



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 130

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	24hrs Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	15th and 16th May 2023
Registration Status:	Registered from 14th August 2023 to 14th August 2026
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	18th July 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 14th of August 2017. 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 14th of August 2023 to the 14th of August 2026.

The centre was registered as a multi-occupancy service. The centre's purpose was to provide accommodation for four young people of all genders from age thirteen to seventeen years on admission. The centre's model of care was trauma informed care which enabled young people to participate to their full potential in environments, carefully planned to serve individual needs. It aimed to promote positive outcomes through education and building positive family connections. There were two young people registered as living in the centre at the time of the inspection. However, with social work authorisation arrangements for one of the young people included them remaining at home four nights weekly with centre staff providing outreach to them on a daily basis during this time.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
2: Effective Care and Support	2.5
3: Safe Care and Support	3.1

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 31st of May 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 director of services returned the report with a CAPA on the 15th of June 2023. Upon review the inspectors requested a further review of the CAPA be undertaken with the final CAPA received on the 21st of June 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: 130 without attached conditions from the 14th of August 2023 to the 14th of August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The centre had relevant policies in place that guided staff practice in promoting and maintaining young people's contact with their families and with friends. It was evident that staff adopted a child centred approach in this area and were focused on meeting the individual needs, wishes and care needs of the young people. Both long term and short goals relating to supporting family contact and access were contained in the young people's personal support plans that were aligned to their statutory care plans. In addition to promoting family contact the inspectors found that staff supported and facilitated family access and communicated well with parents to keep them updated on events and circumstances relating to their child. Contact arrangements were found to have been respectful of the young people's wishes. In interview and from the review of young people's care files staff demonstrated a good awareness of parents needs and circumstances and how they impacted on the young people. Where family access was not possible staff worked with the young people and professionals around the issues leading to cessation of family access.

The parents of the young people and extended family were encouraged to visit the centre, and this had occurred for one of the young people. They were also invited to the centre to celebrate special occasions such as birthdays. Family access arrangements were also scheduled and facilitated at other occasions such as Christmas and Easter. Family contact records were stored on the young people's files. Sibling contact was supported and facilitated, and staff respected the importance of this for the young people. Young people had their own mobile phones and arrangements were in place for staff to provide them with credit. They also had access to a centre mobile phone if required. Young people had access to the internet and to televisions both in the sitting room and their own bedrooms. The inspectors found that staff were supporting young people to access the internet and use social media appropriately. It was a regular keyworking goal in their personal support plans.

It was evident that staff supported young people in maintaining friendships and supported them when difficulties arose. The inspectors seen limited evidence of the young people being supported to develop and maintain interests and hobbies and engage in community activities. It was an area that was not being addressed through the placement planning system. A young person had recently expressed their wish to meet peers in their community. Creativity is required by the staff team in providing the young people with opportunities to engage in new experiences and promote participation in social activities locally.

Compliance with Regulations	
Regulation met	Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.5
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- Through placement planning the centre manager must explore ways in providing the young people with opportunities to engage in new experiences based on their interests and hobbies and promote participation in local social activities.

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The centre had policies on both planned and emergency discharges from the centre. Two young people had been discharged from the centre since the last ACIMS inspection in November 2022. One young person was discharged nine months after their admission. The breakdown occurred due to an escalation in their behaviours that had compromised the safety of other young people living in the centre. They had also said they no longer wanted to live in the centre. The centre had yet to receive feedback from the young person on what it was like for them living in the centre. In consultation with their social worker, staff provided the young person with support for a period following their discharge. A second young person was discharged from the centre on a planned basis. Conversations for this discharge occurred within weeks of their move from another centre within the organisation. The centre manager reported that they had never settled in the centre and they were moved, at their request, to another centre within the company two months following their admission. The process occurred in consultation with relevant professionals and a transition plan was devised to assist the young person with their move. Over the course of three and a half months the young person had lived in three centres within the organisation. Feedback relating to their experience of living in all three centres had been received. For this centre, the young person stated to the director of compliance and deputy manager that they enjoyed living there, got good support, that they felt safe and that there was nothing that could have been done differently.

