



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 048

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Positive Care
Registered Capacity:	Three Young People
Type of Inspection:	Announced
Date of inspection:	21st, 22nd, 23rd February 2022
Registration Status:	Registered from the 16th July 2020 to the 16th July 2023
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	11th May 2022

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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 2010. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 16th July 2020 to 16th July 2023.

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 living 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	2.3
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

A draft inspection report was issued to the centre manager, senior management and the relevant social work departments on the 7th April 2022. This inspection found the centre to be operating fully compliant with the standards inspected therefore there was no issues requiring action identified. The centre manager reviewed the report for accuracy and returned the draft report on the 8th April 2022.

The findings of this report 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: 048 without attached conditions from the 16th July 2020 to the 16th July 2023 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.

This centre was a detached property located in a housing estate on the outskirts of a rural town. The premises was homely, warm, comfortable, and well maintained. Each young person had their own bedroom with adequate and secure space for their personal belongings. Inspectors viewed two of the bedrooms during the inspection and they were comfortably furnished and personalised. The centre was found to be adequately lit, heated, and ventilated. There were sufficient bathroom facilities to ensure privacy.

The centre provided enough space for young people to spend time and engage in recreational activities with a range of games, books, computer games and art materials etc. available. There were gardens to the front and rear of the property which were well maintained. However, outdoor recreational activities were restricted by the slanting terrain of the gardens, although a basketball hoop and punching bag were available.

At the time of inspection, the premises was clean, nicely decorated and in good structural repair. The young people were consulted in relation to the decoration of the centre and there were lots of photographs of the young people on display along with their art works. A review of maintenance records evidenced that managers regularly monitored the premises to ensure it was well maintained. There was evidence that maintenance issues were addressed in a timely manner, and this was confirmed to inspectors by one of the young people. All equipment purchased appeared to be of an appropriate standard. All social workers interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited.

Inspectors found that fire detection and fire safety equipment at the centre met the required standard. The inspectors observed that fire safety systems were in place in the centre including a fire alarm, fire blanket and fire extinguishers. All fire prevention equipment was checked regularly by external fire safety consultants. The inspectors found evidence that staff carried out monthly fire drills which the young people participated in. The centre maintained a fire register which evidenced regular inspections of the premises, firefighting equipment, and the emergency lighting system. New staff were informed of the fire procedure as part of their induction to the centre. All the staff were trained in fire safety and first aid. Inspectors noted that some of the training certificates on staff personnel files did not contain the specifics of the training provided and the qualifications of the trainers and this should be amended to reflect this information.

The centre had a site-specific safety statement and procedures in place to manage risks to the health and safety of staff and visitors. There was a designated health and safety officer for the centre. There was evidence that the centre managers conducted monthly health and safety and fire audits and identified deficits had been addressed. The centre had a system in place to record any accidents or injuries. Inspectors were satisfied that accidents were being recorded and appropriate measures taken in response.

There were three centre vehicles. Car tax, insurance and NCT were found to be up to date on the centre vehicles. Inspectors reviewed a sample of personnel files and found that the staff files reviewed maintained a copy of their full driving licence.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.3
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 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 managing behaviour which was supported by a range of policies including “managing behaviours that challenge” and “promoting positive behaviour”. The organisation also had a therapeutic care framework based on attachment and trauma informed care. All staff were trained in the framework and those interviewed demonstrated a good understanding of the framework in practice in their work with the young people. The staff team were trained in a recognised model of behaviour management and there was evidence of refresher training being completed. Inspectors found that there had been a delay in some of the refresher training taking place due to Covid 19 and recommends that the required six-monthly training refreshers resume as soon as possible.

Each young person had an individual crisis support plan (ICSP) on file which had been reviewed regularly and there were practice guidelines and behavioural support plans in place to provide guidance to staff. Inspectors found that the management and several of the staff had worked in the centre for many years providing the young people with a level of stability and consistency of care. They had built good relationships with the young people and had a good insight into the young people’s needs and how best to respond to their behaviour. There was no evidence of bullying in the centre and individual work had been carried out with young people to support them in their mental health. Inspectors found from a review of sanction records that the team did not rely on sanctions or negative consequences to manage difficult behaviour and that positive behaviour was encouraged and rewarded.

Young people were aware of the expectations for behaviour and there was evidence of this in the individual work records and life space interviews. The staff team received guidance and support from the organisation’s behaviour support specialist along with several external agencies including CAMHS and the Tusla ACTS service. The staff

team were also creative in terms of their use of resources in the individual work they undertook with the young people.

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 informed inspectors that the young people had developed good relationships with the management and staff and that the young people's behaviour was well managed.

There was a clear system in place for the review of significant events. Significant events were reviewed at team meetings, staff supervision and SERG (Serious Incident Review Group) meetings had taken place following serious incidents or concerns in relation to an escalation in young people's behaviours. There was evidence that the centre manager had been proactive in liaising with social workers and other professionals to set up strategy meetings in response to behaviours of concern and to implement safeguarding measures such as safety plans and temporary live night staff.

Inspectors found evidence that the centre manager, regional manager and where appropriate the centre's behaviour management trainer were reviewing significant events and the centre's approach to managing behaviour, commenting on the quality of interventions, approaches and identifying learning outcomes. There were also several internal and external auditing systems in place to monitor the centre's approach to managing behaviour that challenges.

The centre had a policy on the use of restrictive practices and there were some restrictive practices in place in the centre to ensure safety. There was evidence that these restrictive practices had been risk assessed and were monitored on a regular basis. Social workers confirmed to inspectors that they were consulted and aware of all restrictive practices in place.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 3.2
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 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, through a review of centre records and interviews that there was a strong emphasis in the centre on supporting the young people to achieve their potential in learning and development. At the time of inspection all three young people in residence were engaged in an educational or training programme.

One young person was preparing to leave care and nearing the end of their school placement at the time of inspection. Despite being some distance from the school, the young person had maintained the school placement they had been attending prior to admission with the support of staff who transported them daily. The young person spoke with inspectors and confirmed that staff supported them in their education and were consulting with them in relation to their future education/training and living options.

The other two young people had experienced difficulties at times in their educational placements and attendance was an issue. Inspectors were satisfied from reviewing the care and individual work records that the centre was making efforts to support the young people in encouraging them to attend their placements and highlighting

the importance of education. Inspectors found that the centre maintained good communication with teachers and course coordinators within the young people's educational placements. The centre supported placements when required and in one case staff remained present at a young person's placement on a daily basis to provide additional support. The centre had also linked in with the local education and welfare officer to seek their guidance in maintaining school placements. Parents where appropriate were consulted and kept updated on the young people's educational progress. Social workers informed inspectors that the centre made every effort to support and maintain the young people's educational placements.

Inspectors were satisfied that there were comprehensive educational records on file that contained relevant educational information including educational assessments, school reports and certificates. At the time of inspection one young person required an educational assessment and the allocated social worker informed inspectors that funding had been sourced for this assessment. Within the centre there was adequate space for young people to study and appropriate educational resources available to the young people.

There were records of on-going discussions with young people to explore their future educational options and evidence that staff assisted the young people in the development of C.V.s and application forms and at the time of inspection one young person had secured a part time job. Staff had also undertaken individual pieces of work with young people to explore with them their future plans, and in one case the manager had enrolled a particularly creative young person on a suitable course due to their artistic abilities.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

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

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	N/A		
3	N/A		
4	N/A		