



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 169

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Positive Care
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	20th & 21st October 2021
Registration Status:	Registered from the 3rd April 2020 to 3rd April 2023
Inspection Team:	Sharon McLoughlin Lorraine Egan
Date Report Issued:	15th December 2021

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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 3rd April 2020. At the time of this inspection the centre was in its first registration and was in year two of a three-year cycle. The centre was registered without attached conditions from the 3rd April 2020 to the 3rd April 2023.

The centre was registered to accommodate two young people of both genders from age thirteen to seventeen on admission. Their model of care was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. The centre had an emphasis on attachment theory while focusing on the development of relationships with the young people. There were two young people resident in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2, 3.3
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1, 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 and to the relevant social work departments on the 3rd November 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 CAPA on the 2nd of December 2021. This was reviewed and deemed to be satisfactory.

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 continue to register this centre, ID Number: 169 without attached conditions from the 3rd April 2020 to 3rd April 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection one of the two young people in residence had an up-to-date care plan on file in line with the regulations. Inspectors found that statutory child in care reviews meetings had taken place for both young people and minutes of these meetings were on file. The centre was awaiting the updated care plan for one of the young people following the most recent review meeting. The social work team leader when interviewed said that this was on oversight and that the updated care plan would be send to the centre. There was evidence on file that the centre manager and the regional manager had contacted the relevant social work department seeking the updated care plan.

The inspectors found that the young people were encouraged to attend their statutory review meetings and had completed child in care review forms, and this was confirmed to inspectors by a young person in their completed questionnaire. There was also evidence in statutory care plan review minutes that, where appropriate, parents/guardians had been informed and consulted about the review meetings. Due to circumstances parents /guardians had at the time of inspection limited contact with the young people but were kept informed of the care provided by the staff in the centre or social workers where appropriate.

Each young person had an up-to-date placement plan on file covering a three-month period which outlined the current issues, individual needs and the supports required to implement the goals of the care plan. Social workers confirmed that they were satisfied that the placement was meeting the needs of the young people. Key working based on the goals of the placement plans had been developed and there was evidence of regular key working being undertaken with both young people at the time of inspection. While the records of planned key working were tracked with goals of the placement some of the opportunity led work was less clear on what the actual goal was and the outcome or follow up required. Inspectors found that while the placement plans were on file and identified the goals, they lacked evidence of how the

staff were building up relationships with young people in a real manner. The staff team had limited experience working with children in residential care and were very much in the early stages of development as a team and in building up their confidence as social care workers. This was reflected in the records at times where it was difficult to establish the relationship that the key workers had with the young people. Inspectors recommend that the key working relationship is further developed through supervision and support of the staff team by senior managers.

Inspectors found that the young people had access to external support services and there were records of all contact with specialists. The recommendations from specialist reports were incorporated into the placement planning and goal setting for the young people. The team were awaiting a report from an external specialist to guide them with future planning for one of the young people. There was evidence on records that the organisation's psychologist had provided clinical guidance and support to the staff team in responding to behaviours and in assisting the staff in developing behavioural support plans for the young people.

Inspectors reviewed care files, staff questionnaires and spoke with the social workers, management and staff in the centre and found there to be effective communication overall between all parties.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	None Identified

Actions required

- None Identified

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.

Inspectors found that there was evidence of a positive approach to the management of behaviour and there were systems in place to respond to the young people presenting behaviours. All staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Each young person had an individual crisis management plan (ICMP) on file which outlined safety concerns, current risks, preventative measures, triggers and de-escalation strategies and had been reviewed regularly. There was evidence on file that individual work had been completed with young people following incidents to get them to understand and manage their own behaviour. There were behaviour support plans in place that had been drawn up in consultation with the allocated psychologists and direction given to staff on how best to respond to the young people based on their cognitive ability and level of understanding.

There was evidence of consultation with social work departments with regard to safety planning and where young people's behaviours were impacting on each other. This was also identified in on-going key working with both young people. While the systems were in place and the behaviour was being responded to, from some of the records of recent incidents that had occurred in the centre it was clear that staff had not followed the direction given to them by management regarding constant supervision of the young people and the removal of any flammable items. This resulted in an incident of fire setting prior to the inspection and again another one in the days following the inspection. The centre manager and regional manager must review why this occurred and what actions must be taken to ensure that staff are at all times following the agreed procedures.

