



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 018

Year: 2021

Inspection Report

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| Year: | 2021 |
| Name of Organisation: | Kellsgrange Residential Services Ltd. |
| Registered Capacity: | Four Young People |
| Type of Inspection: | Announced |
| Date of inspection: | 16th, 17th & 18th February 2021 |
| Registration Status: | Registered from the 11th April 2021 to the 11th April 2024 |
| Inspection Team: | Joanne Cogley Paschal McMahon |
| Date Report Issued: | 1st April 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 in 2015. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 11th April 2018 to the 11th April 2021.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was described as a relationship based model which is trauma informed. The model is underpinned by a theoretical approach across five core themes: food and mealtimes, the home environment, the language in use, boundaries and relationships. At the time of inspection there were two young people in residence.

1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|-------------------------|--------------------|
| 6: Responsive Workforce | 6.1, 6.2, 6.3, 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 on the 12th March 2020 and to the relevant social work departments on the 12th March 2020. 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 26th March 2020. 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: 18 without attached conditions from the 11th April 2021 to the 11th April 2024 pursuant to Part VIII, 1991 Child Care Act.

3. 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.

Inspectors found evidence of workforce planning and issues on staff shortages being addressed in management meetings. Planning took into account management of annual leave, maternity leave and the current Covid-19 environment. The centre also had access to its own regular relief panel to cover any gaps required and inspectors found these were all appropriately qualified. During interviews with staff members and from review of inspection questionnaires, inspectors found that staff demonstrated that they had the relevant competencies and experiences to meet the needs of the young people.

Inspectors found sufficient numbers of staff to meet the needs of the young people living in the centre at all times and this was confirmed by social workers interviewed as part of the inspection process. The centre's staffing numbers, at the time of inspection also met the staffing requirements set out in the standards and regulations. Inspectors also found that in cases where supervision levels needed to be increased staffing was made available with the allocation of additional staff members to support both the staff team and young people. The centre was required to have a minimum of eight full time permanent staff members employed. At the time of inspection, the centre had nine full time permanent staff and a permanent centre manager.

Inspectors found arrangements were in place to promote staff retention and continuity of care. These involved increments, gym memberships, health insurance and pension contributions. Through interview, staff members confirmed with inspectors that these supports promoted staff retention.

The centre had a turnover of six staff members in the last quarter of 2020. This was due to a number of staff relocating with a young person who moved to a new placement within the company to ensure they received continuity of care. Inspectors spoke with three social workers and they did not note any significant impact on their

allocated young people due to the recent changes in staffing. Inspectors met with one young person in placement and they also noted they had not been significantly impacted by the staff turnover. Newer staff members had been recruited to cover these gaps however this reduced the overall length of service with the current team only maintaining an average of eleven months length of service. The service director and centre manager must ensure they make every effort to maintain the current team and limit any staff transfers moving forward.

The centre had a formalised procedure for on-call arrangements at evenings and weekends.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The organisation had policies and procedures in place for the recruitment and retention of staff. Inspectors found that the recruitment policy did not reference a potential need to acquire a candidate's overseas vetting and did not stipulate the requirement to obtain a reference from their most recent employer. The policy also stated that the responsibility for the entire recruitment process lay with the company administrator. While the administrator may be responsible for ensuring personnel files are maintained and kept up to date, the overall responsibility for oversight and quality assurance of the recruitment and selection process must lie with the registered provider. The service director must ensure they review the current recruitment policy. Management and staff interviewed demonstrated an awareness of recruitment procedures. Inspectors found staff recruited had the necessary qualifications and personal attributes for their roles.

Inspectors noted from a review of a sample of staff files that verbal references were being completed before written references and in one instance a staff member took up their post prior to the centre receiving two written references. This is not in keeping with the Department of Health Circular, 1994 in relation to the employment of staff. The service director must ensure all written references are completed for staff members and then verified through the verbal reference process and that staff members do not commence employment until this process is completed. In two instances inspectors found that staff members had disclosures on their garda vetting. There was no corresponding risk assessment completed as part of the recruitment process. The service director must ensure that any disclosures are appropriately risk assessed and evidenced on personnel files.

