



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centres

**Centre ID number: 202 (2) & Pre-registration
Application Report Centre Southeast**

Year: 2023

Inspection Report

Year:	2023 (see other reports for centre 202)
Registered Capacity:	One young person in each centre
Type of Inspections:	Announced
Date of inspection:	28th March 2023 centre 202, 07th March 2023 Pre-Registration Application Centre
Pre-Registration Centre (A)	Registration Process not completed, and application closed
Registration Status Centre 202/ Centre (B)	Registered with conditions attached from the 11th of March 2022 to the 11th of March 2025
Inspection Officer :	Michael McGuigan, Inspection Manager, ACIMS

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the statutory inspectorates within the Children's Services Regulation sub directorate of the Quality and Regulation Division of 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 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 also make determinations on whether residential centres are 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 compilation inspection report sets out the findings of inspections of two centres provided by a named organisation. Centre 202 was a registered setting located in the Dublin South West Area and the other in the South East of the country which had commenced operation as a special emergency arrangement but had not proceeded to make the requisite arrangements to obtain registration as required by Part VIII, of the Child Care Act 1991. The provider failed to advise the Child & Family Agency's registration body of the operation of the centre, its existence became known following receipt of unsolicited information. The description of the inspection activity concerning both these settings is set out below.

(A) Centre Southeast

In August 2022 the Alternative Care Inspection and Monitoring Service (ACIMS) received unsolicited information from HIQA concerning the care practices in the centre and raised a query as to its registration status. ACIMS inspectors visited this centre and directed the provider to make changes to care practices and to make improvements to the physical environment. Subsequently the provider was referred to Tusla's National Registration Enforcement Panel for consideration of enforcement as a result of the operation of an unregistered setting. The provider was met in November 2022, and was directed to both make an application for registration to take prescribed actions to ensure that the centre came into compliance with relevant standards, regulations and legislation. The provider was informed that continued operation of this centre necessitated an application for registration and for the company to engage in this process or face prosecutorial action.

On the 19/12/22 the director of services made an initial application for registration for this centre, the application was deemed incomplete as it was not accompanied by the statutorily required documentation. Further information was supplied and assessed on 06/01/23, significant shortfalls were still noted and the application for registration remained incomplete. Further documentation was received in February and at the beginning of March 2023.

On 07/03/23 the inspector manager for the region visited the company offices to review the staff personnel files as part of the application approval process. During this review, the officer had immediate concerns about the authenticity of the information supplied in the files. The same or similar wording was used in a substantial number of references that were purported to be written by different people from different organisations. For example, five

different referees, from five different companies over a span of ten months all wrote the same words in their reference for four different candidates, stating that they had, “*A good understanding of the ethical and legal requirements of care*”. This finding could not be explained by the company using a proforma tick box whereby the referee was presented with limited statements which best described the candidate to choose from. In addition, the inspector observed that:

- The references routinely did not mention the person by name, instead using the term “the candidate.”
- The signatures on the back of each reference appeared to be digital and original signatures were not provided which is highly unusual.
- The signatures on the back of the reference at times did not match the name of the referee.
- There was no evidence of where references had originated.

The inspector also suspected that a Garda Vetting declaration may have been altered. A copy of this form was retained and forwarded to the National Vetting Bureau for validation.

(b) Centre 202 – Dublin Southwest

This centre was granted its first registration on the 31st May 2022. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered with attached conditions from 11th March 2022 to 11th March 2025. That condition being:

- That there shall be no further admissions of a young person to this centre until such time the centre has fully implemented the corrective and preventative action plan and is compliant with the Child Care (Standards in Children’s Residential Centres) Regulations, 1996 Part III Article 5: Care Practices and Operational Policies, so that appropriate 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.

The centre was registered to provide single occupancy for a young person aged between thirteen to seventeen on a short to medium term basis. The centre had been developed with the goal to accommodate young people with complex behaviours that had led to previous placement breakdowns and disruption to their lives. Their model was to take a strengths-

based and non-confrontational approach to young people in a safe, consistent and tolerant environment. The centre was in the process of adopting the “Welltree model” as their chosen model. 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
6: Responsive Workforce	6.1

This inspection report constitutes the findings of the examination of concerns in relation to the safe recruitment and vetting of staff in the organisation as applied to two of its residential care centres. The review of the staff files during the assessment of the application received from centre (A) had raised some significant concerns which were further examined in centre (B). The inspection methodology was developed by ACIMS with the office of Head of Registration & Regulatory Enforcement to assist the Child & Family Agency to form a comprehensive view of the approach taken by the service management to safeguarding practices as applied to staff pre-employment suitability checks. Statements contained under each heading in this report are derived and collated from verified evidence accrued during inspections of both centres’ staffing files.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the staff and management for their assistance throughout the inspection process.

1. Findings with regard to registration matters

At the time of this inspection centre 202 (Centre B) was registered from the 11th March 2022 to the 11th March 2025. The centre was subsequently removed from the register for reasons of inability to achieve and sustain compliance with requisite standards and regulations on June 20th 2023.

The registration application for Centre (A) was not completed by the provider. Requests for supply of information relating to the application were not responded to within timeframes requested. In addition, the provider was advised that because of the findings of the review of staff files that any application for the centre would not be progressed pending examination of the anomalies found. The centre ceased operation on direction of the Head of Regulatory Enforcement. The Child & Family Agency made alternative arrangements for the placement of the young person who was resident there.

2. Inspection Findings

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.

