



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 146

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Positive Care
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	18th, 19th & 20th October 2021
Registration Status:	Registered from the 01st March 2019 to 01st March 2022
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	30th 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 03rd December 2018. 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 01st March 2019 to the 01st March 2022.

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 centre had an emphasis on attachment theory while focusing on the development of relationships with the young people. There were three young people residing 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 18th of November. 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 22nd of November 2021. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed. Following the receipt of the CAPA and additional evidence, inspectors were satisfied that sufficient action had been taken by the centre to address issues raised in the report. As such, each of the regulations examined were then deemed to be met.

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: 146 without attached conditions from the 01st March 2019 to the 01st March 2022 pursuant 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 were three young people in residence at the time of inspection and there were up-to-date care plans on file for two of the three young people. The third young person was admitted a number of days prior to the inspection and there was a statutory care plan review meeting scheduled in line with statutory timeframes. There was evidence on file that the centre manager had been proactive in requesting copies of updated care plans and care plan review minutes from social workers. The organisation had also introduced a care plan escalation process in cases where child in care reviews were not taking place in line with the regulations or there were difficulties in obtaining care plans and this had been circulated to the young people's social workers. This process included the regional manager taking responsibility for contacting the relevant principal social worker to highlight issues in relation to care planning and requesting appropriate action.

Inspectors found evidence that young people were consulted in relation to their care plan reviews. In cases where young people chose not to attend, they had completed child in care consultation forms and staff undertook key working sessions with them to ascertain their views. Centre records evidenced that young people received feedback from management and staff following their child in care reviews.

There were placement plans on file for all the young people. These plans set out the areas of work to be undertaken over a three-month period. In the case of the new admission their initial placement plan was developed based on the referral and admission information received and was primarily focussed on assisting them to build relationships and settle in. Inspectors found the placement plans were concise with clearly defined goals that were tracked monthly and reflected the goals of the care plans and the minutes of the care plan reviews. There was evidence on file of individual work conducted with the young people monthly and they had the opportunity to have input into their placement plans. The placement plans considered the views of young people's families and other relevant people where

appropriate through regular phone contact, care plan reviews and professionals' meetings. Social workers confirmed their input was requested in relation to placement plans and they were also provided with monthly progress reports. The keywork records viewed by inspectors were linked to the goals of the placement plans. The records were of a good standard, appropriate to the young people's level of functioning with a good use of worksheets and centre-based resources.

Inspectors were satisfied that efforts had been made to support and facilitate access to external supports and specialist services for the young people. The young people were all linked in with several external support services. One of the young people required a number of specialist services and there was evidence on file and from interviews with the centre management and the social worker that there were ongoing efforts to access these services. There had been difficulties in accessing CAMHS for the young person and this had been escalated by the principal social worker to the Tusla area manager. The organisation's psychologist was also actively involved in the development of a therapeutic plan and provided clinical guidance and support to the staff team.

Following a review of the care records, inspectors found evidence there was good communication between the centre management, staff and the supervising social workers and that they were working collaboratively to ensure the implementation of care plans. Social workers interviewed confirmed that they were kept updated on the young people's progress and the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
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 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

There was evidence of a positive approach to the management of behaviour based on children's rights, best practice and in line with the centre's behaviour management policy. It was evident in practice that staff made every effort to reinforce young people's positive behaviours rather than sanctioning negative behaviours. They sought to identify the causes of challenging behaviour and it was clear that the work with young people was conducted through positive relationships in line with the stated model of care.

At the time of this inspection two of the young people were recently admitted and staff were focusing on building relationships and putting incentives in place to encourage the young people to do well and achieve their goals. Management and staff in interview were aware of the children's presenting behaviours and were alert to risks presented by these behaviours and had strategies in place to manage them.

Staff were trained in a recognised model of behaviour management and there was evidence that regular refresher training was completed. Each young person had an individual crisis management plan (ICMP) on file that outlined intervention strategies to be utilised should the young person engage in behaviours that challenged.

