



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 102

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	12th ,13th, and 14th January 2022
Registration Status:	Registered from the 21st May 2022 to the 21st May 2025
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	1st June 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2011. At the time of this inspection the centre was in their fourth registration and in year three of the cycle. The centre was registered without attached conditions from 21st May 2019 to 21st May 2022.

The centre was registered to accommodate four 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 resident in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

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

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, senior management and the relevant social work departments on the 14th February 2022. This inspection found the centre to be operating fully compliant with the standards inspected therefore there was no issues requiring action identified. The centre manager reviewed the report for accuracy and returned the draft report on the 21st February 2022.

The findings of this report 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: 102 without attached conditions from the 21st May 2022 to the 21st May 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

Inspectors found from a review of centre records and interviews that young people were listened to and their views and preferences in relation to their daily living arrangements were considered. There was evidence of a culture of openness and transparency within the centre, and this was evident in a range of records including young people's meetings, team meetings, complaints and daily logs. The young people in the centre were also offered access to information recorded in their files on a regular basis.

The centre had a complaint process in place which was consistent with the relevant legislation and regulations. Information in relation to the complaints policy and process was detailed in information booklets provided to the young people and parents on admission. There was evidence that the use of the complaints process was promoted and encouraged, and that young people were using the complaints process to express their concerns or dissatisfaction in relation to aspects of their care. The managers and staff interviewed demonstrated an awareness of the importance of having a robust complaints procedure to safeguard the children in placement and in several cases had made complaints on the young people's behalf. Young people had been made aware and linked in with external advocacy services available to them should they wish to escalate a complaint or have someone advocate on their behalf such as the children's ombudsman and EPIC (Empowering Young People in Care). The young people had also used the Tusla "Tell Us" complaint's procedure effectively to raise complaints in relation to Tusla.

All complaints were recorded in a complaints register. The inspectors reviewed the complaints on file and were satisfied that they were recorded appropriately, well managed and there was evidence the young people were satisfied with the outcome in most cases.

There was evidence that complaints were being monitored and reviewed by the centre manager and externally by the regional manager and the organisations auditors. Monthly service governance reports completed by the manager and audits reviewed contained an overview and analysis of complaints, trends and patterns. There was also evidence that the regional manager and other senior management had met periodically with the young people to enquire if they were happy with the care they received.

Social workers confirmed they were notified in a timely manner of all complaints. Serious complaints were notified through the significant event notification system. In interview the three allocated social workers stated that they were satisfied that the young people's complaints were managed appropriately. Parents where appropriate were also informed of young people's complaints.

There was evidence in young people's meetings that staff sought feedback on the complaint's procedure in their discussions with the young people, advising them of the complaints process and external agencies that could advocate on their behalf.

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

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	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 identified.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors reviewed the centres safeguarding and child protection policies and procedures and found they were in compliance with Children First National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. The centre also had an appropriate child safeguarding statement which had been approved by the Tusla Child Safeguarding Statement Compliance Unit. The inspectors were satisfied the centre manager and the regional manager had systems in place to monitor and audit the centres' compliance with child safeguarding policies and practices.

The centre had an anti-bullying policy in place. Inspectors found from a review of records and interviews that there was a negative dynamic between the young people at times which was having a significant impact. There was evidence that where issues of bullying or harassment emerged individual work and house meetings took place to ensure it was addressed. In response to these concerns the centre management held professional meetings with all the young people's social workers to address the negative peer interaction, to implement strategies and put safeguards in place including additional staffing. At the time of inspection, the allocated social workers informed inspectors that they were satisfied with the strategies the centre had in place to manage the situation and further professional meetings were scheduled.

All staff had received training in the Tusla E-Learning module: Introduction to Children First, 2017 and in the centres child protection and safeguarding policies. Child protection was a standing agenda item for discussion at team meetings. Staff interviewed during the inspection demonstrated an understanding of the process for responding to allegations of abuse and reporting procedures under Children First.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and were satisfied that they had been recorded, reported and managed appropriately. Inspectors found evidence that the manager followed up with social workers to determine the outcome of reported concerns, where appropriate. There was evidence that risk assessments had

been conducted and safeguarding measures put in place when necessary in response to child protection concerns. The inspectors found evidence of oversight of the child protection register by the regional manager. There were measures in place through joint working with social work departments to ensure parents were notified of any allegation of abuse.

Inspectors were satisfied from a review of individual work records that the centre was making efforts to educate the young people to assist them in developing the necessary skills to keep themselves safe in peer and other relationships. Staff had completed individual work on online safety and social media use. The centre had made efforts to set boundaries in relation to young people's phone use and need to maintain this going forward based on the age of the young people and the risks posed to them. There was also evidence that the young people were using the centres complaints process to raise any concerns and to speak out if they were feeling unsafe or vulnerable.

There were preadmission risk assessments on file for all the young people in placement. Individual risk assessments had been developed in consultation with the social work departments in response to any risks to the young people's well-being and there were safeguarding measures in place to protect them. Staff interviewed were aware of the vulnerabilities and risks associated with each young person in placement and the safeguarding measures to protect them. There was evidence of oversight of risk management by external management and in significant event review group records.

The organisation had a whistle blowing policy that outlined the procedure in place to make a protected disclosure. Staff interviewed were aware of their individual responsibility to report practice concerns and who they report a protected disclosure to. Staff interviewed were confident they could call out poor practices without fear of adverse consequences to themselves. The inspectors found the young people in placement were supported and encouraged by centre staff and managers to raise concerns, express their views and have their voice heard.

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

Compliance with standards	
Practices met the required standard	Standard 3.1
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 identified.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

Inspectors found that each young person's physical and mental health needs were identified in their care plans. There were medical, psychological and educational assessments on file to inform necessary interventions and supports. There was evidence to support that these assessments formed the basis of work being completed with the young people in their placement plans and in ongoing individual work being undertaken to address these needs.

Inspectors examined the care files of the young people and found that each young person's care record contained details of their medical history including, vaccination records and specialist services reports. All young people had medical cards and were registered with a G.P. Due to geographical issues none of the young people were able to remain registered with their family G.P. There was evidence on file of the centre linking in with the young people's G.P.s in relation to the young people's medical needs. Young people in the centre were encouraged and supported by staff to attend all appointments including G.P, dental, and ophthalmic services. Social workers were satisfied that the centre was proactive in their efforts to meet the health needs of the young people.

The young people were linked in with a number of specialist services. There was evidence of regular professional and strategy meetings taking place between the centre and the social work departments to review the young people's health and development needs and efforts being made to access specialist services to meet the needs of each young person. At the time of inspection one young person who was experiencing difficulties in their placement had been waiting on a specialist assessment for over two years prior to their admission to the centre. This delay was having a significant impact in terms of identifying further therapeutic intervention for the young person. The young person's social worker informed inspectors that they were ongoing efforts to access this assessment and other therapeutic services had been made available to support the young person recently in the interim. Given the complex needs of the young person it is essential that this assessment is completed as soon as possible.

The centre had a medication management policy which was in line with the legislative and regulatory requirements. Training records provided to inspectors evidenced that all staff had received training in the administration of medication. There had been one medication administration error recorded in the months prior to inspection and there was evidence that this had been reviewed for learning purposes and the medication policy was reviewed at a staff meeting. The medication files were well organised with evidence of centre management oversight.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	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 identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
3	N/A		
4	N/A		