



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 134**

**Year: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Positive Care Limited</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>12<sup>th</sup>,13<sup>h</sup> &amp; 14<sup>th</sup> August 2020</b>
<b>Registration Status:</b>	<b>Registered from the 22<sup>nd</sup> of January 2018 to the 22<sup>nd</sup> of January 2021</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>28<sup>th</sup> September 2020</b>

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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 in January 2018. At the time of this inspection the centre were in their first registration and were in year three of the cycle. The centre was registered without conditions from the 22<sup>nd</sup> of January 2018 to the 22<sup>nd</sup> of January 2021.

The centre's purpose and function was to provide medium to long term care for four young people (male and female) aged 13-17 years on admission or 12 years and under with derogation. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were four young people in residence at the time of inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

Inspectors looked 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 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 15<sup>th</sup> September 2020. 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 23<sup>rd</sup> September 2020 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: 134 without attached conditions from the 22<sup>nd</sup> of January 2018 to the 22<sup>nd</sup> of January 2021 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5 Practices and Operational Policies**

**Regulation 8 Accommodation**

**Regulation 13 Fire Precautions**

**Regulation 14 Safety Precautions**

**Regulation 17 Records**

**Theme 2: Effective Care and Support**

**Standard 2.1 Each child's identified needs inform their placement in the residential centre.**

The centre had a written policy on admissions that took account of the rights of children and relevant legislation and standards. Referrals were accepted through the National Private Placement Team. The centre's statement of purpose stated that the centre could accommodate up to four young people between the ages of thirteen and seventeen years, and children twelve and under with derogation. At the time of this inspection, there were four young people living at the centre, one of whom was under thirteen and a derogation was in place.

The client services manager, the regional manager and the centre manager, considered referrals to the centre. From a review of care files, it was evident that the centre management had completed both pre admission risk and impact risk assessments for the young people in placement. Social workers confirmed that impact risk assessments were shared with them when considering new admissions to ensure all parties were aware of the risks and proposed management strategies. There were comprehensive social history reports and assessment reports on file that provided staff with adequate information on the young people and this was made available to the centre at the point of referral. Inspectors reviewed the centre's register and found that all admissions were in line with the centre's statement of purpose.

Inspectors were informed that where possible transition plans were put in place to familiarise young people with the day to day living arrangements in the centre and to meet with the other young people and staff prior to admission. Information on the centre was also provided to young people in an individualised child friendly booklet. Inspectors reviewed the most recent admission and found evidence on file of a planned and structured transition to the centre.



The social workers with responsibility for the young people in placement confirmed they were satisfied the young people were well cared for and management and staff were making every effort to ensure the young people's needs were being met.

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

Inspectors found that there were up-to-date care plans on file for two of the young people. The third young person had recently been subject to a child in care review and the centre were awaiting the updated care plan. The fourth young person who had been admitted five weeks prior to the inspection did not have a relevant care plan on file. The young person was under thirteen and was subject to monthly reviews in accordance with the National Policy in relation to the Placement of children aged 12 years and under in Care. Inspectors were informed that while a strategy meeting had taken place with centre management and the social work department, a formal care plan review meeting was not scheduled until September 2020. The centre manager stated that they had made requests to the social work department requesting dates for a child in care review and there was evidence on file to support this.

There was evidence that care plan reviews were occurring within statutory timeframes with the exception of the most recent admission. Young people had attended their reviews when they chose to or alternatively completed review forms that staff presented on their behalf. Staff told inspectors that they encouraged and supported the young people in attending their reviews and one of the young people confirmed this to inspectors.

Inspectors reviewed the placement plans on file, found them to be of good quality and linked with the care plans they had for the young people. Placement plan goals were identified and key work records viewed by inspectors were focussed on achieving these goals. Staff in interview were aware of young people's placement plan goals and how they planned to achieve these. Young people's views were evident in the placement plans and where appropriate efforts were made to consult with families and gain their input through regular contact and at child in care reviews. Social workers that inspectors spoke with were satisfied that the goals in young people's care and placement plans were being addressed and with the quality of individual work being undertaken with the young people. It was evident in audits viewed by inspectors that the quality of the placement plans was reviewed on a monthly basis by the centre and regional manager to ensure they were adequate and linked to young

people's care plans. Team meeting minutes viewed by inspectors also recorded a review of young people's placement plans and key working plans.

External supports and specialist services were available to the young people and there was a high level of engagement in these services by the young people. The centre also had access to a company psychologist to provide clinical guidance and support to the staff team.

Inspectors found from a review of care files, questionnaires and interviews with social workers, centre management and staff that there was effective communication between all parties.

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The centre was a two storey building located in a rural setting. The house was detached and set in its own grounds with large gardens. The centre was in good structural repair and the layout and design of the centre was suitable for providing safe and effective care for the four residents. Inspectors found that the centre was warm, homely and had been redecorated and new furniture purchased since the last inspection. Inspectors recommend that the exterior of the house is painted.

Each young person had their own bedroom that they had been encouraged to decorate to their own taste and a secure space to store their personal belongings. There was adequate space for indoor and outdoor recreational activities and age appropriate sporting and play equipment. At the time of inspection, the centre was clean, adequately lit and ventilated. The centre had adequate bathroom facilities and private spaces where young people could meet with family members and social workers. There were photographs of the young people on display within the centre. The young people that spoke to inspectors said they liked the accommodation and confirmed that they were consulted in relation to the decoration of the house, evidence of which was also found in young people's meeting records. Social workers interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited.