Staff were provided with clinical guidance from the organisation's psychologist to assist them in understanding the underlying causes of behaviour and presenting issues. Life space interviews were undertaken following incidents and key working completed to assist and support the young people to manage their own behaviour. Staff interviewed were attuned to the young people's emotional wellbeing and the impact of mental health and bullying on the children. Staff and young people reported that bullying was not an issue in the centre at the time of this inspection.

There was evidence on care files that young people's social workers had provided sufficient pre-admission referral information to the centre. All three young people had previously resided in other centres operated by the organisation and there was a good transfer of information on admission relating to each young person which

guided their responses to any behaviour which may challenge or impact negatively upon others. Social workers stated they were satisfied the young people's behaviour was well managed in the centre.

The centre had a number of internal and external auditing systems in place that included a review of behaviour management in the centre. Inspectors reviewed a sample of these audits and were satisfied that there were appropriate mechanisms in place to ensure there was sufficient oversight of the centre's approach to managing behaviour.

There were restrictive practices agreed with young people's social workers to ensure safety and staff interviewed were clear about the restrictive procedures that were permitted. The inspectors found that restrictive practices were recorded on file and subject to regular monitoring and review by the centre managers.

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

Inspectors were satisfied from interviews, questionnaires and a review of records that there was an open culture in the centre. Young people in their questionnaires stated that they were happy living in the centre. There was evidence that young people were familiar with and utilised the centre's complaints process effectively. Young people were offered access to their records and there was evidence that they were informed of their rights on admission and through key working. Families had the opportunity to provide feedback to the centre at care plan reviews and the centre provided them with regular updates. Social workers confirmed that they were kept updated on the young people's progress and surveys had also been introduced by the centre in recent months to gain formal feedback from all relevant stakeholders.

The centre had a policy on the notification, management and review of incidents and significant events. This was reviewed by inspectors who also found evidence that SENs were notified in a prompt manner to social workers. The centre manager and regional manager reviewed all incidents and provided constructive feedback to staff that identified learning outcomes. Significant events were also reviewed at team meetings and there was evidence that ICMPs were reviewed following incidents, risk assessments were updated and where necessary follow-on individual work with the young people was identified.

The centre was part of an organisational significant event notification (SEN) review group that met on a regular basis. Following a sample review of these meeting records the inspectors found there was a high standard of practice in relation to analysing incidents, identification of learning outcomes and communication of these outcomes to the staff team to inform future practice.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.2 Standard 3.3
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

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 was evidence of strong and confident leadership in the centre by the managers. From the review of centre files, questionnaires and interviews with staff it was evident that the centre manager demonstrated good leadership skills. There was a culture of learning, quality and safety across a range of records including team meetings, significant review group meetings and centre audits.

There was a governance system in place and clearly defined roles and responsibilities. The manager and staff confirmed they had job descriptions and were aware of their roles and responsibilities. The centre manager was the appointed person in charge and staff stated that the manager was accessible, held staff accountable and provided guidance and support. The centre manager reported to a regional manager and the

regional manager reported to the client services manager. The centre manager was on-site five days a week and had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. There was ample evidence of the centre manager's oversight of centre records and of monthly governance audits they had completed. Staff interviewed were aware of the regional manager and client services managers roles. There was evidence that both managers had attended team meetings periodically and had visited the centre to review records, conduct audits and met with staff and young people. They had access to all information generated in the centre on the organisation's IT system and maintained regular contact with the centre manager. The inspectors interviewed the regional manager during the inspection and it was evident that they maintained close oversight of the centre and were familiar with the operation of the centre.

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's policies and procedures submitted to the inspectors were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of an on-going review of policies and procedures by both the organisation and by external consultants. Staff had received training in policies and procedures and there was evidence that they were a standing agenda item for discussion at staff meetings.

