



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 110

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	26th, 27th & 29th April 2021
Registration Status:	Registered from the 18th of August 2021 to the 18th of August 2024
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Date Report Issued:	17th August 2021

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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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 18th August 2015. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without attached conditions from the 18th August 2018 to 18th August 2021.

The centre was registered to accommodate three 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2, 3.3
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1,6.4

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 centre manager, senior management and the relevant social work departments on the 28th July 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 6th August 2021 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 110 without attached conditions from the 18th of August 2021 to the 18th of August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

Inspectors found copies of up to date care plans on file for all four young people in placement and evidence of reviews occurring within statutory timeframes.

Inspectors were satisfied from interviews and a review of centre records that the centre manager and staff made efforts to ensure the young people were offered the opportunity to attend their care plan reviews to ensure their voices were heard. In cases where young people chose not to attend staff advocated on their behalf and a young persons Guardian Ad litem and an EPIC worker had supported and advocated for young people at their reviews. Care plan minutes viewed by inspectors confirmed that the views of young people and family members were discussed at their care plan reviews.

Placement plans developed by the centre were in place for each young person. These covered a three month period and were subject to monthly reviews. Inspectors were satisfied that the placement plan goals were based on the care plans and staff in interview was able to identify the key areas the centre was focussing on in the young people's care and placement plans. Key working records reviewed by inspectors were linked to the goals of the care and placement plans and there was a high level of engagement by the young people. There was evidence that young people, their social workers, and where possible family members were consulted in relation to placement plans.

The young people in the centre were linked in with external therapeutic supports identified in their care plans including the Child and Adolescent Mental Health Service (CAMHS). Staff had also received additional training to meet the specific needs of the young people and were receiving clinical guidance and support from the organisations psychologist.

From a review of the care records there was evidence that there was good communication between the centre management, staff and the supervising social

workers and that they were working collaboratively to ensure the implementation of care plans along with allied professionals and appropriate family members. Social workers interviewed confirmed that they were kept updated on the young people's progress and the centre was proactive in meeting the needs of the young people.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

Actions required

- None Identified

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors were satisfied that the centre had a positive approach to managing behaviour which was supported by relevant policies and procedures. At the time of inspection all staff were trained in an approved model of behaviour management. The centre had working guidelines for each young person which gave an overview of the young people's daily routines outlining potential concerns and the level of staff supervision required. Each young person had individual risk management plans which informed individual crisis management plans that identified possible crisis behaviours and detailed planned interventions to address these behaviours. There was evidence that these plans were regularly reviewed in conjunction with the supervising social workers. The plans were individualised and reflected the behavioural challenges of the young people and centre manager comments demonstrated an awareness of the impact of behaviours on the young people.

Managers and staff in interview were able to identify strategies in place to assist them in managing the young people's behaviour.

Staff demonstrated a good understanding of the underlying causes of behaviour and a review of records evidenced that there were incentives in place to promote and reward positive behaviour. There was good evidence in key working and in incident reports of a proactive approach in managing behaviour and efforts being made by staff to assist young people to understand and look at ways of changing their behaviour and this was confirmed in interviews with the young people's social workers. The centre had access to the organisations psychologist and behaviour management trainer to assist them in the review of incidents and provide guidance in the centres approach to managing behaviour. In addition the organisations psychologist had developed therapeutic plans for the young people, conducted a number of workshops with the team and provided them with training in the centres care framework.

From a review of care files and an interview with a young person it was clear that the young people were aware of the expectations for behaviour. It was evident that they had developed good relationships with members of the management and staff team and there was a high level of engagement with one young person referring to the centre as his home. Staff had a good awareness of mental health issues and had received training in responding to self-harm.

There was evidence on file that the social workers for the young people had provided sufficient pre-admission information to the centre at the point of referral in relation to the children's behavioural presentation that enabled the centre staff assess and consider potential risks and strategies to manage identified risks.

External managers had oversight of significant events that occurred in the centre and audits viewed by the inspectors conducted by the regional manager included a review of the centres approach to the management of behaviour in the centre.

There were a number of restrictive practices in place to ensure safety. Staff interviewed were aware of the rationale for these restrictive practices and there was evidence that these restrictive practices were being reviewed on an on-going basis.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors were satisfied that there was an open culture promoted in the centre and staff expressed confidence in the centre management. Young people in interviews and their questionnaires reported that they were happy living in the centre. The centre had a complaints process and this was explained to young people on admission. Records of house meetings and key working showed that the centres complaints process had been discussed on a regular basis. Young people's house meetings were held twice a week and a young person inspectors spoke with stated that these were beneficial in addressing their concerns and resolving any in house issues.

There was evidence on file of good communication with social workers and family members who were provided with regular updates on the young people's progress. The centre had also introduced surveys for parents, social workers and young people to gain formal feedback to identify areas of improvement.

There were clear systems in place for the notification, management, and review of incidents. The centre had access to a significant event review group if required consisting of the centre manager and senior management to review incidents. Managers and staff in interview were able to identify learning outcomes and actions taken in response to a number of incidents that took place in the centre. Learning from these incidents was fed back to the staff team and incorporated into behaviour management plans and individual crisis management plans. In interview, social workers advised that they were notified promptly of significant events and documents received contained the required and relevant information.

Post inspection, inspectors found that one young person had been discharged due to their high risk behaviours in the community. The young person's social worker informed inspectors that they were satisfied that the centre had made every effort to address these behaviours and had held a number of significant review group meetings, professionals and placement protection meetings in an effort to address the issues of concern. However unfortunately strategies implemented were not effective and the young person was discharged to another service.