Inspectors reviewed the fire safety records and found that there were appropriate fire safety checks carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, fire fighting equipment and fire alarm system. The organisation had a contract in place with a fire company for the

servicing of the alarm and fire fighting apparatus in the centre. The centre had a designated fire representative who conducted monthly audits. Inspectors conducted a walk-through of the building and noted that the fire extinguishers were due for a service a month prior to the inspection. The centre manager informed inspectors that the fire company had visited the centre in June 2020 but only spent a minimal amount of time in the centre due to Covid 19 and were due to return and service the fire extinguishers. The centre manager must ensure that the fire extinguishers are serviced without delay. The centre had an emergency response plan and the majority of staff had received fire training. Training for a number of staff was delayed in recent months because of Covid 19. Fire drills took place monthly or when a new young person was admitted. Inspectors found that the last three fire drills did not record the time the drill took place. The centre manager must ensure that the time of fire drills is recorded in the fire register.

Inspectors found that the centre had an up-to-date health and safety statement and there were procedures in place for managing risks to the health and safety of staff, young people and visitors. There was good evidence of regular checks in relation to health and safety and evidence of increased safety measures and protocols in place for the management of Covid 19. All staff had received training in first aid with the exception of two staff members whose training was delayed due to Covid 19. Inspectors found that accidents were recorded appropriately in young people's records.

Routine maintenance and repair work was carried out by a maintenance team employed by the organisation. The inspectors reviewed the maintenance log and found that the log did not always record when repairs were completed. The centre manager must ensure that the date of completion of repairs is recorded in a consistent manner in the centre's maintenance log. The inspectors found that the regional manager also routinely monitored the premises and conducted audits to ensure the maintenance of standards and safety as required under the national standards.

There were three designated house cars that were licensed and insured. Inspectors checked a sample of personnel files and found that staff that were permitted to drive the staff cars had the required full licence.

**Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.**

Inspectors found that the centres recording systems were organised and well maintained in a manner that facilitated effective management and accountability. The care files contained copies of the young person's birth certificate, care order, social history and other relevant information specified in the regulations. Vaccination records were not on file for all young people and there was evidence on file of the centre requesting this information from the supervising social workers. The inspectors found good oversight of records and reports that were signed by both internal and external management. Records were stored securely in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. All centre records were kept in perpetuity and were archived in appropriate storage facilities in the organisation's head office.

**Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.**

From a review of care files, interviews and questionnaires it was evident that there was good cooperation between the centre, social work department and external professionals to facilitate effective planning and positive outcomes for young people.

The centre had a comprehensive discharge policy in place that stated that the organisation strives to ensure that young people are discharged on a planned basis. There had been no discharges from the centre in the period under review. The centre management informed inspectors that end of placement reports were completed and relevant information transferred when young people were discharged and moving to another service. When young people moved on from the centre to live independently they were provided with a resource folder with important documentation, relevant contact numbers and resources as well as memories from their placement. The centre had a system in place for gathering information relating to young people's experiences of their time in the centre and they were asked to complete an exit interview. However, there were no completed forms for review as there had been no discharges from the centre since the last inspection. Young people were also encouraged to express their views on their experience of care on an on-going basis in their discussions with management and staff and in house meetings.

**Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

Inspectors found evidence of young people being involved in the decision making process in relation to planning their future. At the time of inspection, one young person had recently turned seventeen and had been assigned a Tusla aftercare worker. The aftercare worker had met with the young person and plans were in place to conduct an aftercare needs assessment. Families were also included in planning for aftercare where appropriate.

The placement plans for each young person had an appropriate focus on development of independent living skills. The centre has its own independent living skills programme in place and there was evidence on file and in key work records of efforts made to engage the young people in practical skills such as budgeting, shopping, laundry, accessing public transport etc. There were a number of aftercare resources available for the team.

The centre manager indicated that young people would be provided with copies of important documents when leaving care. They would also be facilitated to access their files, which would be done in consultation with their social workers.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.1</b> <b>Standard 2.2</b> <b>Standard 2.4</b> <b>Standard 2.5</b> <b>Standard 2.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must ensure that the fire extinguishers are serviced without delay.
- The centre manager must ensure that the time of fire drills is recorded in the fire register.
- The centre manager must ensure that the date of completion of repairs is recorded in a consistent manner in the centre's maintenance log.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre manager must ensure that the fire extinguishers are serviced without delay.</p> <p>The centre manager must ensure that the time of fire drills is recorded in the fire register.</p> <p>The centre manager must ensure that the date of completion of repairs is recorded in a consistent manner in the centre's maintenance log.</p>	<p>There was a delay in servicing due to restrictions with Covid-19. The service has now taken place and was completed on the 31/08/2020.</p> <p>This has been now been added to the fire register and staff team notified in relation to the information required.</p> <p>Dates of completion have been added to the maintenance register in order to track responsiveness of repairs.</p>	<p>The organisation has an external fire company who complete quarterly checks in the service. We will endeavour to ensure that these checks are not interrupted in future and completed as per schedule.</p> <p>Centre manager completes monthly fire safety audits and will include this as part of their review. The regional manager also completes monthly service audits and quarterly fire safety audits which will include a review of information on fire drills.</p> <p>This will be audited weekly by the centre manager and monthly by the regional manager to ensure dates are included.</p>