



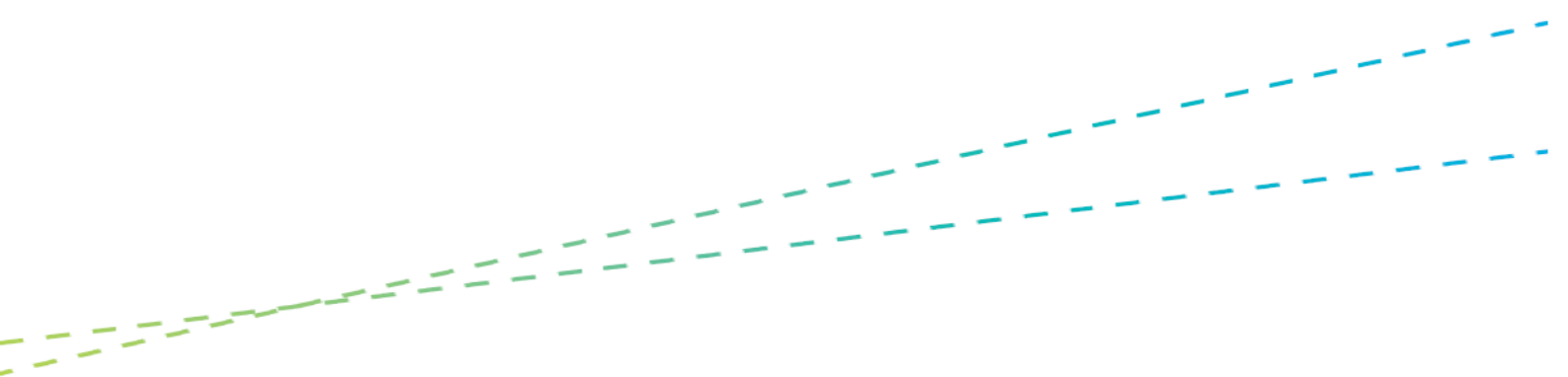
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 109

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Positive Care Limited
Registered Capacity:	Two young people
Date of Inspection:	14th,15th & 17th of September 2020
Type of Inspection:	Announced
Registration Status:	Registered from 05th October 2018 to 05th October 2021
Inspection Team:	Paschal McMahon Anne McEvoy
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 determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in October 2015. At the time of this inspection the centre was in its second registration and in year two of the cycle. The centre was registered without conditions from the 05th October 2018 to 05th October 2021.

The centre's purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission who are deemed as higher risk and in need of additional supports than those referred to multi-occupancy centres. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. 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.

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 5th October 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 28th October 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: 109 without attached conditions from the 5th October 2018 to 5th October 2021 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 the relevant child care legislation, regulations and standards. The inspectors reviewed the centres policies and procedures and found that they were set out in line in with the themes in the National Standards for Children’s Residential Centres, 2018 (HIQA). All policies had an approval and revision date and were due for review on a biannual basis. Inspectors noted that while the majority of policies viewed were up-to-date a number of policy review dates had expired. At the time of inspection the organisation were in the process reviewing and updating the centres policies and procedures with assistance from external consultants. The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed. There were systems in place to address any gaps in compliance in policies, legislation and standards through the centres various internal and external auditing systems.

Training records viewed by inspectors provided evidence of on-going training for management and staff in policies and procedures. Staff team meeting minutes and staff supervision records also recorded policies being discussed and reviewed. Staff members interviewed stated that they were questioned on their knowledge of centre policies on occasion by external mangers during their audits. Managers and staff interviewed during the course of the inspection demonstrated a good knowledge of the centre policies and procedures, legislation and standards appropriate to their role and relevant to their practice.

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. The manager and deputy manager were experienced professionals, were appropriately qualified and there was a stable cohesive team in place at the time of inspection. Staff members in interview and questionnaires stated that the manager was accessible and provided good guidance and support. Supervising social workers were satisfied that the managers provided strong and confident leadership in the centre and worked collaboratively with them to ensure the safety of the young people and to provide a high standard of care.

From a review of staff meeting minutes and supervision records it was evident that there was a culture of learning in the service with a good emphasis on training and development. In addition, the centre had a number of auditing systems in place which assessed the level of care and identified any deficits in quality and safety.

There were clearly defined governance structures in place. The centre manager was on site five days a week, had overall responsibility and accountability for the delivery of care and there was evidence of their oversight in centre records and monthly audits. The manager reported to a regional manager who had visited the centre on a regular basis to review records, conduct audits and meet with staff and young people. They had access to all information generated in the centre on the organisations IT system and had attended occasional team meetings. An additional layer of governance and oversight was provided by a client services manager who supported both the regional manager and centre manager in ensuring that all aspects of compliance with regulatory standards were being adhered to in the centre. The client services manager's role included reviewing the regional manager's audits as well as undertaking unannounced visits to the centre.

