An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 136

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Positive Care Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Date of inspection:	**15th, 16th & 22nd March 2022**
Registration Status:	**Registered from 30th May 2021 to 30th May 2024**
Inspection Team:	**Catherine Hanly** **Lorraine Egan**
Date Report Issued:	**13th April 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 and Regulation 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 30th May 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 30th May 2021 to 30th May 2024.

The centre was registered as a multi-occupancy unit to provide medium to long term care for three young people aged between 13-17 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. However, during this inspection, centre management informed inspectors that the organisation was changing their model of care/care framework which would take place over a 36month period, and the plan was to commence the rollout of an information and training programme to management across the company in April 2022. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 1st of April 2022. 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 5th of April. 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: 136 without attached conditions from the 30th of May 2021 to the 30th of May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Inspectors found the residential centre to be clean, appropriately furnished and decorated, and with a homely feel. The layout was suitable for providing safe and effective care for multiple residents whilst the two communal areas afforded privacy to young people in their visits with others at the centre. There were individual bedrooms for three young people, which was the centre's registered capacity, and they had options to store their personal belongings either in their bedrooms or in a locked cabinet in the staff office. Bathrooms were shared, if multiple residents in the centre, and these were found to have a good standard of cleanliness. Inspectors suggested to centre management that they consider allowing young people their own key to their bedroom in accordance with their respective age/stage/development, to provide them with further independence, privacy and security.

Inspectors found that the residential centre had adequately lighting and heating on the day of the onsite inspection. There were appropriate ventilations measures also. Inspectors observed resources available at the centre including for indoor (board games) and outdoor (target net) pursuits, available to young people. There were two communal areas for use by young people in their play and recreation. Inspectors noted that the external appearance of the property was well maintained.

Inspectors reviewed records, including team meeting minutes, weekly link ins between centre and regional managers, and audit reports each of which demonstrated good attendance to maintaining the cleanliness, aesthetic standard and health and safety of the centre. Young people were encouraged to participate in the decoration of their individual bedrooms and the general areas of the centre. The current resident had previously made a complaint about the painting of their bedroom. He had previously requested that it be painted a chosen colour following another resident being permitted to choose the colour for their room. Although the manager stated that this matter had been satisfactorily resolved at the time, this

information could not be determined by inspectors from their review of the complaint and maintenance records relating to it. One wall only of the bedroom had been painted the colour chosen by the young person. In their questionnaire for inspectors, the young person raised this matter of painting their entire bedroom in their colour of choice and the manager indicated that it would be promptly responded to. Inspectors observed a few matters that required attention to repair/replace including handles on a set of drawers in a vacant young person's bedroom as well as a handle on the set of drawers in the current young person's room. The manager confirmed in feedback that these matters would be addressed. Inspectors noted from a review of maintenance reports that this record did not consistently indicate if the matter requiring attention was completed to a satisfactory resolution. The centre manager must ensure that the system in place for oversight of maintenance is sufficiently sound in documenting a satisfactory conclusion to matters raised.

At the time of the centres most recent application for renewal of registration as a children's residential centre, centre management submitted relevant documentation to demonstrate compliance with fire safety legislation, relevant building regulations and health and safety. During this inspection, inspectors reviewed a site-specific safety statement which was signed by staff as having read it. This statement was identified as having to be reviewed annually. Inspectors recommended that the centre manager satisfy themselves that all staff on the current team have read and signed this document as some of the names/signatures were illegible to inspectors. This safety statement identified both the person with responsibility for safety (centre manager) and the safety representative (deputy manager). Fire evacuation drills were to take place on a six-monthly basis, according to the statement on fire safety within the safety statement. Inspectors noted from records that these had been taking place on a monthly basis, there was no stated reasons given for this rather it appeared that it became a matter of practice. Inspectors recommend that the centre comply with their own safety statement in this regard for the purpose of avoiding complacency in the conduct of such drills.

The health and safety folder at the centre included information on fire evacuation and emergency procedures, including assembly points, first aid officer and the location of the first aid kit. The manager provided inspectors with a record of staff training up to the end of 2021. According to this record, and subsequent updated information provided by the centre manager, all of the staff team had completed first aid training – in theory and practical aspects, the latter being inclusive of CPR.

Inspectors noted that there was a list of identified hazards with a corresponding risk rating attached in accordance with the centre's policy on risk assessment and there were control measures identified to mitigate the risks. There was an identified procedure for reporting accidents or injuries and inspectors noted from care records that any such incident relating to the current resident had been recorded and reported appropriately and promptly. There was evidence that medical assistance/intervention had been appropriately offered. Inspectors noted from a review of team meeting, centre manager to regional manager link in minutes, and from a review of audit and governance reports provided, that health and safety, including fire safety and maintenance, matters were a standing item for discussion.

