



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 113

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Positive Care Ltd
Registered Capacity:	Two
Type of Inspection:	Announced
Date of inspection:	14th & 15th October 2020
Registration Status:	Registered from the 11th of January 2019 to the 11th of January 2022.
Inspection Team:	Eileen Woods Orla Griffin
Date Report Issued:	22nd December 2020

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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 11th of January 2016. At the time of this inspection the centre was in its second registration and was in year two of the cycle.

The centre operated under a care framework developed by the company as their shared model of practice, the framework outlined principles of therapeutic approaches and models which should be utilised by the teams during placements. The care framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included awareness of trauma and the central role of family relationships. There was a focus on the setting of meaningful life goals for the young person and of understanding a young person's behaviour and helping them to learn healthy alternatives. There were two young people living at the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following aspects of themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4.
6: Responsive Workforce	6.1, 6.2, 6.3, 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 on the 20th of November 2020 and to the relevant social work departments on the 20th of November 2020. 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 4th of December 2020. 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: 113 without attached conditions from the 11th of January 2019 to the 11th of January 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 5 Care Practices and Operational Policies

Regulation 6 (1 and 2) Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

Inspectors were satisfied that the centre was operating in compliance with the relevant child care legislation, regulations and national standards relating to children's residential care. The company had completed development and review of a full suite of policies and procedures, in conjunction with a specialist company that took account of legislation, regulations, standards and company guidelines. The process included national policy and legislative requirements relating to Children First Act 2015. The policies received by inspectors for this inspection process did not all contain as yet the review date and version numbers and a copy should be forwarded to the inspectors for the record once fully formatted. The centre had copies of the policies available at the centre and a five-day training programme had been completed in the revised policies and procedures by the managers. The staff team were being scheduled for their dedicated training days at the time of the inspection. Most of the policies were listed for review two yearly with the next date being January 2022 and on an ongoing basis there were systems in place to address any gaps in compliance in policies, legislation and standards through the centre's various internal and external auditing systems.

The management were supporting and training staff in policy and this was evident through team meeting minutes and staff supervision records during which it was clear that some policy knowledge was being evaluated. Inspectors found through review of records and interviews that the team working knowledge and ownership of all aspects of the policies and procedures required ongoing attention. Procedures related to complaints, missing child in care and reporting of child protection concerns were areas that presented as benefitting from further input. There was training planned by the manager and they were aware that following a number of changes on the team that learning and development was required to bring staff to full integration into their roles and responsibilities.

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-centered, safe and effective care and support.

There was evidence of good leadership within the centre. The manager and deputy manager were experienced social care professionals who were appropriately qualified. Inspectors established that the manager led by example, was available to the young people who, inspectors observed, were comfortable spending time with the manager. There was evidence that the manager and the deputy manager were supporting the expanding and integration of the model of care within the centre, demonstrating accountability and placing policies in a context of meaning for daily practice. Supervising social workers were satisfied that the managers provided good leadership and consistency on planning and communication between the parties.

The company had an organisational structure in place that was clear and shared in written form with professionals, families and young people. The structures and posts in place were designed to adequately meet the governance needs of the external and internal centre requirements, these were kept under review. There were significant reporting and accountability systems in place from the centre to external management which the manager maintained up to date. In addition, there were auditing systems in place with actions, feedback and outcomes identified within them. The staff attended handovers, team meetings, supervision and training designed to develop individual skills. There had been extensive recruitment undertaken in 2020 to meet additional staffing needs and some staff named a rapid starting timeframe from recruitment to induction stage during the pandemic. All staff were made aware of the code of conduct as part of induction and had job descriptions that they were familiar with.

