An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 097

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Positive Care**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**24th, 25th & 26th May 2022**
Registration Status:	**Registered from 22nd of December 2020 to the 22nd of December 2023**
Inspection Team:	**Joanne Cogley** **Anne McEvoy**
Date Report Issued:	**5th July 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 December 2008. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 22nd of December 2020 to the 22nd of December 2023.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for up to four young people of both genders from age thirteen to seventeen years on admission. The model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model includes 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 two young people living in the centre at the time of inspection. One young person was placed outside of the centre's purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 15th June 2022 and to the relevant social work departments on the 15th June 2022. 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 June 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: 097 without attached conditions from the 22nd of December 2020 to the 22nd of December 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

The organisation had a policy in place to support the management of complaints within the centre. Inspectors reviewed this policy and found it to be in line with best practise and Tusla's "*Tell Us*" policy. All staff members interviewed were familiar with the policy and the different levels at which complaints could be managed. Both young people residing in the centre at the time of inspection completed a questionnaire for inspectors. In this they stated they had made complaints to staff and were happy with how the complaints were managed. Inspectors spoke with one young person on the day of inspection and they stated they were aware of how to complain. They stated they had done this on a number of occasions and were happy with how their complaints were managed. Whilst not all of their complaint outcomes led to change, they stated that where there was no change, the reasons for this were explained to them in detail. In the case of the younger second resident, they had recently been supported by an Empowering Young People in Care (EPIC) representative to write a letter of complaint and this was investigated and responded to appropriately. Young people were encouraged to make complaints and from review of records appeared confident, where possible, changes would be made in response to their complaints.

Inspectors found there to be a culture of openness and transparency in the centre through the recording of complaints, discussions in young persons' meetings and discussions in team meetings. Young persons' meetings were actively used to discuss any issues within the centre, with staff, young people and the environment itself. This empowered both the young people and the staff members involved to resolve issues immediately where possible. Young people were afforded the opportunity to provide feedback on the process in these meetings. These meetings were overseen by the centre management with feedback provided in relation to the outcome of each meeting.

The centre had a number of information booklets in place. These included a young person's booklet, a parents' booklet and a booklet specific for children under 12 years who were placed in the centre. These booklets included the rights of the child, the organisation's complaints process and avenues to complain external to the centre and organisation. A representative from EPIC had visited the young people in April 2022 and explained the role of their organisation and ways they can advocate for young people in care.

Both young people had allocated social workers and one young person had an allocated guardian ad litem. From a review of records it was evident that social workers had regular contact with both the centre and the young people. All complaints, regardless of the level of resolution, were forwarded to social workers and Guardians ad litem (GAL) for review. Social Workers and GALs were satisfied all complaints were listened to and responded to appropriately and that all outcomes were explained appropriately to young people. Social workers were confident young people's voices were heard in placement.

From a review of records, inspectors found that complaints were recorded, managed, reviewed or investigated as required. A register of complaints was maintained within the centre and this was used as an active working document. Where updates occurred, the register included these updates and was reviewed by the staff team. All complaints were kept on young people's care files in addition to the register of complaints. Inspectors saw an annual review of complaints that had been completed at the end of 2021. This highlighted the number of complaints, the level at which complaints were resolved and the category they fell into. Discussion relating to complaints was a regular item on team meeting minutes. While complaints were a standing item on weekly management minutes, the information recorded relating to this was statistical and did not include any recorded discussion or analysis. The regional manager interviewed confirmed discussion had occurred relating to complaints and it was found that there was a lack of recording within the centre. In response to this the regional manager ensured training was provided to staff members in relation to the complaints process. Inspectors saw evidence of this training being completed and noted no concerns in relation to the recording of complaints at the time of inspection.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Standard 1.6**
Practices met the required standard in some respects only	**None identified**
Practices did not meet the required standard	**None identified**

Actions required

- None required

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors noted a number of policies that were in place in relation to safeguarding. These included child protection, safeguarding, visitors, bullying, cyber bullying, lone working, physical contact and intimate care policies. Policies reviewed were in line with Children First: National Guidance for the Protection and Welfare of Children (2017), relevant legislation and best practice. There were no noted concerns of bullying at the time of inspection, either within the centre or the school setting. One young person highlighted in their questionnaire that they felt safe in the centre and the second young person inspectors met with noted they viewed the centre as their home and had advocated to stay there as opposed to returning home.

