An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2019

Inspection Report

Year:	**2019**
Name of Organisation:	**Positive Care**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Registration Status:	**Without attached conditions from 1st March 2019 to 1st March 2022**
Inspection Team:	**Anne McEvoy** **Paschal McMahon**
Date Report Issued:	**13th January 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 on the 03rd December 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 01st March 2019 to the 01st March 2022.

The centre was registered to accommodate three young people of both genders from age thirteen to seventeen on admission. 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 framework used within the centre was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. It aimed to provide the young person with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education, providing essential life skills to young people in preparation for adulthood and independent living. Staff interactions were relationship based and aimed at providing a consistent, structured environment where young people were offered opportunities to make decisions affecting their own lives. There were three 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
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3

Inspectors look 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, observed how professional staff worked with children and each other 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

At the time of this inspection the centre was registered without conditions from the 01st March 2019 to the 01st March 2022.
A draft inspection report was issued to the registered provider, senior management and centre manager on the 4th December 2019 and to the relevant social work departments on the same date. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 17th December 2019. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

Inspectors reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre also had an appropriate child safeguarding statement and a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The centre also had policies on protected disclosure, lone working and an anti-bullying policy.

Staff had received appropriate education and training regarding recognising and responding to allegations of abuse both at induction and on an on-going basis. Staff training records evidenced that each staff member had completed training in the centres policies on child protection and also the Tusla E-Learning module: Introduction to Children First, 2017. Inspectors reviewed staff questionnaires and all staff demonstrated a familiarity with the TUSLA portal and the responsibilities of being a mandated reporter. In interview, one staff member was unsure of the procedures and would benefit from additional training on policies and procedures especially regarding the reporting of allegations and the management of these. Reviews of the young peoples' care plans and placement plans took account of the need to keep them safe and they each had comprehensive risk assessments on file.

Inspectors found evidence that the centre made contact with parents of young people when there were risk related issues such as a young person going missing and ongoing updates were provided to the parents.

It was observed that child protection was a standing item at both staff team meetings and senior management meetings. There was a policy on safeguarding that was understood by staff and this was also a regular item for discussion in supervision and at staff team meetings. The child safeguarding policy was in view and easily accessible for all staff. Inspectors found that there were age appropriate programmes in place to support young people in the development of self-care and protection skills. This was evidenced in the written placement plans and in recorded key working sessions for each young person.

Each young person had pre-admission risk assessments on file to identify and address areas of vulnerability for young people and also had risk management plans where necessary.
Inspectors reviewed the centre child protection register and noted that the centre had three open child protection and welfare report forms for one young person. There was evidence of the centre manager communicating with the social work department regarding the status of one report. In interview the supervising social worker stated that there were two that were still under investigation. The centre manager must ensure that the child protection and welfare report forms are tracked through to completion and these are finalised on the centre register. For ease of reference inspectors recommend that the centre manager insert a section for communication with the social work department to track correspondence regarding open child protection and welfare report forms in each young person's care file.

Standard 3.2

Staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. There was a policy in place that provided details to the staff team on the nature of and approaches to behaviour management in the centre. During interviews with staff, inspectors found that they understood the approaches to behaviour management and were able to implement this on a day-to-day basis. Young people were also aware of the expectations for behaviour and there was evidence that key working had been undertaken with them on the issue.

Inspectors found evidence in the young people's care files of positive behaviour rewards being implemented regularly. Sanctions used within the centre were age appropriate and proportionate to the behaviour demonstrated and there was evidence of life space interviews being completed with each young person following incidents.

Each young person had an individual crisis management plan and a behaviour support plan and there was evidence that these were regularly reviewed in conjunction with the allocated social worker. Staff were aware of each of the plans in place and these plans reflected the behavioural and situational challenges of the young person. Social workers for young people had provided sufficient pre-admission referral information to the centre and there was evidence of a planned transition, where it was deemed to be in the best interests of the young person.

There was a governance system in place that included an audit of the sanctions and rewards and behaviour management practices in place in the centre. The audits were written to a good standard and were progressive in nature. Monthly audits were conducted by the regional manager. These included a regional house audit and a regional young persons' audit. There were audit action plans generated from these and inspectors found good evidence of action plans being responded to within the defined timeframes. The regional manager for the service reviewed and provided feedback on the young people's individual crisis management plans during their audits of the centre and issues were addressed in the accompanying action plan.

At the time of this inspection, a serious incident review group (SERG) was in the process of being implemented. This is still in the development stages, having been initiated in the week prior to inspection. The purpose of this group was to independently review behaviour management approaches when serious incidents occur. Inspectors recommend that this implementation process is continued and evidence of same is demonstrated at the next inspection.

