and the deputy manager. While there had been a period prior to inspection when issues arose in relation to the management and support of the staff team, overall the staff and supervising social workers were satisfied that the centre was well managed. Staff questionnaires and interviews confirmed the manager was supportive, accessible and committed to the team and the young people in their care. Social workers and external professionals told inspectors that there was strong leadership in the centre expressing confidence in the managers' capabilities and commitment to meeting the needs of the young people. Oversight of the leadership in the centre was provided by a regional manager and client service manager and there was evidence in records that any deficits in governance and leadership were identified and addressed.

There was evidence of a culture of learning across a range of records including team meetings, complaint reviews, supervision records and there were various audit systems in place to identify any deficits in quality and safety.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. The manager and staff confirmed they had job descriptions and displayed a good understanding of their specific roles and responsibilities.

There was a service level agreement in place with the Child and Family Agency. The centre manager was the person in charge with overall executive accountability for the delivery of service and there was evidence of their oversight in centre records and monthly audits.

There was evidence that there was on-going review of policies and procedures in line with regulatory requirements taking account of national standards and regulations. Managers and staff interviewed were able to reference the National Standards for Children's Residential Centres, 2018 (HIQA) and new centre policies that had been implemented. Team meeting minutes and staff supervision records also evidenced discussions in relation to policies and procedures and the national standards.

The centre had a well-developed risk management framework in place that was understood by staff. The centre manager provided inspectors with copies of individual risk assessments for each young person, health and safety risks along with a centre risk register that had been updated to account for new control measures in place to manage risks associated with Covid 19. There were clear systems in place for escalating risk and evidence from records that identified risks were brought to the

attention of the relevant social worker. There was also evidence that risks were reviewed and strategies put in place to minimise risks. At the time of inspection, inspectors were informed that a corporate risk register was being developed at senior management level.

The inspectors reviewed relevant records relating to two fire setting incidents that occurred on the same day in the centre in January 2020 which caused substantial damage to the building and resulted in the relocation of the centre to new premises. External professionals interviewed as part of the inspection process raised concerns about staff supervision and monitoring of the young people, risk management and subsequent delay in receiving the incident review report. Inspectors found that appropriate measures had not been taken following the first fire setting incident to manage known risks and safeguard the young people. The inspectors requested an organisational response to the concerns highlighted in the inspection and an incident review report from the organisation's senior management. The incident review report provided to inspectors acknowledged there were issues regarding the supervision and close monitoring of young people and deficits in staff practice in relation to following fire safety procedures. In addition, there were identified deficits in risk management procedures to secure additional staff-to provide live night staff cover as a precautionary measure based on the first fire setting incident. Following a review of the centres organisational response and incident review report the inspectors were satisfied that learning outcomes had been identified and further actions identified have since been implemented.

Inspectors assessed the centre's response to the management of risks posed by the Covid 19 virus. Inspectors reviewed the centre's infection control policy which had been updated in response to Covid 19 and risk assessments were also developed and updated in accordance with guidance from National Public Health Emergency Team (NPHE) and the government. Inspectors were satisfied following a review of documentation and interviews that there were clear measures in place in response to the crisis. Staff confirmed the centre had adequate supplies of anti-bacterial products, hygiene equipment, and personal protective equipment and a robust cleaning schedule had been implemented. Updated plans were in place to manage visitors coming to the centre and temperature checks were conducted on all visitors to the centre prior to entry. Where possible visits took place outside the centre and team meetings and child in care reviews were undertaken remotely. The centre had a separate building adjacent to the centre to accommodate visitors on site and updated guidelines were implemented for transporting young people. The organisation had contingency plans in place to support and manage staffing during the Covid-19 crisis.

The centre had a relief panel and the organisation had recruited additional staff in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the Covid-19 virus.

There was an appropriate internal management structure in place and there were arrangements in place to provide adequate managerial cover when the manager took periods of leave. The inspectors were provided with a written record of managerial duties delegated to members of staff detailing their responsibilities and designated tasks. The organisation had an on call system in place to support staff at all times to manage incidents and risks in the centre.

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

The centre had a detailed statement of purpose that outlined the aims, objectives and ethos of the service, the management and staff employed in the centre, and the range of services provided to support and meet the care needs of the young people. It included a description of the centre, the admission and discharge process along with policies and procedures developed in line with the National Standards for Children's Residential Centres, 2018 (HIQA). The centres care framework was also detailed in the statement and staff interviewed demonstrated their knowledge of the model in their everyday care practices with the young people.

Social workers interviewed by inspectors were satisfied that the statement of purpose was reflected in the day-to-day operation of the centre. The statement of purpose was reviewed on an annual basis and following each new admission or discharge. The written statement of purpose was recently reviewed and updated in June 2020. Information on the statement of purpose was available to those who required it including young people, social workers and family members.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that the quality, safety and continuity of care provided to young people within the centre was regularly reviewed to inform improvements in practices and in an effort to achieve better outcomes for young people. There were a number of internal and external auditing systems in place to assess the safety and quality of care. There was evidence the centre managers monitored the quality of care in the

centre through oversight of all records, observation of staff practice and contact with the young people. They reported to a regional manager who carried out regular audits with a focus on a qualitative analysis of practice. Inspectors reviewed a sample of these audits and found that issues requiring action were identified and responded to within identified timeframes. Inspectors also found that new audit tools to assess care practices had been developed in line with the new National Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a complaints process in place that was understood by both staff and young people. Social workers told inspectors they were informed of complaints and were satisfied with the centre's response to complaints made by the young people. Inspectors were satisfied that complaints were appropriately recorded and managed. However, following a review of the complaints register the inspectors found that outcomes for a number of complaints were not recorded on the register. The centre manager must ensure the outcomes of complaints are recorded in a consistent manner on the centre's complaint register. There was evidence in records that young people were made aware of and utilised the complaints process and this was confirmed in interview with one of the young people who expressed satisfaction at the responses they received to complaints they had made. There was evidence that complaints were discussed and reviewed in team meetings to identify any trends and there was good oversight of complaints by the centre and regional managers. Staff interviewed were also able to provide examples of learning outcomes from complaints that led to improvements and changes to their practice.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.2 Standard 5.3
Practices met the required standard in some respects only	Standard 5.1 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that a copy of the centres reviewed and updated policies and procedures document is forwarded to the alternative care inspection and monitoring service following the review process.
- The centre manager must ensure the outcomes of complaints are recorded in a consistent manner on the centre's complaint register.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	
5	<p>The registered provider must ensure that a copy of the centres reviewed and updated policies and procedures document is forwarded to the alternative care inspection and monitoring service following the review process.</p> <p>The centre manager must ensure the outcomes of complaints are recorded in a consistent manner on the centre's complaint register.</p>	<p>Full copies of Policies and Procedures are available in the centre in paper format. During inspection these were currently being updated by the organisations senior management team.</p> <p>The centre manager has updated the complaints book with outcomes noted.</p>	<p>Policy and Procedures are in the final stages of completion. These will be forwarded to alternative care inspection and monitoring service when finalised.</p> <p>Registers to be audited by centre manager and monthly by the regional manager to ensure that all complaints have outcomes recorded and are closed off where appropriate.</p>