



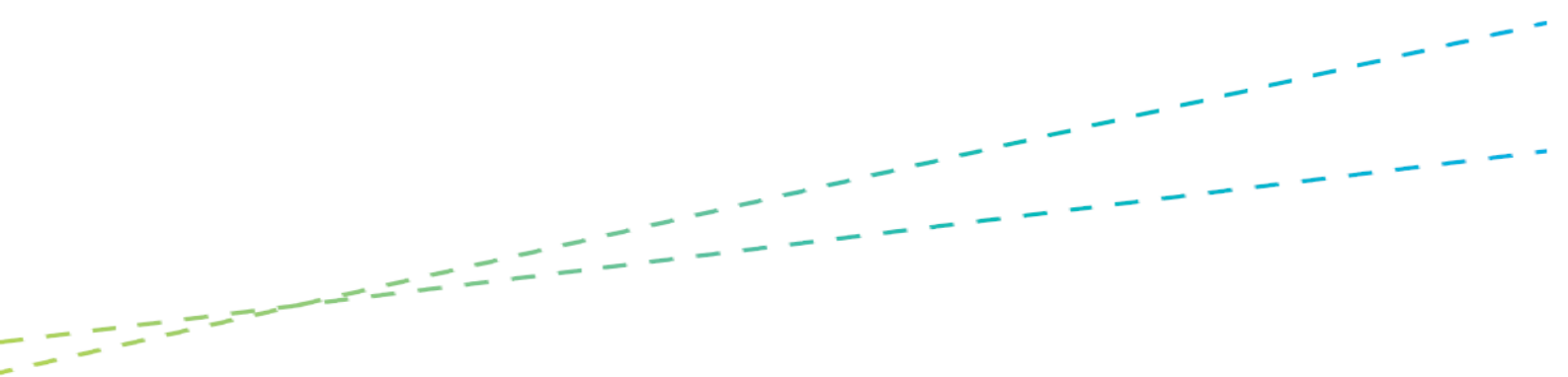
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 117**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>08<sup>th</sup> &amp; 09<sup>th</sup> December 2020</b>
<b>Registration Status:</b>	<b>Registered from 21<sup>st</sup> July 2019 to 21<sup>st</sup> July 2022</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>16<sup>th</sup> February 2021</b>

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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 21<sup>st</sup> July 2016. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without conditions from 21<sup>st</sup> July 2019 to the 21<sup>st</sup> 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, 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 were two children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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. This inspection was carried out through a number of telephone interviews and a review of documentation both remotely and onsite.

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

## 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 4<sup>th</sup> January 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 revised CAPA on the 29<sup>th</sup> January 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: 117 without attached conditions from the 21<sup>st</sup> July 2019 to the 21<sup>st</sup> July 2022 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 6: 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.**

From a review of the centre's policies and procedures, inspectors found that the centre was operating in compliance with the relevant child care legislation, regulations and standards. Policies had been reviewed and updated by the organisation in July 2020 and were aligned with the themes in the National Standards for Children's Residential Centres, 2018 (HIQA). The suite of policy documents contained an approval and review date. A revision of procedures was planned to take place biannually.

Although the centre's child safeguarding policy was very comprehensive and was in line with Children First, National Guidance for the Protection and Welfare of Children, 2017, the reporting procedures for child protection concerns required further amendments. The steps to be taken when making a mandated report and where there are reasonable grounds for concern should be outlined in a clear step by step format. This will avoid ambiguity regarding the staff team's statutory and non-statutory responsibilities to report. Further, at interview and through questionnaires, staff awareness of the child protection reporting processes operating in the centre required improvement. This related to the mandated reporting procedures and how to respond to concerns that did not meet specific thresholds of harm. However, staff had very good knowledge and understanding of the legislation, regulations, various policies and standards implemented in the centre. They could describe the care practices in place that kept children safe, how complaints were responded to and how the standards were being adhered to. From a review of centre records, there was strong evidence to show that the provision of care for children was policy-led with consistent reviews and updates taking place so that young people received the best possible service.



The National Standards for Children’s Residential Centres, 2018 (HIQA) had been presented at team meetings along with several other operational policies for discussion. Training records viewed by inspectors showed on-going training for management and staff in policies and procedures. There were mechanisms in place through the centre’s internal and external auditing systems to ensure all aspects of the service was provided in line with current legislation and national standards.

