



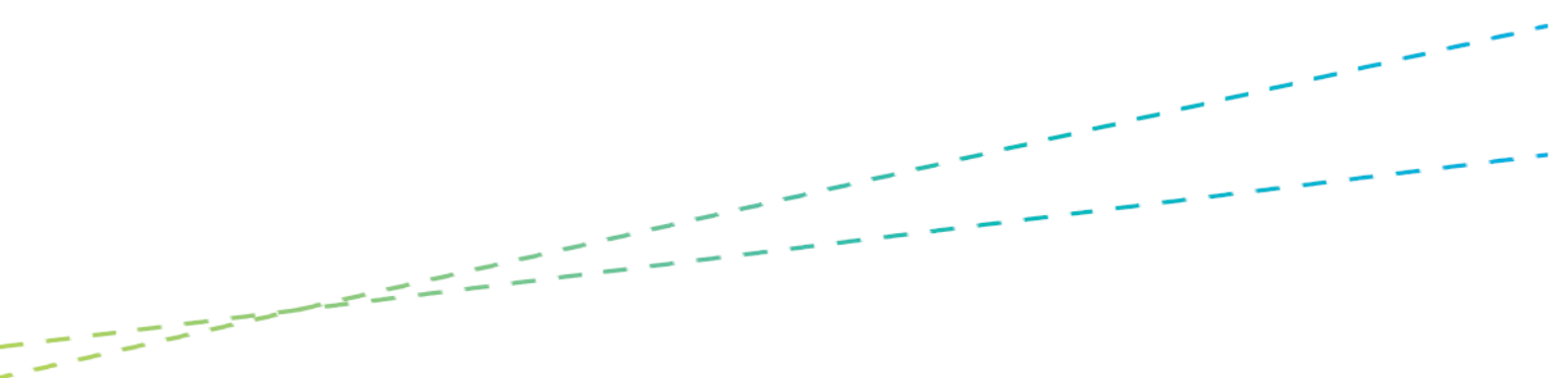
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of Inspection:	16th,17th and 18th November 2020
Registration Status:	Registered from 1st March 2019 to 1st March 2022
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	20th January 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 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 03rd December 2018. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 01st March 2019 to the 01st March 2022.

The centre was registered to accommodate three young people of both genders from age thirteen to seventeen on admission. 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 framework used within the centre was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. It aimed to provide the young person with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education, providing essential life skills to young people in preparation for adulthood and independent living. Staff interactions were relationship based and aimed at providing a consistent, structured environment where young people were offered opportunities to make decisions affecting their own lives. There were three 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
4 : Health, Wellbeing and Development	4.1, 4.2, 4.3.
5: Leadership, Governance and Management	5.2

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 via teleconference with the relevant persons including 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 18th December 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 6th January 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: 146 without attached conditions from the 1st March 2019 to the 1st March 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10 Health Care

Regulation 12 (1) Provision of food and cooking facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had comprehensive policies, procedures and practices in place to promote the health, safety, welfare and the development of the young people. These included policies on the general health and promotion of wellbeing for young people, medication management, substance misuse and access to education and training. The organisation also had an internal portal with training resources for staff to assist them in providing guidance and support to the young people in relation to their health and welfare.

Inspectors found that young people's health, wellbeing and development needs were identified in the young people's care plans, placement plans and therapeutic plans. Inspectors reviewed key work and centre records and found that there was evidence of individual work carried out with the young people to address these needs and to put appropriate supports in place. There was evidence that the centre were doing specific pieces of work with the young people on areas including diet, exercise, personal hygiene, sexual health, and substance misuse. There was also evidence that staff encouraged and participated in physical activities with the young people such as cycling and walking and specific exercise programmes had been developed for young people when required.

The staff interviewed demonstrated a good insight and awareness and of the young people's emotional and mental health which was demonstrated in the case of one young person where substantial work had been done to assist them in regulating their emotions. A number of staff had completed mental health training programmes such as the ASIST (Applied Suicide Intervention Skills Training) training programme. Key working had also taken place to encourage young people to engage with the mental health services and on maintaining healthy family and social relationships. The centre had a smoking cessation promotion and support policy and there was evidence in key working records of work being done with a young person highlighting the health risks associated with smoking. In interview not all staff were familiar with the

smoking cessation policy and inspectors recommend that management revisit the policy with the team. Overall, inspectors found in interviews that management and staff were aware of the identified health needs of the young people and the plans in place to address these needs.

From a review of records and interviews with social workers and centre management there was good evidence of cooperation and collaboration in promoting the health and development needs of the young people.