Inspectors found the centre manager had appropriate qualifications and experience to manage the centre. They had also completed a management qualification. It was evident through a review of questionnaires that the centre manager was held in high regard and provided good support to staff and young people. Social workers interviewed as part of the process confirmed that the centre was well managed and there was effective communication to ensure the needs of the young people were met. They noted this had improved significantly in recent months. Inspectors spoke with one young person who cited they felt they were progressing better in their placement in recent months. Through interview with staff members, they confirmed they had received a written job description and contract upon commencement of employment or change of roles.

Inspectors found the centre had a written code of conduct and the staff members interviewed were aware of this policy and its contents in relation to lone working and professional boundaries in work. Inspectors found that each staff member had an individual personnel file. Inspectors found from the sample of files reviewed that files were up to date.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

The inspectors found that staff were aware of and understood their roles and responsibilities within the centre. In interviews staff demonstrated an awareness of policies and procedures. There was evidence that staff were supported by management to effectively exercise their professional judgement in order to provide safe and effective care and they provided clear evidence of this in interviews. The centre had a number of procedures in place to protect staff members and minimise the risk to their safety. This included a suite of policies and procedures including lone working, code of conduct, staff safety and training. There were a number of references to the previous manager in the policies and the service director must ensure these policies are updated to reflect the recent change in management.

Inspectors reviewed management meetings and team meetings, both of which occurred on a regular basis. Team meetings occurred fortnightly and at the time of inspection were occurring remotely due to the public health restrictions in place. Records of attendance were documented and attendance was mandatory. Inspectors found that overall there was a good level of attendance. Meetings were also attended by the service director and the organisation's psychotherapist who was available to

offer additional support to the staff team. Inspectors noted an improvement in the recording of minutes in the three months prior to this inspection. There was clear evidence of significant event notifications being discussed in team meetings. Significant event review group meetings were occurring on a monthly basis and there was evidence of approaches being discussed and adapted for learning.

Inspectors found the centre had a supervision policy which stated that all staff members would be supervised every four weeks. Inspectors found supervision was not occurring in line with policy. In some instances there were eight week gaps in supervision sessions. Supervision records were not being physically signed by staff members. Supervision files were held securely on file by the centre manager and staff interviewed confirmed they could access their records should they need to.

Inspectors found that there were three people on the management team providing supervision and each had their own filing and recording systems. In some instances while the dates of supervision were evident, there were no corresponding supervision records. The centre manager should ensure the two child care leaders follow the manager's system for recording and filing to ensure a uniformed approach. The service director and centre manager must ensure they review the supervision policy and procedure to ensure supervision is being carried out effectively. All members of the staff team, both supervisors and supervisees had received training in supervision in line with the centre's policy.

The centre manager was being supervised by the service director and also by a supervisor external to the organisation. This was funded by the organisation as an additional support to the centre manager. Inspectors reviewed minutes of both supervisions and found that supervision being provided by the service director to the manager focused on operational aspects whilst supervision being provided by the external supervisor focused on planning for the centre and discussion around young people as opposed to a focus on professional development. There was no supervision contract evident between the supervisor and supervisee. An example of the external supervision contract was sent to inspectors post inspection, this was not between the external supervisor and the current centre manager. It did set out expectations for supervision however it did not limit the range of discussions relating to young people that could occur with a third party. Following the onsite inspection, inspectors wrote to the service director to request the external supervision minutes were reviewed as a matter of priority by the data controller for the organisation to determine whether or not a data breach had occurred. The service director informed inspectors following review that this was reported to the data protection commission as a data breach and remedial action taken. The service director must ensure the organisation's

supervision policy includes the provision of external supervision by a third party including the purpose of this supervision, professional boundaries and GDPR requirements.