The centre had one dedicated car for use at the time of this inspection. Inspectors were informed that when the occupancy of the centre increases, the availability of dedicated cars will increase commensurate with numbers. The current car was found to be taxed and insured however the NCT certification had expired. The centre manager and staff team were aware of this and had attempted repeatedly to secure a test to update the certification. This matter was out of their control due to a significant backlog in waiting lists. The manager informed inspectors that they would ascertain if paperwork to this effect was required whilst awaiting a test date as the car continued to be in use. The full staff team were legally licensed and insured to drive the car. Copies of driver's licenses were maintained on personnel files. There was a list of licensed drivers on file at the centre however this was not up to date and reflective of the current staff team. Inspectors recommended that the centre manager update the existing list of drivers and ensure it is maintained up to date.

Compliance with regulations	
Regulation met	**Regulation 8** **Regulation 13** **Regulation 14**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.3**
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 3.2 Each child experiences care and support that promotes positive behaviour.

There was an existing policy in place that described the centre's approach to promoting positive behaviour and managing challenging behaviours that presented. Inspectors found that this policy was evidenced across records reviewed including key work, daily logs and in the sanctions/consequences record where there were multiple occasions whereby rewards were given to the young person for achievements and there were minimal sanctions/natural consequences issued and those latter to provide a learning opportunity for the young person. There was evidence across records and through staff interviews to indicate that the staff team were attuned to the current young person, their behaviours, needs and challenges. There were multiple documents on the care file that guided the staff approach to the management of behaviour that challenged including absence management plan, a crisis support plan, working guidelines, and a risk management plan. There was an emphasis across records reviewed on the implementation of life space interviews (LSI) with the young person to assist them in understanding their behaviour and social interactions. The young person resident at the time did not present with any significant behaviour that challenged. Despite the range of guiding documents, the evidence gathered by inspectors during interview and from records lacked an overarching, clearly identifiable and unified approach to the management of behaviour that challenges. Inspectors noted in the completed audit reports, and from a review of the care file, that LSI's were not being conducted to the extent that they were directed to be. The centre manager must maintain good oversight of this and ensure that they are being consistently implemented. In addition, centre management need to consolidate their approach to the management of behaviours that challenge and ensure that all staff have a clear understanding of this, can describe it in practice and oversee that it is reflected in records.

Work had been done with the young person in the areas of bullying, mental health, and helping them to understand their overall wellbeing. It was evident that the young person has significant vulnerabilities, and these were heightened by their

impending ageing out of residential care. Whilst this was evident from records, and the social worker was satisfied with and spoke confidently about the work that has been done in supporting the young person to understand their own vulnerabilities and to protect themselves; they also acknowledged that the capacity of the young person to understand and fully realise this is a factor that must be recognised. The staff team, guided by the manager, will need to incorporate the measurement of progress and impact of their interventions for this young person in accordance with their known vulnerabilities but also for other young people in order to measure progress towards achievement of identified goals.

Inspectors were informed that reviews of previous placements had been undertaken for the purpose of learning which had been shared with the staff team. The main learning point from one placement review that occurred since the time of the last inspection of this centre (March 2021) had been the identification of the need to implement a behaviour support plan (BSP) earlier in order to effectively address, in a clinically informed way, the challenging behaviours that the young person had presented with. Despite this very clear piece of learning, inspectors were informed that the next young person to be admitted to the centre had not had a BSP developed for them. That young person resided at the centre for only two months when a placement closer to their geographical home was secured. The current young person did not yet have a BSP at the time of this inspection but had commenced the process of assessment for development of one. This finding reflects a similar one in another centre operated by the company during an inspection in October 2021 where there was a delay in devising and implementing a behaviour support plan that offered the staff team clear direction in responding appropriately to specific presenting behaviours. The staff team in this centre had previously been working off a therapeutic plan that had been devised by the company's clinical team for the current young person, although this was not operational at the time of this inspection. The psychologist that had been involved in the development and was responsible for oversight of the therapeutic plans had left the company in early 2022. Centre management informed the inspectors that the therapeutic plan had been appropriate for the young person although acknowledged that it could have been more focussed rather than broader in content. Inspectors were informed that the centre and entire company were moving to a new model of care that would incorporate some of the aspects of working and engaging with young people that were already in place at the centre. The plan for the realisation of this new model was due to commence with training for personnel at management level initially commencing in April 2022. The use of behaviour support plans within this new model formed a core aspect of how the approach to managing challenging behaviours would be realised. The company's

behaviour analyst, who had been with the company for over one year, was responsible for the development of the BSP's that had yet to be realised for the young person in this centre, based on information provided by the care team. A clear plan will need to be put in place for their engagement with and availability to the staff team, including the review process and frequency of the BSP.

Inspectors noted that the centre's approach to the management of behaviour that challenged was audited through several mechanisms. There were reviews of significant events (SEN's) at team level, recorded in team meeting minutes; where the dedicated review group convened to review SEN's (SERG), the findings from this including learning was shared with the staff team. Records reviewed by inspectors identified where learning from a SERG that resulted in a change to policy or practice within the organisation was clearly communicated at team meetings. The formal audit mechanism conducted a review of the approach to behaviour management and inspectors noted from a review of these audits conducted in 2021 that synopsis of behaviour-related events and SEN's were included in the audits. In addition, there was commentary on the use, or in some cases the lack of use of LSI's with the young person. Inspectors noted that although the audit format required a comment on the management of behaviour this was not provided in the audit records reviewed; rather a synopsis of events was given without any observation or commentary on the practice utilised or whether that practice followed centre policy, working guidelines, behaviour support plans, etc. Centre management must ensure that their systems are accurately auditing and monitoring the centre's approach to managing behaviour that challenges and, in doing so, ensures the provision of positive behavioural support.

