An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 117

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Positive Care Limited**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**27th, 28th and 29th September 2021**
Registration Status:	**Registered from 21st July 2019 to 21st July 2022**
Inspection Team:	**Linda McGuinness** **Lorna Wogan**
Date Report Issued:	**12th November 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 on the 21st of July 2016. 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 the 21st of July 2019 to the 21st of July 2022.

The centre was registered to provide medium to long term care for two young people of both genders aged thirteen to seventeen years on admission. Their model of care was based on theoretical approaches underpinned by four pillars of care: entry; stabilise and plan; support and relationship building and exit. The framework aimed to provide young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education. There one young person 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	2.2
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 and to the relevant social work departments on the 22nd of October 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 5th of November 2021. 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: 013 without attached conditions from the 21st of July 2019 to the 21st of July 2022pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17 Records

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.

There was one young person living in the centre following the planned discharge of another young person in April 2021. At the time of the inspection the centre manager was assessing appropriate referrals that would provide a suitable and safe mix of young people.

Statutory care plans were on file for the young person in placement and the care plan was reviewed in line with the requirements of the regulations and more frequently when required. A child in care review was held the week prior to this inspection and an updated care plan was on file. Additional planning and strategy meetings were undertaken to support the young person's individual needs and to ensure effective planning.

Inspectors spoke with the social worker for the young person, and they were satisfied that the centre provided safe care and met their needs as set out in the care plan.

Inspectors found that the young person was encouraged to attend their review meetings and had done so in the past. If they chose not to attend there was evidence that work was completed with them by staff and management to ensure their views were fully represented at the statutory review.

There was evidence that the young person was encouraged to participate in placement planning and to contribute to setting goals they wished to achieve. The inspectors spoke with the young person during the onsite inspection. They confirmed they liked the house, they had a say in planning for their care and the staff were available to support them.

There was an up-to-date placement plan on file that was prepared by the key worker with oversight of the centre manager. The placement plan was based on needs identified in the care plan and child in care review meetings. They were drafted on a

quarterly basis and were formally reviewed monthly and reviewed also in team meetings and in staff supervision. There was evidence that staff were assigned and completed pieces of key working and individual work with the young person to progress identified needs.

The social worker was interviewed by inspectors and confirmed they received copies of the placement plans and other key documents. They were satisfied that these plans were in line with the aims and objectives of the care plan and the young person had made progress with the support of the staff team.

Inspectors found that the young person had been referred for appropriate specialist supports. One external support service they were engaged with was withdrawn suddenly and the team felt this left a gap in terms of professional external support. Referrals for Child and Adolescent Mental Health Services did not result in the provision of a service and the social work department were considering funding for private specialist support. In the interim the management and staff in the centre had identified community-based resources to support the young person.

The organisational psychologist was working with the team to support them with approaches to care and to implement therapeutic interventions in line with the model of care. The behaviour support analyst had assisted with the development and oversight of behaviour support plans and risk management plans.

Following a review of the care files and interviews with the allocated social worker and Guardian ad Litem the inspectors found there was regular communication and good collaboration between all parties to facilitate effective planning.

Compliance with Regulation	
Regulations met	**Regulation 5** **Regulation 17**

Compliance with standards	
Practices met the required standard	**Standard 2.2**
Practices met the required standard in some respects only	**Not all standards were assessed**
Practices did not meet the required standard	**Not all standards were assessed**

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 the young person experienced care and support that promoted positive behaviour. Following a review of records/questionnaires and through inspection interviews there was evidence that the policies and procedures relating to behaviour management were understood and implemented in practice. Staff encouraged positive behaviour and did not rely on sanctions for the management of behaviours that challenged. Life space interviews were utilised where possible in line with the model of behaviour management. There was evidence that the staff were attuned to the needs of the young person and sought to understand the function of any challenging behaviour. They included the young person in open and honest discussions at their level of understanding to support them to choose more effective alternatives. They had a good awareness of how trauma, mental health or other issues could affect young people. It was evident that the staff team knew the young person well and were sensitive to issues that could cause upset. Supportive discussions were undertaken with the young person relating to issues such as racism, diversity, the development of social skills and respecting the rights of others.

