



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 015**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>09<sup>th</sup>, 13<sup>th</sup>, &amp; 15<sup>th</sup> June 2022</b>
<b>Registration Status:</b>	<b>Registered from the 09<sup>th</sup> September 2019 to the 09<sup>th</sup> September 2022</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>2<sup>nd</sup> August 2022</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 and Regulation 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 2010. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 09<sup>th</sup> September 2019 to the 09<sup>th</sup> September 2022.

The centre was registered to provide care for four young people between the ages of thirteen and seventeen upon admission. The centre operated under a “care framework” which outlined the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The care framework 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	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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 09<sup>th</sup> September 2019 to the 09<sup>th</sup> September 2022. A draft inspection report was issued to the registered provider, senior management and centre manager on the 8<sup>th</sup> July 2022 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 11<sup>th</sup> July 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 015 without attached conditions from the 09<sup>th</sup> September 2019 to the 09<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 8: Accommodation

#### Regulation 13: Fire Precautions

#### Regulation 14: Safety Precautions

#### Regulation 15: Insurance

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

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

The inspectors found the layout and design of the centre was suitable to provide safe and effective care for the four residents. The premises were comfortable, clean, well maintained and appropriately decorated. Several improvements had been made in the centre in the year prior to the inspection, such as the installation of a new boiler and heating system, new soft furnishings and repainting. Each young person had their own bedroom. During the inspection, the inspectors met with two young people who stated that they had adequate storage space in their rooms and had the option of storing personal items in the staff office if this was their preference. They confirmed that they were consulted regarding the decorating of the house and were happy with the premises overall. Social workers and Guardians Ad Litem interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited.

There were sufficient communal areas in the centre for rest and recreation including two sitting rooms, one of which was a games room with a football table, boxing bag, TVs, game consoles etc. Bathroom and laundry facilities were satisfactory, and the centre was adequately lit, heated and ventilated. The grounds were well maintained and there was plenty of space for activities. There was a trampoline, basketball ring and other sports equipment available to the young people.

The Inspectors reviewed the fire safety records and found that were appropriate fire safety checks carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, firefighting equipment and the fire alarm system. Fire equipment within the centre was serviced and maintained by external

fire contractors, and there was evidence that quarterly inspections were conducted. There was a separate building on the grounds of the centre in which the centre manager had an office and was used occasionally by the organisation for staff training purposes. The building had fire extinguishers as a means of fire protection and was also subject to quarterly checks by the external fire contractors.

Monthly fire drills were recorded in the fire register. Inspectors found that the fire drill records did not record the time that drills took place, and this information should be recorded going forward. Inspectors noted that in cases where young people were refusing to participate in drills that this was risk assessed, individual work was undertaken with the young people and fire safety had been discussed at young people's meetings.

At the time of inspection all staff had received or were scheduled to receive fire safety training. Inspectors found that the previous training took place during the Covid 19 pandemic and did not include onsite training in the use of fire equipment. The registered provider must ensure that this training is provided for all staff as soon as possible. Some of the young people had also attended the fire safety training which was positive given that they did not always participate in fire drills.

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. The environmental risks associated with the centre were detailed in a site-specific safety statement and a risk register outlined and rated current risks along with the control measures in place. The manager had overall responsibility for health and safety in the centre. There was evidence that they along with the deputy manager and the centre's health and safety representative were conducting regular health and safety checks and audits to ensure the premises were safe. These audits provided details on compliance on areas such as fire safety, first aid, premises and the centre vehicles. The centre had a system in place to record any accidents or injuries that occurred. There were a small number of recorded accidents on file which were responded to in an appropriate manner.

The majority of staff were trained in occupational first aid. However, no members of the team had undertaken First Aid Responder training (FAR). The registered provider must ensure that based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.

The centre maintained a record of maintenance and repairs and inspectors were satisfied that maintenance issues were dealt with in a prompt manner. A review of records evidenced that the organisation's senior managers and auditors including the client services manager and the regional manager regularly monitored the premises to ensure it was well maintained.

The centre had four vehicles and inspectors viewed two of them while onsite. Records on file confirmed that the vehicles were appropriately serviced and maintained and had valid tax and insurance details on file. One of the vehicles NCT certificate had recently expired and was booked in for recertification. Inspectors viewed a sample of personnel files and found that they all contained a copy of the staff member's full driving licence.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</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>None identified</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 registered provider must ensure that onsite training in the use of fire equipment is provided for all staff as a priority
- The registered provider must ensure that there are a sufficient number of trained first aid responders in the centre based on a risk assessment to comply with health and safety legislation.

## **Regulation 5: Care practices and operational policies**

## **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 there was a positive approach to behaviour management that was supported by a number of written policies which provided guidance to staff on the promotion and management of challenging behaviour. The centre also had access to the organisation's behaviour analyst and some of the young people were linked in with external services such as CAMHS (Child and Adolescent Mental Health Services) and counselling services.

