



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 044

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	22nd, 23rd and 24th March 2021
Registration Status:	Registered from the 08th June 2021 to 08th June 2024
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Date Report Issued:	15th 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 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 the June 2015. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 08th June 2018 to the 08th June 2021.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. At the time of inspection, the centre had two young people resident, both aged 12 and under. Applications for derogation were made in respect of both young people; however, the Alternative Care Inspection and Monitoring Service registration committee approved only one derogation. The application to renew the derogation for the second young person placed in the centre was not approved as the social work department stated that the placement no longer met the needs of the young person. The centre did not appeal the decision of the registration committee. The social work department for that young person was in the process of identifying an onward placement.

The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person.

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

A draft inspection report was issued to the registered provider, senior management, centre manager on the 9th July 2021 and to the relevant social work departments on the 9th July 2021. 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 21st July 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. Following the receipt of the CAPA and additional evidence, inspectors were satisfied that sufficient action had been taken by the centre to address issues raised in the report. As such, each of the regulations examined were then deemed to be met.

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: 044 without attached conditions from the 08th June 2021 to the 08th June 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 copies of up to date care plans on file for one young person and there was evidence of the centre management seeking the most recent care plan for the other young person from the social work department. Both young people were under the age of 13 years and child in care reviews were taking place monthly as per statutory timeframes. Inspectors spoke with one young person who stated that they attended their child in care review if they wished or that they filled in forms for their views to be represented at the child in care review if they didn't attend. This was further evidenced in documents reviewed by inspectors and in interviews with social care staff.

Inspectors found up to date placement plans on file for both young people with evidence that these were regularly reviewed and evaluated. The placement plans on file were found to set out clear goals in line with their care plans. Placement plans were devised at the beginning of a three-month period and progression of placement plan goals noted at the end of each month. Inspectors reviewed the placement plan documents and found evidence that the input of each young person was sought and added to the record. The placement plans also recorded the views of the young people's families, where appropriate, and social workers also noted their views on the placement and identified what goals and supports they wished put in place to support the young people. Inspectors spoke to the guardians for one young person and were advised that staff in the centre were attuned to the needs and wishes of the young person.

There was good evidence on file of key workers working with the young people to meet the goals in their placement plans. Inspectors noted identified external supports for each young person where required and these were appropriate and in line with their care plans.

Inspectors reviewed care files, social work questionnaires and spoke with the management and staff in the centre and found there to be effective communication

between all parties. Social workers for both young people advised that there was regular and consistent communication, both via telephone and email in relation to the young people.

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.

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. In interview and through a review of centre documents, it was evident that the centre promoted positive behaviour through praise and reward. There was oversight from management on the issuing of consequences and evidence that positive behaviour was rewarded. This was further confirmed in interview with one young person.

All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Inspectors noted that the refresher for the practical element of their behaviour management training had lapsed in the months prior to inspection due to Covid-19 restrictions in place, however training was subsequently provided to staff and up to date training

certificates for the practical element was provided to inspectors. Each young person had an individual crisis management plan (ICMP) on file which had been reviewed regularly and there were therapeutic support plans in place to guide staff. Inspectors reviewed the therapeutic plans and the ICMP's and found them to be informative with an awareness of how the child's history and life experiences can impact on their behaviour. Inspectors noted that the ICMP's were very long and detailed and the centre manager must ensure that these documents are reviewed to eliminate unnecessary information and to enable the staff member to access pertinent information readily.

The young people were made aware of the expectations for their behaviour through key working, young people's meetings and on-going discussions with staff. Care files reviewed by inspectors showed evidence that 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 social workers for the young people had provided sufficient pre-admission referral information to the centre to inform staff regarding the social history and challenges for each young person.

Inspectors reviewed a sample of team meeting records and handovers. There was evidence of good discussion on each young person and presenting issues providing staff with relevant information to support the young people in their care. Inspectors found that there was good attendance at team meetings and staff who were not present signed the minutes to evidence they had read them.

Inspectors found evidence that the centre manager, regional manager and, where appropriate, the centre's behaviour management trainer were appraising the centre's approach to managing behaviour, commenting on the quality of interventions and approaches and identifying learning outcomes and trends. Evidence of feedback to staff members on learning outcomes was demonstrated in team meeting records and further referenced by staff in interview.