Staff were trained in a recognised model of behaviour management. However, due to the Covid-19 pandemic, a decision was made to only include the theoretical aspects of this training for a period. Inspectors identified several staff who had not completed the required foundation training programme however had completed a refresher training module in the physical restraint elements of the programme. This is not in line with the requirements of the accreditation process. All staff must complete core training and testing in the full programme prior to doing refresher training.

The young person's social worker confirmed they were promptly notified of all significant events or key issues. They stated that the staff team also positively managed behaviour in the centre when it was dual occupancy. They received a copy of the young person's individual crisis management plan (ICMP) which identified safety concerns, triggers, proposed interventions and de-escalation strategies. Copies of this were up to date and held on the young person's care file. However, these plans were not based on the most recent update of the model of behaviour management in

use. It is recommended that staff receive updates in version 7 of this programme as soon as training schedules can resume to pre-restriction levels.

There was an anti-bullying policy in the centre. There were no issues relating to bullying within the centre at the time of inspection due to single occupancy. However, it was evident through review of questionnaires and records that staff were familiar with the policy and that work took place with the young person to equip them to deal with bullying or harassment in any situation.

Inspectors found that there was good oversight of the centre's approach to managing behaviour with various auditing systems in place to monitor and review behaviour management. These included management attendance at handover and team meetings where they analysed incidents and gave feedback to staff. The team in conjunction with senior managers reviewed significant events in real time and there was evidence of communication with all relevant parties to discuss interventions and outcomes. A significant event review group was scheduled when incidents reached a certain threshold and were risk escalated in line with policy. There was evidence that learning outcomes were communicated the staff team and that they felt this was a useful process. The centre's approach to managing behaviour was also formally audited through regional manager and quality assurance audits, copies of which were provided to inspectors.

The centre had a written policy regarding the use of restrictive practices. At the time of the inspection the only restrictive practice in place was the use of bedroom door alarms. There was a time earlier in the year where several restrictive procedures were used following risk assessments to ensure the young person's safety and welfare. These had been implemented following consultation with social workers and other professionals. They were regularly reviewed and removed once it was considered safe to do so. A record of these restrictive procedures was held on the young person's file as required. However, inspectors recommend a register of restrictive practices for the centre to facilitate tracking and effective oversight.

There was evidence that the interventions/practices in place were fully explained to the young person in the context of ensuring their safety and welfare. The social worker confirmed in interview that the team only use these measures as a last resort and that they were fully involved in their review.

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

Inspectors were satisfied that an open culture was promoted in the centre. Staff described an open-door policy where they could approach the centre management and senior managers. Although some staff did not explicitly reference the whistleblowing policy it was evident through inspection interviews and review of questionnaires that all staff knew how to respond to a concern about the practice of a colleague.

The young person who spoke with inspectors confirmed that they had staff who they could go to if they had concerns or worries. They knew about complaints processes and inspectors were satisfied that a complaint they made was investigated in line with policy and brought to a satisfactory conclusion.

Inspectors found that the manager and staff team consulted with and sought feedback from social workers, other professionals and parents if they were involved in the care of the young person. The inspectors found that issues of concern raised by the young person's parents were discussed in planning meetings. As mentioned previously, the social worker was complimentary about the quality of care being provided to the young person. The centre worked hard to ensure that family contact and family relationships were supported, promoted and maintained. The social worker commended the staff efforts to facilitate the young person to travel abroad to visit their family.

There was a system in place where an online survey was sent to social workers and the organisation collated the feedback and incorporated it into their service improvement plan. Feedback from young people was evidenced in daily records and was incorporated into the annual quality review for the service.

There was evidence that all incidents in the centre were recorded, reported and reviewed in a timely manner in line with organisational policies on the notification, management and review of incidents.