There was evidence on file that social workers for young people had provided sufficient pre-admission referral information to the centre and pre-admission risk assessments had been undertaken to identify and address areas of vulnerability for young people. These were then included in the behaviour support plans and the individual risk management plans.

There were agreed restrictive practices in place, such as room searches which were carried out routinely. The social workers were aware of this and in agreement as part of an overall safety plan for both young people. Restrictive practices were recorded and reviewed routinely and removed if behaviours changed.

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

From a review of questionnaires and interviews with staff it was evident that there was an open culture whereby staff could raise concerns and they expressed confidence in the centre management. One of the young people in the questionnaire they completed as part of the inspection (the other young person choose not to complete questionnaire) said they were aware of the centre's complaints process and how to make a complaint. There was also evidence that the young people had accessed their records and had been informed of their rights at house meetings. There was evidence in records that young people had been consulted about their plans and about goals of the placement.

There were opportunities for the children, their families and social workers to provide feedback on the care provided and to identify areas for improvement and this was evident in the minutes of care plan reviews and professionals' meetings. The centre maintained appropriate contact with families through telephone contact.

The centre had a policy on the notification, management and review of incidents and inspectors were informed by allocated social workers or team leaders that incidents were reported in a prompt manner both via phone and e-mail. All incidents that took place were reviewed and commented on by the centre and regional managers. Incidents were discussed at team meetings and in staff supervision and learning was communicated to the staff team. Inspectors found that the centre manager conducted a monthly review of incidents in the centre. These provided an overview of significant events, restraints, and identified patterns and learning outcomes. The staff in interview spoke about the review of incidents and identified learning from these reviews. They also referred to the regional manager attending the team meeting and providing guidance and advice on how to respond to the behaviours of the young people. Inspectors found that there was external audit of the incidents that had occurred, and feedback provided to the team.

Compliance with Regulation	
Regulation met /not met	Regulation 16

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager and regional manager must carry out a systemic review of why the directions given in response to specific behaviours were not being followed.

Regulation 5: Care Practice s and Operational Policies Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

This centre has had three different named centre managers since the last inspection in October 2020. The current centre manager was in an acting capacity since August 2021. The agency had taken a decision to keep this post as acting in order to stabilize the team as the acting manager has been working in the centre since 2020 as the deputy manager. While they have the relevant qualifications for the post, they have not the five years required experience in a social care with children in order to be named as the permanent centre manager. However, in interviews with staff and questionnaires the staff team reported they were confident in the leadership of the manager and that they provided them with good guidance and support. The records reviewed by the inspectors also supported this. Even though the person had been in post for only a short time they had systems in place for the oversight of the operation of the centre.

There were clearly defined governance structures in place. The centre manager was on site 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 audits. The manager reported to a regional manager who had visited the centre on a regular basis to review records, conduct audits, and they also met with staff and the young people. They had access to all information generated in the centre on the organisation's IT system and had attended occasional handovers and team meetings.

There was a culture of learning in the centre which was evident across a range of records including team meetings and a number of well-developed auditing systems. There were quality assurance audits carried out by the organisation's auditors which assessed the centres compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). The most recent audit took place on the 13th of October 2021.

While the manager was auditing the centre records and there was also external auditing, the inspectors found that daily records did not always record the staff working in the centre on that day. The records on numerous occasions only had two names of staff on duty however when reading and comparing individual daily logs it was evident that there were three staff working in the centre on each day. The centre manager acknowledged this oversight and committed to carrying out a review of the daily logs and to ensure that staff are directed to put the names of all the staff working in the centre on a given day in the daily logs. The management must ensure that the details of all the staff working in the centre on any given day are always recorded correctly.

The registered provider and the client services manager liaised with Tusla's national private placement team (NPPT) in relation to placement contracts and procurement of services. The centre was operating under an old service level agreement while negotiations about contracting took place. There were regular meetings and updates regarding young people's progress and an annual report was submitted to NPPT.

The inspectors reviewed a number the policies and procedures during the inspection and found that these were in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of an on-going review of policies and procedures by both the organisation and by external consultants. All staff were provided with training on policies and procedures during induction and there was evidence that policies and procedures had been reviewed at team meetings.