At the time of this inspection, it was noted there was a restrictive practice in place which had not been reviewed. The kitchen door was locked each evening. In interview with management and staff, differing reasons were given for this practice. A risk assessment had been completed when the practice was first implemented, but no formal review had taken place and no alternative measures had been considered to eliminate the need for this restriction. The young people each had a different understanding for the restriction in place.

The centre manager must ensure that where restrictive practices are deemed necessary, where there is a serious risk to the safety and welfare of a child, that these practices are reviewed at regular intervals and removed if not considered essential. The regional manager must also ensure that the policy on restrictive practice is amended to reflect this process of reviewing restrictive procedures.

Standard 3.3

The centre had a clear complaints process and this was explained to young people on admission to the centre. Work on complaints was also completed periodically at young people's meetings and also through key working. The inspectors reviewed the complaints log for the centre and observed that there was a clear and concise record of all complaints made by the young people through to resolution. This log showed evidence of regional manager oversight. Complaints were also a standing item at staff team meetings and regional manager's meetings.

While the centre provided significant event notifications to social workers, there was no formal process for requesting feedback in relation to these events or inviting other feedback from social workers, parents or guardians. The centre manager and regional manager must ensure that a formal mechanism for capturing feedback in relation to all aspects of the young people's experience in care from significant people in their lives is implemented.

The centre had a policy for the recording, notifying and reviewing of significant events and there was evidence on file that each significant event was notified promptly to the allocated social worker and was reviewed at staff team meetings, at supervision and at management meetings. Learning from incidents was fed back to staff teams and incorporated where necessary into behaviour management plans and individual crisis management plans.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 3.1** **Standard 3.2** **Standard 3.3**
Practices did not meet the required standard	**None identified**

Actions required

- The centre manager must ensure that the child protection and welfare report forms are tracked through to completion and these are finalised on the centre register.
- The centre manager must ensure that where restrictive practices are deemed necessary, that these practices are reviewed at regular intervals and removed if not considered essential.
- The regional manager must ensure that the policy on restrictive practice is amended to reflect the process of reviewing restrictive procedures.
- The centre manager and regional manager must ensure that a formal mechanism for capturing feedback in relation to all aspects of the young people's experience in care from significant people in their lives is implemented.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The registered provided had ensured that there were policies and procedures to operate the centre in line with the requirements of relevant legislation and regulations. These policies and procedures were reviewed and updated in line with the National Standards for Children's Residential Centres 2018. A review of training records and in interviews with staff, there was evidence that a programme of training was implemented to familiarise staff with new policies. In staff interviews, there was an awareness of relevant legislation, regulations, policies and procedures and how these documents impact on daily practice within the centre.

Standard 5.2

There was evidence of good leadership within the centre. In interview staff stated that they were confident in the centre manager and in the regional manager, they felt supported and equally challenged to deliver child centred, safe and effective care to the young people resident. In interviews and in questionnaires, staff noted that they felt supported to learn in an open environment.

All staff were aware of the management structure and the roles and responsibilities of each. The regional manager expressed confidence in the centre manager and this was supported by the audits they conducted and in speaking to the staff and young people. Inspectors found evidence that the internal management structure of the centre was appropriate to the size of the centre and its purpose and function.

Inspectors reviewed the on call policy and in interview, each staff member had a clear and concise understanding of alternative management arrangements for times when the centre manager was absent. At the time of inspection, the centre had just implemented a risk register. Inspectors found that this risk register contained corporate, centre specific and young person specific risks and management plans. Evidence of this register in practice will need to be collated over time. The centre provided annual reports to the funding body.
Inspectors found that there was email records of some tasks being delegated to the deputy manager and child care leader however there was no systematic record kept. Inspectors recommend that in line with the National Standards for Children's

Residential Centres, 2018 a written record is kept when the centre manager delegates some or all of their duties to an appropriately qualified staff member. This record needs to note when the duty was delegated, to whom it was delegated and the key decisions made.

Standard 5.3

Inspectors found that the statement of purpose and function was on display in the office. This was also noted in the young person and parents' booklet. Inspectors reviewed the statement of purpose and function and found that it clearly defined the model of service provision delivered and contained the relevant information as outlined in the National Standards for Children's Residential Centres, 2018. This was reviewed in the twelve months since the previous inspection. In interview, supervising social workers stated they were aware of the purpose and function of the centre and believed that the needs of their respective young people were being met in the placement through the model of care being implemented. Inspectors found that all staff were aware of the purpose and function and demonstrated how the model of care used in the centre was utilised on a daily basis. Inspectors found that the purpose and function was reflected in the day-to-day operation of the centre.