Inspectors found that regional manager had oversight of all incidents through the organisation's cloud-based IT system. They also visited the centre to read and review centre records. Inspectors found that significant events and other opportunities for learning were discussed in staff supervision and in team meetings. Learning from incidents was communicated to the full staff team following review at the significant

event review group (SERG). The social worker had attended some of these meetings and was always informed of outcomes if they were not in attendance.

It was also evident that issues requiring action and attention from inspections of other centres within the organisation had been communicated across the service and implemented company wide.

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	**Not all standards were assessed**

Actions required

- The registered provider must ensure that training in the model of behaviour management is provided in line with the guidance provided by the accreditation body.

Regulation 5: Care Practice s 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.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. Each staff member had a job description appropriate to their role.

Inspectors found that strong and effective leadership was evident. The centre manager was in post since 2019. They were appropriately qualified and experienced to undertake the role. They reported to a regional manager who was responsible for

four centres and they in turn reported to the client services manager. The centre manager expressed confidence in all levels of senior management. Staff who responded to questionnaires and were interviewed during inspection stated that internal and external managers were accessible and available to them. They described the manager as being a supportive, challenging, competent leader. There was evidence through interview and review of records that the manager guided and directed the team. The acting deputy manager also provided support, mentored staff and modelled good care practice.

Recently, new arrangements/systems to strengthen the governance across the organisation were implemented. This saw the regional manager having a greater presence in the centre and being much more connected to practice and day to day operations than in previous inspections of the service. They normally visited the centre once or twice monthly and were in daily contact with the manager. There was evidence of weekly unit manager link in meetings where key areas of operations and care practice were discussed. Inspectors were confident from several sources and triangulation of evidence that there was good oversight of the service.

The centre manager was based at the centre from Monday to Friday during normal office hours and attended the handover meeting daily. The deputy manager was now assigned full time to administrative duties. There was a plan to increase the number of social care leaders in the centre from two to three. The client services manager had visited the centre, attended staff meetings on occasion, and met with staff and young people. The newly appointed deputy chief executive officer had also visited the centre to explain their role to young people, staff and management.

There was a strong emphasis on the provision of child centred safe and effective care which was led by the centre manager. Inspectors reviewed a range of centre records including team and management meetings, incident reviews and staff supervision and found that a culture of learning was evident in practice. This was confirmed through staff interviews and in discussions with the guardian ad litem and allocated social worker.

There was a cloud-based IT system whereby all levels of management could review records generated in the centre and give feedback or provide commentary. Inspectors found that actions arising from other inspections across the organisation had been discussed at management and team meetings and implemented across the service.

The registered provider and the client services manager liaised with Tusla's national private placement team (NPPT) in relation to placement contracts and procurement of services. The centre was operating under an old service level agreement while negotiations about contracting took place. There were regular meetings and updates regarding young people's progress and an annual report was submitted to NPPT.

The centre manager held the overall executive accountability for the delivery of service, and it was evident through the inspection process that they had oversight on all areas of practice.

The centre's policies and procedures were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Some deficits relating to the recruitment policy are discussed under standard 6.1 of this report. Staff members had received training in the centre's model of care and the policies and procedures. There was evidence that these were discussed regularly in team meetings and on occasion in supervision with individual staff members.

There was a risk management policy and framework in place as required. Staff confirmed that they had received training in its implementation. Staff were familiar with how the centre managed risks to young people, starting with a pre-admission risk process and progressing to individual risk assessments, risk management plans and review of risk. Staff and management were clear about the thresholds for escalation of risk for the attention of senior management.

They were able to describe recent and current risks for the young person and how these were assessed and managed in practice. Inspectors were satisfied that the risks associated with the current young person were comprehensively risk assessed, managed and monitored. This was confirmed in interview with the social worker for the young person.

There were two separate registers for recording and reviewing corporate and health and safety risks. Inspectors found evidence of oversight of risk by senior managers through service governance reports, audits, senior management meetings, and their visits to the centre.