In the months directly prior to inspection a change to auditing had occurred and auditors were employed by the organisation to conduct audits throughout all the centres in the organisation. The role of the auditors would be to provide feedback to the regional managers and the regional manager would assist the centre management to implement changes to be compliant with the action plan. Inspectors found that

the audits conducted to date were comprehensive and were focused on quality of practice and ensuring the safety of the young people.

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 individual risk management plans (IRMP). Inspectors were satisfied that there were mechanisms in place for the monitoring and oversight of restrictive practices in the centre.

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

The young person who met with inspectors was satisfied that they could raise concerns in regards to their care with the manager and staff. Both young people in their questionnaires identified that they knew how to make a complaint and that they had made complaints in the months prior. One young person noted that on foot of a complaint made in consultation with their keyworker, contact with a school friend had been re-established. Inspectors found evidence of key work undertaken with young people around how to make a complaint or raise a concern. The importance of this key work was also discussed in audits sampled for review. In interview social workers advised that they were made aware when complaints had been made and the outcome of same. Staff in interview stated there was an open culture in the centre and expressed confidence in the internal and external managers.

The centre had mechanisms in place for social workers to provide feedback to the centre on the care being provided to the young people. One social worker interviewed stated that they were quite satisfied with the level of communication and felt that any feedback they provided was accepted by the centre and incorporated into the daily plan for the young person. Inspectors found evidence of regular contact with the parents of one young person and updates provided to the parent on the health, well-being and development of their child, in line with their care plan and agreed with their social worker. There was also a formal feedback mechanism in place for parents to provide feedback and inform future improvements. The guardians for one young person advised the inspectors that they were very happy with the progress the young person had made especially around their ability to manage their behaviours with others. They stated that the centre was open to their feedback and was in regular contact with them.

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. This was confirmed in interview with social workers. There was good evidence of oversight by the manager and regional manager who reviewed and commented on the management of all incidents. This was further corroborated by staff in interview. There was evidence of ICMP's 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.

Inspectors were satisfied that the centre had a system in place to review significant events and ensured that learning was used to inform the development of best practice. Inspectors reviewed two significant event review group (SERG) meeting minutes where on one occasion, following a pattern of incidents a meeting was held to evaluate the incidents and determine learning and on the second occasion, a SERG was called following incidents of peer to peer assault. Inspectors examined team meeting minutes and found evidence of staff discussion around learning, areas for improvement and areas of good practice following the discharge of one young person.

Compliance with Regulation	
Regulation met	Regulation 16
Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that ICMP's are reviewed to eliminate unnecessary information and to enable the staff member to access pertinent information readily.

Regulation 5: Care Practices 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.

Leadership was demonstrated and evidenced at all levels in the residential centre. Both managers were experienced and knowledgeable in their roles. In interview staff noted that all levels of management were approachable and supportive to staff. Staff in the centre were aware of the lines of governance and the roles and responsibilities held by senior management. 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 significant event reviews which were of a high standard. Inspectors noted that the position of senior social care worker was held by a staff member who was in the process of acquiring an appropriate qualification for this role. The centre manager must ensure that management tasks are not fulfilled by the senior social care worker until such time as they have completed their qualification.

The manager and staff confirmed they had job descriptions and were aware of their roles and responsibilities. The centre manager had recently returned from extended leave and the deputy manager had acted up in this post while they were absent. Inspectors noted that the centre manager had undergone a comprehensive induction and training programme on their return to the centre and on taking up the centre manager role. The centre manager held the role of person in charge with overall executive accountability, responsibility and authority for the delivery of the service.

There was evidence on records that the regional manager and client services manager had visited the centre to review records, conduct audits, and meet with staff and young people. They had access to all information generated in the centre on the organisation's IT system. The young person who spoke to inspectors stated that they knew who each person was who visited the centre and they felt comfortable to speak with them about any concerns they had.

There was a service level agreement in place with the funding body and reports were provided on the compliance of the centre with the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation.

The centre's 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.

There was a risk management framework and supporting structures in place for the identification, management and assessment of risk. Inspectors reviewed pre admission risk impact assessments and found these to be comprehensive with consideration given to potential situations that may arise. Inspectors reviewed the individual risk management plans (IRMP) for the young people. The IRMPs were updated regularly to include new and escalating risks. These were active documents, comprehensive in nature with mitigating interventions noted. Staff had a good working knowledge of managing risk in the centre and risk management was an agenda item at both team meetings and unit manager weekly link in meetings.

