



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 169

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	13th and 14th October 2020
Registration Status:	Registered from 3rd April 2020 to 3rd April 2023
Inspection Team:	Lorraine Egan Lisa Tobin
Date Report Issued:	8th December 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 3rd April 2020. At the time of this inspection the centre was in its first registration and was in year one of a three-year cycle. The centre was registered without attached conditions from the 3rd April 2020 to the 3rd April 2023.

The centre was registered to provide medium to long term care for up to three young people, male and female, aged between 13 and 17 years of age on admission. The model of care was described as being based on four pillars which include: entry, stabilization, planning and exit. Support and relationship building were a key feature of this model. There was also an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives as well as work on trauma and family relationships. There was one child 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 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 and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management, staff and the allocated social worker. 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. This inspection was carried out through a number of telephone interviews and a review of documentation both remotely and onsite.

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 and to the relevant social work departments on the 3rd November 2020. 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 16th November 2020. Further amendments were needed to the CAPA by centre management and the client service manager. A final CAPA was submitted on the 1st of December and this was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA 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: 169 without attached conditions from the 3rd April 2020 to 3rd April 2023 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.

Responsibility for ensuring that the centre was operating in compliance with regulations, legislation and the National Standards for Children's Residential Centres, 2018 (HIQA) rested with the registered proprietor. A working group was established to regularly review policy and procedures across the organisation. Representation included, the chief executive officer, client service managers and regional managers. Centre managers had opportunities to provide input through a feedback process at a weekly link-in group with senior managers. A full review of policies had recently taken place with sign-off happening in September 2020. There was no date outlined on the policies and procedures for subsequent reviews.

Inspectors found from an evaluation of the suite of policies that they were comprehensive documents that incorporated the requirements outlined in the standards, national policy and legislation. The centre's child safeguarding policy was aligned to Children First, National Guidance for the Protection and Welfare of Children. However, inspectors recommend that the steps to be taken regarding reporting procedures for concerns are made clearer in the policy. At interview and on review of questionnaires, while some staff had a good knowledge base of what constituted mandatory and non-mandatory reporting, there was an absence of consistent understanding across the staff team appropriate to their role. This was despite the centre manager having informed inspectors that all staff had received training in child protection which included the reporting procedures. In other areas such as the complaints process and how to keep children safe in practice, staff had very good awareness and inspectors saw evidence of consistent review and discussion of policies at staff team meetings. Centre management must ensure that staff receives refresher training on the centre's reporting procedures for mandated and non-mandated child protections concerns.

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.

As the centre was recently registered to commence operation in April 2020, the centre manager had been in position for a number of months prior to inspection. However, they had the requisite qualifications and experience and were also undergoing a management course to support them with their leadership function. Inspectors saw evidence across the centre records of good governance and accountability reflected in daily handovers, regular team meetings, senior management meetings, supervision, internal audits, placement planning, individual risk assessments and communication with allied professionals. There was a specific focus by the staff team on safety for the child in placement and the centre manager was consistent in their identification of relevant training for the team in order to support care practices and learning in this regard.

There were clearly defined management structures in place internally and externally that set out the lines of authority and accountability. Staff had good knowledge of their own roles and responsibilities and were aware of the duties and obligations of the senior team within the organisation. There was evidence that the centre manager was available to staff and gave guidance and advice when needed. However, inspectors were informed through interviews and questionnaires that senior management did not form part of this support mechanism for them. Further, from a review of the centre's rota, it was noted that poor safeguarding practices were being implemented regarding the 'live night' arrangement in place, where staff were working seventeen hour shifts without rest. This contributed to health and wellbeing risks for the team and had potential to impact the care being provided to the child in placement as a consequence of the team's fatigue. Senior management must ensure that resources are allocated so that staffing levels can be increased in the centre to meet the need for any 'live night' arrangement in place.

From a review of the supervision records, provision of sessions for the centre manager were not occurring regularly and was not in line with centre policy. Inspectors were informed that this was a result of the regional manager having recently left their position and their replacement being currently on leave. All other supervision for the staff team was taking place within stated timelines. Senior management must ensure that supervision is provided regularly for the centre manager and is in line with the timeframes set out in the centre's policy. Regular

senior management meetings were taking place along with provision for monthly external audits.

The client service manager informed inspectors that a service level agreement was in place between the centre and the funding body.

