



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 048

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of inspection	5th and 6th February 2020
Type of Inspection:	Announced
Registration Status:	Without attached conditions from the 16th July 2017 to the 16th July 2020
Inspection Team:	Anne McEvoy Paschal McMahon
Date Report Issued:	19th March 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 16th July 2011. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 16th July 2017 to 16th July 2020.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. The centre had an emphasis on attachment theory while focusing on the development of relationships with the young people. There were three young people resident 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 and centre manager on the 2nd March 2020 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 3rd March 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The centre was registered without attached conditions from 16th July 2017 to 16th July 2020.

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 and anti-bullying policy and arrangements were in place to inform parents of allegations of abuse. No issues of bullying were reported within the centre and the young people reported that they had not experienced bullying. In interview, staff demonstrated an understanding of the relevant legislation, centre policies and standards appropriate to their roles.

Inspectors saw evidence that staff had received appropriate education and training regarding recognising and responding to allegations of abuse both at induction and on an on-going basis. In interview staff were aware of the child protection policies and were aware of their obligations as mandated reporters and the process regarding the forwarding of a child protection and welfare report through the TUSLA portal. Staff training records evidenced that each staff had received training in the centres policies on child protection and also the Tusla E-Learning module: Introduction to Children First, 2017. It was observed that child protection was a standing item at both staff team meetings and operations manager's meetings. The centre maintained a register of child protection concerns. There were no open child protection and welfare concerns on file since the time of the last inspection. There was evidence of the centre working in partnership with the young people and their families and social workers to promote the safety and wellbeing of young people resident.

On review, both the young people's care plans and placement plans took account of the need to keep them safe. There was evidence of key work undertaken with each young person that was linked to the placement plan and in turn linked to their care plan and aims and objectives of the placements. Evidence of key work around substance misuse, sexual education and development, social media and internet

safety was observed. In interview, young people who met with the inspectors told them that they felt safe and could speak to staff members if they had a concern. There were risk assessments in place for each young person that were relevant and current. Each risk assessment had identified triggers and intervention strategies to limit the risk. The centre had created pre-admission risk assessments to identify and address areas of vulnerability for young people.

The centre had a protected disclosures policy and in interview staff identified that they felt confident to address issues of poor practice and were confident they would be supported in speaking out.

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 guidance to the staff team on the 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. There was evidence of rewards being given to promote positive behaviour. In interview staff presented as having an awareness of bullying issues and the impact these can have on mental health of young people.

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. In interview social workers advised that they were aware of the ICMP's in place and had been consulted in drawing them up. The plans were individualised and reflected the behavioural 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 induction to facilitate a smooth transition.

There was evidence of life space interviews being held and key work completed to help young people understand their behaviours and to identify better coping skills and behaviours that are respectful of others. This was also addressed in young person's meetings that were held regularly.

Inspectors reviewed handover logs and found evidence of detailed handovers being provided daily including all relevant information needed to safeguard the young people and best promote their welfare for the following day. Clear guidance was provided in terms of triggers, signs to be watchful for and specific protocols to follow. There was also evidence in team meetings to support a full and detailed transfer of communication enabling discussion around approaches and methodologies to best support the young people.

Inspectors found that monthly audits were conducted by the centre manager and forwarded to the regional manager for oversight. These provided an overview of significant events, restraints, and sanctions that were used within the centre. Personnel external to the centre in the form of the regional manager also conducted independent monthly audits of the centre. These audits included a comprehensive paperwork review focusing on the content and quality of life space interviews, keywork following significant events along with rewards and sanctions used within the centre and identifying learning outcomes.

There were agreed restrictive practices in place to ensure safety. These were agreed with the social worker and could be implemented if needed. These were risk assessed and were reviewed. There were no records of restraints in the centre since the time of the last inspection.

Standard 3.3

In interview the young people identified that they were aware of how to raise concerns and were encouraged in young persons' meetings to raise issues of concern. There was evidence that where young people were unhappy about issues they were encouraged and facilitated to make a complaint.

There was a system in place to seek feedback annually from young people placed and where a young person had left the placement, attempts were made to gather feedback from them. A system to seek feedback from social workers was in place.

There was a significant event notification policy in place at the centre. Inspectors found that all significant events were recorded with appropriate information and level of detail, there was appropriate oversight and relevant comments from the centre manager and from the regional manager regarding quality of notifications, outcomes and guidance for future reference. In interview, social workers advised that they were notified promptly of significant events and documents received contained the required and relevant information.

It was found that significant events were reviewed at team meetings and learning taken to inform best practice. SEN's were also part of regional manager's audits and there was evidence of tracking and patterns being observed and raised.

