



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 110

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Positive Care
Registered Capacity:	Three Young People
Type of Inspection:	Announced
Date of inspection:	06th, 10th, & 11th May 2022
Registration Status:	Registered from the 18th of August 2021 to the 18th of August 2024
Inspection Team:	Paschal McMahon Lorna Wogan
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 and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 18th August 2015. At the time of this inspection the centre were in their third registration and were in year one of the cycle. The centre was registered without attached conditions from the 18th August 2021 to 18th August 2024.

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 approach to working with young people was informed by attachment theories with a focus 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 registered provider, senior management, centre manager on the 10th June 2022 and to the relevant social work departments on the 22nd 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 17th 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: 110 without attached conditions from the 18th August 2021 to 18th August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

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

The centre was located in a detached house in a rural location with large spacious gardens. The grounds outside the centre were well maintained. The centre was in good structural repair and the layout and design of the centre was suitable to provide safe and effective care for the three residents. The young people had their own bedroom where they could secure personal items. They had opportunities to personalise their rooms and had sufficient space for storage. The inspectors viewed one of the young people's bedrooms during the inspection, which was comfortably furnished and personalised. There were suitable indoor and outdoor spaces for recreation and spacious communal areas for mealtimes and relaxation. All equipment purchased appeared to be of an appropriate standard. Inspectors found the house was clean, well maintained, appropriately decorated and there was evidence of on-going improvements to the environment. Since the last inspection the garage area was converted to provide additional space for the young people for recreation and use as a gym.

There were photographs of the young people on display within the centre. The young people that spoke to inspectors said they liked the accommodation and confirmed that they were consulted in relation to the decoration of the house. Bathroom and laundry facilities were satisfactory, and the centre was adequately lit, heated, and ventilated. The social workers and Guardians Ad Litem interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited. The centre had a designated person with responsibility for fire safety. There were regular checks and audits on the premises and on firefighting equipment. Records on file also evidenced maintenance checks were carried out by external fire consultants

on the fire alarm, fire panel and emergency lighting as required. Monthly fire drills were undertaken and in circumstances where young people refused to participate there was evidence this was addressed at house meetings and through individual work. At the time of inspection all staff had received fire safety training. However, inspectors noted that this training was online theory based and did not have the practical on-site demonstration of the use of firefighting equipment. All staff should receive onsite training in the use of fire equipment as a priority.

Inspectors were satisfied there were procedures in place to manage risks to the health and safety of young people, staff and visitors. The centre had a health and safety statement in place which was signed by staff and on display in the staff office. The site specific safety statement outlined the environmental risks and hazards in the centre and the control measures in place. There was a designated health and safety representative and all staff interviewed were aware of the health and safety representative's role. Electrical appliances and equipment had been checked on a regular basis by a registered electrical contractor. Monthly health and safety audits were undertaken to ensure the premises were safe. A review of records evidenced that managers regularly monitored the premises to ensure it was safe and well maintained. There was evidence that maintenance issues were recorded and addressed in a timely manner. The centre had a system in place to record accidents or injuries that occurred. There was one recorded accident in the period under review which was recorded and responded to in an appropriate manner. The inspectors reviewed training records and found that while all staff had undertaken first aid training, no members of the team had undertaken First Aid Responder training (FAR). The registered provider must ensure based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.

The centre had three centre vehicles to transport the young people and inspectors found that all vehicles were roadworthy, regularly serviced, insured and displayed a valid tax disc. Staff completed weekly checks on the vehicles to ensure they were maintained in good order. Inspectors viewed a sample of personnel files that evidenced the staff members were legally licensed to drive the centre vehicles.

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	None identified
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that all staff receive onsite training in the use of fire equipment as a priority.
- The registered provider must ensure based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.

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

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found that there was a positive approach to managing behaviour that challenged which was supported by a number of written policies. A review of personnel files and training records evidenced staff-received foundation training and refreshers in a recognised model of behaviour management. At the time of inspection, the centre was in the process of transitioning to a new model of care and there was a focus on positive behaviour support training which all staff had received. Staff in interview identified their focus was on using their relationships with the young people to provide positive behavioural support to manage their behaviour.

Praise, positive reinforcement, and open conversations with the young people were used to help them learn from, understand, and reflect on their behaviour. This approach was reflected in keywork records and life space interviews following significant incidents.

Individual crisis support plans, risk management plans and absence management plans were in place for each young person which were updated as required and forwarded to the allocated social workers. The centre also had access to specialist advice and support from the organisation's behaviour specialist and behaviour management trainer if required.