The centre manager was the designated person in charge and was supported in this role by an acting deputy manager. Both were present in the centre Monday to Friday. Two social care leaders were also in post. Alternative management arrangements were in place whereby the acting deputy manager was the nominated person in charge in the absence of the centre manager. Inspectors were provided with a comprehensive list of managerial duties and responsibilities outlined for each week of the month, along with a template designed specifically for the delegation of these tasks to an appropriately qualified staff member. Inspectors found that the internal management structure was appropriate to the size and purpose of the centre.

Inspectors found evidence of a risk management framework in place which identified, assessed and managed risk. The centre had a policy on risk management. A number of risk management systems were operational in the centre such as significant event notifications (SENs), individual crisis management plans (ICMPs), absent management plans, impact risk assessments and pre-admission risk assessments. However, it was noted at a recent significant event review meeting that the pre-admission risk assessment should have provided more robust detail of specific on-going incidents for the child being admitted. Further, it stated that if this were the case, training for staff in this area could have been provided at the induction stage. External and centre management must ensure that the preadmission risk assessment process is improved to capture all appropriate information regarding children being admitted to the centre.

There were also safety plans in place which were devised by the child's social worker in conjunction with the staff team and clinical services external to the centre who were supporting the child in placement. These were updated every two to three weeks or when needed and then forwarded to the centre for implementation. Inspectors noted that the strategies contained in the plan were robustly reflected in everyday practice with the young person. This was observed across activities, key-working plans, daily handover minutes, supervision records and at team meetings. A risk matrix was used during the process to determine levels of risk. Further, there was an organisation-wide online procedure in operation where the staff team members had responsibility to report incidents and events within a specific timeframe to the

system. This supported the risk management processes already in place in the centre. Staff when interviewed and also noted through questionnaires, had a good awareness of the various risk processes in practice. A risk management register was maintained by the centre.

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

There was a statement of purpose in place that had been reviewed and updated a number of weeks prior to inspection. Inspectors found that it was revised in line with regulatory requirements. It included all the criteria outlined in the National Standards for Children’s Residential Centres, 2018 (HIQA) and described in detail the day-to-day operations of the centre. The statement of purpose was publically available, however, the allocated social worker stated that they hadn’t received a copy at the time of the child’s admission to the centre. There was evidence to show that the statement of purpose was communicated to the staff team. This was noted at team meetings and was also contained on the list of policies and procedures required by staff to read at the time of induction.

The model of care in operation is underpinned by various theoretical approaches. Alongside this, it focused on the quality of the relationship between children and the staff team. Training on the model was provided by the organisation’s psychologist and refreshers took place at team meetings. At interview and through the questionnaires, staff described and understood the model’s guiding principles and were able to outline how it was implemented in daily practice with the child in placement.

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.

The centre had auditing and monitoring systems in place to assess the quality and safety of the care being provided to children and identify gaps so that practices could be improved. Internal processes included, reflection and review of children’s needs at daily handovers, regular team meetings, supervision, senior management meetings and strategy meetings with external agencies. Inspectors observed evidence of oversight by the centre manager on centre records including SENs and ICMPs. They also contributed to a monthly audit conducted by the regional manager issuing a report on the quality of the service. As this had been a recently registered centre with

one child being admitted a month prior to inspection, there had been one monitoring visit by the regional manager during this period. The audit tool in use was aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) and the quality checks were based specifically on each theme. Inspectors found that from the records examined by the auditor, it highlighted good practices and identified gaps for improvement, outlining an action plan for goals to be achieved within a reasonable timeframe. However, it was unclear as to how some of the findings were achieved. This related specifically to knowledge of the child safeguarding statement, where the audit resulted in a substantially compliant rating. This was not congruent with inspector's evidence at the time of this inspection where some members of the staff team interviewed were found not to have a good understanding of the mandated reporting procedure in place. Inspectors recommend that existing external auditing mechanisms are strengthened to ensure that all gaps are comprehensively identified.

The centre had registers in place to capture and track information relating to complaints, child protection concerns and incidents. The complaints log contained a detailed template where resolutions were clear, including the recording of communication and involvement with the child's allocated social worker. There were four complaints entered into the register and staff interviewed had good awareness of the centre's policy and processes. There were no entries in the child protection and welfare register. This was consistent with findings by inspectors whereby no child safeguarding issues were identified on review of centre records.

