



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: 2020

Inspection Report

Year:	2020
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of Inspection:	20th & 21st January 2020
Registration Status:	Registered from the 18th of August 2018 to the 18th of August 2021
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	21st February 2020

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 3: Safe Care and Support	
3.2 Theme 5: Leadership, Governance and Management	
4. Corrective and Preventative Actions	16

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 two of the cycle. The centre was registered without attached conditions from 18th August 2018 to 18th August 2021.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. The organisation 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. This centre had a particular emphasis on attachment theory while focusing on the development of relationship with the young people. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3,5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

At the time of this inspection the centre was registered without conditions from the 18th August 2018 to 18th August 2021. A draft inspection report was issued to the registered provider, senior management and centre manager on the 11th February 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 11th February 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The centre had a number of relevant child protection policies and procedures in place which were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the National Standards for Children’s Residential Centres, 2018 (HIQA). The centre had an up-to-date child protection policy and a child safeguarding statement with written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that the statement met the required standard. Overall, staff in interview demonstrated an understanding of the relevant legislation, centre policies and standards appropriate to their role.

The centre had a bullying policy in place and staff in interview were able to identify clear strategies for responding to such behaviour. Risks associated with social media were identified in the centres child safeguarding statement and the centre had put measures in place to prevent young people from possible exploitation on the internet and social media.

Training records provided to inspectors showed that all staff had received child protection training provided by the organisation as part of their induction along with training in the Tusla E-Learning module: Introduction to Children First. Staff interviewed were aware of the appropriate responses in responding to a disclosure of abuse and had a good knowledge of reporting and notification procedures. It was evident from team meeting records that safeguarding was a standing agenda item.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and were satisfied that they had been reported and managed appropriately. Where child protection concerns were still open there was evidence of the centre manager following up in seeking updates on the status of these concerns. There was evidence that risk assessments had been conducted and safeguarding measures put in place when necessary in response to child protection concerns.

Supervising social workers informed inspectors that there was good communication between the centre and they were working in partnership in responding to safety risks and the implementation of agreed strategies. Arrangements were in place for parents and guardians to be informed of any incident or allegation of abuse.

There was good evidence on care files and key work records of individual work being undertaken with the young people in regards to keeping themselves safe. Risk assessments and safeguarding measures had been put in place whenever there was a safeguarding concern involving the young people in the centre. Both young people told inspectors that they felt safe in the centre and identified staff members they could speak with if they had a concern. Staff in interview were aware of the vulnerabilities and risks associated with each young person in placement and the safeguarding measures they had in place to protect them.

The centre had a policy and procedure on whistle blowing. Staff interviewed were aware of who they would report a practice concern to and were confident they could call out poor practices without fear of adverse consequences to themselves.

Standard 3.2

There was evidence of a positive approach to the management of behaviour based on children's rights, best practice and in line with the centre's behaviour management policy and model of care. All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Each young person had an individual crisis management plan (ICMP) on file which had been reviewed regularly and there were behavioural support plans in place to guide staff.

Staff in interview were knowledgeable about the young people and attuned to the young people's emotional wellbeing. The young people were aware of the expectations for their behaviour through key working, young people's meetings and on-going discussions with staff. Inspectors found that consequences were not a regular feature in the management of the young people's behaviour. There was good oversight from management on the issuing of consequences and good evidence that positive behaviour was rewarded. Care files reviewed by inspectors showed evidence that a lot of individual work had been undertaken with the young people in an effort to get them to understand their own behaviour. A psychologist attached to the service provided guidance to the staff team to assist them in understanding the underlying causes of behaviour and guided them in their practice. The team were aware of the

impact of mental health and bullying on young people. The social workers for the young people had provided sufficient pre-admission referral information to the centre.

Inspectors found evidence that the centre manager, regional manager and where appropriate the centre's behaviour management trainer were appraising the centres approach to managing behaviour, commenting on the quality of interventions and approaches and identifying learning outcomes. In interview social workers spoke positively of the behaviour management interventions and mechanisms in place.

There were agreed restrictive practices in place in the centre to ensure safety. There was evidence to show that these restrictive practices had been assessed and were required due to safety risks to the young people. Restrictive practices were monitored and reviewed as necessary and in keeping with the young people's risk assessments.

Standard 3.3

The young people who met with inspectors were satisfied that they could raise concerns in regards to their care internally with the manager and staff, and with senior management who visited the centre from time to time. Staff in interview stated there was an open culture in the centre and expressed confidence in the manager. Staff stated they were able to challenge each other's practice and gave examples of addressing practice issues with their colleagues.

The centre had mechanisms in place to gather feedback from social workers and young people to improve services. Inspectors were informed that the centre was in regular contact with parents but there were no formal mechanisms in place for them to provide feedback. The centre manager must put mechanisms in place for parents to provide feedback to the organisation.

The centre had a policy on the notification of significant events. The inspectors reviewed a number of significant events on file and found that they had been reported in a timely manner to the relevant persons. There was good evidence of oversight by the manager and regional manager who reviewed and commented on the management of all incidents. There was evidence of ICMPS being reviewed after incidents, risk assessments being updated and individual work identified to be undertaken with the young people. Incidents were discussed at team meetings in supervision and learning was communicated to the staff team.

