



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: 2020

Inspection Report

| | |
|------------------------------|---|
| Year: | 2020 |
| Name of Organisation: | Positive Care Limited |
| Registered Capacity: | Four young people |
| Type of Inspection: | Announced |
| Date of inspection: | 05th & 06th August 2020 |
| Registration Status: | Registered from the 28th September 2019 to the 28th September 2022 |
| Inspection Team: | Anne McEvoy Joanne Cogley |
| Date Report Issued: | 2nd September 2020 |

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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 September 2010. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from the 28th September 2019 to 28th September 2022.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. At the time of inspection there were three young people in placement. A derogation was in place to allow one young person under the age of 13 to be placed there. Their model of care was described as a theoretical approach based on four pillars: entry, stabilisation, planning and exit. It aims to provide the young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education.

1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|-------------------------------|------------------------------|
| 2: Effective Care and Support | 2.1, 2.2, 2.3, 2.4, 2.5, 2.6 |

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, 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, director of services and the relevant social work departments on the 14th August 2020. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 14th August 2020 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 September 2019 to the 28th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had a written policy on admission which took into account the rights of children, the National Standards for Children's residential Centres, 2018 (HIQA) and appropriate regulations and legislation. The centre's statement of purpose and function was to provide short to medium term care for four young people of both genders from age thirteen to seventeen years on admission. This statement also took account of the young person who had been placed in the centre under derogation. From a review of care files it was evident that the three young people in placement were admitted in line with the centre's statement of purpose. The centre maintained a register of all young people admitted to the centre.

In interview centre management and staff stated that referrals were reviewed by the client services manager and regional manager and forwarded to the centre manager for consideration. Inspectors found that there was sufficient pre-admission information on file to allow for the centre to adequately determine if the placement was suitable for each child prior to admission. There were comprehensive social histories and relevant professional reports on file for the young people resident. Referrals were considered on the basis of a risk assessment on the young person being referred, an impact risk assessment on the current residents and an opinion on whether the centre would be able to offer a safe and positive experience to the young person. Inspectors noted pre admission and impact risk assessments on file and these were adequate to cover presenting risks.

Allocated social workers for resident young people confirmed that they were consulted and their views considered in relation to proposed new admissions. Prior to admission consideration was given to the most appropriate transition plan for each young person. These were written documents that were circulated to the

young person's social worker and held on the young person's file. The young person interviewed stated they had visited the centre prior to moving in and were given an individualised young person's booklet. Upon review this booklet named the keyworkers for the young person, it clearly defined the day to day operations within the centre and what the young person should expect after they moved in. There were meetings between the relevant social workers and the centre prior to admission.

The managers, staff and social workers interviewed expressed the view that the young people were appropriately placed. Questionnaires completed by some of the young people showed they were happy in their placements and felt well cared for and safe.

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 two young people in placement. The third young person had recently been subject to a child in care review and the centre were awaiting the updated care plan. There was evidence on the young person's file that the centre had made appropriate and ongoing attempts to have the updated care plan forwarded to them. There was evidence of reviews occurring within statutory timeframes. The placement for the young person for whom the derogation was in place was being reviewed monthly as per the regulations and the other young people's placements were being reviewed every six months. Young people were encouraged and facilitated to attend their child in care reviews. Where they chose not to attend, the keyworker met with them and ascertained their views prior to the meeting and provided that information to those present.

Inspectors found up to date placement plans on file for each young person with evidence that these were regularly reviewed and evaluated. Audits conducted by the centre manager and regional services manager commented on the quality of the placement plans and provided feedback to staff on how best to meet the young person's needs as outlined in their care plan. The centre had recently implemented a new template for the placement plan document. This was found to be informative, easy to read and clearly noting the link between the identified care plan needs, the placement plan goals and the key working sessions used to meet these goals. The broad goals to be achieved were devised by the centre manager and deputy manager and these were broken into achievable tasks by the young person's allocated keyworkers. Inspectors found that following admission, as part of their initial key working session, staff focused on goals the young people wished to achieve and these

were incorporated as part of the placement plan. There was evidence in key working documents that these goals were reviewed with the young people.

Inspectors found identified external supports for each young person where required and these were appropriate. There was evidence of young people being facilitated to attend equine therapy, as well as specialist mental health and supportive services.

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.

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

The centre was a four bedroom, two storey house located in a cul-de-sac with views of the sea. The centre had ample space to facilitate the young people living there and the staff caring for them. There were upstairs and downstairs bathroom facilities.

The centre presented quite homely and was well maintained, clean and bright. Inspectors were informed that the centre were planning to upgrade their heating system in the coming months. Furnishings within the centre were clean and to a good standard. There was a large kitchen and dining area which was well ventilated and appropriately furnished with cooking facilities, washing and drying facilities and all necessary appliances. When young people had friends, family or professionals visiting- they had access to a private space within which to meet them. There was a front and back garden and young people had space within the centre for recreation both apart and together. Inspectors recommend that the garden fence is painted and weeding and grass cutting is monitored and completed when necessary outside the premises.

