



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	05th & 06th July 2022
Registration Status:	Registered from the 21st July 2022 to the 21st July 2025
Inspection Team:	Michael McGuigan Linda McGuinness
Date Report Issued:	8th August 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 determine the ongoing 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 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 July 2019 to the 21st July 2022.

The centre was registered to provide care for two young people between the ages of thirteen and seventeen upon admission. The centre operated under a “*care framework*” which outlined the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The care framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was one young person living in the centre at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	Standard 2.3 only
6: Responsive Workforce	Standard 6.1 only

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 20th July 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 28th July 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 117 without attached conditions from 21st July 2022 to the 21st July 2025 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.

Inspectors found the layout and design of the centre was suitable to provide safe and effective care for young people. The premises was comfortable, clean, well maintained and appropriately decorated. Young people had their own bedrooms with adequate storage facilities and access to bathrooms that allowed for privacy and dignity. Inspectors found that equipment purchased was appropriate to the needs of the centre and was sufficiently maintained.

There were adequate areas in the centre for rest and recreation including two communal living areas. Laundry facilities were satisfactory, and the centre was appropriately lit, heated and ventilated. The grounds were safe, secure and well maintained and there was plenty of space for activities. There was a football / hurling goals and an area set aside in the garage as a gym for the young person. However, there were some items also stored in this garage area and inspectors recommend that these are removed.

Inspectors found that this centre had written confirmation of fire safety from a suitably qualified person with experience in fire safety design and management. The inspectors reviewed the fire safety records and found that were appropriate checks carried out by the staff team including daily, weekly and monthly checks on the means of escape, fire doors, firefighting equipment and the fire alarm system. Fire equipment within the centre was serviced and maintained by an external fire contractor. However, inspectors found that a quarterly inspection on this equipment had not been conducted in the first quarter of 2022. This had not been identified in audits conducted by centre managers or external line manager. The centre manager

must ensure that appropriate periodic checks and servicing is conducted on firefighting equipment in the centre.

Monthly fire drills were recorded in the fire register and there was evidence that a fire drill had occurred in the hours of darkness. Inspectors noted that some staff had not received on-site fire safety training or training in the use of fire extinguishers and this should be provided as a matter of priority.

Inspectors found that the centre had an up-to-date health and safety statement and there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The safety statement outlined the obligations of the employer and responsibilities of the employee to health, safety and welfare at work. The environmental risks associated with the centre were detailed in a site-specific safety statement and a risk register outlined and rated current risks along with the control measures in place.

The centre manager had overall responsibility for health and safety in the centre and there was an appointed health and safety and fire officer from the staff team. There was evidence that these persons were conducting regular health and safety checks and audits to ensure the premises was safe. These audits provided details on compliance in areas such as fire safety, first aid, premises and the centre vehicles. The centre also had a system in place to record any accidents or injuries that occurred.

The majority of staff were trained in occupational first aid. However, no members of the team had undertaken First Aid Responder training (FAR). The registered provider must ensure that 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 held a record of maintenance and repairs and inspectors were satisfied that maintenance issues were dealt with promptly. A review of records evidenced that the centre's external managers and auditors regularly monitored the premises to ensure it was well maintained. Audits were conducted periodically to identify issues or hazards and records reflected these were addressed in a timely manner.

The centre had two vehicles, however, only one was currently in use given there was only one young person resident in the centre. Records confirmed that the vehicles were appropriately serviced and maintained and had valid tax and insurance. The organisation had a drivers' handbook that was the policy for driving at work and each

centre vehicle was fitted with a monitoring system that would alert the company to driver issues such as speeding.

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 onsite training in the use of fire equipment is provided for all staff as a priority.
- The centre manager must ensure that appropriate periodic checks and servicing is conducted on firefighting equipment in the centre.
- The registered provider must ensure that 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 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.

This centre had a named person in charge who was suitably qualified and had experience working in children's residential centres. They were supported in their role by a deputy manager and two social care leaders. This centre was registered to provide care for up to two young people. Given that there was only one young person living in the centre, the roster pattern in place was two overnights. At the time of the inspection the centre had 7.5 WTE. However, a new staff member had been allocated from another centre and was due to start induction in the days after inspection. Evidence that this person had started and was working shifts was subsequently provided by the centre manager. As such, it was the finding of inspectors that there were appropriate numbers of staff employed in the centre with regard to the number and needs of the young people placed there and the centre's statement of purpose.

From a review of management meeting minutes, it was evident that work force planning took place at centre level and also with external line managers. The centre manager produced regular reports that were provided to senior managers in the organisation and these detailed staffing requirements. Roster planning took account of account of annual leave, study leave, maternity leave, sick leave and there was contingency cover for emergencies. There were staff retention strategies in place for this centre and inspectors found these to be effective. From information on staffing, inspectors observed that only one staff member had left the service in 2022. Inspectors found there was a stable staff team that had the necessary skills, qualifications and competencies to provide quality care to the young person living in the centre.

Inspectors noted that audits against aspects of theme 6 of the National Standards for Children's Residential Centres, 2018 (HIQA) were conducted in the centre and that actions plans were created following these. The centre had two dedicated relief staff to cover annual or other types of leave. These staff were familiar with the young person living in the centre and their needs. Inspectors also found that the organisation had formal procedures for on-call arrangements at evenings and weekends.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

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

Actions required

- None

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 onsite training in the use of fire equipment is provided for all staff as a priority.	The centre manager has identified the training needs to senior management and the training department. All staff are trained in the theoretical part of fire safety.	Practical fire safety training for the centre has been prioritised and will be completed by September 2022. Moving forward onsite training in the use of fire equipment will be provided for all staff as part of training.
	The centre manager must ensure that appropriate periodic checks and servicing is conducted on firefighting equipment in the centre.	The centre manager has contacted our external provider for servicing of firefighting equipment and has scheduled date for this period. The date booked is 5 th August.	In the Monthly health and safety audit, periodic checks and servicing will be identified and planned for within the centre.
	The registered provider must ensure that based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.	A risk assessment has been added to the centre's health and safety risk register to assess the requirement of first aid responders.	The organisation is currently rolling out first aid responder training to all unit managers and deputy managers from the 01 st of August 2022. This will be completed by September 2022. Additional first aid responders within the team will be based

			needs of individual young people and supports to the staff team.
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