The centre manager operated as the person in charge and was overseen and supported by a regional manager. The manager worked five days a week, had overall responsibility and accountability for the delivery of care and there was evidence of their oversight in centre records and monthly audits. A new acting regional manager was in post at the time of this inspection and they had commenced their role through regular contact with the centre, they had visited the centre and met the young people. The regional manager had access to all information generated in the centre on the organisation's IT system, responded to significant events, advised of a planned implementation of quarterly audits and oversaw the manager's monthly audits. The centre manager and the deputy manager had agreed delegation of tasks which they

recorded as tracked and discussed in meetings and supervision. The deputy manager was the identified person to act up for the centre manager in their absence.

The centre had a service level agreement in place with Tusla and the client services manager, who operationally oversees the regional and centre managers for the residential centres, had responsibility for providing progress reports and evidence that the service was compliant with relevant legislation and standards.

The centre had a written policy and procedure in place for the identification, assessment and management of risk. The risk management policy had been operational within centre for a period of time and the experienced and senior staff were comfortable and knowledgeable in its implementation. The newer staff were being trained to integrate the procedures for daily risk assessment and management into their practice. The centre manager oversaw the risk framework from pre admission throughout the placement where it related to young people and maintained suitable records of this process. There was one area of care related risk that management had to seek further multidisciplinary action regarding and they had acted to co-ordinate with all relevant professionals regarding this. The social workers, guardian ad litem as well as family were satisfied with the risk management approach and awareness at the centre. Inspectors also found that whilst missing from care a young person was required to present themselves to a Garda station to be collected by staff. This practice should only be used for specific reasons whereby there is a known risk in collecting a child from a certain location. There should be an individual risk assessment completed on each occasion.

The centre management maintained a risk management folder which was well organised and there had been review and closure of risks where possible. Staff communicated regarding risk on a daily basis at staff handovers and at team meetings. All staff were expected to read and familiarise themselves with all updated or newly created risk assessments or safety related plans. There were clear procedures for internal and external escalation of risk where required.

In response to the pandemic inspectors found evidence of detailed cleaning schedules, infection control measures, risk assessment and regular communication with staff to update them on changing national public health emergency team and governmental guidelines. The company provided the centre with adequate supplies of cleaning equipment, sanitisers and personal protective equipment and ensured that this did not impact their centre budget. The emergence of Covid-19 was entered onto the centre's risk register along with the range of impacts it has had and

continues to have. Inspectors observed, prior to and upon arrival at the centre, safe procedures and protocols for visitors, staff and young people to promote safety and limit infection risk. The company had contingencies in place for an outbreak amongst the young people and staff, these had also been updated throughout the period of the pandemic to date.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The inspectors found that the centre had a statement of purpose in place that had been regularly reviewed and updated in line with requirements. The statement was structured in accordance with the criteria from the National Standards for Children's Residential Centres, 2018 (HIQA).

It clearly outlined the core therapeutic aims and objectives of the service, the management and staffing employed to deliver the care in the centre and the arrangements for the wellbeing and safety of children placed in the centre. The allocated social workers, professionals and family all provided feedback on a positive experience of the centre and on the team as warm and welcoming. They stated that the purpose of the placements was communicated clearly and upheld through planning and that therapeutic response to young people was evident to them. Inspectors found that training and advice for engagement from the company psychologist were sought and acted upon at the centre. These were reviewed for quality of implementation and the team skills were being supported through modelling by the senior staff.

A version of the statement of purpose and function was available for professionals, families and young people. Inspectors recommend sending updated copies from time to time to families of young people resident a longer time.

The staff team described the model of care in place to inspectors and some had received training in it. All staff had been inducted into it and the management took a teaching approach evidenced through centre records, supervision, review of daily logs and team processes such as meetings. The integration of the skills required to strengthen the delivery of the model was on-going work.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors observed evidence of learning and practice development, at centre level, being implemented from recent outcomes such as young people's experiences of access during the national lockdown and from the company related to a critical incident. The centre manager had ensured that planning for young people had been maintained throughout the stages of the pandemic. The manager and deputy manager maintained oversight of staff practice and provided feedback and guidance where it was required.