All staff had received training in behaviour management and there was evidence of regular refresher training take place. Inspectors found that there were a number of documents that provided guidance for staff in the management of challenging behaviour including working guidelines, individual risk management plans, individual crisis management plans and absence management plans which were subject to regular review. A number of the young people also had behaviour support plans (BSP) in place. These plans were developed by the behavioural analyst in conjunction with the centre management and were specifically tailored to support the team to help change young people's behaviours of concern and replace them with appropriate positive behaviours. The management and staff interviewed demonstrated that the BSPs were a very effective tool in terms of guiding them on the most appropriate responses to problematic behaviours.

Several staff had worked in the centre for a number of years and in interview they were knowledgeable about the young people and attuned to the young people's emotional wellbeing. It was evident from interviews and a review of centre records that the management and staff had developed good relationships with the young people and there was a high level of engagement in keywork records and other records. Inspectors found that there was a consistent management team in place which also proved beneficial to staff in terms of leadership and guidance in caring for the young people.

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 and there was evidence that positive behaviour was rewarded. The two young people who met with inspectors had an awareness of bullying and stated that there was no incidence of bullying in the centre. There was evidence in key working records of staff supporting the young people in relation to their mental health and emotional wellbeing.

There was evidence on file that social workers for the young people had provided sufficient pre-admission referral information to the centre. The allocated social workers and Guardians Ad Litem stated in interviews that staff had built good relationships with the young people and were satisfied that the young people's behaviour was well managed in the centre.

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 and follow up actions. Significant events were also reviewed at team meetings and in team incident reviews. The organisation had a significant event review group in place to review serious incidents. There had been a low level of significant events in the year prior to inspection and one significant event review group meeting took place. There was evidence that there was learning identified at this review which resulted in additional training being provided for staff and the implementation of a safety plan by the young person's social worker.

Monthly service governance reports completed by the manager and audits conducted by the service's quality assurance auditors included an analysis of behaviour management in the centre. There was evidence in team meetings of feedback from these audits highlighting areas of practice with action plans to address identified deficits and/or practice recommendations.

The centre had a policy in relation to the use of restrictive practices. There were no restrictive practices in operation at the time of this inspection. Inspectors found that restrictive practices were implemented on a number of occasions in the year prior to inspection in response to serious risks to the safety of young people. There was evidence that the restrictive procedures implemented were subject to risk assessments were regularly reviewed and removed when no longer deemed necessary in consultation with the young people's social workers.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.2</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- None identified.

#### **Regulation 10: Health Care**

#### **Regulation 12: Provision of Food and Cooking Facilities**

### **Theme 4: Health, Wellbeing and Development**

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

Inspectors found that the centre placed a strong emphasis on education and all of the young people were engaged in some form of education or training programme. The centre maintained good communication with teachers and course coordinators within the young people's educational placements and this was reflected in the care files. In cases where young people were out of education, or their educational placements had broken down there was evidence on file that the centre was proactive in re-engaging and sourcing alternative placements. The manager was aware of the role of the education and welfare officer and had linked in with them in relation to accessing a suitable placement for one of the young people. The inspector met with one young person during the inspection who had been out of education for a significant period. The young person had since returned to education and achieved an award for their attendance. Prior to this the centre had made a number of efforts to source a suitable educational placement for this young person and are to be commended for their efforts in assisting them in reengaging successfully in education. The young people that met with inspectors confirmed that they were supported in terms of their education. They had study desks in their rooms and adequate space to study. They were satisfied that there were appropriate educational resources available

to them and additional tuition was available outside of school hours for those that required it. There were attendance issues at times with some of the young people and inspectors were satisfied that efforts were being made to address this in collaboration with the education providers.

There was a comprehensive record of each young person's educational progress on file including applications for educational placements, school reports, certificates of achievement along with evidence of consistent communication between the centre and the facilitators of school/ training programmes. The staff interviewed identified the key people that liaised with the young people's schools/educational placements and were well informed in relation to the young people's progress and any difficulties they were experiencing. 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. Keywork records and other centre records evidenced ongoing discussions the staff were having with the young people supporting them in their education and planning for their future. Allocated social workers and external professionals were satisfied that the centre was making every effort to support and encourage the young people to attend their educational placements.

At the time of inspection there were plans in place for two of the young people to leave care. Both young people had identified education / training options and were receiving support from social work and aftercare services. A review of key work and other centre records provided evidence that staff had undertaken work with the young people regarding their education, independent living and aftercare needs.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>N/A</b>
<b>Regulation not met</b>	<b>N/A</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- None identified.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	<p>The registered provider must ensure that onsite training in the use of fire equipment is provided for all staff as a priority.</p> <p>The registered provider must ensure that there are a sufficient number of trained first aid responders in the centre based on a risk assessment to comply with health and safety legislation.</p>	<p>All staff are trained in the theoretical part of fire safety, The physical element of fire safety will be reinstated from now and a training plan has been designed to ensure delivery of this training in every site in the organisation by 31<sup>st</sup> July2022.</p> <p>Our internal trainers are qualified First Aid Responders and Cardiac First Response instructors. A training plan has been implemented from August 1<sup>st</sup>, 2022, to carry out a three day course with all centre and deputy centre managers in our services.</p>	<p>The physical element of fire safety training has been reinstated and will form part of fire safety going forward.</p> <p>The organisation will ensure that there are sufficient numbers of staff trained as First Aid Responders and this training will be delivered by the organisation's trainers</p>
3	None identified.		
4	None identified.		