



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 058

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of inspection:	10th and 11th of February 2020
Registration Status:	Registered without attached conditions from 24th May 2020 to 24th May 2023
Inspection Team:	Lorna Wogan and Anne McEvoy
Date Report Issued:	6th April 2020

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 3: Safe Care and Support	
3.2 Theme 5: Leadership, Governance and Management	
4. Corrective and Preventative Actions	19

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 24th May 2014. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was previously inspected in December 2018. The centre was registered without attached conditions from 24th May 2017 to the 24th May 2020.

The centre was registered to provide medium to long term care for up to four young people of both genders from age thirteen to seventeen years on admission. The service's approach to caring for the young people was based on theoretical approaches that underpin a four staged treatment model. The centre aimed to provide the young person with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education. An attachment based approach was used by the team to build supportive trusting relationships, explore issues that may be causing emotional distress and facilitate the young people's individual needs to be met.

There were three children and one young adult 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, 5.4

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 work 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

A draft inspection report was issued to the registered provider, senior management, centre manager on the 2nd March 2020 and to the relevant social work departments on the 2nd March 2020. There were no corrective and preventive actions (CAPA) required following this inspection however the registered proprietor undertook a review of the draft report to ensure factual accuracy. The centre manager returned the draft report to the alternative care inspection and monitoring service on the 12th March 2020. The final inspection report was used to inform the registration decision.

The findings of this report deem the centre to be continuing to operate in adherence with 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: 058 without attached conditions from the 24th May 2020 to 24th May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The inspectors found the young people were safeguarded in the centre and their care and welfare was protected and promoted. The centre had a child protection policy and a range of safeguarding policies that were updated in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. The policies outlined guiding principles in relation to child protection and child safeguarding practices and were reviewed by the inspectors during the inspection process. As required under the Children First Act, 2015 the centre had a child safeguarding statement that was supported by a letter of compliance to confirm it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The inspectors were satisfied the centre manager and the regional manager had systems in place to monitor and audit aspects of the centres' compliance with child safeguarding policies and practices. Where deficits in practice were identified action plans were developed to promote improvements in work practices.

All staff had received training in the Tusla E-Learning module: Introduction to Children First, 2017 and those interviewed by inspectors demonstrated good working knowledge of this aspect of practice. The centre manager and staff team also received specific training in the centres child safeguarding policies and there was evidence that safeguarding and child protection policies were discussed at team meetings. Additional training was provided to the team in relation to allegations against staff members and how such allegations would be reported, managed and investigated. Child welfare and protection concerns as they related to the young people in placement were a standing item at each team meeting. All staff members were individually registered on the Tusla portal to facilitate them to report a child welfare or protection concern. The regional manager was the designated liaison person for the centre and staff interviewed understood the role of the designated liaison person. Staff members interviewed were familiar with the Child Safeguarding Statement that was displayed on the staff notice board and in the centres' child protection folder and were familiar with the risks identified in this statement and the policies in place to mitigate against such risks occurring.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and were satisfied that they had been reported and managed appropriately. Inspectors found evidence that the manager followed up with social workers to determine the outcome of reported concerns, where appropriate. There was evidence that risk assessments had been conducted and safeguarding measures put in place when necessary in response to child protection concerns. The inspectors found evidence of oversight of the child protection register by the regional manager. There were measures in place through joint working with social work departments to ensure parents were notified of any allegation of abuse.

The centre had an anti bullying policy that outlined procedures in place to address all forms of bullying including reporting serious instances of bullying to Tusla where regarded as possibly abusive. The centre had a written policy on young people's use of electronic equipment and procedures were in place to monitor the young people's use of the internet and social media. There was evidence that key work was completed with the young people in relation to bullying and safety on line. The four young people interviewed confirmed this in their interview with the inspector. Inspectors found where issues of bullying or harassment emerged individual work and house meetings took place to ensure it was addressed in a prompt manner and any negative impact was minimised.

