



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 073

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	22nd, 23rd & 24th June 2021
Registration Status:	Registered from the 28th of September 2019 to the 28th of September 2022.
Inspection Team:	Paschal McMahon Sinead Tierney
Date Report Issued:	14th September 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 in September 2010. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without attached conditions from the 28th of September 2019 to the 28th of September 2022.

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

At the time of this inspection the centre was registered without conditions from the 28th of September 2019 to the 28th of September 2022. A draft inspection report was issued to the registered provider, senior management and centre manager on the 18th August 2021 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 18th August 2021. This was deemed to be satisfactory 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: 073 without attached conditions from the 28th of September 2019 to the 28th of September 2022 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 that two of the young people's care plan reviews had taken place within the required statutory timeframes. One young person's updated care plan was on file and the centre were waiting on the care plan for the second young person which the supervising social worker stated had been delayed to the HSE cyber-attack. The care plan on file for the third young person was dated February 2020 and no statutory review had taken place since then. There was evidence on file that efforts had been made by the centre manager and regional manager requesting dates for a review from the social work department. Prior to the inspection the centre manager had received notification from the social work department that a review date had been set for July 2021. Inspectors were informed post inspection that this review did not take place and another review was scheduled in September 2021. Inspectors spoke to the social worker who was allocated the case in January 2021 in relation to the significant delay in the scheduling of the child in care review and they stated that this was due to several factors such as a change in social worker, the lack of resources and the unavailability of a review chairperson. Inspectors impressed the importance of ensuring that the review takes place as a matter of priority.

Young people who met with inspectors said that they attended their reviews when they wished to do so. On occasions when they chose not to attend, they completed a young person's review form with assistance from staff. There was evidence on file that one young person was supported at their reviews by an EPIC worker and individual work was undertaken with another young person after their review to explain the decisions made in a child friendly manner.

Each young person had an up-to-date placement plan on file which covered a three-month period and was reviewed on a monthly basis. The placement plans for the two young people with up-to-date care plans focused on their individual needs and the supports required to implement the goals of the care plans. The placement plan for the third young person was focussed on the goals of their previous care plan, current

issues and planning for independent living. There was evidence that young people were consulted in relation to their placement plans and that key working was linked to the goals of the placement plans. An example of this was when a young person told staff that they would like to work on their self confidence and a programme on improving their self-confidence was incorporated into their key working plan.

Inspectors found that the centre was linked in with identified external support services and that young people were engaging in these services. There was evidence of good cooperation between the centre and the Child and Adolescent Mental Health Service (CAMHS) in developing a joint plan for one of the young people following an incident in the centre.

A review of the care files confirmed that the centre was communicating with the social work departments providing them with progress reports on the young people, copies of their placement plans, and other relevant information. Social workers informed inspectors that the level of communication with the centre was excellent.

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.

Inspectors found that the centre had policies and practices promoting positive behaviour. From a review of records and interviews with centre management, staff and social workers it was evident that there was a positive approach to managing the young people's behaviour. All staff were trained in an approved model of behaviour management and there was evidence of refresher training being completed within the required timeframes. All young people had individual crisis management plans in place which outlined safety concerns, current risks, preventative measures, triggers and de-escalation strategies.

A psychologist attached to the service provided the staff with training in the centre's model of care and guidance to assist them in understanding the underlying causes of behaviour. An inspector spoke with the psychologist and they outlined the supports they provided to the young people and the staff team and their role in the development and implementation of the young people's therapeutic plans. Staff used de-escalation and other strategies such as positive relationships with young people to prevent incidents escalating to an unsafe level and these strategies were effective in practice with a low level of incidents on file at the time of the inspection. Inspectors found evidence in the young people's care files of positive behaviour being rewarded. There were a small number of sanctions recorded which were age appropriate and proportionate to the behaviour demonstrated and there was evidence of life space interviews being completed with each young person following incidents.

The inspectors observed caring, relaxed and respectful interactions with the young people in placement. The two young people inspectors met with during the inspection said they liked living in the centre and had high regard for the management and staff and they were responsive to their needs.

There was evidence in young people's house meeting minutes that bullying was discussed with the young people, including defining bullying and how they should respond to bullying behaviour. The two young people who met with the inspectors confirmed that they felt safe and that they had not experienced bullying in the centre.

Staff also demonstrated a good understanding of mental health and trauma and inspectors found good individual work had been done with one of the young people in relation to understanding their care history.

Inspectors found evidence that the centre manager and regional manager were appraising the centre's 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 restrictive practices in place in the centre to ensure safety. At the time of the inspection there were two permitted restrictive procedures in place, one was the use of bedroom door alarms at night and the second was the use of physical restraint. Both restrictive procedures were subject to risk assessments that were regularly reviewed. Social workers were aware of the restrictive procedures in place and were satisfied they were required to ensure safety. The inspectors found that physical restraint was not a feature of the young people's care.

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

Inspectors were satisfied from interviews and a review of staff questionnaires that there was an open culture in the centre. Staff highlighted that there was good communication between management and staff and that they worked well as a team. Inspectors found that young people's meetings were held regularly in the centre and the young people were supported and encouraged by staff and managers to raise concerns, express their views and have their voice heard. The young people that spoke to inspectors said they felt comfortable in raising any concerns they had with the management and staff. This was further evidenced in the fact that the young people were aware of the centre's complaints process.