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

Actions required

- None identified

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The inspectors reviewed the centres policies and procedures and found that they had been updated in line with The National Standards for Children's Residential Centres, 2018 (HIQA). Staff had received training in these standards and there was an on-going training programme in place to familiarise them with new policies and standards. There was also evidence that policies and procedures were discussed at team meetings and with staff in supervision.

In interview staff demonstrated an appropriate level of knowledge about their policies, procedures and legislation governing their practice. Staff questionnaires examined by inspectors demonstrated an in depth knowledge of legislation, policies and procedures.

Standard 5.2

In interviews with inspectors staff stated that they had confidence in all levels of management. They felt all levels of management were approachable and each staff member knew the individual role of managers, both within the centre and external managers. Inspectors found that all staff had been provided with a job description detailing their respective roles and responsibilities.

There was a service level agreement in place and reports were provided to the funding body demonstrating compliance with legislation and standards.

There was a person in charge and all staff and young people in the centre were aware of that person and their role. In interview, staff were confident in the ability of the centre manager to carry out the role they were assigned.

The centres policies and procedures presented for inspection were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of an on-going review of policies and procedures by both the organisation and by external consultants.

A risk register had been established and the company were working to develop this further. The centre had a system for identifying, assessing and managing risk for young people within the centre including personal risk and environmental risk.

There was an internal management structure in place appropriate to the size and purpose and function of the centre. Inspectors reviewed a sample of rosters and found that the centre had a stable cohort of staff available to fulfil the duties required. There were alternative management arrangements in place for when the person in charge was absent. In interview all staff knew how to access both the on call system and alternative managers when required. The centre manager delegated some of their tasks and advised inspectors that staff to whom these tasks were assigned were made aware via email and through supervision. The centre manager must ensure that a delegation record is established for when the centre manager delegates any or all of their duties to appropriately qualified staff members within the centre.

Standard 5.3

There was a statement of purpose and function which met all the criteria set out in the National Standards for Children's Residential Centres 2018, (HIQA). It was

recently reviewed prior to inspection and was a current and relevant document. The statement of purpose included the aims, objectives and ethos of the service and detailed the organisational structure describing the management and staff employed in the centre.

The statement of purpose and function was available within the centre. All staff were knowledgeable about its contents and it was explained to young people and parents on admission both verbally and in their booklets.

Staff in interview were aware of the care framework and were able to talk freely to the model of care used within the centre. It was observed in care files that the approaches used in the centre were referenced by staff and by management in relation to working documents for young people.

Standard 5.4

Inspectors found that the quality, safety and continuity of care provided to young people within the centre was regularly reviewed to inform improvements in practices and to achieve better outcomes for children. There was evidence that the centre manager was monitoring the quality of care in the centre through their monitoring of records, observation of staff practice and contact with the young people. They reported to a regional manager who carried out regular monthly audits. These audits included a comprehensive paperwork review focusing on the content and quality of life space interviews, keyworking sessions, individual crisis management plans, complaints and all relevant documents. Inspectors found that the regional manager provided an action sheet that was revisited at the next audit to ensure tasks were completed and followed through.

In interview, staff and young people reported seeing the regional manager in the centre on a regular basis and had an understanding of the purpose for their visit.

The centre had a complaints process in place which was understood by both staff and young people. The child care leader within the centre undertook monthly reviews of complaints and provided feedback to the centre manager and the regional manager. Inspectors reviewed the complaint records on file and were satisfied that the child care leader and managers were monitoring and analysing complaints to identify any trends to promote learning and improvement.

In interview, inspectors were advised that the annual review of compliance was a working document that was being undertaken by the centre to ensure its compliance with this standard.

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

Actions required

- The centre manager must ensure that a delegation record is established for when the centre manager delegates any or all of their duties to appropriately qualified staff members within the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	None identified		
5	The centre manager must ensure that a delegation record is established for when the centre manger delegates any or all of their duties to appropriately qualified staff members within the centre.	The centre manager has compiled a folder for delegation which includes templates to be completed when delegating tasks to staff and the time in which they should be completed. The folder also contains an 'Absence of Person in Charge' form which identifies who is in charge should the PIC be absent. Included is a Unit Manager to Deputy Manager handover form should the unit manager be taking annual leave, this form outlines tasks and duties to be completed in the Unit Managers absence. This folder was introduced with immediate effect	This folder will be reviewed as part of the Unit Manager Audits and records from the folder will be brought to individual supervision to be used in conjunction with the staff's Training and Development Plans.