



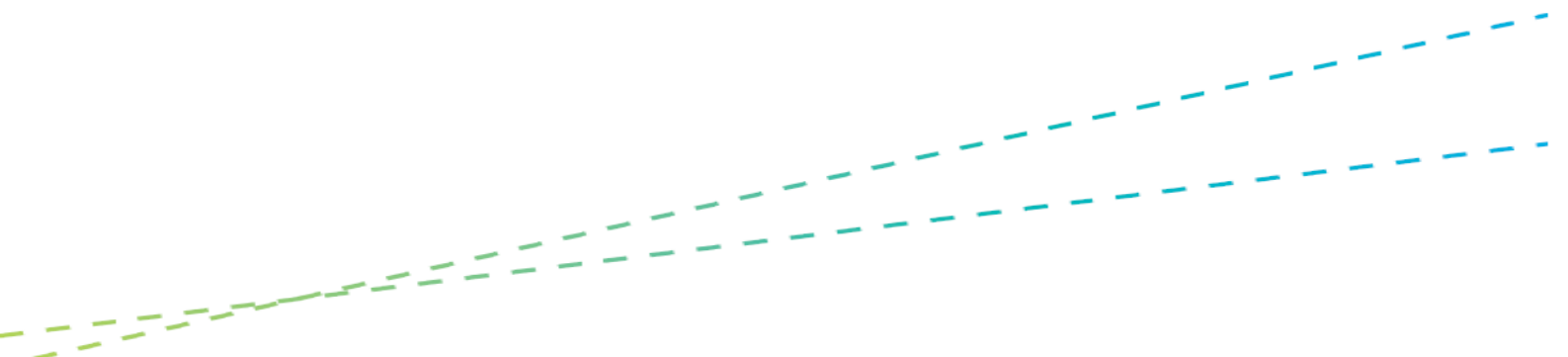
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 122**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced inspection</b>
<b>Date of Inspection:</b>	<b>09<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> September 2020</b>
<b>Registration Status:</b>	<b>Registered from 18<sup>th</sup> November 2019 to 18<sup>th</sup> November 2022</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> October 2020</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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 18<sup>th</sup> November 2016. At the time of this inspection the centre were in their second registration and were in year one of the cycle. The centre was registered without attached conditions from the 18<sup>th</sup> November 2019 to the 18<sup>th</sup> November 2022.

The centre's purpose and function was to accommodate four young people of both genders from age seven to twelve years on admission on a short to medium term basis. The organisation does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. This centre had a particular emphasis on attachment theory while focusing on the development of relationship with the young people. There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
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.

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, director of services and the relevant social work departments on the 14<sup>th</sup> September 2020. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 6<sup>th</sup> October 2020 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be **continuing** to operate in adherence to the 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: 073 without attached conditions from the 18<sup>th</sup> September 2019 to the 18<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 16. A registered proprietor and person in charge of a centre shall satisfy the relevant health board that procedures are in place for the prompt notification by the centre to the relevant health board of any significant event occurring in relation to a child being maintained in the centre.**

#### **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 found that the centre had a number of relevant child protection policies and procedures in place which were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the National Standards for Children’s Residential Centres, 2018 (HIQA). The centre had an up-to-date child safeguarding statement with written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that the statement met the required standard. In interview, staff demonstrated an understanding of the relevant legislation, centre policies and standards appropriate to their role and responsibilities.

Inspectors examined a sample of staff personnel files and found that staff had received training in the centre’s child protection policies and procedures and had also completed the Tusla E-Learning module: Introduction to Children First. The centre had a child protection folder and this contained all relevant child protection policies and guidance on how to make a report through the Tusla portal. When interviewed, staff demonstrated a good awareness of the role of mandated reporter and how to make a referral if needed.

The centre maintained a register of child protection concerns. The inspectors examined the records of child protection concerns on file and found there were errors in the recording of child protection and welfare report forms (CPWRF) sent forward for the resident young people. These errors occurred prior to the appointment of the current centre manager and regional manager. The centre manager and regional manager must ensure that they conduct a review of open CPWRF’s, cross reference with the files of the resident young people and ensure that all relevant data has been

recorded and all updates sought from the allocated social worker filed alongside the report forms in the young person's files.

Where child protection concerns were still open there was evidence of the centre manager following up in seeking updates on the status of these concerns. There was evidence that risk assessments had been conducted and safeguarding measures put in place when necessary in response to child protection concerns.