**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.**

The management structure in place had clearly defined lines of accountability and authority. The centre manager was experienced and competent and there was evidence of their effective leadership being provided through their building of relationships with young people, attendance at team meetings, staff supervision and review of incidents. Direction and guidance to the team was visible across centre records including significant event notifications (SENs), young people’s placement plans and their crisis management plans, (ICMPs). Inspectors found that there was a strong focus on keeping the young people living in the centre safe and on improvements to the quality of care they received. Allocated social workers spoke highly of the collaborative work with them and other allied professionals and were very satisfied with the programmes in place to meet the specific needs of the young people placed there.

The centre manager, who had been in post since the beginning of the year, was the designated person in charge of the day to day running of the centre and was present Monday to Friday each week. They were supported by a deputy manager and social care leader who each had individual responsibilities and duties appropriate to their role. The centre manager reported to the acting regional manager and both conducted specific auditing and monitoring tasks. While there had been a number of changes to the regional management post since the centre was established in 2016, inspectors saw evidence of robust external auditing being completed within the centre as part of that management function. The client service manager stated that the recruitment process for a permanent regional manager had been completed with a commencement date planned for early 2021. Consistency of personnel in this role is important for the strengthening of external governance arrangements and for the provision of regular support to the centre manager including supervision and cooperation on provision of care. The client service manager also had oversight of the

external audits conducted by regional and centre management so as to ensure that any gaps in compliance were being addressed.

Staff members who were interviewed and from questionnaires were very clear in respect of their roles and responsibilities regarding the care provision for young people. They confirmed that management were available to them for any support and guidance needed by them.

There was an ongoing service-level agreement in place with the funding body Tusla. As mentioned above, operational policies had been developed, reviewed and updated in line with regulatory requirements. The centre manager confirmed that there was a copy of the organisation's policies and procedures onsite. Where necessary, procedures were adapted to ensure relevance with the service provision in the centre.

Inspectors found that the risk management framework in place for the identification, assessment and management of risk was very robust and was policy led. There was evidence across the young people's files of systems to support this framework including pre-admission risk assessments, individual risk management plans, individual crisis management plans and absent management plans. Individual risks were identified and preventative strategies were specific and clear for the staff team to implement for each young person. Plans were forwarded to the allocated social workers for their recommendations and inspectors noted routine professional meetings taking place when the need arose. Risk ratings were reviewed on an ongoing basis and submitted to senior management for action. Plans were updated regularly and aligned to the goals stated in placement plans and key working plans. In addition, clinical guidance from the organisation's therapist was considered at the assessment and management stage. Staff were very knowledgeable of the risk framework and the records of team meetings and other forums reflected discussions on how it was working in practice. Social workers were satisfied with how individual risks for young people were being managed by the staff team and found that the centre was very child-centred in how they kept young people safe. A risk management register was maintained by the centre.

There were alternative management arrangements in place for when the centre manager was absent. The deputy manager was the nominated person in charge during this period. In addition, a comprehensive record of delegated tasks had been developed by the centre manager for appropriate members of the staff team to complete as part of their role in the centre.

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

The centre's statement of purpose outlined the service provision being delivered to young people. Inspectors found that it was in line with regulatory requirements and contained all of the criteria as described in the National Standards for Children's Residential Centres, 2018 (HIQA). It clearly reflected the day-to-day practices of care provision. The centre provided medium to long term care for two young people (both genders) from age 13 to 17 years on admission. The statement was reviewed on a regular basis and revised to reflect any changes in line with statutory requirements. It was available to those who needed it including the allocated social workers and the young people's family. A child friendly version had been developed for each young person on admission. The staff team were very familiar with the purpose and function and could describe how it related to specific care provision in the centre.

The model of care was based on four pillars: entry, stabilise and plan, support and relationship building and exit and inspectors found that it was in line with best practice. There was evidence of its application alongside the centre's care framework. It was strongly observed by inspectors across the young people's records such as placement plans, therapeutic plans, daily logs, safety plans and behaviour management plans. Staff interviewed and through questionnaires had a very good understanding of the model and described how young people were getting the care and support they needed through its use in day-to-day practice. Training was taking place at team meetings to refresh the staff team.