There was documentation in the form of monthly reports and audits designed to track quality of care and there was a focus on communicating with the young people in order to build and maintain placement stability. There were senior and regional manager's meetings where shared review and learning took place.

The proprietor had an external quarterly audit in place through the regional manager and had contracted a professional compliance company to commence auditing, the scheduling had been delayed by the emergence of the pandemic response and was being rolled out within the company at the time of this inspection. No visit had yet taken place at the centre. Thematic audits completed to date had response and outcomes including dates of completion.

The inspectors found from interviews, questionnaires and centre records that young people and staff were aware that the centre had a complaints process. There was evidence in centre audits and team meeting records that complaints were reviewed and discussed. There had been a number of complaints regarding food at the centre and whilst a comprehensive response was initiated this seemed to take some time to be identified for co-ordinated response. It was not evident that outcomes from complaints and shared learnings were communicated in forums such as team meetings. Inspectors recommend that it be considered how the recording systems allow time for managers and key workers for example, to have time to consider and respond to thematic issues being brought up by young people. Both young people were happy with the responses and detailed that the issue had been comprehensively followed up. The team have a policy suite on diet, nutrition, health and wellbeing to guide them as well as a trauma informed model of care.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance and the client services manager was responsible for the completion of this document.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	5.1, 5.3, 5.4
Practices met the required standard in some respects only	5.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager and the external management must ensure that young people are only required to present themselves to a Garda station when returning from missing child in care based on an individualised risk assessment.

Regulations 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.

Inspectors found that the company had workforce planning in place to address the numbers of centre staff and relief staff, training, supervision, appraisal and probation. Inspectors found that there was an adequate number of staff for the purpose and function of the centre with the capacity of two young people and there was an internal management structure sufficient for its operation. There was a centre manager, a deputy manager, three social care leaders and six social care workers. There were three additional identified relief staff. The social care workers were, in

the main, relatively new to residential care and newly qualified in the last year or two. The management were aware of this and identified areas of focus to be addressed through training and development planning at supervision.

Inspectors found that the management had capacity to cover all types of leave, this had been complicated somewhat by Covid-19 contingency planning but the management had maintained opportunities for leave and staff had access to breaks and time for training where it was required or available. With regard to the relief staff panel, a small group were identified for the centre to limit movement of persons for infection control reasons and continuity of care.

Staff retention was approached from a number of avenues, there was a staff handbook in place, an employee assistance programme, there was recognition of the work and efforts put into action by staff during the pandemic. Training of different types was promoted and supported to the staff to support the team development in the provision of quality and informed care to young people. The centre manager and the external management shared learning from exit interviews and sought feedback from staff from time to time. They were aware of the important role of a stable staff team in the delivery of consistency, continuity and the model of care. Inspectors noted in the policy documents a reference to reflective practice and this was not yet as evident at the centre as a key tool in positive staff development and recommend to the manager that this be given more prominence.

There was an on call policy in place to assist staff in dealing with any crises or emergencies. There was a roster and details of the persons providing the on call and the managers confirmed that should it be required that there were senior company personnel available if a critical incident occurred.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

Inspectors reviewed a sample of three personnel files and found that there were aspects of two that required attention, these included a copy of a qualification, independent verification of qualifications, reference from the last employer and most suitable reference options being explored. The centre manager must audit their own team personnel files to satisfy themselves as to compliance with the centres vetting policy and with national vetting legislation and national policy. The personnel files were securely stored for confidentiality purposes.

The company had staff recruitment policies and procedures including those related to staff care and support. They advertised for and recruited staff who identified for inspectors a rapid turnaround and interview process through to start dates that reflected an ongoing need for numbers of staff. This, inspectors found, placed an additional onus on the need for the management to provide ongoing development of competencies and insight into the role of a social care worker. The manager and deputy manager were providing guidance for staff on their roles.

The manager and their deputy had the necessary skills, experience and qualifications for their role and had a clear shared goal of child centred and safe care that was to be achieved through a framework approach and therapeutic model.