Parents and social work feedback on the young people's placements was sought through meetings, telephone calls and when facilitating family contact visits. There were records on file of communication with parents and where appropriate other significant family members who were provided with regular updates on the young people's progress. Social workers interviewed stated that the centre manager regularly liaised with them to ensure they were satisfied with the standard of care and the progress their allocated child had made.

The centre had a policy on the notification, management and review of incidents. Overall, inspectors found that incidents were notified to the relevant social work departments in a timely manner with the exception of two incidents in which there was a four day delay. There was evidence of oversight by the manager and regional manager who reviewed and commented on the management of all incidents. Incidents were also reviewed at team meetings and in supervision and learning was communicated to the staff team. Staff in interview were able to identify learning outcomes from a recent incident review and outlined strategies that had been developed in relation to managing a reoccurrence of this incident.

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 Practice s 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 evidence of strong leadership within the centre. There was an experienced centre manager and deputy manager in place, both of whom had both worked in the centre for a number of years and provided a high level of stability to the staff team. Staff in interviews and their questionnaires reported they were very confident in the leadership of the centre managers and that they provided good guidance and support.

The centre manager went on a period of extended leave in January 2021 and the deputy manager managed the centre appropriately during this period. Social workers and external professionals told inspectors that there was strong leadership in the centre, expressing confidence in the managers' capabilities and commitment to meeting the needs of the young people.

There was evidence of a culture of learning across a range of care records and there were various audit systems in place to identify any deficits in quality and safety. There were clearly defined governance structures in place. The centre manager 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. The regional manager reported to a client services manager who conducted planned and unplanned visits. 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 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. There was evidence that policies were reviewed at team meetings with centre staff.

The centre had a risk management policy in place and a risk management framework that was understood by staff. Risks were recorded and rated using a risk matrix. There was evidence that individual risk assessments were in place for the young people and appropriate control measures were in place to mitigate these risks. Risks were recorded on the centre's statement of purpose, child safeguarding statement and the health and safety register. The risk management policy stated that the statement of purpose risk register must be reviewed and kept updated to reflect all risks. However, inspectors found that risks relating to the manager being on a period of extended leave and a reduction in staffing due to Covid 19 had not been recorded on the statement of purpose risk register in accordance with policy. There were also a number of risks recorded that were no longer relevant and the register needed to be amended to reflect this. The registered provider must ensure that the statement of

purpose risk register is reviewed and updated as required to record all current risks. 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 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. Plans were in place to manage visitors coming to the centre. There had been a case of Covid 19 in the centre which had been well managed.

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
Regulation not met	None Identified

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

Actions required

- The registered provider must ensure that the statement of purpose register is reviewed and updated as required to reflect all current risks.

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 from a review of management meetings and centre audits that the centre undertakes workforce planning and that staffing requirements were reviewed regularly. The staff team consisted of the manager, deputy manager, one social care leader and eight social care workers. The centre had two relief staff and a third relief staff member had recently been recruited. There was a broad range of relevant qualifications within the team with the required number trained in social care. There was a good balance of age, gender, and experience in the team and social workers interviewed were satisfied that they had the necessary competencies and skills to meet the young people's needs. From a review of staff rosters there appeared to be a consistent stable team in place with a low staff turnover in the year prior to inspection.

The staffing ratio in the centre was 1:1 with three staff members scheduled on the roster each day. Nine whole time equivalent staff were employed at the time of inspection. Inspectors found that the centre required one additional staff member to comply with these roster requirements 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.

The organisation had a policy and a number of measures in place to promote staff retention. Staff in interview cited the support they received from management as a key component in them remaining in the centre along with a number of benefits such as access to health care, pension scheme, salary bonuses and funding for further education.

The centre had an on-call policy in place to assist staff in dealing with any crisis or emergencies when the managers were absent from the centre 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 that all staff working in the centre had received training and development opportunities relevant to their role in line with the requirements of legislation, standards and guidelines. Training for staff was organised centrally by the organisation and there was a training calendar in place. Inspectors were satisfied from interviews and the training records provided that all staff had received the mandatory training. Training was a standing agenda at team meetings and at management meetings. There was evidence in supervision records that training was discussed and there were training and development plans in place for staff.

The centre had a formal induction policy in place. New staff members were required to undertake a five day company induction prior to working in the centre during which they received the required core training. There was written evidence of induction on files and staff members interviewed as part of the inspection process confirmed they had received both an organisational and centre specific induction.

Staff members training records were maintained centrally by the organisation's training department and on staff personnel files. 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 not met	Regulation 7

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.

4. CAPA

Theme		Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The registered provider must ensure that the statement of purpose register is reviewed and updated as required to reflect all current risks.	The statement of purpose now includes risks relating to any staff or management movement with relevant ratings attached.	The statement of purpose is reviewed at least weekly for changes to risks across all centres as part of the weekly link in meetings.
6	The registered provider must ensure that the centre has sufficient numbers of staff to fulfil the roster in operation.	The centre has now over contracted in staffing to ensure that there are sufficient numbers of staff to fulfil the roster requirements.	The organisation has over contracted in staffing to ensure adequate staffing is available to fulfil the centres' roster requirements in line with occupancy.