There was a risk management framework in place for the identification assessment and management of risk. Staff had a good working knowledge of the system and risk

management was an agenda item at team and management meetings. Risk registers were in place to facilitate tracking and management of risk and a daily risk review and governance report was completed by the regional manager. There was evidence from a review of young people's individual risk management plans (IRMPs) that individual risks were being identified and managed. The organisation had an on-call system in place to support staff at all times in managing incidents and risks in the centre.

Inspectors found that there were protocols and procedures in place for the management of the Covid-19 virus. Plans were in place to manage visitors coming to the centre. All visitors were required to complete a questionnaire confirming that they were not displaying symptoms of Covid 19, temperature checks were conducted prior to entry and there was a requirement to wear masks.

There was an internal management structure appropriate to the size and purpose of the centre. The deputy manager assumed responsibility for the centre in the manager's absence. Inspectors viewed a delegation record which detailed tasks to be completed in the manager's absence along with a specific task list for each member of staff. The centre manager maintained a written record of managerial duties being delegated to members of staff detailing their responsibilities and designated tasks.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not identified

Actions required

- The management must ensure that the details of all the staff working in the centre on any given day are always recorded correctly.

Regulation 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.

There was evidence in management meetings and centre audits that workforce planning took place and that staffing requirements were discussed at a regional and centre level. The centre staff team comprised of an acting manager, deputy manager, two social care leaders and eight social care workers. Inspectors were satisfied from a review of personnel records that the centre had the minimum required number of social care qualified staff. However, at the time of inspection the team were in early stages of development and did not have a team of staff with significant experience in residential care. The majority of the team had three or less years working with children in care. The centre management must take account of the stage of development of the team and the level of experience when deciding on future admissions to the centre.

The centre had three relief staff available to cover periods of leave. The centre has had a significant turnover of social care staff since the last inspection in October 2020 with only four of the same staff making up the social care team. On a review of the centre records inspectors identified 23 different social care staff who had worked in the centre between June 2021 and Oct 2021, some staff only working for one or two days. This level of inconsistency in staffing and is not in line with providing a service that promotes relationship building and given this is named as one of the pillars of the model of care for the centre it is difficult to see how the centre can operate in compliance with its purpose and function if the staff team are constantly changing. The centre manager and senior manager acknowledged that having a stable set team is apriority but one they have not been able to realise. Inspectors noted one of the reasons given why some staff worked in the centre was due to not having enough contracted hours available in other sister centre. While this is an issue the organisation have to address it is not child centred practice that the young people in this centre have experienced disruption in the consistency of staffing in their centre.

As mentioned earlier there were regular audits of the centre however the management were not tracking the number of different staff that had worked in the centre and were not aware that in from June to October 2021 that at least 13 other

staff, either relief or from other centres, had worked alongside the 10 social care staff assigned to work in the centre. The centre management must ensure that the team remains consistent and that there are more robust systems in place to track any additional staff changes.

The staffing ratio in the centre required by the Tusla national placement team was three staff on shift each day. A review of records led inspectors to question this as there were not always three names of staff recorded. However, in interview and rotas provided it was demonstrated that there were two staff on sleepover each day and a third staff on a day shift.

While the centre had a number of incentives in place to promote staff retention these measures had not been effective. These measures included incremental pay scales for social care workers, healthcare provision, a pension scheme and an employee assistance programme. The organisation must carry out an analysis as to why there has been a high turnover of both managers and staff in this centre.

The centre had a formalised procedure for on-call arrangements at evenings and weekends. The staff when interviewed stated that the on call system was supportive and there were clear guidelines when to contact the identified on call person.

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

The organisation had a staff and education policy and their own online training portal. Training for staff was co-ordinated centrally by the organisation and there was a training calendar in place. There was evidence in questionnaires and interviews of staff accessing a wide range of training opportunities such as for example suicide awareness, report writing, drug awareness. This was in addition to the core training First Aid, Therapeutic Crisis Intervention, fire safety and Children First.

The centre had a formal induction process and a review of a sample of staff files evidenced that staff had completed formal induction when they commenced employment with the agency and also with specific centre.

Inspectors reviewed a number of personnel files during the inspection and found that the training records were up-to-date and there were training certificates on file.