All staff had job descriptions, contracts of employment signed and dated, they had been provided with their own copies of these. The staff had been given a copy of the code of conduct, some staff did not readily place the code in the context of essential safeguarding and inspectors recommend that they be reviewed in supervision and at a team meeting with staff.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors found that the centre management and the model of care placed an emphasis on quality and safety in care practice. The statement of purpose and function committed to positive, responsive and therapeutic care. There was a culture of learning and modelling implemented by the manager and deputy which was evident across a range of records including team meetings and supervision records which were of a good standard. The managers consistently followed up on suitability and accountability for the job descriptions and roles in line with the model of care. The internal structured roles inclusive of the social care leaders promoted opportunities to lead shift planning and key working in order to further build leadership skills for care delivery.

There were regular team meetings maintained throughout 2020 alongside arrangement for handovers, supervisions and training where possible. There was a team based approach which was discussed, planned for and implemented across centre records. This was overseen by the centre manager, the regional manager and feedback relayed to staff. Staff safety in the work place was addressed through health

and safety statements and audits, a safe driving system for staff and accident reporting and tracking.

All staff had an assigned supervisor and the supervision was conducted in accordance with the centre's policy and procedures in place. Supervision session records and contracts were on file and the regional management and client services management reviewed trends arising from the completion of supervision. Staff identified that they felt supported in their work and understood and found the framework for supervision appropriate and helpful for their work. Staff were additionally provided with debriefing post incident should that be required. The employee assistance programme was well advertised to staff.

There was an appraisals process that commenced upon the completion of probation periods of eleven months. Inspectors found that there was a comprehensive appraisals process and a continuous professional development system for staff to pursue further development in their role inclusive of training.

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

Inspectors reviewed evidence of a training programme and system of regular training needs analysis at the centre. The management maintained a training excel of both completed and required training, and training needs was a regular item for discussion and action at each level of management. Staff were actively promoted to pursue individual training goals through a process of continuous professional development tracked through a training and development plan. Records were maintained of core and complementary training completed and pending, gaps were identified and discussed at senior management level.

Staff had completed their mandatory training in most areas but there were some gaps in first aid and actions were being put in place to address this. During the pandemic as much training as possible had been moved online and refreshers were taking place through this medium. There were records of staff completing induction, TCI, fire safety, Children First and child protection with some staff having completed first aid in 2019. Additional training in the model of care framework had taken place alongside modules in key working, placement planning and risk management.

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

Compliance with standards	
Practices met the required standard	6.1, 6.3, 6.4
Practices met the required standard in some respects only	6.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must audit the staff personnel files for their team and ensure that the items required are on file in line with national legislation and national policy.
- The centre manager must review the code of conduct with staff and its key role within their daily work and safeguarding systems for children.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The centre manager and the external management must ensure that young people are only required to present themselves to a Garda station when returning from missing child in care based on individualised risk assessment.	This has been changed on the Y/P IAMP and communicated to all members of staff via email and team meeting on the 27/11/2020	Communication will continue with all staff from management on the IAMP and discussions will continue via team meetings to ensure that all staff follow the IAMP and discuss , the IAMP will be reviewed once a month and sent to the relevant professionals as part of the monthly pack.
6	The centre manager must audit the staff personnel files for their team and ensure that the items required are on file in line with national legislation and national policy. The centre manager must review the code of conduct with staff and its key role within their daily work and safeguarding systems for children.	UM will ensure to arrange a date to audit all staff files to ensure these are in line with all policies and legislation, UM will work with the recruitment department around this. This will be completed at a team meeting on the 27/11/2020 with all members of the team and will be refreshed every few months so the team are aware of this when completing their daily tasks	This will be completed by January 2020, UM will ensure to correspond with the recruitment department on all staff files so that the UM and recruitment are up to date with the staff files. This will continue to be reviewed with all staff via team meetings and supervisions.