The centre had yet to complete tasks aimed at informing improvements in the quality and safety of the centre. Due to an unforeseen circumstance there had been a delay in the end of placement reviews being completed following both discharges. The centre manager advised the inspectors that the task was scheduled to be completed in June 2023. In terms of organisational learning, the centre manager informed the inspectors that formal discussions had yet to take place to discuss and learn from the centre's experience of managing the movement of a young person within the organisation that they felt wasn't successful. To comply with their own policy, the centre had yet to receive feedback from both young people's social workers, their families, and relevant professionals to ascertain on-going development of service provision.

In line with policy and with social work approval, arrangements were in place for the transfer of files following discharges from the centre.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.5
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior and centre management must ensure that processes linked to discharge, as named in policy, are realised effectively to inform improvements in the quality and safety of the centre.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a standalone child safeguarding policies and practices document that was found by the inspectors to comply with the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The policies are scheduled for annual review by senior management in June 2023. Procedures in working safely with children included reporting procedures, protected disclosures, confidentiality, information sharing and record keeping and working alone. Those who held key safeguarding roles within the centre were clearly identified as required. Elsewhere, in the centre's accompanying policies and procedures document policies relating to anti-bullying, complaints and the internet and young people were included. Staff in interview demonstrated a lack of awareness of the lone working policy which was impacting on their practice in working safely with young people. Specific examples of this had been identified to the inspectors by staff at interview. The deficit had not been identified by centre management through routine oversight practices, had not been brought to their

attention or identified by the director of compliance during their audit of safeguarding practices completed the week prior to this inspection.

There was an appropriate child safeguarding statement (CSS) and a letter of compliance that had been approved by the Tusla Child Safeguarding Statement Compliance Unit. The statement was available to view in the staff office and all staff were deemed as holding mandated responsibilities. In interview, staff did not demonstrate familiarity relating to the risk assessment component of the CSS. The centre manager, as the appointed designated liaison person (DLP) had been provided with relevant DLP training. Other staff, including the deputy manager had also been provided with DLP training. With the exception of one staff member who was recently recruited to the centre, staff had been provided with safeguarding training that was provided internally by the organisation and was based on their own safeguarding policies and procedures. The newest staff member was expected to complete safeguarding training in July 2023. There was an additional mandatory requirement that all staff complete the Tusla E-Learning module: Introduction to Children First, 2017. This training was found to have been up to date for all staff. Staff had yet to complete the newly provided Tusla E-Learning module: Children First: Mandated Person role and responsibilities training. The inspectors recommend that all staff complete this additional training piece and that the centre manager includes this as part of the centres suite of child protection training going forward. Supplementary training in ASIST and safeTALK had been either completed by some staff or scheduled for others.

The inspectors found from their review of the centre's child protection and welfare register that child protection and welfare reports (CPWR's) had been appropriately reported to Tusla through the online portal system. However, they identified from their review of young people's care files that two CPWR's had not been submitted where concerns existed. Information for one of these had been sent in the form of a significant event notification that was promptly submitted to identified professionals internally within the organisation and to the young person's social worker. To comply with their statutory mandated responsibilities the two child protection concerns must now be reported. The centre demonstrated good practice in following up on the reported CPWR's with the social work department who were found to have been slow in responding to them. The social worker and social work team leader recognised this in interview with the inspectors and stated they would act on them and engage with the young person in doing so.

Following their review of young people's files and interviews conducted it was the inspector's findings that the centres approach to safeguarding particularly around the areas of bullying and safety planning for the young people required significant improvement. Peer-to-peer bullying, which was a feature in the centre prior to the last ACIMS inspection in November 2022, had escalated to the point where staff appropriately submitted child protection and welfare reports to Tusla, though the online portal system. Notifications had also been made through the notification of significant events system. Whilst statutory follow up had not yet occurred with regard to these the young person's social worker and social work team leader indicated to the inspectors in interview, they would pursue this in conjunction with the young person's previous social worker. The inspectors recommend that the centre manager follows this up too with the social worker. Internally, the inspectors found that attempts by the centre in implementing measures to support the young person who was being subjected to bullying and to minimise its occurrence were not robust enough. For example, there was a lack of recognition of the potential for risk when the young person isolated in their room when they were being bullied and withdrawing themselves from staff. The safety plan developed for the young person lacked detail in how staff would address the behaviour by peers and the issue of bullying and its impact on them was not reflected accurately in the young person's placement support plan.