Standard 5.4

Inspectors examined a sample of supervision records held in the centre and found good evidence of time spent in supervision reflecting on the quality of care experienced by children. There was evidence that the young person's placement plans, key working sessions, risk assessments and relationships with staff were discussed to inform practice and achieve better outcomes. In interview, staff and management noted that child protection, significant events and complaints were standing items on the team meeting agenda and were regularly discussed to better understand how the team could improve the service in the interests of the young people living there.

There was evidence that documents such as significant event notifications and complaints were recorded on the company's IT system and these were reviewed by the centre manager, regional manager, company psychologist and behaviour management trainer and where appropriate, feedback and learning was provided to the staff in the centre. Significant event documents were also reviewed at the senior management meetings.

The company had recently compiled a new audit tool for identifying patterns and trends. Inspectors recommend that this audit tool be implemented as soon as possible to enable the centre track trends across complaints and significant events.

The centre did not conduct an annual review of compliance in the year prior to this inspection. It was noted in interview with the regional manager that it was being developed by the provider. The regional manager and registered provider must ensure that this service review is developed and completed annually.

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

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

Actions required

- Whilst acknowledgement is given that the registered provider is in the process of developing an annual review of compliance with the centre's objectives, this is still being devised and implemented. The regional manager and registered provider must ensure that this review is conducted and timely action is taken to promote improvements in work practices and to achieve better outcomes for children.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that the child protection and welfare report forms are tracked through to completion and these are finalised on the centre register.	As advised by the inspectors during the inspection, a sub-section specific to the correspondence around CPWRF's has now been put in place in each young person's Care File, to highlight the tracking of CPWRF communication and progress. The unit manager continues to follow up with the relevant social work departments in relation to the close out of currently open CPWRF's.	Policy to continue to be adhered to in relation to the reporting and completion of the CPWRF form. Unit Manager to ensure that upon completion of the Tusla online portal form, that the CPWRF register is updated and all correspondence further to this is filed under the sub-section as outlined above, to demonstrate the follow up, and provide evidence of all communication and progress in relation to the CPWRF, up to and including close out of same.
	The centre manager must ensure that where restrictive practices are deemed necessary, that these practices are reviewed at regular intervals and removed if not considered essential.	Since the inspection, the restrictive practice has been reviewed and removed, with risk assessments in place citing a monthly review of same, should the re-introduction of same be required. An organisational review of Policies and Procedures is due to take	As outlined below, a plan is in place in relation to the review of the organisation's Policies and Procedures in January 2020. As part of this, our policy in relation to Restrictive Practice will be reviewed to include restrictive practice framework and review of restrictive practice when such is required.

	The regional manager must ensure that the policy on restrictive practice is amended to reflect the process of reviewing restrictive procedures.	place in January 2020. At this time, our policy in relation to Restrictive Practice will be reviewed, to reflect the process of review in relation to restrictive practices.	place. The topic may arise will be required to adhere to policy in relation to the review of restrictive practice. As this is in place in relation to the review of the organisation's Policies and Procedures and Practices. As part of this, our policy in relation to Restrictive Practice will be reviewed to include set timeframes around the review of a restrictive practice when such is put in place.
	The centre manager and regional manager must ensure that a formal mechanism for capturing feedback in relation to all aspects of the young people's experience in care from significant people in their lives is implemented.	Social Work Departments are forwarded a monthly synopsis of all complaints made by their relevant young person and encouraged to come back to the unit manager with any questions or feedback. This will continue to be completed. Parents are also kept up to date in relation to on-going progress and upcoming pieces in relation to the care of the young people where appropriate.	All complaints captured within the organisation are done so through the Tusla TellUs directive. Complaints which are reported on a local level or unit manager level are sent through to the social work departments via the monthly synopsis report, as outlined across. Complaints which are escalated for external review/review by regional manager are reported to the relevant social worker via SEN form. All contact and correspondence with parents and significant people are recorded in the young person's daily logs. Parents are invited to contribute to

			Placement Planning and Child in Care Reviews in relation to their input. The management and team provide parents with regular updates in relation to their child and facilitate regular visits to the unit, where appropriate.
5	Whilst acknowledgement is given that the registered provider is in the process of developing an annual review of compliance with the centre's objectives, this is still being devised and implemented. The regional manager and registered provider must ensure that this review is conducted and timely action is taken to promote improvements in work practices and to achieve better outcomes for children.	Because this is a new requirement under the HIQA National Standards, we have put in place, a reviewed set of KPI's, with a view to these feeding into our annual review of compliance. These stats are gathered monthly and feed into a bi-yearly service review.	In 2020, using the updated KPI's in place, we will develop a robust internal review of compliance. Monthly audits are completed by both unit manager and regional manager, which continue to be conducted as an additional oversight of compliance in the interim.