There was a system in place to formally appraise staff members' performance on an annual basis. A written record was kept of this appraisal and signed by the staff member and the manager and an action plan developed going forward. This system was based on a scoring scheme, however the scoring on the explanatory page and in the body of the document contradicted each other. The scoring needs to be reviewed and realigned to one scoring system. The formal appraisal process also included a job satisfaction survey at the end. The service manager confirmed in interview that these were verbally discussed with management for any noted changes required moving forward.

The centre had a system in place for supporting staff members to manage the impact of working in the centre. Staff were able to access the organisation's psychotherapist for support. The company also provided funding to an external organisation where staff could access GP services and counselling services and support if they required. These systems should be outlined in the organisational policies.

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 training and development policy in place to support staff to receive appropriate training and development. Inspectors noted this policy did not outline the mandatory training required to be completed by staff members and the service director must ensure this is reviewed to include same. Mandatory training was provided to staff for example first aid, fire safety, a recognised model of behaviour management and Children First. Inspectors found staff training was up to date with the exception of the physical elements of behaviour management and first aid which were due to be completed following the relaxation of level 5 Covid-19 restrictions.

The centre manager had completed an individual training calendar for each staff member which identified when staff members were due mandatory refresher training, however inspectors found there was no training calendar setting out scheduled training for the year ahead. The centre manager and service director must ensure there is a programme of training and continuous professional development in

place. The centre manager had identified training needs for staff in areas of GDPR and report writing, however there was no timeframe for completion of this training. Any identified training needs from the manager were operational as opposed to childcare orientated. Inspectors found that staff members identified additional training needs in their questionnaires. This included drug and alcohol awareness training, IASIST, safetalk and conflict resolution. They stated in their questionnaires that these training courses had been requested previously. The service director confirmed they were aware of the request for IASIST training but not the others. Inspectors did not find evidence of the service director responding to meet the training needs identified by staff. Inspectors did not find evidence of the service director undertaking regular training needs analysis to determine the training needs of the staff and they must ensure this is implemented.

The centre had an induction policy in place and there was evidence that this was being implemented with new staff in the centre. Inspectors found all up to date training certificates were kept on staff member's personnel files.

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

| Compliance with standards | |
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| Practices met the required standard | None Identified |
| Practices met the required standard in some respects only | Standard 6.1 Standard 6.3 Standard 6.4 |
| Practices did not meet the required standard | Standard 6.2 |

Actions required

- The service director and centre manager must ensure they maintain the current team and limit any staff transfers moving forward.
- The service director must ensure they review the current recruitment policy and follow all recruitment procedures relating to references and vetting.
- The service director must ensure the centre's policies are updated to reflect the recent change in management.

- The service director and centre manager must ensure to review the supervision policy and procedure to ensure supervision is being carried out effectively.
- The service director must ensure the organisations supervision policy includes the provision of external supervision by a third party including the purpose of this supervision, professional boundaries and GDPR requirements. The service director must ensure they include supports available to staff in their policies.
- The service director must ensure that the training and development policy is reviewed to outline the mandatory training required.
- The centre manager and service director must ensure there is a programme of training and continuous professional development in place.
- The service director must ensure they undertake a regular training needs analysis and respond appropriately to meet the training needs of staff identified.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
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| 6 | The service director and centre manager must ensure they maintain the current team and limit any staff transfers moving forward. | <p>It is the ultimate aim of this manager to ensure that the current team is maintained for as long as practically possible;</p> <ol style="list-style-type: none"> 1. Should a new centre ever open to meet the needs of a child in this placement (a move to single occupancy), a maximum of 20% of the team at this Centre can be utilised as per our Model of Care, in helping the child settle, with a return to this Centre incorporated into the plan for each staff member. Timescale: If/When required. 2. As much time as possible will be taken to introduce new staff to the team in the instance of No.1 occurring. | <ul style="list-style-type: none"> • Annual Appraisals • Supervision • Increments (at appraisals) • Pensionable Job (after 1 year probation) • No future plans to open new centre. • GP Scheme (free doctor). • Dental Scheme. • Phones & bills paid for all in management positions. • A mentorship and CPD approach in helping staff develop into new and/or existing roles. Overseen by Centre Manager and implemented by all in Management positions. • In-house hiring. Opening up the opportunity to take on management duties. |