The inspectors found that staff had plans in place to assist the young people to develop the knowledge, self-awareness, understanding, and skills needed for self-care and protection, but that improvement was required. The inspectors recognised that goals in these areas were being identified but found that the interventions were not proving effective as there was little, or no progress being made by the young people. For example, the areas of poor mental health, self-harm, poor personal care, harmful use of the internet and social media and substance misuse continued to be areas of significant concern.

The inspectors identified that improvement was required regarding the centres approach to safety planning. Some of the young people's individual areas of key vulnerabilities were being addressed with safeguards in place and appropriately held on their care files. These included absence management plans, crisis support plans and safety plans. As mentioned above the safety plan that was devised in response to bullying behaviours was not robust enough in terms of meeting its planned intention. Further, staff in interview failed to identify the current safety plan being implemented in the centre. This safety plan related to self-harm. In managing the individual placement arrangements for the young people there was a deficit in the

centre identifying risks, conducting risk assessments, and implementing risk management plans to guide staff in keeping the young people safe. The centre needs to be more proactive in planning and responding to potential risks to ensure that the necessary safeguards are in place.

A routine had established itself in the centre where staff and one of the young people were communicating via text messages when they in the centre both during the day and at night-time. On the inspector's review of the conversations that were held on the young person's care files they found that individual staff members involved in the text exchange were not identifiable, the language was unprofessional and too informal at times and the conversations related to discussions about the other young person. This had not been identified by centre or senior management through routine oversight or auditing processes.

Staff in interview demonstrated an awareness of the protected disclosures policy.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that the staff team is familiar with the working alone policy and that safe staff practices are adhered to at all times.
- The centre manager must ensure that the staff team have a good knowledge and understanding of the centre's child safeguarding statement.
- To comply with statutory mandated responsibilities the centre manager must ensure that all child protection and welfare reports are appropriately submitted through the Tusla portal and that this is completed retrospectively for two child protection concerns.
- Both senior and centre management must review the centres anti-bullying policy to consider more effective strategies in how a young person is supported in their experience of bullying and to minimise its effect when it occurs.

- The centre manager must ensure anti-bullying practices in prevention and intervention are implemented and that these are monitored, reviewed and evaluated.
- To enhance the young people's development in the areas of self-care and protection the centre manager must have clear interventions in place to meet goals and track progression.
- The centre manager must ensure that individual risks to young people, including potential risks, are planned for and managed and that further safeguards are developed to include safety plans when deemed necessary.
- The centre manager must ensure that staff are communicating with young people in a clear and safe manner.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must explore ways in providing the young people with opportunities to engage in new experiences based on their interests and hobbies and promote participation in local social activities.	The centre manager will continue to explore ways in providing opportunities for the young people, this will be completed through case management and team meetings and will be recorded through individual works and placement support plans.	Through the auditing process, the centre manager and the director of compliance will ensure that hobbies and interests are explored for all young people by reviewing all relevant paperwork. In cases where there is a valid reason (mental health or other) where this is not a current goal the guidance and reasoning for same will be very clearly recorded.
2	Both senior management and the centre manager must ensure that processes, as named in policy, to gather feedback occur, end of placement reviews are completed, and pertinent information addresses areas for improvement to enhance effective service provision.	The senior management team will ensure that going forward all reviews take place in a timely manner. The admission and discharge team along with our clinical psychologist have a scheduled meeting in June to review end of placements, gather findings and ensure findings are utilised for the purpose of service provision.	The senior management team, on a quarterly basis, in conjunction with the SERG meetings will ensure that an overview of placements occur. Exit interviews with young people and others will continue to take place where appropriate as per policy by the centre manager.
3	The centre manager must ensure that the staff team is familiar with the working alone policy and that safe staff	The centre manager since the inspection has discussed the working alone policy and safe practises with the staff team at the	Through the auditing process staff will be interviewed on these matters to ensure effective understanding and competence in