The organisation had a whistle blowing policy that outlined the procedure in place to make a protected disclosure and the investigative process. Staff interviewed were aware of their individual responsibility to report practice concerns and who they report a protected disclosure to. Staff interviewed were confident they could call out poor practices without fear of adverse consequences to themselves. The inspectors also found the young people in placement were supported and encouraged by centre staff and managers to raise concerns, express their views and have their voice heard.

The centre had created pre-admission risk assessments to identify and address areas of individual vulnerability for the young people in placement and the impact of these vulnerabilities on the resident group. There was evidence that staff worked closely with social workers, specialists and the children's family members to promote the well being of the young people in placement. This was confirmed in the inspectors' interviews with the allocated social workers. Care records were maintained of all family and professional contacts and the outcome of these contacts.

Following a review of individual key work and individual care files the inspectors found the young people were supported to develop self-awareness and skills needed for self-care and protection. Individual risk assessments were comprehensive and any risks to the young people's well-being were identified and addressed. Staff interviewed were aware of the vulnerabilities and risks associated with each young person in placement and the safeguarding measures in place to protect them. Inspectors found the young people discussed issues of internet safety, safe use of mobile phones, sexual health, consent, safety in the community and issues of self-care with their key workers and with staff in general.

The inspectors met with the four young people in placement. They stated they felt safe and well cared for within the centre and identified staff members they could speak with if they had a concern. Social workers for the young people confirmed they were satisfied their allocated child was safe and cared for effectively and that staff were alert to signs of risk and had programmes in place to teach the young people safe care skills. There was good communication between the centre staff and the allocated social workers and social workers had access to centre records such as risk assessments, progress reports and individual key work records.

Personnel files for two new staff members were inspected and the staff members had Garda vetting completed and the required references.

Standard 3.2

The centre had a written policy on behaviour management which focused on using the relationship with the young person to support behaviour and consider the possible underlying causes of such behaviour. Staff outlined that positive regard, incentives programmes, consistent routines and supportive and trusting relationships with staff promoted positive behaviour. To support the complex challenges faced by the young people the staff also used a therapeutic programme which encompassed four key domains of healing outlined as safety, emotional management, loss and future. Staff were able to describe the programme and give examples of its implementation in their work. Specialist advice was provided to the staff team by a clinical psychologist employed within the service and this was evidenced on young people's therapeutic plans. The staff team were trained in a recognised model of behaviour management/crisis intervention and there was evidence of refresher training being completed within the required timeframes. Staff used de-escalation and other strategies such as positive relationships with young

people in order to prevent incidents escalating to an unsafe level and these strategies were effective in practice at the time of the inspection.

The inspectors observed caring, relaxed and respectful interactions with the young people in placement. The young people were provided with written information about their rights and their responsibilities and these rights and responsibilities were regularly discussed with the young people and displayed in the centre. Trackers were developed with young people to support the young people within their placement. Young people were helped to understand the possible impact of their behaviour on others through significant conversations, life space interviews and key work. They understood how staff would support them to manage their behaviours and were aware of their right to discuss any concern they had about the management of their behaviour with the centre manager, their key workers, external managers or their social workers. Individual key work and life space interviews were recorded following critical incidents and evidenced on the young people's care files.

Social work teams provided sufficient information to facilitate robust behaviour management planning. The social workers allocated to the young people stated that to date the staff team managed behaviour well and demonstrated their skills and capacity to respond to challenging behavioural presentations. Individual behaviour plans, crisis and absence management plans were in place for each young person and were updated as required and forwarded to the allocated social workers. Inspectors found the staff displayed good knowledge and understanding of the young people in placement and were alert to situations that may lead to behaviour that challenges. The staff interviewed knew the young people well and were attuned to their emotional well-being and the impact of mental health and bullying on them. There was evidence that where there were incidents in the centre or behaviours that may disrupt others the centre manager and staff would promptly address these.