The centre had a bullying policy in place and staff in interview were able to identify clear strategies for responding to such behaviour. The centre had admitted a young person in the months prior to inspection and there were clear key working sessions completed with all young people about expectations regarding behaviour towards staff and other young people in the centre. Due to the young ages of the residents there was no access to the internet within the confines of the centre. Access to the internet and social media through the local library was closely monitored by staff.

Where appropriate, staff had good contact with the parents/guardians of the young people. This was confirmed in interview with the parent of one young person. They received regular updates regarding their child and were made aware of all incidents as they occurred in the centre. Supervising social workers informed inspectors that there was good communication between the centre and they were working in partnership in responding to safety risks and the implementation of agreed strategies.

There was good evidence on young people's care files and key work records of individual work being undertaken to assist young people to keep themselves safe in peer and other relationships. This was age appropriate to the young people resident. There was evidence in young people's community meetings that they were encouraged to talk to staff if they felt unhappy or unsafe in any situation. They were encouraged to make complaints and the staff were proactive in identifying potential complaints and assessing the young person's satisfaction with the outcome. When asked, two of the young people stated that they felt very safe in the centre and identified staff members they would talk to if they had a concern. Risk assessments and safeguarding measures had been put in place whenever there was a safeguarding concern involving the young people in the centre. Inspectors found that where risks were no longer relevant they were deactivated. Staff in interview were aware of the vulnerabilities and risks associated with each young person in placement and the safeguarding measures they had in place to protect them.

The centre had a policy and procedure on whistle blowing. Staff interviewed were aware of who they would report a practice concern to and were confident they could call out poor practices without fear of adverse consequences to themselves. They were confident they would be supported by the centre management if they reported a concern around poor practice.

**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 and model of care. Inspectors found that the significant event notification register recorded positive significant events regularly and achievements of young people were marked by all staff and young people in the centre. All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Staff had access to clinical support and the centre had arranged for the psychologist attached to the service to deliver a centre specific behaviour management training session given the young ages of the young people resident in the centre. This psychologist provided guidance to the staff team to assist them in understanding the underlying causes of behaviour and guided them in their practice. There was good oversight from management on behaviour management practices and good evidence that positive behaviour was rewarded. Each young person had an individual crisis management plan (ICMP) on file which had been reviewed regularly and updated to guide staff.

A review of centre documents showed that following admission the initial key working session discussed rules, expectations and responsibilities within the house. This was further supported by the young person booklet and additional key working sessions to solidify the information given. Inspectors found that behaviours were also addressed in young person house meetings and in interview one young person stated that if there was a problem with another young person it could be dealt with in the house meeting. Staff in interview were knowledgeable about the needs and presentation of the young people and attuned to their wellbeing.

The social workers for the young people had provided sufficient pre-admission referral information to the centre to enable staff to fully understand the presenting needs. In addition, inspectors found that minutes of handover meetings and minutes of team meetings showed clear concise communication regarding the young people and issues that had arisen or needed further follow up. It was demonstrated in these

minutes that there was an expectation for all staff to be familiar with placement plans and to assist keyworkers in achieving goals set for the young people.

Inspectors found evidence that the centre manager, regional manager and where appropriate the centre's behaviour management trainer were appraising the centre's approach to managing behaviour, commenting on the quality of interventions and approaches and identifying learning outcomes. It was evidenced in significant event notifications that both the centre manager and regional manager commented and provided clear guidance to staff on how to manage the young people and change interventions to better meet the needs of the children placed.

In interview, all staff were clear about the use of restrictive practices and the definition of same. There were agreed restrictive practices in place in the centre to ensure safety. The centre had door and window alarms installed. While the need for these was clear to all staff, the centre manager and regional manager must ensure that they complete a risk assessment on the use of these restrictive practices and ensure that these assessments are reviewed. The centre manager must demonstrate that they have considered whether or not these restrictions can be removed and if they cannot, why they need to remain in place.

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

The young people who met with inspectors were satisfied that they could raise concerns regarding their care internally with the manager and staff. Inspectors observed a very child centred approach when speaking to the young people and ascertaining their viewpoint. Staff in interview stated there was an open culture in the centre and expressed confidence in the manager. Staff stated they were able to challenge each other's practice and felt they would be supported in doing so.

Feedback forms were used in the centre to get feedback from parents, social workers and young people. Young people were also asked to provide feedback regularly in a way that meets their needs given their ages. This was done through key working and house meetings. During interview one parent advised they were asked during telephone contact with the centre if they were satisfied with the care being offered to their child.