Compliance with Regulation

Regulation met	Regulation 16
----------------	---------------

Compliance with standards

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

Actions required

- The centre management must put mechanisms in place for parents to provide feedback to the organisation.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The inspectors were satisfied that the centre was operating in compliance with all regulations and national standards relating to children's residential care. 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. Staff that were interviewed demonstrated a good knowledge of policies, regulations and legislation. There were systems in place to identify gaps in compliance through various internal auditing systems and external inspections carried out by external consultants.

Standard 5.2

There was evidence of strong and confident leadership in the centre by the managers. Inspectors found a strong emphasis on quality and safety in care practice. There was a culture of learning which was evident across a range of records including team meetings and supervision records which were of a high standard.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. The manager and staff confirmed they had job descriptions and were aware of their roles and responsibilities. The centre manager had been appointed four months prior to the inspection and inspectors noted that they had undergone a comprehensive induction and training programme when taking up the role. Staff in interview and questionnaires stated that the manager was accessible, held staff accountable and was supportive of their practice. There was evidence on records that the regional manager and client services manager had visited the centre to review records, conduct audits, meet with staff and young people. They had access to all information generated in the centre on the organisation's IT system and had attended occasional team meetings.

There was a service level agreement in place with the Child and Family Agency and regular meetings took place with the organisation's 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 policy and had commenced the process of developing a risk management framework. The centre maintained a risk register. Inspectors were satisfied that the risks associated with the young people were comprehensively risked and managed. Environmental risks were also identified along with the control measures in place. There was evidence of oversight of risk by senior management in monthly meetings, audits and their visits to the centre. The centre had an on call policy in place to assist staff in dealing with any crisis or emergencies. The regional manager acknowledged that further work was required on the implementation of the risk management policy and stated that the organisation were planning to develop this further.

The centre had a management structure appropriate to its size and purpose and function. There were arrangements in place to provide adequate managerial cover when the manager took periods of leave. There was evidence of a written task list to assign duties to staff members in the centre. To comply with the National Standards for Children's Residential Centres, 2018(HIQA) the centre manager must ensure that a written record is kept when they delegate some or all of their duties to one or more appropriately qualified staff members, recording to who such duties have been delegated and the key decisions made.

Standard 5.3

The centre's statement of purpose had been updated prior to inspection and was compliant with the standard. The statement of purpose stated that the centre had the capacity to provide medium to long term care for three young people (male/female) aged thirteen to seventeen. There were two people in residence at the time of inspection and the statement of purpose was reflected in the day-to-day operation of the centre. 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 centres therapeutic approach to working with young people was based on a care framework based on established models of care for attachment and trauma approaches to care of young people. Staff in interview were aware of the care framework and there was evidence that efforts had been made by the organisation over time to have the care framework more embedded in their practice. The statement of purpose was available to those who required it including young people, social workers and family members.

Standard 5.4

The centre had clear and well developed systems in place to monitor, improve and evaluate the quality, safety and continuity of care provided to the young people. There were a number of oversight and audit systems in place conducted internally by senior management and by external consultants. 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 audits. The inspectors viewed a sample of regional managers audits and found that action plans developed in these audits had been responded to by the centre manager and had led to improvements in practices. Inspectors noted that since the previous inspection the regional manager's audit tool had been revised and improved with more of a focus on qualitative analysis.

The social workers interviewed during the inspection were very satisfied with the quality of care provided to the young people and the progress they had made in their placements.

The centre had arrangements in place to ensure compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) and policies and procedures were subject to on-going review. Prior to the inspection the organisation had employed a quality assurance officer and one of their functions will be to assess the centre’s level of compliance with the regulations and standards.

The centre had a complaints process in place which was understood by both staff and young people. Social workers informed inspectors that they were informed of complaints and were satisfied with the centres responses to complaints made by the young people. The inspectors reviewed the complaint records on file and were satisfied that managers were monitoring and analysing complaints to identify any trends to promote learning and improvement.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre’s objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
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 kept when they delegate duties to other qualified staff members in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre management must put mechanisms in place for parents to provide feedback to the organisation.	At present the centre manager contacts family members every week via telephone call to give an update on the young person's placement and ask for their input into the placement and plans for the coming week. The phone calls are an opportunity for family to express any concerns or grievances they may have and any comments made by the family will be recorded and addressed by the centre manager.	Positive Care are currently working on a survey/feedback form which will be distributed to young persons' parent's/family to allow for overall feedback for the service. This form is an organisational response to the recommendation and will be rolled out across all centres in the future. This will allow for extensive amounts of data to be gathered in relation to improving the service based on the opinions of family members and will guide the service in changes it makes going forward.
5	The centre manager must ensure that a delegation record is kept when they delegate duties to other qualified staff members in line with the National Standards for Children's Residential Centres 2018, (HIQA).	The centre manager has compiled a delegation folder which includes templates to be completed when delegating tasks to staff and the time in which they should be completed. The folder contains an 'Absence of Person in Charge' form which	The delegation folder will be reviewed as part of the centre manager audits and records from the folder will be brought to individual supervision to be used in conjunction with the staff members Training and Development Plans

		<p>identifies who is in charge should the person in charge be absent. Included is a centre manager to deputy manager handover form should the centre manager be taking annual leave, this form outlines tasks and duties to be completed in the centre manager's absence.</p> <p>This folder was introduced with immediate effect from 01/02/2020.</p>	
--	--	--	--