Upon reviewing the risk registers inspectors found no reference to risk management regarding staffing should staff members become unwell and unable to work as a result of harm/injury at work. The centre manager and registered provider must ensure that consideration is given to the risk posed by reduced staffing numbers as a direct result of injuries/harm to staff members in the course of their work and formulate intervention plans as appropriate. Inspectors also found that the centre had not completed a risk assessment for the removal of a young person to alternative accommodation. The registered provider and centre manager must ensure that risk assessments are carried out on all situations that require such an assessment.

Inspectors observed the Covid-19 infection control measures in place for visitors attending the centre and noted that Covid-19 was recorded as a risk on the risk register. In interview staff stated that they felt safe in the centre and acknowledged that they had access to appropriate personal protective equipment and training on risk minimisation.

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.

The centre had an on call policy in place to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre.

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 centre manager must ensure that management tasks are not fulfilled by the senior social care worker until such time as they have completed their qualification.
- The centre manager and registered provider must ensure that consideration is given to the risk posed by reduced staffing numbers as a direct result of injuries/harm to staff members in the course of their work and formulate intervention plans as appropriate.
- The registered provider and centre manager must ensure that risk assessments are carried out on all situations that require such an assessment.

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.

Inspectors did not find effective workforce planning in operation by the organisation. At the time of inspection there were sufficient numbers of contracted full time staff to meet the centre's statement of purpose and the minimum required numbers of staffing. The centre had a core permanent team of a manager, deputy manager and

eight care staff. In interview staff noted that there were occasions when they did not have the required numbers of staff on duty due to staff sick leave and this was also noted in staff questionnaires. Daily handover records examined by inspectors found that on a number of occasions there were only two staff members starting or leaving shift. The centre had access to a relief panel but had limited capacity to cover all forms of leave.

Inspectors found it difficult to verify staffing arrangements as the rotas provided to inspectors at the time of inspection were found to be inconsistent and inaccurate and in clarifying the rotas, inspectors were advised that there were different rotas in operation. There was insufficient evidence to support the explanation on why inaccurate information on rostering was provided during inspection and this matter has been referred to the National Registration Enforcement Panel.

Inspectors found that the lone working logs created in the centre to reflect when staff were alone with young people were not completed accurately. When these logs were cross referenced with the daily logs for young people inspectors could not identify when staff worked alone with young people, for how long and for what reason. The recording practices in the centre were inadequate and the staff names recorded on the handover and daily logs was at times inaccurate. Inspectors also found that some daily log entries did not contain sufficient details on the young person's day.

Inspectors also found that in some instances staff were working 48 hours continually (back-to-back) and at times staff were also required to get up during the night on successive shifts to conduct live night checks. This practice is unsafe and the centre manager and registered provider must ensure that if night checks are required then live night staff must be rostered to carry these out. The centre manager and registered provider must also ensure that the practice of staff working back-to-back shifts in the organisation stops immediately.

The registered provider and centre management must ensure that when changes occur in the staffing rota that this must be reflected in the final archived rosters maintained by the organisation and made available for inspection. Inspectors reviewed management records and while reference was made to staffing, there was no record of staffing issues recorded despite the above findings. The centre manager and registered provider must ensure that there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.

The staff employed in the centre had the necessary competencies with a good mix of experience to meet the needs of the young people. The majority of staff had worked in the centre for over 2 years and had worked together as a team for that length of time. Both young people's questionnaires and the young person who spoke to inspectors evidenced that they were well cared for and spoke positively about the staff team.

Inspectors found that there were arrangements in place to promote staff retention and a number of staff had availed of training and further education opportunities. Staff retention in the centre was good. The manager and five of the staff team each had between three and six years' experience working with the organisation which provided the young people with a good level of stability. The centre had an on call policy in place to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Training for staff was planned and co-ordinated centrally by the organisation and the centre had a yearly planned training schedule. In interview staff noted that they were reminded when training was due and this was further discussed in supervision to ensure attendance and identify additional training needs. Inspectors reviewed a sample of personnel files and found that those examined had the required mandatory core training, training in the centre's care practices and operational policies and procedures was completed. Staff interviewed confirmed that they were supported to attend training and education appropriate to their roles.

The centre had a formal induction process. All staff in the centre receive induction training on commencement of employment followed by a centre specific induction process also. There was written evidence of induction provided to inspectors and staff members interviewed as part of the inspection process confirmed they had received both an organisational and house specific induction.