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| | <p>The service director must ensure they review the current recruitment policy and follow all recruitment procedures relating to references and vetting.</p> <p>The service director must ensure the centre's policies are updated to reflect the recent change in management.</p> <p>The service director and centre manager must ensure to review the supervision policy and procedure to ensure supervision is being carried out effectively.</p> | <p>New recruitment policy in place since April 2020.</p> <p>Review of this to take place in April 2021.</p> <p>Centre Policies are currently undergoing a complete overhaul to reflect recent changes and also our model of care.</p> <p>Completion date July 2021.</p> <p>Supervision Policy reviewed by Centre Manager and Service Director. The policy was changed to incorporate supervision for each team member every 6 weeks, a change from every 4 weeks. This was discussed with the staff team in a Team Meeting and minutes recorded and all staff agreed to the change in policy. No further changes were deemed necessary.</p> <p>Decision to cease external supervision.</p> | <p>Recruitment/staff files to be added to the manager/director monthly auditing from April 2021.</p> <p>Yearly update of all policies by Centre management team.</p> <ul style="list-style-type: none"> • Supervision is scheduled on the office board, with a copy sent to the Service Director every 6-week cycle. • Completed Supervision Record to be sent to Service Director every month by all supervisors. • All supervisees to undergo supervision training. • Manager to ensure supervision reviews are taking place every 6 months. |
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| | <p>The service director must ensure the organisations supervision policy includes the provision of external supervision by a third party including the purpose of this supervision, professional boundaries and GDPR requirements. The service director must ensure they include supports available to staff in their policies.</p> <p>The service director must ensure that the training and development policy is reviewed to outline the mandatory training required.</p> <p>The centre manager and service director must ensure there is a programme of training and continuous professional development in place.</p> | <p>Director to continue to supervise manager bimonthly. Agreed with manager in March 2021. Any further therapeutic supports the manager may require will be requested from the director and instigated.</p> <p>Polices currently being updated to be finalised in July 2021 and will include the supports available for staff.</p> <p>Training needs assessment is currently being developed by the manager and director to be complete April 2021.</p> <p>Policy will be reviewed as part of the overall policy update to be complete July 2021.</p> <p>Quarterly training expected as part of staff continuous professional development. Staff to be reminded in biweekly staff meeting of their responsibility for same by manager.</p> <p>Staff are responsible for sourcing courses</p> | <p>Yearly update of all policies by management team.</p> <p>Training needs to be included on weekly report from manager to director. HR to be informed by director of existing training needs and instruction organised for staff. Monthly review of training needs in senior management meeting.</p> <p>Reviews of training completed and training planned to take place at each Centre Manager/Service Director Meeting monthly.</p> <p>Delegation of oversight of ‘duty to source and identify’ training relevant to meeting the needs of the young people to a Child</p> |
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| | <p>The service director must ensure they undertake a regular training needs analysis and respond appropriately to meet the training needs of staff identified.</p> | <p>in suitable disciplines, request forwarded to the manager and then to HR for sanction. Manager and director to develop a training needs assessment to identify area of crucial upskilling for staff by July 2021.</p> <p>Training needs analysis in development. Weekly and monthly director/manager report to include ongoing training needs of staff.</p> <p>Process in place to sanction and fund all training through HR.</p> | <p>Care Leader. Any training identified/sourced will be reviewed at Monthly Management Meetings.</p> <p>Training needs analysis to be overseen by director weekly/monthly. Ongoing auditing of centre by director to include training and educational needs of staff.</p> |
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