	<p>practices are adhered too at all times.</p> <p>The centre manager must ensure that the staff team have a good knowledge and understanding of the centre's child safeguarding statement.</p> <p>To comply with statutory mandated responsibilities the centre manager must ensure that all child protection and welfare reports are appropriately submitted through the Tusla portal and that this is completed retrospectively for two child protection concerns.</p>	<p>team meeting. Going forward this is an area that will be looked at closely on inductions and in the various workshops training days for staff.</p> <p>The centre manager since the inspection has brought the child safeguarding statement to the staff team at the team meeting. A more focused piece of work will be completed with the staff to ensure more understanding through inductions and workshop trainings.</p> <p>The centre manager will ensure that all CPWR's are appropriately submitted through the Tusla portal, and this is currently in action for two retrospective child protection concerns.</p>	<p>relation to matters pertaining to working alone and safe practices by the centre manager and the director of compliance.</p> <p>Through the auditing process all staff will be interviewed on the child protection including the child safeguarding statement to ensure understanding and competence in relation to child protection by the centre manager and the director of compliance</p> <p>The centre manager will ensure that all concerns are submitted, as mandated person's we stand by the decision not to report however have taken learning from this incident. Child protection is a standalone agenda at team meetings and senior management meetings and all learnings will be brought forward to ensure consistent oversight on all matters pertaining to child protection.</p>
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	<p>Both senior and centre management must review the centres anti-bullying policy to consider more effective strategies in how a young person is supported in their experience of bullying and to minimise its effect when it occurs.</p> <p>The centre manager must ensure anti-bullying practices in prevention and intervention are implemented and that these are monitored, reviewed and evaluated.</p> <p>To enhance the young people's development in the areas of self-care and protection the centre manager must have clear interventions in place to meet goals and track progression.</p>	<p>Senior and centre management have scheduled a review of the anti-bullying policy in July. This will ensure that the policy gives a greater overview to ensure effective strategies are considered to support the young people in our care and to minimise its effects.</p> <p>The centre manager will ensure going forward as part of the team meeting process that bullying practises are reviewed, monitored and evaluated and that all plans relating to same are robust and effective.</p> <p>The centre manager will ensure that a full review of effective interventions is undertaken at case management level. The centre manager will explore the possible use of positive behaviour supports plans in a bid to promote more pro social skills through positive reinforcement.</p>	<p>Through team meetings and senior management meetings bullying is a stand - alone agenda. The centre manager will ensure that all matters pertaining to bullying are addressed which will include strategies in how to support a young person in their experience and to ensure learnings are brought forward.</p> <p>As part of monthly managers meeting and senior management meetings all matters pertaining to bullying will be addressed, monitored, reviewed and evaluated. The director of compliance will ensure that any plans relating to bullying are robust and effective.</p> <p>Going forward we will ensure that all guidance from our clinical psychologist is clear and that comprehensive plans are devised following consultation to ensure effective tracking of the young person's progress. Through auditing, the director of compliance will ensure that interventions are effective in meeting identified goals.</p>
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	<p>The centre manager must ensure that individual risks to young people, including potential risks, are planned for and managed and that further safeguards are developed to include safety plans when deemed necessary.</p>	<p>The centre manager will ensure that all safety plans when devised will have a critical oversight and review to approve to ensure all necessary safeguarding measures are inputted. The director of compliance is engaging in a full review of SEN's and CPWR's to respond to and plan for the potential risks.</p>	<p>The senior management team will ensure through the auditing process will highlight any discrepancies in relation to safety planning and consult with all stakeholders to ensure effective responses. The director of compliance, going forward will ensure that effective planning is in place.</p>
	<p>The centre manager must ensure that staff are communicating with young people in a clear and safe manner.</p>	<p>The centre managers, since the inspection, have addressed this at the fortnightly team meetings, supervision, code of conduct and professional development. The centre managers will identify these discussions in the moment for specific learnings.</p>	<p>Through the auditing process by the director of compliance this will continue to be monitored and addressed through review of paperwork and consultation with the staff team.</p>