



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 081

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Sherrard House
Registered Capacity:	Five Young People
Type of Inspection:	Unannounced
Date of inspection:	13th,15th & 21st June 2023
Registration Status:	Registered from 31st July 2022 to 31st July 2025
Inspection Team:	Lisa Tobin Eileen Woods
Date Report Issued:	01st August 2023

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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 31st July 2001. At the time of this inspection the centre was in its eight registration and was in year one of the cycle. The centre was registered without attached conditions from 31st July 2022 to 31st July 2025

The centre was registered as a multi-occupancy service. It aimed to provide short to medium term care for up to four young women, aged 13 to 17, with a fifth bed dedicated for emergency use through referral from the 'Tusla out of hours' service. The team worked in compliance with the guiding principles of this voluntary body and followed a model of providing a safe, secure, and homely environment where young people can begin to build trust and positive life experiences through appropriate adult relationships and role modelling provided by the team. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	6.1

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 10th July 2023. 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 21st July 2023. 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: 081 without attached conditions from the 31st July 2022 to the 31st July 2025 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 wellbeing and personal development.

Inspectors found that there were several planning documents on file for each young person which identified their individual needs to ensure their wellbeing and personal development was being managed effectively. Child in care reviews (CICRs) had taken place for both young people however there were not up to date care plans on file for either of them. There were centre minutes on file from the CICR that outlined the discussions that occurred and decisions that were made at the meeting. Inspectors were informed by one social work team leader that there had been an issue with resources and that the care plan would be forwarded to the centre shortly. Inspectors saw evidence of the centre requesting the care plans from the social work department. When this was not responded to, follow up emails were sent to escalate the issue to the social work team leaders or principal social workers. There was evidence of all professionals and family members engaged in the young people's care planning where applicable and evidence of the young people's involvement in their care planning with attendance at CICR's and placement planning meeting.

There were up to date placement plans in place for each young person. The placement plans included goals and actions that were identified in the care plan minutes taken by the staff from the centre. The young people attended their CICR's, and their voices were recorded accordingly, and their views represented in the documents they completed prior to the CICR. The placement plans were completed by the key workers and updated as needed when each action had been undertaken. Key workers produced a fortnightly key workers report which was shared at the team meetings and forwarded to the relevant social workers. Key workers linked with the young people to show them the key working weekly report and to ensure they had awareness, input and understanding of the goals completed that week and to agree what was being planned for the coming week. The plans included any appointments the young people had with relevant professionals. Where required the young people were receiving specialist supports, however the inspectors noted some delays in

accessing some of the recommended supports due to staff resource issues in the HSE. There were delays with speech and language as the therapist was on maternity leave and there was no replacement. There was a recommendation for a psychoeducational assessment for a young person which the social work department was following up on. The other young person was receiving supports from a Tusla social care leader and psychologist, addressing areas of concern that had been identified. All these supports required were identified in their care planning documents.

Inspectors found that while reviewing the young people's files, there were several ongoing safeguarding concerns that were identified for both young people. The concerns for each young person had associated risk assessments or safety plans in place and there were meetings arranged with professionals to address the concerns. There was a live night staff in place for one young person to help reduce the level of risk. The centre was currently operating as two separate units due to ongoing safeguarding issues between the two young people. Inspectors found that the systems in place were clear and that the safeguarding of the young people was a priority in addressing their care and safety needs.

The main goal for both young people was to secure a long-term placement as the centres purpose was a short-term placement of six months. During the inspection process, one young person secured a move on placement to a long-term placement, after being in the centre for seven months. The other young person remained at the centre for fourteen months. Inspectors spoke with the social work team leader about this issue to be informed that there were no placements suitable for the young person and that they were continuing to propose the young person's case before the National Private Placement Team (NPPT) without success. The social work team leader told the inspectors of the efforts made to prioritise sourcing a placement for this young person and outlined the steps that had been taken to date.

Inspectors spoke to one social work team leader and two two guardian ad litem (GAL) and they all stated that the young people's needs were being met by the centre regarding what they could provide against their statement of purpose, however stated the young people required long term placements in order to settle and plan for their futures. Inspectors found during the file review that there was regular contact between the centre and the social workers regarding the care planning of the young people. There were scheduled strategy meetings and multidisciplinary meetings every few weeks which focused on all aspects of the care planning process.

Inspectors reviewed an audit completed by the senior staff on care planning. This audit captured whether the appropriate care planning documents and reports were in place for each young person. This audit would however benefit from a review to include further information on where and how the care planning actions and goals were being met as identified in the care plan and placement plan.

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 at this time
Practices did not meet the required standard	Not all standards were assessed at this time

Actions required:

- No actions identified.

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.

Inspectors found that the opportunities for education and further learning was made available to both young people and was discussed as part of their care planning. There was an educational plan in both young people's files which outlined all the details about their education programme to date. Both young people had school placements however were currently not attending due to ongoing threats, issues with teachers/classes and school refusal. One young person was in the process of a move on placement and their reintegration into education will be focused on there.