Staff members interviewed demonstrated knowledge of the process around the reporting and the management of disclosures of abuse. They were also clear on who mandated people were within the organisation and the role of the Designated Liaison Person (DLP). The organisation's policy clearly stated that all social care staff members by virtue of their role and training were considered mandated persons,

however there was no list of mandated persons as outlined in legislation available for review. The centre manager must ensure a list of mandated persons is available for staff within the centre.
The centre had a child safeguarding statement in place that was last reviewed by management on the 04th May 2022. This was accompanied by a letter of compliance from the Child Safeguarding Statement Compliance Unit dated the 25th November 2020. Staff members interviewed were aware of the contents of the risk assessment component of the safeguarding statement and it was displayed within the staff office and the allocated child protection folder. Upon review of the child safeguarding risk assessment, inspectors noted that while the majority of risks were related to safeguarding, there were a number of risks that did not relate to child protection such as Covid19, location of premises, accidents on site and self-harming behaviours to name a few. The centre manager must review the risk assessment component of the child safeguarding statement in line with legislation and best practice to ensure all risks relate directly to safeguarding and child protection. The centre maintained a child protection register and this was actively used and updated to record the status of child protection and welfare reports (CPWRF). There appeared to be some confusion by management in relation to the headings in use at the time of inspection with some headings using terminology that does not exist under the legislation. The centre manager must review the terminology being utilised in the child protection register to ensure it is line with legislation and reporting requirements. There had been one reported CPWRF during the period of review and inspectors noted this had been recorded and reported appropriately. Inspectors reviewed a number of documents within the reporting timeframe and found that there had been discussions during team meetings, handover and management meetings in relation to the CPWRF including review of supervision levels of young people and policies relating to child protection. Management also provided staff with a debrief through supervision which adequately reviewed roles, approaches and identifying areas of practice change as required. Risk assessments had been reviewed and updated in the line with this CPWRF and all had been shared with social worker for review and investigation. Subsequently the CPWRF had been reviewed and closed by the social worker in a reasonable timeframe.

Both young people were being assisted and supported to develop the knowledge, understanding and skills needed for self-care and protection in an age-appropriate manner. There were a number of key working documents on file for both young people that had detailed recorded discussions along with the use of resources and age-appropriate worksheets being utilised. Areas of discussion included; sexual education, diet and nutrition, self-care and independent life skills and appropriate

relationships and boundary setting. Individual areas of vulnerability were identified and proposed risk management strategies were implemented through pre-admission risk assessments, individual crisis support plans, individual absence management plans and individual risk management plans. With the exception of the pre-admission risk assessment, these documents were reviewed on a regular basis by management and within team meetings. Social workers confirmed they were satisfied with the work being completed with young people and stated both their allocated young people felt safe in placement and viewed it as their home. The staff team, where appropriate, liaised with the young people's families to ensure they were kept updated on progress. One social worker commended the work completed with a parent and the high level of positive communication that was occurring with the parent.

Inspectors reviewed the organisation's policy on protected disclosures. Whilst staff members were familiar with the general process, they were not aware of who the named person on the board was should they feel they couldn't approach management with concerns and they were not aware of the named person to approach if they were dissatisfied with an outcome to a concern they had raised. At the time of inspection the centre manager informed inspectors one of the named people in policy was no longer in post. From a review of policy, inspectors noted a paragraph that served as a deterrent for staff members raising concerns outside of the organisation. This stated that the only external persons they were entitled to raise concerns with were the Gardai should a crime have been committed. This paragraph also implied that staff may face disciplinary procedures should they raise concerns externally which is not in line with the National Standards for Children's Residential Centres, 2018 (HIQA) which stated that staff can report a protected disclosure "without fear of adverse consequences to themselves". Inspectors reviewed this policy with a number of staff members and were assured that regardless of the wording of the policy, the staff members were clear that should they have any concerns they would be confident in raising them both internally and externally should they feel the need to. The regional manager must ensure the protected disclosure policy is reviewed in its totality and that all staff members are aware of avenues for raising concerns.