Compliance with Regulation

Regulation met /not met

Regulation 16

Compliance with standards

Practices met the required standard

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

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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-centred, safe and effective care and support.

There was good evidence of strong leadership demonstrated in the centre and there was evidence in interviews and centre records of a culture of learning, quality and safety in the service. The manager was highly regarded by the staff team and was supported by a deputy manager and a social care leader who had both worked in the centre for a number of years. Social workers interviewed commented on the professionalism of the centre management and staff team and the collaborative approach they had in working with the young people. There were clearly defined governance arrangements in place and it was evident through interviews with management, staff that all individuals were clear of their roles and those of their colleagues.

There was a service level agreement in place with the Child and Family Agency and regular meetings took place with the organisations client services manager.

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.

The centre had a risk management framework in place for the identification assessment and management of risk. Preadmission risk assessments had been completed prior to the young people's admission. The centre maintained a risk management folder in which specific risks were identified and assessed. Each young person had an individual risk management plan in place. Staff had a good working knowledge of managing risk in the centre and risk management was an agenda item at both team meetings and unit managers' meetings. Current and on-going risks were rated and tracked by the centre manager and the regional manager through their oversight of records and audits.

There was good evidence from interviews and a review of centre records that the organisation had clear plans in place for the management of the Covid 19 virus. Inspectors while on site observed that there were adequate supplies of anti-bacterial products, hygiene equipment, personal protective equipment and were informed that an increased cleaning schedule had been implemented. Plans were in place to manage visitors coming to the centre. All visitors were contacted prior to visiting to ensure they were not displaying symptoms of Covid 19 and temperature checks were conducted prior to entry.

There was an appropriate internal management structure appropriate to the size and purpose of the centre. The deputy manager assumed responsibility for the centre in the manager's absence. Inspectors viewed a delegation record which detailed tasks to be completed in the manager's absence along with a specific task list for each member of staff. The organisation had an on call system in place to support staff at all times in managing incidents and risks in the centre. The centre manager maintained a written record of managerial duties being delegated to members of staff detailing their responsibilities and designated tasks.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

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

Actions required

- None identified

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence that the centre staffing requirements and workplace planning was subject to on-going review in management meeting records and centre audit reports. Overall, there was a consistent staff team in place with two new staff members starting in the year prior to inspection, one staff resigning, one staff transferring to another of the organisations centres and two staff moving on to the organisations relief panel. As well as the manager and deputy manager there was one social care leader, eight social care workers and three relief staff. There was a good balance of experience, skills and gender across the team with the required number trained in social care. Social workers interviewed were satisfied that staff that the team were competent and they demonstrated a high level of commitment to the young people.

The centre operated with a staffing ratio of 1:1, with three staff on shift each day. At the time of inspection the centre had nine whole time equivalent staff listed on the rota. Inspectors found that to comply with the rota requirements the centre required

one additional staff member as the deputy manager was working a number of shifts each month to ensure there was adequate cover. The registered provider must ensure that the centre has sufficient numbers of staff to fulfil the roster in operation.

While inspectors were informed that the centre had regular relief staff, inspectors had concerns in relation to the number of relief staff used on occasions. From a review of rosters and staff clock cards inspectors noted that the centre used 18 different staff members in August 2020. The centre had three relief staff at the time of inspection and should ensure that consistent relief staff are used going forward.

Each day the staff coming on duty received a handover from the staff members going off shift. Inspectors noted that there was no built in time for these handovers and staff had to remain on in the centre after they finished their shift to provide these handovers. The registered provider must ensure that protected time is built into each shift to ensure appropriate planning of care for young people.

The organisation had a range of support systems in place to promote staff retention and staff turnover was low in the year prior to inspection. The support systems identified by staff and managers in their interviews and questionnaires included access to an employee assistance programme and pension scheme as well as lots of training opportunities and opportunities for career progression within the organisation. Staff feedback indicated that staff were well supported by the centre managers and the external senior managers. Social workers were satisfied that the organisation made every effort to ensure that there was a stable staff team to provide consistent care to young people.

There was an effective on call system in place at evenings and weekends which staff found beneficial in terms of support and guidance.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors were satisfied from interviews and a review of training records that all staff had received the mandatory training. The centre had a continuous training programme in place with an online training portal providing a wide range of training courses. Staff in interview stated that they were facilitated and encouraged to attend training.

The inspectors were satisfied that the centre undertakes a regular training analysis to determine the needs of the staff. Training was discussed at team meetings and in staff supervision and there was evidence that the centre managers made efforts to secure relevant training. Additional training in self harm had been requested by the staff team and this had been sourced externally by the organisation along with guidance from the organisations psychologist.

Staff interviewed confirmed they had engaged in a formal and structured induction process and this was evident on the personnel files reviewed by the inspectors. Inspectors reviewed a number of personnel files during the inspection and found that the training records were up-to-date and there were training certificates on file.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	None Identified

Actions required

- The registered provider must ensure that the centre has sufficient numbers of staff to fulfil the roster in operation.
- The registered provider must ensure that there is protected time for handovers in each shift to ensure appropriate planning of care for young people

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The registered provider must ensure that the centre has sufficient numbers of staff to fulfil the roster in operation.</p> <p>The registered provider must ensure that there is protected time for handovers in each shift to ensure appropriate planning of care for young people.</p>	<p>The centre has now over contracted in staffing to ensure that there are sufficient numbers of staff to fulfil the roster requirements.</p> <p>Staff rosters now identify the handover.</p>	<p>The organisation has over contracted in staffing to ensure adequate staffing is available to fulfil the centres' roster requirements in line with occupancy.</p> <p>Staff rosters and clock cards now identify the handover time.</p>