Inspectors found there was an anti-bullying policy in place. Staff reported that bullying was not an issue at the time of inspection, and this was confirmed by the young people who met with inspectors. Key work records viewed by inspectors provided evidence that a substantial amount of individual work had taken place in relation to supporting the young people's mental health and wellbeing. During the period prior to the inspection there were very few significant events relating to behaviour that challenges. The young people were aware of the expectations for their behaviour through key working and young people's meetings. Inspectors reviewed the centre's sanction records and found that sanctions were not a regular feature in the management of the young people's behaviour. The majority of sanctions applied were natural consequences and there was evidence that positive behaviour was rewarded, and incentives were in place to promote positive behaviour.

At the time of inspection there was a relatively new team of social care workers in place. There was evidence that the management team, several of whom had worked in the centre for a number of years, provided support, guidance and direction for the team and maintained a strong presence on the floor. This was confirmed by staff in interview and in supervision records reviewed by the inspectors.

Inspectors were satisfied from a review of the care files that allocated social workers had provided the centre with relevant reports and information to support each young person and to assist the centre in placement planning. The social workers and Guardians ad Litem informed inspectors that the young people had developed very good relationships with the management and staff and that the young people's behaviour was well managed.

There was evidence that significant events were routinely reviewed for any emerging patterns or learning at team meetings and in staff supervision. Serious Incident Review Group meetings took place following serious incidents or concerns in relation

to an escalation in young people's behaviours. There was evidence on file that the manager was proactive in communicating with the young people's social workers and Guardians Ad Litem in relation to any necessary follow up actions.

The centre had a range of systems in place to ensure robust oversight of the approach to managing behaviour. All significant events reports were reviewed by the centre manager and regional manager. They provided commentary on the quality of interventions, care approaches and identified any follow up actions. There were also several internal and external auditing systems in place to monitor the centre's approach to managing behaviour and evidence that feedback from these audits was relayed to the staff team.

The centre had a policy on restrictive procedures which inspectors found was understood by the staff team. Restrictive practices were recorded in young people's individual risk management plans, were subject to regular review and removed if no longer deemed necessary. The allocated social workers confirmed 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.**

Following interviews with managers and staff and a review of centre records the inspectors were satisfied that young people were encouraged and supported to reach their potential in learning and development.

At the time of inspection two of the young people had educational placements. The third young person was recently out of education. There was evidence that the centre had made every effort to encourage the young person to attend the placement in conjunction with the course facilitators. The inspectors found that young people were supported to transition to new or alternative educational or work placements and staff assisted young people to gain employment in accordance with their wishes. Where issues arose in educational and training placements there was evidence of good cooperation and collaboration with the education providers. There was evidence the staff encouraged the young people to discuss their preferences, interests, abilities and aspirations in relation to training and educational goals and this was considered in the context of care and aftercare planning.

One of the young people in the centre had made significant progress in their education since they were first admitted. The young person was preparing for their state exams at the time of the inspection, and they told the inspectors how proud they were of their progress in education. The young person's parent along with other professionals commended the support and encouragement provided by the centre in enabling the young person to reach their educational goals.

The centre maintained a comprehensive record of each young person's educational and training progress. The care files contained relevant educational information including educational assessments, school reports and certificates. Young people's educational needs were addressed in their care and placement plans. There was evidence that educational goals and the importance of education for future outcomes was discussed regularly with the young people in key working records.

In cases where young people did not attend-school/training there was evidence in daily logs that efforts were made to engage the young people in a daily routine and there had been an increase in the young people's level of engagement in the weeks prior to the inspection. However, inspectors noted that one young person who had poor sleep patterns was recently spending long periods of time in their room gaming. The inspector recommends that time spent gaming is monitored as this may be a factor that impacts on their capacity to engage in education. The social workers and Guardian Ad Litem for the young people were satisfied that the centre placed a strong emphasis on education and highlighted the commitment and level of creativity shown by the centre in their efforts to meet the young people's educational needs.

Two of the young people were approaching the school leaving age and both had appointed aftercare workers. Both young people confirmed to inspectors that staff and their aftercare workers and centre staff were assisting them in identifying future education and training options and this was evident in their care records.

Compliance with regulations	
Regulation met	N/A
Regulation not met	N/A

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	The registered provider must ensure that all staff receive onsite training in the use of fire equipment as a priority.	All Staff are trained in the theoretical part of Fire safety. The physical element of fire safety will be reinstated from now and a training plan has been designed to ensure delivery of this training in every site in the organisation by July 31 st , 2022.	The physical element of fire safety training has been reinstated and will form part of fire safety training going forward.
	The registered provider must ensure based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.	Our internal trainers are qualified First Aid Responders & Cardiac First Response instructors. A training plan has been implemented from August 1 st , 2022, to carry out the 3 day PHECC FAR course with all unit and deputy managers in our services.	The organisation will ensure that there are sufficient numbers of staff trained in FAR per service and this training will be delivered by the organisation's trainers.
3	None identified.		
4	None identified.		