The organisation had a number of procedures in place for auditing its compliance with child protection, this included regular audits carried out by the quality assurance auditors, regular onsite visits and review of documents by the regional manager and discussion of concerns at weekly management meetings. Inspectors did note that while audits were in depth and comprehensive, staff members were only interviewed in the context of child protection concerns and were not interviewed as to

what people would do should they have concerns relating to staff or management practice. The regional manager must ensure they satisfy themselves that quality assurance audits are comprehensive in identifying all gaps and areas for improvement.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
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 3.1**
Practices did not meet the required standard	**None identified**

Actions required

- The centre manager must ensure a list of mandated persons is available for staff within the centre.
- The centre manager must review the risk assessment component of the child safeguarding statement in line with legislation and best practise to ensure all risks relate directly to safeguarding and child protection.
- The centre manager must review the terminology being utilised in the child protection register to ensure it is line with legislation and reporting requirements.
- The regional manager must ensure the protected disclosure policy is reviewed in its totality and that all staff members are aware of avenues for raising concerns.
- The regional manager must ensure they satisfy themselves that quality assurance audits are comprehensive in identifying all gaps and areas for improvement.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors reviewed the care files for both young people in placement. One young person was placed outside of the centre's purpose and function and a derogation had been approved by the Alternative Care Inspection and Monitoring Service. This young person had monthly child in care reviews as per the *National Policy in Relation to the Placement of Children aged 12 and under in the Care or Custody of the Health Service Executive* (OMCYA, 2009a). Whilst the statutory minutes were on file, there was no care plan in place relating to this young person's placement, despite requests from the centre manager to social work for same. Inspectors spoke with this social worker who confirmed there was an up-to-date care plan on their system and would ensure this was sent to the centre immediately. In the case of the second young person there was an up-to-date care plan on file. From a review of placement plans, the goals for this second young person were in line with their care plan. Goals on the other young persons placement plan were in line with actions as set out in the statutory review minutes on file. Social workers for both young people and the appointed GAL confirmed they were happy the centre was working towards the goals of the care plans in relation to physical and mental health needs.

From a review of files, there was clear medical information present for both young people. Both had been referred to a number of specialist services, all of which had either been completed or were in the process of being completed and dependent on waiting lists. The young people were registered with a general practitioner (GP) in the local town. Consideration had been given to the young people maintaining their own GPs when they moved to the centre however due to school timetables this was not possible and it was agreed a GP closer to the centre would ensure young people had access to medical services as and when needed.

Inspectors reviewed the organisation's medication management policy and found while this was comprehensive, it was not conducive to the practise in relation to training. The policy stated that medication management training occurred every year whereas the practise in the centre was that training occurred every two years. While there were no concerns noted in relation to practice during the course of inspection, it is recommended the regional manager review the current medication management

policy to ensure it reflects practise. All medications were stored in the staff office upstairs in the house. Each young person had their own allocated cabinet that was wall mounted and locked at all times. There was identifying information on all medications. There was an allocated medication folder in place for each young person and this contained relevant information such as Kardex, PRN and data sheets. From a review of medication administration records these had been appropriately recorded and where errors had occurred these had been reported and reviewed by management.

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

Compliance with standards	
Practices met the required standard	**Standard 4.2**
Practices met the required standard in some respects only	**None identified**
Practices did not meet the required standard	**None identified**

Actions required

- None required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None required		
3	The centre manager must ensure a list of mandated persons is available for staff within the centre. The centre manager must review the risk assessment component of the child safeguarding statement in line with legislation and best practise to ensure all risks relate directly to safeguarding and child protection. The centre manager must review the terminology being utilised in the child protection register to ensure it is line with legislation and reporting requirements. The regional manager must ensure the	List has been developed and has been implemented in the centre as of 08.06.2022. A review has been completed of child safeguarding risk register in line with Tusla guidance on developing a CSS. Child protection risk register has been updated and removal of terminology that is no longer utilised has been completed. Policy review will be undertaken as a	Unit Manager will ensure that the list is review regularly and updated with any changes needed. Any new risks to be added will be reviewed with UM and RM to ensure that they are comprehensive and directly relate to safeguarding and child protection. This has been rectified and has been communicated to the staff team in the team meeting on the 07.06.2022 Once policy review is completed all staff

	protected disclosure policy is reviewed in its totality and that all staff members are aware of avenues for raising concerns. The regional manager must ensure they satisfy themselves that quality assurance audits are comprehensive in identifying all gaps and areas for improvement.	matter of priority. Whistle blowing element of child protection training will be reviewed as a matter of priority. Quality audit has been reviewed to ensure all questions asked are comprehensive and cover the specific sections of the audit as set out.	team members will be made aware of changes to the policy and all avenues of raising concerns will be addressed through a scheduled team meeting. Any needed changes to training materials will be rolled out as soon as complete. All quality assurance audits will be reviewed with auditors prior to actioning and finalisation during scheduled audit feedback with UM/RM.
4	None required		