While inspectors saw evidence of incidents being discussed internally at team meetings and at supervision, there was no observation of complaints being analysed at these meetings or at the senior management forum. One significant event review meeting (SERG) had taken place since the first admission to the centre one month previously, however, inspectors observed no record of learning from this analysis being communicated to the staff team. Further, as mentioned above, it had been identified from SERG that the staff team required training in one specific risk area in order to strengthen the support to the child in placement. This had also been highlighted across centre records by the unit manager and by the former regional manager some months previously. However, while an online training had been sourced for staff, robust training had not been provided by external management in this regard. External management must ensure that any learning from complaints and significant events at senior management fora are consistently communicated to the staff team and acted upon in order to promote improvement in practice. Evidence was provided to Tusla to show that the centre was compliant with relevant legislation and the national standards.

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

Actions required

- Centre management must ensure that staff receives refresher training on the centre's reporting procedures for mandated and non-mandated child protections concerns.
- Senior management must ensure that resources are allocated so that staffing levels can be increased in the centre to meet the need for any 'live night' arrangement in place.
- Senior management must ensure that supervision is provided regularly for the centre manager and is in line with the timeframes set out in the centre's policy.
- External and centre management must ensure that the preadmission risk assessment process is improved to capture all appropriate information regarding children being admitted to the centre.
- External and centre management must ensure that any learning from complaints and significant events is consistently communicated to the staff team and acted upon in order to promote improvement in practice.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>Centre management must ensure that staff receives refresher training on the centre's reporting procedures for mandated and non-mandated child protections concerns</p> <p>Senior management must ensure that resources are allocated so that staffing levels can be increased in the centre to meet the need for any 'live night' arrangement in place.</p>	<p>Refresher Child Protection Training was completed on the 13.11.20.</p> <p>New rosters have been introduced and two new staff members has been contracted to the centre. A new shift pattern which starts at 6pm has been implemented and break times are built in to all shifts. A dedicated staff member covers the live night shift from 6pm to 10am. This amended shift pattern has been in place since 15-11-2020. The current safety plan agreed with Social Worker and CAMHS as of 11-11-2020 is that night time checks on the young person can be significantly reduced.</p>	<p>Refresher training will be provided every 12 months to the staff team or as required.</p> <p>In consultation with Social Workers and Senior Management oversight of the shift pattern will be monitored to ensure that these shift patterns remain in place.</p>

	<p>Senior management must ensure that supervision is provided regularly for the centre manager and is in line with the timeframes set out in the centre's policy.</p> <p>External and centre management must ensure that the preadmission risk assessment process is improved to capture all appropriate information regarding children being admitted to the centre.</p>	<p>The centre manager will be provided with supervision every 4-6 weeks and this will be conducted by the Regional Manager. Regular supervision is now in place for the Unit Manager and is in line with policy. This schedule has been in place since 15-11-20.</p> <p>Changes have been made to the pre-admission documentation. A review of all risk related documents has been reviewed with the most recent updated file submitted to the Social Work Department on the 23.11.20.</p> <p>No admissions to the centre will now occur until social workers attend a pre-admission meeting and sign off on all risk related documentation. The pre-admission meeting will outline all known risks and pre-admission documentation will reflect these and will be consistently communicated to social work departments before admission of the young person.</p>	<p>The Unit Manager's supervision will form part of the Regional Managers schedule. The adherence to the supervision schedule for the Unit Manager provided by the Regional Manager will be overseen by the Client Services Manager.</p> <p>Impact risk assessments which include risk ratings are completed and no admissions to the centre will occur until all placing social workers have reviewed pre-admission impact risk assessments. Regional Manager audits will ensure that this process is followed.</p>
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	<p>External and centre management must ensure that any learning from complaints and significant events is consistently communicated to the staff team and acted upon in order to promote improvement in practice.</p>	<p>The Team meeting fixed item agenda template already contains a section on ‘Learning and Review’ and this includes reviews of complaints and significant events.</p> <p>Centre Management will ensure that all issues identified in reviews or shared learnings are communicated to the staff team.</p> <p>Centre management will reflect these updates to staff in fortnightly team meetings, weekly updates, supervisions and through daily handover.</p> <p>Trend analysis of complaints and review of significant events is a fixed item agenda on weekly management meetings and on team meetings agendas. Trend analysis of complaints and shared learning review was conducted with the staff team on the 15-11-2020.</p>	<p>Regional Manager Audits which occur every 4-6 weeks will monitor compliance with this issue and will ensure prompt follow up to any actions identified in these audits.</p>
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