Each young person had a room to themselves which they decorated. The young person interviewed stated they had space within their room to store all their belongings safely. On reviewing the care files, staff maintained an inventory of all young people's personal belongings.

Inspectors found that young people were encouraged to offer input into how the house was decorated and when young people requested the purchase of soft furnishings, lights or wallpaper for their rooms these requests were facilitated. This was evidence through a review of the minutes of young peoples' meetings.

There were photographs of the young people appropriately placed within the centre and cards and mementos of young people's celebrations were prominently displayed. Young peoples' questionnaires stated they liked where they were living and liked their home.

In communal living areas, inspectors found an array of board games suitable for the age range of young people within the centre.

The manager provided proof of centre compliance with building regulations, fire safety, and health and safety legislation. The deputy manager had been appointed as the designated person with responsibility for fire safety and health and safety within the centre. Inspectors recommend that this appointment be revisited with staff within the centre as some staff interviewed did not know who the designated person was. The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of fire fighting equipment. There was evidence of daily and weekly fire checks being conducted by staff along with regular fire drills. There were risk assessments in place for those young people who routinely refused to participate in fire drills and each young person had a personal plan in place for assisting and managing them in the event of a fire. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly. Fire Safety inspection certificates were provided to the inspectors.

Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. There were general risk assessments in place for routine risks within the centre and the centre had a health and safety statement with an effective means for reporting hazards in the centre. All staff were fully trained in an approved behaviour management technique for the safe management of young people presenting with challenging behaviour. Inspectors found that there was a lapse in first aid refresher training due to Covid-19. Inspectors were assured this was prioritised for completion and the centre manager confirmed that there was always staff on duty who had in date first aid certificates.

In reviewing the health and safety register, there was evidence that the centre manager and regional manager undertook regular checks to ensure that the centre was in good condition and free of hazards and risks. The centre had a log to record any accidents or injuries. None had been reported since the time of the last inspection.

Upon arriving at the centre, inspectors were made aware of rigorous COVID-19 protocols in place for staff and visitors to manage the risk of transmission.

There were two vehicles on site used to transport the young people which were taxed and insured. A review of a sample of staff personnel files demonstrated that all staff who were permitted to drive the staff cars had the necessary category full licence. Inspectors found that one staff member who was still on a provisional licence was not permitted to drive the centre cars.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors found all young people had an up to date care record that was stored securely. The care files contained copies of the young person's birth certificate, care order, social history and other relevant information specified in the regulations.

Inspectors found that overall the centre files were up-to-date and well organised with good systems in place. There were standard templates for the recording of all documents and these were written to a good standard. Records were stored in a manner that maintained appropriate levels of privacy and confidentiality about the young people's circumstances. The centre had a data protection policy and there were no noted breaches of data confidentiality. Inspectors found that records were signed by centre management and were regularly audited by the regional manager and by the client services manager in the absence of the regional manager. All centre records were kept in perpetuity and were archived in appropriate storage facilities arranged by the organisation's head office.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors found from interviews and a review of records that there was good evidence of interagency cooperation between the centre and social work departments.

At the time of inspection, the centre had no young people who were preparing to leave the centre and there were no discharges since the time of the last inspection. However, the centre had a comprehensive discharge policy in place which allowed for continuity of care upon discharge from the centre. The centre manager stated that

end of placement reports are completed and relevant information transferred when young people are discharged and moving to another service.

Inspectors found that feedback was sought from young people still resident and those that had left the centre. Young people were encouraged to express their views on their experience of care in the centre. This took the format of both feedback forms and in young person house meetings. Inspectors viewed two completed exit feedback forms. These were forwarded to the client services manager for oversight.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

At the time of inspection there were no young people approaching adulthood; however inspectors found evidence in key working documents of preparation towards independent living. The centre had savings accounts in place for young people who were approaching sixteen years of age so they would have a fund to assist them when they left care. Inspectors also found evidence of young people being involved in the decision making process in relation to their future plans regarding education courses.

The centre had an aftercare policy in place. Staff interviewed were familiar with the Tusla National Aftercare Policy, 2017 and had participated in centre training on aftercare planning and preparation. When young people reach age 16 years they were facilitated to complete a leaving care needs assessment form. This was a form completed within the centre and separate to the Tusla National Aftercare Policy, 2017.

Centre management stated that the centre's policy was that young people were offered copies of important documents such as their birth certificate, medical records and education records upon discharge in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

| Compliance with Regulation | |
|-----------------------------------|--|
| Regulation met | Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17 |
| Regulation not met | None identified |

| Compliance with standards | |
|--|--|
| Practices met the required standard | Standard 2.1 Standard 2.2 Standard 2.3 Standard 2.4 Standard 2.5 Standard 2.6 |
| 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 | None identified | | |