There was a written policy and appropriate guidelines in place regarding the recording and notification of significant events in the lives of the young people

resident in the centre. The centre maintained a significant events register which recorded incidents for the young people, including positive events. Social workers for the young people placed confirmed that they were notified promptly when significant events happened and they were satisfied with the detail recorded on the documents. In interview staff were able to discuss the significant event policy and had a good understanding and knowledge of it in practice. Inspectors found that significant event notifications (SEN's) were reviewed in a number of forums including team meetings, weekly link-ins, and supervision. There was evidence that learning from these forums was shared with the team. Inspectors recommend that the centre manager and regional manager review the purpose for the significant event review group as there was only one such meeting since the last inspection and it appeared to be investigative as opposed to a learning forum. There was good evidence of oversight by the manager and regional manager who reviewed and commented on the management of all incidents. There was evidence that ICMPs were reviewed after incidents, risk assessments updated and individual work identified to be undertaken with the young people.

**Compliance with Regulation**

<b>Regulation met</b>	<b>Regulation 16</b>
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**Compliance with standards**

<b>Practices met the required standard</b>	<b>Standard 3.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

**Actions required**

- The centre manager and regional manager must ensure that they conduct a review of open child protection and welfare report forms (CPWRF), cross reference with the files of the resident young people and ensure that all relevant data has been recorded and all updates sought from the allocated social worker are filed alongside the report forms in the young person's files.
- The centre manager and regional manager must ensure that they complete a risk assessment on the use of restrictive practices and ensure that these assessments are reviewed.

**Regulation 5.** The registered proprietor and person in charge of a centre shall satisfy the relevant health board that appropriate and suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs.

**Regulations 6 (1).** There shall be a person in charge of a centre.

**Regulations 6 (2).** The registered proprietor shall notify the health board in writing if the person in charge on the date of registration ceases to be the person in charge during the period of registration and shall notify the health board in writing of the name of the new person in charge, within one month of the appointment.

## **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, 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 all regulations and national standards relating to children’s residential care. The centre had a suite of policies and procedures that were initially developed in line with the draft National Standards for Children’s Residential Centres, 2017 (HIQA) and at the time of inspection these policies were being revised and updated in line with the final publication of the National Standards for Children’s Residential Centres, 2018 (HIQA). Inspectors were informed that this suite of documents was comprehensive in nature and revised to address gaps identified by the provider in their review of policies and procedures. The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.

Staff in the centre were familiar with the centre’s child safeguarding statement. This was developed in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017. The agency had their own child protection and safeguarding policies and inspectors found that staff were trained in both the company policy upon induction and the Children First: National Guidance for the Protection and Welfare of Children, 2017.

In interview, staff were knowledgeable about the legislation and standards that guide their practice in the centre and document reviews demonstrated references to current legislation. Staff in interview were able to describe being party to the review process,

looking to address gaps in practice. Centre management had received their training and the full suite of policies were to be issued to all staff in the month after inspection. Inspectors found that in interview staff were able to discuss the legislation they operate under. There were no noted incidences of the centre operating outside of its own policies and procedures.

**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-centre, safe and effective care and support.**

There was a change in management in the centre in the months prior to inspection and inspectors noted that they had undergone a comprehensive induction and training programme. The centre manager had the appropriate qualification and experience to hold the position and inspectors found evidence of strong and confident leadership displayed by all layers of centre management. This was evidenced by staff both through questionnaires and in interview. Inspectors found a strong emphasis on quality and safety in care practice. There was a culture of learning which was evident across a range of records including team meetings and supervision records which were of a high standard.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. The manager and staff confirmed they were aware of their roles and responsibilities and job descriptions had been issued to staff at all levels and grades. There was evidence on records that the regional manager and client services manager had visited the centre to review records, conduct audits and meet with staff and young people. They had access to all information generated in the centre on the organisation's IT system and had attended team meetings. The young people who met with inspectors confirmed that they meet with external managers when they visit.

There was a service level agreement in place with the Child and Family Agency and regular meetings took place with the organisation's client services manager. It was confirmed to inspectors that the service provided regular reports to the funding authority.

The centre had developed a risk management policy and there was a risk management system in place. In interview all staff were familiar with this system and the risks held on the risk register in relation to individual risks, centre specific risks

and environmental risks. Inspectors were satisfied that the risks associated with the young people were comprehensively risk assessed and managed. There were identified control measures and risks were rated and escalated to senior management as appropriate. There was evidence of oversight of risk by senior management in monthly meetings, audits and their visits to the centre.