Staff reported to inspectors that they felt that the risks associated with Covid-19 were well managed in the centre. They stated that they had access to personal protective equipment, cleaning materials and sanitiser and review of records showed they had received relevant training relating to Covid-19. Risk assessments which impacted day

to day operations or trips outside the centre were reviewed in line with guidance and advice from the National Public Health Emergency Team and government guidelines. These were monitored through the risk register.

Inspectors found that there was an internal management structure appropriate to the size and purpose and function of the residential centre. There were an on-call policy and procedures in place to assist staff to manage any crisis outside of office hours. In interview staff confirmed that they had confidence in the on-call system and knew the thresholds for calling those on duty.

There were arrangements in place to provide cover when the manager took periods of leave. There was a comprehensive delegation log to record tasks assigned to members of staff and this included delegation of managerial tasks. There was a formal handover process at the end of a managers leave period where key decisions and other information were communicated back to the manager.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.2**
Practices met the required standard in some respects only	**Not all standards were assessed**
Practices did not meet the required standard	**Not all standards were assessed**

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.

The organisation had a dedicated HR department. Inspectors found that workforce planning was discussed at team meetings and between the regional manager and

centre manager. It was then subsequently addressed at senior management meetings and with the HR department.

At the time of this inspection the staffing complement consisted of the social care manager, acting deputy manager, two social care leaders and four social care workers. The centre manager was appropriately qualified and experienced and there was evidence of good leadership and support. The acting deputy manager at the time of inspection did not have a qualification in social care or a related field as required. This person had many years' experience in social care and were appointed prior to the staffing memorandum issued by the alternative care inspection and monitoring service in February 2020.

Inspectors found that a staff member who commenced work in the centre in July 2020 was not qualified and was employed as a trainee social care worker. However, this person was fulfilling a fulltime line as a social care worker on the roster. This person was in part time study and not due to be fully qualified until 2024. The role of trainee is not a recognised category of social care staff. Inspectors note that the decision to appoint this person was made despite clear direction to the service following several previous inspections in the organisation. It was made clear that a person cannot be employed as a trainee unless they are supernumerary to the core social care team.

The National Standards for Children's Residential Centres, 2018 (HIQA) states that staff members are:

> '*A person or people employed by the registered provider to work in the children's residential centre, including employed from other agencies, it does not include a person who works in the residential centre as an intern, a trainee or on placement as part of a degree course*' *(page 84)*

Inspectors also found that this person had been delegated tasks above their qualification and experience. They had been delegated to a shift leader role on several occasions and were also appointed as a keyworker for the young person. Review of supervision records indicated that they had also been informed that they could support the induction of new staff. This anomaly resulted in an unqualified staff member who was a trainee undertaking induction training for qualified staff members.

Dedicated relief staff familiar with the centre were available to cover annual and other types of leave. Staff confirmed in interview that they did not have to work extra

hours to cover shortfalls in staffing. Annual leave could be booked and taken as required.

Inspectors reviewed copies of exit interviews which staff had completed upon leaving their employment. Staff noted positive areas of working for the organisation such as training and supportive management. Some pointed to areas such as communication with senior management and salary increments/employee benefits as areas which might be improved. There was evidence that management utilised the exit interview process for learning purposes. Inspectors could see that issues raised were taken into consideration by senior management with some actions relating directly to feedback provided.

In relation to recruitment, inspectors found that there was no requirement set out in the organisation's policy for an interview process to assess suitability and appoint staff members. From a review of personnel files and inspection interviews inspectors found that that at least two staff had only been interviewed by one person. This was contrary to best practice for choosing suitable candidates. It was also noted that the interview process required review to ensure that the knowledge and competencies of candidates are properly assessed. Inspectors noted that all questions were equally rated. For example, questions about knowledge of the company or preparation for interview were given equal weighting to questions relating to child protection, social care practice or legislation and national standards. Therefore, high scoring in the first two areas above brought candidates with limited knowledge or experience above the pass score.