Staff took responsibility for the preparation of food at mealtimes and were assisted by the young people in some cases. Inspectors were satisfied that the young people were provided with a nutritious and varied diet and had access to food outside of meal times. Staff were also sensitive and accommodating in relation to young people's food issues and preferences and work had been completed with young people encouraging healthy food choices. Young people were also involved in menu planning at house meetings and their food choices and any special dietary requirements were taken into account. There was evidence in the records that young people had participated in cooking and baking. However, there was limited evidence of one young person who was near the age of leaving care engaging in cooking or evidence that they had sufficient cooking skills for independent living and this should be actively encouraged. Staff informed inspectors that where possible staff and young people eat meals together but due to current family access arrangements not all young people were present at meal times.

At the time of inspection one young person was in shared care and in the process of returning home. There was good evidence in the records of the centre working with the young person to develop the necessary life and social skills to prepare them for moving on and of appropriate supports being put in place for the family for a successful transition. Another young person was aged seventeen and the centre had an independent living skills plan in place to assist them in their preparation for leaving care. Inspectors noted from records tracking the young person's weekly progress in the programme that a lot of weeks there was limited engagement and they were not completing the identified tasks within the assigned time frame. In many cases it was recorded that the young person chose not to engage and left the centre to go on free time and family access without completing their aftercare task. The centre management must ensure that the independent living skills programme is more structured and purposeful and greater efforts are made to ensure the young person completes the programme considering the limited time they have left in care.

At the time of inspection one young person was out of education and required a specialised placement. It was evident from a review of records and interviews with the centre management and allocated social worker that there were on-going efforts to source an appropriate educational placement for the young person in line with their abilities.

Standard 4.2. Each child is supported to meet any identified health and development needs.

Inspectors found that each young person's physical and mental health needs were identified in their care plans. There were medical, psychological and educational assessments on file to inform necessary interventions and supports. There was evidence to support that these assessments formed the basis of work being completed with the young people in their placement plans, therapeutic plans and in key working. The young people were linked in with a number of specialist services. One young person with complex needs was waiting on a number of assessments and there was evidence that this was being followed up on by the centre management and the social worker.

The inspectors were satisfied from a review of care files that there were comprehensive medical records on file for all young people including medical histories and vaccination records. Centre management in interview reported that they were satisfied that they were provided with all necessary medical and health information on admission. Staff recorded all young people's attendance at medical and specialist services on their care files.

Each young person had access to a General Practitioner (G.P.) and there was evidence that the centre made efforts for young people to remain registered with their family or previous G.P. when admitted where possible.

Allocated social workers and centre management stated that they were working closely to access any specialist services required in meeting the needs of the young people. There was a substantial amount of evidence on file and in the minutes of care plan reviews to support this.

The centre had a medication management policy in place and all staff were trained in medication management. The policy covered all aspects of medication management including the roles and responsibilities of management and staff in the administration, recording, storage and disposal of medicines in line with the relevant

legislation, regularity requirements and best practice. The inspectors reviewed medication records and were satisfied that medication was recorded appropriately in accordance with the centre policy. Inspectors noted that there was one medication error recorded in the period under review. Inspectors were satisfied from information provided by centre management and records that this incident was reviewed and learning identified.

Standard 4.3. Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

There were three young people in placement at the time of inspection, one of whom was attending an educational placement. The young person was in the process of returning home and was attending a school in their locality. There was good evidence in centre records that the centre had been linking in with the school to support the young person and the young person's parent had taken on the role of liaising with the school and attending school meetings.

Another young person had complex needs and there was evidence of on-going efforts to source an appropriate educational placement for them. On admission the centre had made attempts to enrol the young person in their previous school which proved unsuccessful. At the time of inspection, approval had been granted for home tuition and the centre was waiting on a National Educational Psychology assessment (NEP's) to be conducted. While the centre was in the process of sourcing a tutor, an in house educational programme was put in place which the young person was engaging in. Inspectors found that the work being undertaken with the young person was maintained in a number of different folders. Inspectors recommend that the work being done with the young person is more structured and organised and a clear account of the work completed is recorded. This will be beneficial to the tutor when they commence working with the young person to assist them in determining the young person's level of ability and in planning future work.