Restrictive practices were informed by policy, understood by team, recorded, considered and reviewed regularly in team meetings and at handovers and during regular consultation with the young person's social worker. These were minimally used and at the time of the inspection, there was a restrictive practice in place as an added measure to safeguard the young person who had noted difficulties in understanding that impulsive behaviour could lead to potential negative consequences. The staff team were aware of this and had explained to the young person the reason for it being in place.

The staff team had completed training in a recognised model of crisis intervention. The young person's individual crisis support plan (ICSP) accounted for the use of physical interventions as part of this crisis model as a last resort however there had been no recent use with the current resident of the centre. From a review of the staff training records provided, there was one staff member that required refresher

training in this model, and this was scheduled for April 5th 2022. Where staff training is out of date, and this impacts on their ability to conduct a physical intervention, this should be noted on their personnel file and within the relevant ICSP documents.

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

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must consolidate their approach to the management of behaviours that challenge and ensure that all staff have a clear understanding of this, can describe it in practice and oversee that it is reflected in records.
- Centre management must ensure a clear plan of implementation, including engagement with clinicians, oversight and review is put in place for the behaviour support plans.
- Centre management must put a clear plan in place that includes engagement with the company's behaviour analyst and a review of young people's behaviour support plans.
- Centre management must ensure that their systems are accurately auditing and monitoring the centre's approach to managing behaviour that challenges and, in doing so, ensures the provision of positive behavioural support.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The one young person resident in the centre at the time of the inspection was attending secondary school on a full-time basis and were preparing to sit their state exams. They had their own bedroom at the centre which afforded a quiet study space but in addition there were two communal areas in the centre that they could study/do their homework in. An extension to the young person's placement in this centre, beyond the age of eighteen, had been initiated by the centre manager and pursued in conjunction with the allocated social work team until it was secured. This was primarily for the purpose of supporting and facilitating them to complete their secondary school education whilst remaining on in their current, stable, placement.

The young person had had multiple assessments by external professionals as deemed appropriate by the various professionals involved in their care to determine their need and requirements to meet those appropriately. Inspectors found that the recommendations made within these completed reports had been taken on board at centre level and at educational level, with the provision of assistive technology. Achieving this latter aspect had required coordinated and proactive multidisciplinary work of the social work and centre teams.

Inspectors found detailed records of ongoing communications with young person's current school placement, as well as records of progress reports and parent/teacher meetings. In addition, there were multiple records evidencing the work that centre staff and management had undertaken to inform themselves about the various educational opportunities available to the young person post-secondary level. These records included applications for several educational institutions that were reflective of the young person's capacity and abilities. The manager and staff team were aware of the young person's specific needs and vulnerabilities as they related to the transitions from secondary to higher level education, as well as their impending transition to aftercare. They were committed to providing them with all the necessary supports required to manage these transitions.

Compliance with regulations	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.3**
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
3	Centre management must consolidate their approach to the management of behaviours that challenge and ensure that all staff have a clear understanding of this, can describe it in practice and oversee that it is reflected in records.	The ICSP is the guidance document for staff members in their management of behaviours that challenge. This will be reviewed with all staff members in the centre in April 2022 via team meeting and next scheduled supervisions.	This will be ongoing with the centre manager having oversight on all reports to ensure that the behaviour management policy is always adhered to. This will be discussed at supervisions, team meetings, team incident reviews and SERGs as required.
	Centre management must ensure a clear plan of implementation, including engagement with clinicians, oversight and review is put in place for the behaviour support plans.	The current young person's behaviour support plan is completed. Positive Care gives a commitment that all future admissions to this centre will be screened for behaviour support needs within 6-8 weeks of admission.	In line with Positive Care's positive behaviour support framework, all young people with a behaviour support plan will have regular 6–8-week reviews of the plan. The staff team and management will have input into the functionality of the plan. Regular review of the plan with the Behavioural Analyst will be central to the process.
	Centre management must put a clear plan in place that includes engagement	Positive Care will adhere to our Positive Behaviour Support Policy.	In line with Positive Care's positive behaviour support framework, all young

	with the company's behaviour analyst and a review of young people's behaviour support plans. Centre management must ensure that their systems are accurately auditing and monitoring the centre's approach to managing behaviour that challenges and, in doing so, ensures the provision of positive behavioural support.	 Feedback from this inspection has been discussed by the Deputy CEO with the Quality Auditing team. The audit area on management of behaviour that challenges will now include an analysis of the implementation of positive behaviour support.	people with a behaviour support plan will have regular 6-8 week reviews of the plan with the Behavioural Analyst. Audits will continue to be subject to review by the senior management team with a view to continuous quality improvement.