**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.**

Effective monitoring and auditing systems were in place to evaluate and improve the quality and safety of the care provided to young people in the centre. Regular internal and external reviews were conducted by senior management and centre management to identify and address gaps in compliance. Internally, reviews of care provision were taking place at daily handovers, team meetings, supervision, strategy meetings and child in care reviews. Inspectors noted very regular updates on ICMPs, individual risk management plans, placement plans and key-working plans. Further, trackers were aligned to each identified goal contained in the placement plans so as to map out improvements and progression/regression for each young person. The centre

manager had oversight on centre files and their direction and guidance was noted on significant event notification, supervision and various centre documents.

Monthly monitoring was taking place and was based on each theme from the national standards. These were conducted by the regional manager and also one by the client service manager. Post audit, an action plan was completed by the centre manager which addressed any issues that required action. Inspectors reviewed a sample of the audit findings and found them to be very robust with very good identification of best practice and it also identified gaps in service delivery. While there was evidence of follow-up and completion of actions required by the centre manager, inspectors recommend that it would be beneficial to record with more clarity how this was achieved on the action plan.

The centre had a complaints register in place. Some improvements were required in the tracking of complaints on the centre's log. It was not clear to inspectors from a review of the records, whether a number of complaints had been concluded or not. Further, there was an absence of a centre register for recording more serious complaints made by young people. This deficit was previously highlighted in a recent audit conducted by external management. It was unclear from the audit's action plan as to whether this issue was being addressed or not by the centre manager within a specific timeline. As inspectors did not see evidence that it was, this must be completed as a matter of priority.

A child protection and welfare register was maintained and reflected how the centre recorded and acted on serious concerns of child abuse for young people in their care. There was evidence of incident reviews happening at team meetings and also at the significant event review group. Discussions on learning from these events were taking place by management and staff to promote improvements and staff interviewed told inspectors that they found this analyses very useful for their work with young people.

An annual review of compliance had not been completed by the registered provider at the time of inspection. The client service manager told inspectors that a biannual review was being developed and was in the process of being concluded.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.2 Standard 5.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- External management must ensure that the reporting procedures in the centre's child safeguarding policy are revised, so that the steps to be taken when staff have a concern is clear and unambiguous in the policy. Staff should receive refresher training on the updated policy.
- The centre manager must ensure that outcomes from complaints made by young people are fully recorded on the centre's register. All formal complaints made by young people must be recorded, acted on and monitored by the centre management.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>External management must ensure that the reporting procedures in the centre's child safeguarding policy are revised so that the steps to be taken when staff have a concern is clear and unambiguous in the policy. Staff should receive refresher training on the updated policy.</p> <p>The centre manager must ensure that outcomes from complaints made by young people are fully recorded on the centre's register. All formal complaints made by young people must be recorded, acted on and monitored by centre management.</p>	<p>The Child Safeguarding policy was revised on 13<sup>th</sup> January 2021 and now includes a step by step guide for staff to report a concern which is clear and unambiguous. The centre staff team will receive refresher training in the revised policy on Wednesday 20<sup>th</sup> January 2021.</p> <p>The centre manager has reviewed the centre's register and can confirm that all formal complaints have been recorded and acted upon on Jan 18<sup>th</sup> 2021. Centre Management will continue to ensure that complaints are recorded in the centre's register and are thoroughly reviewed, recorded, monitored and acted upon in a timely manner and at minimum on a monthly basis in line with unit manager's</p>	<p>Refresher training in Child Protection is scheduled annually with all staff teams with extra days scheduled on the training calendar to facilitate those who miss their scheduled training dates. In addition, if any issues arise, individual staff members or staff teams will receive refresher training if required outside of the scheduled dates.</p> <p>A complaints register is kept in the office in a locked cabinet for recording of formal complaints. When a complaint is documented the centre manager will ensure that it is recorded in the complaints register with full details required. A review of the complaint will be completed by the centre manager and ensure that all steps were followed and detailed outcomes recorded.</p>

		monthly audits.	A monthly review of complaints is included as a part of the unit manager's internal audit which will ensure internal oversight of how complaints are managed. In addition, external oversight of the management of complaints is included as part of the regional manager audit.
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