There was a risk management framework and supporting structures in place for the identification, management and assessment of risk. Staff had a good working knowledge of the framework and risk management was an agenda item at both team and management meetings. Inspectors were satisfied that the framework was robust and allowed for good quality risk management plans for the young people that were regularly updated.

Inspectors found that there were procedures in place for the management of the Covid-19 virus and there had been no confirmed cases of Covid 19 in the centre. Staff confirmed they had adequate supplies of anti-bacterial products, access to appropriate personal protective equipment and there was an increased cleaning schedule in operation. All visitors were required to complete a health screening questionnaire prior to visiting the centre, temperature checks were conducted prior to entry and there was a requirement to wear face masks.

The centre had a management structure appropriate to its size and purpose and function. There was a manager, deputy manager and three social care leaders in post and there were arrangements in place to provide adequate managerial cover when the manager took periods of leave. The manager provided the inspectors with a record of tasks delegated to staff members that was reviewed on a monthly basis.

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	None Identified
Practices did not meet the required standard	None identified

Actions required

- None identified

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.

Minutes of management meetings and audits reviewed by inspectors evidenced the centre undertook workforce planning and that staffing requirements were reviewed as necessary. There were appropriate numbers of staff employed in the centre with regard to the number and needs of the children and the centre's statement of purpose. The centre manager was supported by a deputy manager, three social care leaders, six social care workers and one trainee social care worker. There was a stable team in place with an appropriate level of experience and gender balance. Six of the staff had the required social care qualification and the trainee social worker who had worked in the centre for over three years and was enrolled in obtaining a relevant qualification. The role of trainee is not a recognised category of social care staff. The

registered proprietor must ensure going forward that all staff members are appropriately qualified and staff are not recruited as trainee social care workers.

The centre operated with a staffing ratio of 1:1. Inspectors reviewed a sample of staff rosters and noted that there were appropriate numbers of staff to always provide this level of cover.

There was a low turnover of staff in the year prior to inspection. Arrangements were in place to promote staff retention that included access to an external employee assistance programme, a pension scheme and more recently the introduction of pay scales for long serving employees. The centre had an on-call policy in place to assist staff with any crisis or emergency situation out of office hours. -Staff-interviewed stated the on-call system was effective and reliable and provided them with support and guidance.

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

Training for staff was planned and organised centrally by the organisation's training department. A review of training records and a sample of personnel files evidenced there was a strong emphasis on training and development opportunities for staff. Inspectors found that all staff had the mandatory training included child protection, fire safety, first aid, behaviour management and the centres care framework. The organisation had its own training portal that provided a wide range of training courses for staff that were relevant to the current young people in placement.

There was a training calendar in place and there was good oversight by management to ensure training was completed by staff. Audit reports viewed by inspectors included an analysis of staff training, identifying deficits and future training needs. Training was also a standing agenda item in staff meetings and in supervision. The centre had a formal induction policy in place. Newly recruited staff members were required to undertake a five-day company induction prior to working in the centre during which time they received the required core training. There was written evidence of induction on files and staff members interviewed as part of the inspection process confirmed they had received both an organisational and centre specific induction.

Staff members training records were maintained centrally by the organisation's training department and on staff personnel files. Inspectors reviewed a number of personnel files during the inspection and found that the training records were up-to-date and training certificates were evidenced on file.

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

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	None Identified

Actions required

- The registered proprietor must ensure that that all staff members are appropriately qualified, and staff are not recruited as trainee social care workers.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	N/A		
5	N/A		
6	The registered proprietor must ensure that that all staff members are appropriately qualified, and staff are not recruited as trainee social care workers.	The organisation no longer recruits trainees and only fully qualified staff as per the TUSLA Alternative Care Monitoring & Inspection Service staffing memo requirements are accepted.	The organisation no longer recruits trainees and only fully qualified staff as per the TUSLA Alternative Care Monitoring & Inspection Service staffing memo requirements are accepted.