Two full time social care workers had moved to the relief panel on 7th and 15th September leaving the centre two staff members short of requirements of the staffing memorandum. At the time of inspection one new staff member had been recruited, was onboarding and due to commence in post in October 2021. The centre manager informed inspectors that recruitment was ongoing. They stated that that staff were available to increase the staffing/young person ratio to 3:2 if a new young person was admitted, in line with the statement of purpose and centre policies.

The inspectors found staff had the necessary competencies and experience to meet the needs of the young person currently in placement. The centre manager organised the roster to ensure that there were experienced staff working each day where possible. Two staff members worked twenty-four-hour shifts, and both slept overnight in the centre. There was now dedicated time for handover meetings following findings in other inspections across the organisation. Day shifts were not in

place at the time of inspection but were to be reintroduced if another young person was admitted to the centre.

The organisation had some arrangements in place to promote staff retention and maintain a stable team. There was an employee assistance programme, a good focus on training and staff development, support for staff studying and newly introduced increments after a certain time in post.

There was a formal on call policy and procedure in place, staff confirmed that this was effective and reliable and that they understood the thresholds for contacting the person on call.

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

All staff received the required mandatory training and where there were delays due to Covid-19, a catch-up training programme was provided. There was a comprehensive internal training needs analysis and database and online training programme. Staff were sent reminders if they were due to do refresher training for specific courses.

Staff received training in additional areas many of which were particularly related to the needs of young people. Training was provided in the organisation's policies and procedures and care framework. Staff interviewed during inspection confirmed that there were many training and development opportunities and that their individual training development plan was discussed during professional supervision. Training certificates were stored on personnel files however some did not record the date of training, who signed off on it and if there was an expiry date and this is recommended.

Inspectors noted that a culture learning and development was promoted by the centre manager. Review of policies and procedures were evident at team meetings.

There was a formal induction policy in place where new staff received mandatory training and induction into the organisations' policies and procedures. Management oversight and sign off on the induction programme was evident on a sample of files reviewed by inspectors.

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

Compliance with standards	
Practices met the required standard	**Standard 6.4**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- The registered proprietor must ensure that all staff members are appropriately qualified, and staff are not recruited as trainee social care workers. Any person designated a trainee must be supernumerary to the social care team.
- The registered provider must ensure that there is a review of the recruitment policy and ensure that it is fit for purpose to assess candidates through a robust interview process and procedure.
- The registered provider must ensure that training certificates show who accredited the course, what date it was completed and if there is an expiry date where relevant.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must ensure that training in the model of behaviour management is provided in line with the guidance provided by the accreditation body.	All training in the model of behaviour management will be delivered in accordance with the most up to date version (version 7) as stipulated by the Accreditation body. All documents will reference the correct terminology in accordance with the guidance of the accreditation body.	All trainers are accredited to deliver the current version of the model of behaviour management. Only the most current and up to date training guidance will be delivered to staff. The training will now revert to pre-covid criteria, and all new staff will complete full training in accordance with the guidance from the accreditation body. Four full days All refresher training will be completed in accordance with the guidelines as stipulated by the accreditation body one full day refresher.
6	The registered proprietor must ensure that all staff members are appropriately qualified, and staff are not recruited as trainee social care workers. Any person designated a trainee must be	Any staff member not fully qualified will be supernumerary to the staff team.	No unqualified staff will be appointed to the centre

	supernumerary to the social care team.		
	The registered provider must ensure that there is a review of the recruitment policy and ensure that it is fit for purpose to assess candidates through a robust interview process and procedure.	A review of the interview process and procedure has occurred with the process now more robust. Interview questions designed to assess a candidate's knowledge of child protection and safeguarding legislation and knowledge of National Standards will be weighted appropriately The pass rate for interview will be increased to ensure a higher standard of candidate.	The recruitment policy and relevant policies and procedures will be reviewed at regular intervals
	The registered provider must ensure that training certificates show who accredited the course, what date it was completed and if there is an expiry date where relevant.	All training certs will now show who accredited the course, the date of completion and an expiry date if relevant	All training certs will now show who accredited the course, the date of completion and an expiry date, if relevant