The third young person was not attending an educational or training placement. They had a school placement which they made a decision not to attend and an alternate placement in a training programme was being sought for them. The young person who was coming to the age of leaving care was also not engaging fully in their independent living skills programme to prepare them for moving on from care. The centres access to education and training policy states that when a young person is out of education the centre must "request that the young person undertakes work that is related to their education in the period of time that they would normally be attending

school/ educational facility”. In practice inspectors found that the young person’s daily routine was structured primarily around their free time and family access. The centre’s working guidelines which outlined the young person’s daily routine also made no reference or laid down any expectations in relation to the young person engaging in an educational routine. While there was evidence on file of efforts being made to encourage and incentivise the young person to engage in their education/training and independent living skills, more work is required in this area. The centre management must ensure that they increase their efforts to ensure that the young person is encouraged to undertake work in relation to their education and independent living skills while they are not engaged in a formal educational/ training programme in accordance with their education and training policy.

Inspectors found that there were comprehensive educational records on file including school reports and certificates of achievement. Assessment reports were on file along with records of efforts made to access appropriate supports and services based on the young people’s needs. When young people were admitted attempts were made to maintain young people in their own school placements. The centre was aware of the role of the education and welfare officer and had linked in with them in relation to accessing an educational placement for one of the young people. Keyworkers were responsible for attending school meetings and for maintaining on-going contact with schools. There was evidence in care plan and team meeting records of young people’s educational progress being reviewed and actions identified to support and meet young people’s educational needs. One young person had recently changed school and there was good evidence on file of the centre providing support and assistance in ensuring a smooth transition. Within the centre there was adequate space for young people to study and appropriate educational resources available to the young people. Key work records viewed by inspectors provided evidence that staff had undertaken work with the young person coming to the age of leaving care in regards to their education, future plans and aftercare needs.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.2
Practices met the required standard in some respects only	Standard 4.3
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that they increase their efforts to ensure that the young person not engaged in an educational training programme is encouraged to undertake work in relation to their education and independent living skills in accordance with the centres education and training policy.

Regulations 5 and 6 (1 and 2)

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 evidence of good leadership in the centre. Through staff interviews and a review of records it was evident that there was clear leadership demonstrated within the centre. In questionnaires staff reported they were very confident in the leadership of the centre managers and that they provided good guidance and support. Supervising social workers were satisfied that the managers provided strong and confident leadership in the centre and worked collaboratively with them to provide a high standard of care. Inspectors found a strong emphasis on quality and safety in care practice. There was a culture of learning which was evident from interviews and across a range of records and including team meetings, training records and centre audit reports.

There were clearly defined effective governance structures in place. The centre manager was on site five days a week, had overall responsibility and accountability for the delivery of care and there was evidence of their oversight in centre records and monthly audits. The manager reported to a regional manager who had visited the centre on a regular basis to review records, conduct audits and meet with staff and young people. They had access to all information generated in the centre on the organisations 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 inspectors reviewed a number of policies and procedures during the course of the inspection and found that these were 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 and supporting structures for the identification, assessment and management of risk. The centre maintained a risk register and staff in interview were familiar with the centre's risk framework. Pre-admission risk assessments had been carried out prior to the young people's admission and there was evidence of individual risks being assessed and reviewed on an on-going basis. The organisation had an on call system in place to support staff at all times in managing incidents and risks in the centre.

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 supplies of anti-bacterial products, hygiene equipment, and 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. Staff interviewed were aware of the appropriate response to managing a case or suspected case of Covid 19. There was evidence that Covid 19 was reviewed and risked assessed on on-going basis and risk assessments were aligned and updated in accordance with guidance from National Public Health Emergency Team (NPHE) and the government.

The centre had an internal management structure appropriate to the purpose and function of the centre. The deputy manager assumed responsibility for the centre in the manager's absence. When the centre manager delegated tasks to other staff members a written record was maintained of tasks and decisions made in a delegation folder.

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 5.2
Practices met the required standard in some respects only	Not all aspects of this theme were reviewed
Practices did not meet the required standard	Not all aspects of this theme were reviewed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	<p>The centre management must ensure that they increase their efforts to ensure that the young person not engaged in an educational training programme is encouraged to undertake work in relation to their education and independent living skills in accordance with the centres education and training policy.</p>	<p>On-going key working to continue with the young person to promote the importance of education. Meeting to be arranged for young person with their after care worker on the 21/12/2020 to explore alternative education options available.</p> <p>Aftercare/Independent living skills programme to be more structured and implemented daily to ensure life skills are developed to allow the young person to live independently post 18.</p> <p>Engagement in aftercare/education work to be planned and structured for each day with expectation that they are completed prior to engaging in external activities.</p>	<p>Consistency around implementation of structured daily plans to ensure that education or aftercare work is at the heart of the expectations prior to external activities being facilitated.</p>