Sanctions, rewards and behaviour management were all subject to review through a quality assurance process of internal monitoring by the centre manager and external audits carried out by the regional manager. Overall the centre supported natural consequences for poor behaviour however on review of the consequences log maintained in the centre the inspectors found an over-reliance on the use of one particular sanction that was clearly not effective to address the identified issues. This was highlighted by the regional manager in their auditing process however following a review of sanctions by the centre manager the sanction continued to be used by staff. The inspectors recommend that where sanctions are not affecting change they should be reviewed and alternative interventions considered.

The centre had a comprehensive written policy on the use of restrictive procedures and the procedures in place for monitoring and oversight of such practices within the centre. Staff interviewed displayed a good working knowledge of the written policy. At the time of the inspection there were two permitted restrictive procedures in place one was the use of bedroom door alarms at night and the second was the use of physical restraint. Both restrictive procedures were subject to risk assessments that were regularly reviewed. Social workers were aware of the restrictive procedures in place and were satisfied they were required to ensure safety. The inspectors found that physical restraint interventions were not a feature of the young people's care. The inspectors recommended that young people and parents should also be made aware through centre information booklets that restrictive practices may be required on occasion to ensure safety.

Standard 3.3

This inspection found that there was an open culture in the centre. Staff were supported to raise concerns and report incidents and this was evidenced on the centre records. There were robust systems in place for oversight of the centres practices and quality improvement plans in place to address deficits identified. Inspectors found that young people's meetings were held regularly in the centre and the young people were supported and encouraged by centre staff and managers to raise concerns, express their views and have their voice heard.

Parents and social work feedback on the young people's placement was evident through care plan reviews and there was evidence that the centre sought the views of parents through weekly telephone calls and when facilitating family contact visits. Social workers interviewed stated that the centre manager regularly liaised with them to ensure they were satisfied with the standard of care and the progress their allocated child has made.

The centre had a policy on the notification, management and review of incidents and inspectors were informed by the allocated social workers that all incidents were reported in a prompt manner both via phone and e-mail. Significant events reviewed by inspectors were notified promptly and managed in line with Tusla's national centralised notification system. The senior managers within the wider service facilitated a serious incident review group to evaluate and identify learning outcomes from serious incidents. There was evidence of recent learning outcomes from this group communicated to the staff team. Significant events were also reviewed at team meetings where shared learning from the management of the incident itself, from life

space interviews with the young people or learning from staff debriefings were shared with staff, as appropriate. There were measures in place through joint working with social work departments to ensure parents were notified of any incidents.

Compliance with Regulation	
Regulation met	Regulation 16

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

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

Management and staff had good knowledge of relevant legislation, regulations, national policy and standards. Staff had received appropriate training in new and existing legislation, national policy and standards and there was an on-going training programme in place to ensure staff maintained a good working knowledge of standards and national policy such as Children First: National Guidance for the Protection and Welfare of Children, 2017.

The inspectors found that staff interviewed demonstrated an understanding of the relevant legislation, regulations, policies and standards for the care and welfare of the young people, appropriate to their role, and this was reflected in aspects of their practice examined in this themed inspection. The National Standards for Children’s Residential Centres, 2018 (HIQA) were discussed on a theme-by-theme basis at staff meetings and this was evidenced in staff meeting records.

The centre had a suite of written policies and procedures in place that guided staff practice and this policy document was developed in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). There were systems in place to

identify gaps in compliance through various internal auditing systems and external inspections carried out by external consultants.

Standard 5.2

There was a management structure in place with clearly defined lines of authority and accountability. The centre was well managed by an experienced management team who provided good leadership to the staff team. The organisational structure for the centre comprised of a chief executive officer, who was the named registered provider, a client services manager and a regional manager. In addition to the centre manager and deputy centre manager, there were two social care leaders, one senior social care worker, five social care staff, two trainees and two relief staff. The centre manager and the deputy manager had management training. The client services manager had regular contact and communication with the regional manager and the centre manager in relation to the operational activities of the centre. The centre manager was the appointed person-in-charge and reported to the regional manager who reported to the client services manager. The centre manager was appointed in June 2015 and was qualified, competent and experienced. They had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. The staff interviewed confirmed they were well supported in their work by the internal and external managers and that a culture of learning existed within the organisation. This was demonstrated across all interviews with staff and managers. The young people interviewed were able to identify who was the person-in-charge and were able to identify the external line managers. The inspectors found the young people had appropriate contact with external managers at the centre.