The other young person was participating in a creative educational plan where the staff had a daily plan in place and focused on different areas such as Social, Personal

and Health Education (SPHE), English, reading, maths, baking and self-care. During interviews with staff, inspectors asked if the creative educational plan was successfully being implemented. Staff stated that there were times where educational engagement from the young person was difficult. When this occurred, the team focused on how the young person was presenting and engaged with them at their pace, meeting their current need. As mentioned earlier, the social work department were sourcing a psychoeducational assessment and expected this assessment to help guide what further supports were required if any for the young person.

Inspectors saw that the staff, management, and the social work department were linking with both schools regularly as evidenced through the professional contacts on file for both young people. A home tuition referral was also being looked into and was at the early stages due to gathering recommendation letters from relevant professionals. All professional involved were aware of the educational progress to date and were anxious to source concrete plans for the young people. There was no educational welfare officer involvement to date.

Both young people were engaged in a local youth group and in other extra-curricular activities in the area. When the young people expressed their interest in a new hobby or activity, inspectors saw where staff researched and planned this with the young people.

Compliance with Regulation	
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 were assessed at this time
Practices did not meet the required standard	Not all standards were assessed at this time

Actions required:

- No actions identified.

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 saw evidence of workforce planning at the board of management (BOM) meetings and staffing discussed at team meetings. The management team provide bi-monthly governance reports to the BOM which outlines all aspects of the care and service provided along with information and updates on where the young people were at. Both the centre manager and deputy manager reviewed the workforce planning regularly and identified any upcoming gaps and how to address them.

The centre was adequately staffed with people who had the skills and competencies to work with children. There was currently a social care manager, a deputy manager, three social care leaders and five social care workers employed in the centre. There were five relief social care workers available for shifts to help the team when leave occurred. There were 1.5 vacancies now with interviews due to happen in the coming weeks for these posts and to recruit more relief staff. Relief staff have been used to fill the deficits on the roster. A regular agency staff was providing live night supervision since December 2022 due to ongoing safeguarding concerns. Each young person had a mentoring team consisting of a social care leader mentor and two social care worker keyworkers as reflected in the centre's statement of purpose.

Inspectors reviewed the staff information form and found that staff had the relevant experience and qualifications in line with ACIMS Regulatory Notice on Minimal Staffing Level and Qualifications CRC Settings, June 2023. Inspectors found that staff competencies were evident through their interviews and heard the knowledge staff had regarding the care planning needs for the young people. Inspectors reviewed the training audit for June 2023 and there were gaps identified, namely a deficit of seven staff requiring training in a recognised model for managing challenging behaviour. There was a new staff member that required most of the mandatory training and there were staff that required the policies and procedures for residential services training on HSEland which was no longer accessible. All staff had completed basic first aid training and eight staff required ligature training which would be beneficial given the needs of the young people. This was being followed up by management at the time of inspection.

A staff retention policy was not in place and had been identified at the BOM as part of the action plan for this year. Inspectors heard from staff the reasons they remained

working in the centre was due to the support from management and their strong positive team and the ethos of the centre. There was training available for staff to help enhance their skillset which staff found beneficial. Three social care workers and five relief social care workers left the centre since the last inspection in May 2022. The reasons given included to travel abroad, to work in the community and to take on full-time roles within another organisation. There was a formalised procedure for on-call arrangements which was managed by the centre manager and the deputy manager. Social care leaders were on-call when they were on shift.

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

Compliance with standards	
Practices met the required standard	Not all standards were assessed at this time
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards were assessed at this time

Actions required:

- The Board of Management and the centre manager must ensure that the staff retention policy is implemented.
- The centre manager must ensure mandatory training is completed by all staff, in particular in a recognised model for managing challenging behaviour.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	No actions identified.		
4	No actions identified.		
6	The Board of Management and the centre manager must ensure that the staff retention policy is implemented.	<p>A subcommittee of the Board of Management has been appointed to work in collaboration with the Centre management to devise a staff retention policy. July 2023.</p> <ul style="list-style-type: none"> • A first draft of this policy will be discussed with the Centre staff and feedback will be invited. August - September 2023. • On collation of feedback the Policy will be amended where necessary. October 2023. • The Staff Retention Policy will be presented to the Board of Management for approval Q4 2023. 	The Policy will be reviewed Q4 2025.

	<p>The centre manager must ensure mandatory training is completed by all staff, in particular in a recognised model for managing challenging behaviour.</p>	<p>A Staff Database relating to TCI training was submitted to the Deputy Regional Manager DNE on 2/6/23. Please see attached.</p> <p>Time is allotted on shift for staff to complete training. This now forms part of the Daily Shift Plan. This is overseen by SCM and DSCM.</p>	<p>SCM will explore whether a centre staff member could be given the opportunity to take part in training on “Train the Trainer” TCI.</p> <p>B.O.M to request a training budget from Tusla to enable staff to undertake TCI training.</p> <p>SCM/DSCM will follow up with the Deputy Regional Manager on the status of TCI training for staff following the submission of the Staff Training Database on 2/6/23. SCM/DSCM will explore the possibility of joining up with other centres within CIS remit to complete TCI training within the next week.</p> <p>SCM has contacted HSEland to enquire about the possibility of reactivating Policies and Procedures for Residential Centres evaluations Parts 1-3. Awaiting a response on this.</p> <p>SCM/DSCM will ensure that the mandatory training for the centre is completed as part of the induction process for new staff.</p>
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