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

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	None Identified

Actions required

- The centre management must ensure that the team remains consistent and that there are more robust systems in place to track any additional staff changes.
- The centre management must take account of the stage of development of the team and the level of experience when deciding on future admissions to the centre
- The organisation must carry out an analysis as to why there has been a high turnover of both managers and staff in this centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager and regional manager must carry out a systemic review of why the directions given in response to specific behaviours were not being followed.	<p>An internal review of the team response to specific behaviours was completed by Centre manager and the Regional manager with input from the Training Department. The team response to incidents and implementing working guidelines consistently was reviewed. The review identified inconsistencies in how staff were responding to clear instruction on how to implement measures to mitigate against risk.</p> <p>The findings from the draft inspection report and the internal review were discussed and explored with all staff members in a team meeting on the 25th November. A follow up Team Meeting Workshop is scheduled for 7th December which will be attended by TCI trainer. This team meeting workshop will provide guidance and support to staff members on</p>	<p>Team Incident reviews will continue to be used as a forum for learning and review as will team meetings and staff supervision. All risk management processes and procedures will be reviewed regularly with staff. Centre Management and the Regional Manager give assurances that oversight of the team's responses to young people's behaviours will be maintained. Any findings from incident reviews and audits will be reviewed as part of local and regional governance reports to ensure that identified actions are implemented effectively.</p>

		how to effectively respond to the needs of young people and to effectively implement risk management procedures. The workshop will also focus on the roles and responsibilities of the staff team.	
5	The management must ensure that the details of all the staff working in the centre on any given day are always recorded correctly.	Centre Management give assurances that names of all staff working in the centre each day will be recorded in centre records.	Daily staffing reports and regular audits will provide external oversight of centre records to ensure that accurate records are maintained in relation to all staff names being recorded on daily records.
6	The centre management must ensure that the team remains consistent and that there are more robust systems in place to track any additional staff changes.	Retention of the current staff team remains a key priority for centre management. Measures to support this will include: Supervision: Staff supervision will be used to identify issues before the escalate to a potential resignation Training and development plans. Guidance and support to staff team members Continuous professional development Incident reviews Workshop days	Every effort will be made in relation to the retention of staff in the Centre. Regular workshops will take place every quarter with a focus on team input, supports, and training needs.

	<p>The centre management must take account of the stage of development of the team and the level of experience when deciding on future admissions to the centre.</p> <p>The organisation must carry out an analysis as to why there has been a high turnover of both managers and staff in this centre.</p>	<p>Shared learning days</p> <p>Specific trainings if required- giving staff the required skills to be confident in delivering effective care to young people</p> <p>Input from the Clinical Department.</p> <p>In addition, a commitment to every staff team member's welfare will be cornerstones to Centre Managements efforts to support the staff team.</p> <p>Centre Management will ensure to factor in the team development and experience level when reviewing potential future admissions to the centre. Particular emphasis will be on effective roster management taking into account the skills mix of staff on shift each day.</p> <p>A review of staff turnover in the Centre provided no singular causative factor in relation to management and staff turnover as not all staff had completed exit interviews. The focus is now on staff</p>	<p>Assessments on the suitability of any future referrals to the centre will be done in consultation with all relevant stakeholders including SWD of young people currently in placement, Senior Management, and the Clinical Department with the final determination as to whether to admit the young person resting with Centre management.</p> <p>The Organisation is committed to ensuring that all measures are implemented to promote staff retention. This includes a strong emphasis on staff development and training and a comprehensive and</p>
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		<p>retention with a strong emphasis on Centre Management and Regional Management providing continued and ongoing support and availability to the staff team with a view to being proactive in addressing any potential issues that could lead to staff turnover. Staff supervision will be used to identify issues before the escalate to potential resignations.</p> <p>Staff surveys and analysis of them will be used to identify what is going well with staff and to identify where improvements can be made; these will be used in parallel with exit interviews with a view to providing more insight in relation to the underlying reasons for staff turnover throughout the organisation.</p>	<p>competitive support package for staff. To assist in staff retention a quarterly meeting is now scheduled between a recently formed Social Care Workers committee and the Deputy CEO and Client Service Managers. This forum allows Social Care Workers to work alongside Senior Management in identifying how improvements can be made to the Social Care Workers role and conditions of employment and to ascertain staff views on positive aspects of the role with a view to reinforcing them.</p>
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