On 28th March 2023, the inspector manager visited the company offices to review the staff personnel files for Centre (B). During this review, the inspector manager identified similar concerns as identified in Centre (A) regarding the standard of the recruitment and vetting processes in place. These were characterised as follows and applied to both settings.

- Staff were permitted to work directly with young people despite not having police clearances on file from other jurisdictions where they had lived prior to working in the centre.
- Where such clearances were presented, some were illegible, and a determination of suitability of the staff member could not be reasonably or safely concluded.

- Staff were permitted to work with young people without Garda Vetting for this company but instead staff had provided and the company had accepted historic vetting from a previous employment in lieu of obtaining a new vetting. The vetting pre-dated their interview and employment with this company. This practice is unlawful pursuant to Part III, of the national Vetting Bureau Act of 2012.
- There was clear evidence to deduce that Garda Vetting declarations had been altered post issue. The falsification has been confirmed by the NGVB. However, on further examination the organisation was found to have secured bone fide vetting declarations for those particular staff. For some reason which is unexplained the bone fide declarations had not been presented on inspection. The documents were presented later and verified.
- Staff were permitted to work with young people in the absence of verification of their presented qualifications.
- A number of the CVs presented for staff had significant gaps or were incomplete.
- Staff were permitted to work with young people where there were an insufficient number of reference checks completed by the provider.
- The company had completed a form that purported to be an account of verbal reference checks carried out by telephone – there were three of these in each personnel file. However, there were several irregularities noted on these such that the inspector contacted a sample of the purported referees or HR persons listed on these documents as having provided a reference of suitability. These persons confirmed to the inspector that they had not in fact provided the reference in question.

A detailed breakdown of the findings of this aspect of the inspection was presented to the owners of the company for their consideration and response. The pre-employment checks carried out by the company over a period of approximately 24 months were found to pose a risk to the wellbeing of young people and found to be grossly inadequate to safeguard vulnerable young people.

Practices confirmed by inspectors were:

- Persons assigned by the company to carry out pre-employment suitability checks had failed to confirm the previous employment of staff members by contacting referees listed, but instead fabricated these checks by recording

fictitious accounts of conversations with fictitious persons who were presented as referees.

- In some of these cases the organisations presented as previous employers of some of the staff confirmed to inspectors that person had not worked in their organisation.
- Bone fide referees were not contacted in all cases, but the records were fabricated to reflect their confirmation of approval of the suitability of the staff member.
- Some organisations HR departments confirmed they had been contacted but the persons listed as referees didn't exist or hadn't worked there during the tenure of the subject staff member.
- The phone numbers and email addresses recorded on files purporting to be from well-known social care organisations and their employees were not and could not have been the source of contact of the reference presented.
- Reference checks, where present, were cursory and not fit for purpose as they lacked sufficient detail with which to make a determination of staff suitability.

Representatives of the Inspectorate met with the management of the organisation and summarised their concerns as follows.

- Tusla were not assured that the recruitment practices utilised are safe, robust or sufficient to fulfil their role as a necessary component of safeguards to children.
- The findings above raise a significant concern that, for reasons unknown, the content of the vetting files were being fabricated by the organisation or persons acting on its behalf.
- The failure of management to administer governance, and oversight of vetting practices amounted to a neglect of their responsibilities, so much so as to have posed and facilitated a risk of harm to children.
- Operational practices were not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies and Article 7: Staffing.

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

	Regulation 7
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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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1

3. Response by Organisation Management

Upon presentation of the findings the management team were shocked. They requested and were granted time to examine the findings in depth and gave a commitment to promptly carry out an internal examination of each staff file employed in their residential care settings starting with records from both these centres.

The management team presented an audit of their findings for examination. Its findings contradicted those of inspection officers concerning falsification of records where referees denied being contacted or knowing the subject staff members. It stated that the discrepancy on file was accounted for by the practice of contacting the HR department of the referee's organisation where the referee had not responded to a request to provide a reference. This assertion it was stated was supported following a check of company email accounts. Unfortunately, this explanation did not satisfactorily explain the range of anomalies found. In addition, the referees listed on the management audit were found to be different to those presented during inspection.

The management concurred that Garda vetting declarations had been altered but were unable to provide an explanation for this action other than it was a unilateral action taken by a company employee. As mentioned earlier, the NVB had confirmed that legitimate vetting documentation was available for those staff members which was later supplied upon request.

The providers stated under caution that they had no knowledge of the vetting practices uncovered by inspection officers, and nor did they approve or condone them. They stated that pre-employment checks were carried out by a company administrator who had left their employment in recent months. Inspectors were unable to interview this person, the company

advised that the person has left the country. It is stated that this staff member engaged unilaterally in these actions without approval and contrary to organisational policies. Whilst Inspectors were unable to confirm the provenance of this statement, it is certain that the ability of any staff member to act with such irresponsibility without detection, supervision or performance oversight amounts to a significant failure of governance such that the welfare of children was placed at an unacceptable and preventable risk. As a result, inspectors recommended that Child and Family Agency placing teams should carry out an audit of vetting of all settings provided by this company and commissioned by the agency. This recommendation was accepted and actioned.

Since the inspection the company have re-vetted all of their staff, hired a new vetting administration team and engaged the services of a HR company who is assisting them to develop suitably robust processes.

However notwithstanding, this failure on behalf of management was considered alongside other concerns arising from other inspections of centre (B) resulting in its removal from the register. The centre management despite their stated intentions were not found to have the requisite knowledge or experience to manage a residential setting in accordance with the requirements of the regulations. The service was removed from the register on June 20th, 2023.