There were written job descriptions for all roles within the centre and the inspectors found the internal management structure was appropriate to the size and purpose and function of the centre. There was a stable cohesive team in place following the last inspection in December 2018. There was an adequate skill mix across the team. There were sufficient staff on duty at the time of the inspection to provide for the needs of the children. The staff team were experienced and committed to the young people they cared for.

There were suitable arrangements in place to provide cover when the centre manager was on leave with the appointment of a deputy manager. The centre manager had delegated tasks to the deputy manager and to other staff members for example staff supervision, rotas, time sheets, oversight of records, medication management, fire

safety and health and safety. The delegation of duties was clear and displayed in the staff office.

There were a range of management meetings that took place across the service at various levels. The centre manager and deputy manager participated in management meetings and in weekly 'link-in' meetings with external managers.

The regional manager had good oversight of the centre. They provided regular supervision to the centre manager, visited the centre, met the young people and attended staff meetings on occasion. They received all documents and reports generated within the centre including daily reports, significant events, complaints and child protection concerns.

The service had recently developed a risk management framework that was set out in a comprehensive written policy. All staff had received training on this new risk framework and were familiar with the risk management policy in interviews with inspectors. There were written procedures in place for the identification, assessment and management of all risks that may occur in the centre including environmental risks and risks associated with the young people's care and behavioural presentation. There was a clear process in place for the escalation of risk within the service. Risk assessments carried out by the centre staff were found to be thorough and appropriate control measures were in place to mitigate these risks. There was a matrix which scored and considered measures to reduce risk. There was evidence of oversight of risk by senior managers in management meetings, through regional managers' audits and during their visits to the centre. There were suitable arrangements in place to provide 'out of hours' on-call support to staff to manage adverse and significant incidents and risks in the centre.

Standard 5.3

There was a statement of purpose for the centre which was compliant with the requirements set out in the National Standards for Children's Residential Centres, 2018 (HIQA). The statement of purpose incorporated information which described the aims, objectives of the service, the organisational structure, the management and staff in the centre and the model of care utilised in the centre. The ethos of the centre was well defined and inspectors found that the staff team were guided by this ethos in the delivery of care to the young people. The resources available to the centre to respond to the assessed needs of young people and key policies and procedures that informed the daily care practice in the centre were set out in the statement. The

statement of purpose was available to those who required it including young people, social workers and family members.

There was evidence that the statement of purpose was a dynamic document that was regularly updated to reflect any changes in practice or changes within the staff or management team. Staff interviewed demonstrated their understanding of the centre's statement of purpose.

Standard 5.4

The inspectors found there were clear and well developed systems in place to monitor, improve and evaluate the quality, safety and continuity of care provided to the young people. There were a number of oversight and audit systems in place conducted internally by senior management and by external consultants to assess on an on-going basis the quality of care provision, to analyse staff practice and review outcomes for young people. There was evidence the centre manager 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 qualitative analysis of practice. The inspectors viewed a sample of regional managers' audits and found that action plans developed in these audits led to improvements in practices. Management and team meetings took place on a regular basis where quality, safety of care and outcomes for young people were discussed.

The centre had a complaints policy and procedure in place that was understood by both staff and young people. The young people were aware of their right to complain and how to make a complaint. The young people had no current concerns about their care. Complaints were recorded, managed, reviewed and investigated in a timely manner. There was a clear four stage process for dealing with complaints in the centre. The inspectors reviewed the complaint records on file and were satisfied that managers monitored and analysed complaints to identify trends to promote learning and improvement. All complaints on the register were resolved and closed. Social workers were informed of all complaints and were satisfied with the centres responses and management of same.

The centre management was 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.

All social workers interviewed during the inspection process were happy with the quality, safety and continuity of care being provided to their allocated young person.

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

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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	None identified		
5	None identified		