Inspectors found that there was an internal management structure appropriate to the size and purpose and function of the residential centre. There was an on call policy in place to assist staff in dealing with any crises or emergencies. In interview staff confirmed that the on call system was functional and suitable for the task. There were also arrangements in place to provide adequate cover when the manager took periods of leave. There was evidence of written task lists operating within the centre which detailed tasks assigned to all members of staff. These were updated to reflect new duties assigned as part of the staff training and development plan.

The Covid-19 and issues of risk infection were being managed within the centre this was included on the risk register. Staff reported feeling safe in their work environment and having adequate access to personal protective equipment. Inspectors found evidence of detailed cleaning schedules to ensure the safety of staff and young people at the centre. Inspectors also found that as restrictions were eased the centre realigned their risk assessments in line with guidance and advice from the National Public Health Emergency Team and government guidelines.

**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 had been updated prior to inspection and was compliant with the standard. The statement of purpose was reflected in the day-to-day operation of the centre. It included the aims, objectives and ethos of the service and detailed the organisational structure describing the management and staff employed in the centre. There was a child friendly version of the statement of purpose and function and there was evidence that this had been explained to all the young people in the centre including the young person most recently admitted. A parent's version of the statement of purpose was being produced at the time of inspection.

The centres therapeutic approach to working with young people was based on a care framework for attachment and trauma approaches to care of young people. In interview, staff were aware of the care framework and inspectors found that this was



regularly referenced in centre documents. All staff had been trained in the care framework.

**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.**

The centre had well developed systems in place to monitor, improve and evaluate the quality, safety and continuity of care provided to the young people. There were a number of oversight and audit systems in place conducted internally by senior management and by external consultants.

Inspectors found written evidence that the centre manager audited the documents produced in the centre and provided written and verbal feedback to staff. This was evidenced in team meeting records examined by inspectors. They reported to a regional manager who carried out regular audits. The inspectors viewed a sample of regional manager audits and found that action plans developed in these audits had been responded to by the centre manager and had led to improvements in practices.

The social workers interviewed during the inspection were very satisfied with the quality of care provided to the young people and the progress they had made in their placements.

The centre had arrangements in place to ensure compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) and policies and procedures were subject to on-going review. In interview, staff members referenced that they discussed audit feedback and policies at team meetings and also that individual staff members were assigned a particular policy or piece of legislation to review and present to the rest of the staff team.

The centre had a complaints process in place which was understood by both staff and young people. The inspectors reviewed the complaint records on file and were satisfied that managers were monitoring and analysing complaints to identify any trends to promote learning and improvement. Young people who spoke to the inspectors were satisfied that they were being listened to and knew how to make a complaint if they wished. Inspectors found that complaints were being monitored and tracked in a number of forums including team meetings and the weekly management meetings, however inspectors recommend that the identification of

trends and patterns be assigned to a staff member who can assume responsibility for it and define a regular system for it.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance and inspectors saw evidence to support the completion of this document.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.1 Regulation 6.2</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 Standard 5.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<b>3</b>	<p>The centre manager and regional manager must ensure that they conduct a review of open CPWRF's, cross reference with the files of the resident young people and ensure that all relevant data has been recorded and all updates sought from the allocated social worker filed alongside the report forms in the young person's files.</p> <p>The centre manager and regional manager must ensure that they complete a risk assessment on the use of restrictive practices and ensure that these assessments are reviewed.</p>	<p>UM and RM to review all open CPWRFs on 12<sup>th</sup> October during RM audit. Both will ensure all relevant documentation is on file with evidenced follow ups with relevant Social Work departments. Any missing documentation will be sought.</p> <p>Risk assessments for use of the restrictive practice of bedroom door and window monitors to be completed by end of September by UM. To be signed off by RM in October audit. These practices will also be reviewed and confirmed with relevant Social Work departments. All relevant communication will be filed.</p>	<p>Monthly RM audits request updates from UM for any open CPWFs. With updates from SWs to be included in record.</p> <p>The use of these practices will be reviewed at monthly Child in Care reviews for the under 12s and 6 monthly for 13yr year old, or more regularly if required.</p>

5	The registered provider must ensure that a copy of the revised policies and procedures is provided to the alternative care inspection and monitoring service when the review process has been completed.	The full suite of revised policies and procedures will be sent to the inspectorate team by RM on 30 <sup>th</sup> September	All updated policies will be shared with the inspectorate as requested by RM / CSM.
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