The centre had a service level agreement in place with Tusla and the client services manager had responsibility for providing progress reports and evidence that the service was compliant with relevant legislation and standards.

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.

The centre had written policies and procedures in place for the identification, assessment and management of risk. The centre maintained a risk management folder which was well utilised and very clear and specific risks were identified and assessed. Staff in interview were familiar with the centre's risk framework and team meeting minutes recorded that the risk management was an agenda item. Risk ratings were reviewed on a daily basis at staff handovers and on an on-going basis by both internal and external management and were updated appropriately.

The inspectors examined the centre's response to managing the on-going risks posed by the Covid 19 pandemic and found evidence of a number of measures put in place by the organisation. Staff confirmed that they had an adequate supply of anti-bacterial products, hygiene equipment and personal protective equipment. Inspectors observed while on site that there was a strict cleaning schedule in place and appropriate protocols including temperature checks for staff and visitors. These persons were also required to complete a Covid 19 questionnaire prior to being allowed to enter the premises. Staff interviewed were aware of the procedures in place for the reporting and management of a confirmed/suspected case of Covid-19 within the centre. The organisation also had plans in place to ensure continuity of care to children in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak. Inspectors were informed that all access visits were risk assessed and Covid 19 guidance followed. This was confirmed in interview by placing social workers. Risk assessments were also aligned and updated in accordance with guidance from National Public Health Emergency Team (NPHE) and the government.

There was an internal management structure in place consisting of the manager, deputy manager and a social care leader which was appropriate to the purpose and function of the centre. The deputy manager assumed responsibility for the centre in the manager's absence. Inspectors viewed a delegation record which detailed tasks to be completed in the manager's absence along with a specific task list for each member of staff. The organisation had an on call system in place to support staff at all times in managing incidents and risks in the centre. Weekend plans on file when the manager was off site were robust in providing guidance to staff on risk and crisis management.

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

The inspectors reviewed the centre's statement of purpose and found that it outlined the aims and objectives of the service, the management and staffing employed in the centre and the arrangements for the wellbeing and safety of children placed in the centre. The centre provided medium to long term residential care for two young people (male and/or female) aged 13-17 years on admission. Inspectors found evidence that the statement of purpose was reviewed regularly to reflect any changes in the centre and supervising social workers were satisfied the statement of purpose was reflected in the day-to-day operation of the centre. The statement of purpose was available to social workers. The centre had recently developed a child friendly copy and at the time of inspection a parent's version was being produced.

The centre's care framework was detailed in the statement of purpose and staff interviewed during the inspection demonstrated a good understanding of the framework and the care approach undertaken in the centre. Inspectors found in reviewing daily logs that some staff members recording of the use of the care framework in their work with the young people required improvement. Inspectors recommend that the centre manager reviews daily logs with staff to ensure the appropriate recording of the use of the care framework in their work with the young people.

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 from interviews and documentation review that the quality, safety and continuity of care provided to young people within the centre was regularly reviewed. There were a number of oversight and audit systems in place conducted internally by both senior management and external consultants. 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. The centre manager and regional managers conducted a number of monthly audits. The inspectors reviewed a sample of these audits and were satisfied that there was good identification of issues requiring action and evidence of follow up on these actions being completed.

The social workers interviewed during the inspection process were happy with the quality of care and the level of commitment shown by the centre to maintaining the young people's placements.

The inspectors were satisfied from interviews and centre records that young people and staff were aware of the centre's complaints process. There was evidence in centre audits and team meeting records that complaints were reviewed and discussed. The complaints policy was also reviewed at a team meeting a number of months prior to the inspection. There was good evidence of complaints being reviewed and analysed on a monthly basis and staff were able to identify learning outcomes from complaints in interviews with inspectors.

At the time of the inspection the centre had not completed an annual review of compliance with the centre's objectives as this was the first inspection under the new National Standards for Children's Residential Centres, 2018 (HIQA). The regional manager informed the inspectors that this process had commenced and the organisation was working towards meeting this standard. The client services manager in their questionnaire stated that the organisation had developed a biannual report across all of the organisation's services with named quality improvement plans which were being distributed to all placing social workers.

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 Standard 5.4
Practices met the required standard in some respects only	Standard 5.1
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.	Copy of revised policies included with response document.	Copies to be available when review process completed