Records of staff training were maintained on personnel files. The inspectors reviewed a sample of personnel files for staff and noted that training certificates were absent on some files. The centre manager must ensure that staff personnel files are updated when staff have undertaken training and training certificates placed on file.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 6.1 Standard 6.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider and centre management must ensure that when changes occur in the staffing rota that this must be reflected in the final archived rosters maintained by the organisation and made available for inspection.
- The centre manager and registered provider must ensure that there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.
- The centre manager and registered provider must ensure that if night checks are required then live night staff must be rostered to carry these out. The centre manager and registered provider must also ensure that the practice of staff working back-to-back shifts in the organisation stops immediately.
- The centre manager must ensure that staff personnel files are updated when staff have undertaken training and training certificates placed on file.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
3	The centre manager must ensure that ICMP's are reviewed to eliminate unnecessary information and to enable the reader to access pertinent information readily.	The centre manager and Deputy centre manager have reviewed the relevant ICMP in conjunction with the TCI trainer and all unnecessary information has been removed to ensure ease of access to the information for the staff team.	ICMP's are reviewed at least monthly and updated as and when needed following significant events, changes to behaviours for the young people. They are then discussed at each team meeting to ensure that the information is correct and relevant for the young people and that the team have read and understood.
5	The centre manager must ensure that management tasks are not fulfilled by the senior social care worker until such time as they have completed their qualification.	Management tasks in the centre are only undertaken by management – Unit Manager, Deputy Manager or Social care leader.	The organisation's management structures are as follows: Centre Manager Deputy Centre Manager Social Care Leader. Management tasks are assigned only to these roles and the organisation ensure that they hold the relevant qualification and training to fulfil and undertake these tasks. Each centre has a management

	<p>The centre manager and registered provider must ensure that consideration is given to the risk posed by reduced staffing numbers as a direct result of injuries/harm to staff members in the course of their work and formulate intervention plans as appropriate.</p> <p>The registered provider and centre manager must ensure that risk assessments are carried out on all situations that require such an assessment.</p>	<p>The centre has now over contracted in staffing to ensure that they are not solely reliant on the usage of relief staff to cover any types of leave.</p> <p>This has now been included as part of the centre's SOP risk register with clear risk ratings and control measures for planning highlighted taking into account the impact on the young people in the centre.</p>	<p>delegation log in place that tracks these tasks and who completes them.</p> <p>The centre has now over contracted in staffing to ensure that they are not solely reliant on the usage of relief staff to cover any types of leave.</p> <p>Reduced staffing as a risk is now included in all centre's risk registers across the organisation and risk rated accordingly in order for all services to have a contingency plan in place and to alert senior management if the rating increases in order to respond to same.</p>
6	The registered provider and centre management must ensure that when changes occur in the staffing rota that	The organisation has a Time Management system in which the roster is electronically	The organisation will no longer operate from paper rosters and only rosters from the Time Management System will be

	<p>this must be reflected in the final archived rosters maintained by the organisation and made available for inspection.</p> <p>The centre manager and registered provider must ensure that there are adequate numbers of full time and relief staff employed in the centre with regard to the numbers and needs of the children and to cover all forms of leave.</p> <p>The centre manager and registered provider must ensure that if night checks are required then live night staff must be rostered to carry these out. The centre manager and registered provider must also ensure that the practice of staff working back-to-back shifts in the organisation stops immediately.</p> <p>The centre manager must ensure that staff personnel files are updated when</p>	<p>stored. Paper rosters will no longer be in use.</p> <p>The centre has now over contracted in staffing to ensure that they are not solely reliant on the usage of relief staff to cover any types of leave.</p> <p>An alternative roster has been developed with a live night built into it. This alternative roster will be implemented based on the assessment of risk in the centre and will continue to be in place until such time as it is agreed by all relevant stakeholders.</p> <p>Personnel files are updated by the training and recruitment department and not by</p>	<p>utilised. Final versions of same will be stored in each centre and available for each inspection.</p> <p>The organisation has over contracted in staffing to ensure adequate staffing is available to fulfil the centres' roster requirements in line with occupancy.</p> <p>An alternative roster has been developed with a live night built into it. This alternative roster will be implemented based on the assessment of risk in the centre and will continue to be in place until such time as it is agreed by all relevant stakeholders.</p> <p>Regular audits of staff personnel files are now conducted by both the training and</p>
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	staff have undertaken training and training certificates placed on file.	centre management. However, Centre management will ensure that staff training needs are in line with policy at all times and that all staff have the required training.	recruitment departments to ensure that staff files and training records are maintained at all times and up to date.
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