



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 190

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Attuned Programmes Ireland Ltd. t/a Futurescape
Registered Capacity:	Single occupancy
Type of Inspection:	Themed
Date of inspection:	18th October 2021
Registration Status:	12th May 2021 to 12th May 2024 Centre closed on 29th October 2021
Inspection Team:	Ruth Coakley Janice Ryan
Date Report Issued:	January 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3. Theme 6: Responsive Workforce (Standard 6.1 and 6.2 only)	
4. Corrective and Preventative Actions	13

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 the centre with the standards and regulations and the operation of the centre in line with its registration. The centre was first registered in May 2021. At the time of this inspection the centre was in its first registration and in year one of the cycle. The centre was registered without attached conditions from the 12th May 2021 to the 12th May 2024.

The centre had a sole occupancy purpose to support one young person with a high level of need. The statement of purpose and function for the centre provides for a stable and consistent core team to deliver a high-quality standard of care that is responsive to the individual needs of young people. The model of care was described as one which was relationship focused and informed by theories of attachment and trauma.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1, 6.2

An onsite themed inspection commenced on the 18th of October 2021. This was an intelligence led inspection and was as a result of information obtained during the inspection of another centre in the organisation. This information raised concerns with regards to staffing levels in the centre. The inspectors reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. Interviews were conducted onsite and by phone with the centre manager, deputy manager, social care workers and the young person's social worker and team leader. The inspectors invited the young person to meet or complete a questionnaire, but the young person declined. 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

At the time of this inspection the centre was registered from the 12th May 2021 to 12th May 2024. The draft report issued on the 16th of November 2021, the centre returned the completed CAPA on the 30th of November which was finalised and agreed on the 2nd of December 2021.

During inspection several safety concerns were identified which resulted in an immediate action notice being issued to the centre on the 22nd of October 2021. This was followed by a compliance meeting held with the organisation on the 5th of November 2021.

The centre gave ACIMS a 30 day notice on the placement on the 29th of October 2021 based on the outcome of a risk assessment conducted with the social work department which determined that the service did not have the capacity to provide safe care to the young person.

The centre effectively closed on the 29th of October 2021.

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.

Workforce planning was the responsibility of the residential services manager who had managerial oversight of four services operated by the organisation.

At the time of the inspection the centre was operating with one social care manager, one deputy social care manager and five full-time permanent social care workers.

There was no relief panel in place at the time of inspection.

Inspectors found that there was no permanent contracted full time centre manager in post from when the centre opened in May 2021 until the 18th of October 2021.

While inspectors found that a manager had been appointed to the service and had started on the day of inspection, it was found that over the previous 159 days in the centre there was no permanent full time contracted person in charge. There was a manager in place from May to August who also had responsibility for management of another centre. During this time the manager was on site on a part time basis and the Deputy Social Care Manager (DSCM) shared the management responsibilities. From September to October the management post was temporarily assigned to a social care worker on the roster in the centre. This arrangement impacted the delivery of care as there was no replacement assigned or made available for that staff member on the roster. The deputy social care manager also assumed management responsibilities where required, until the current manager took up the post.

Alternative Care Inspection and Monitoring Service have determined that in order to comply with Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing and the conditions of their registration, the centre must have and maintain a minimum of 8 full-time staff, this was set out in memo issued to providers in February 2020.

At the time of inspection, the service was operating with five full time social care workers. Inspectors reviewed rosters and daily logs for the centre since the beginning of August 2021 and found that the centre had not met the minimum staffing requirement for the operation of a centre during this time. The application for

registration in May 2021 identified nine full time contracted staff, five of whom were still working in the centre at the time of inspection. The centre did not have access to a panel of relief staff and covered shifts through use of staff from another centre, management and agency staff from two different agencies. At times back-to-back overnight shifts totalling working for 48 hours were in operation, which is not conducive to safe care. This practice must cease immediately.

There was a policy in place at the time of inspection governing use of agency staff in the centre. A review of the roster evidenced a high number of agency staff working in the centre on a regular basis. Staff who spoke to inspectors voiced concerns about this staffing arrangement leading to increased responsibilities on shift, challenges to delivering safe care and an increased risk to their physical safety. There was no evidence on file to provide assurances that verification of vetting for agency staff who had worked in the centre had been completed.

On review of the personnel files for the five full time staff, it was found vetting was in place for each person. However, not all staff had the experience required to meet the needs of the young person and mandatory training was not complete for all full-time workers at the time of inspection. Inspectors found that the centre did not have sufficient numbers of staff with the necessary experience and competencies to meet the needs of the young person living in the centre at all times.

Inspectors found that the shift patterns varied from two staff working from 10am until 10 am the following day, to one staff member working from 10 am until 10 am the following day and the second staff member working from different times in the afternoon or evening in which case the deputy social care manager worked on the floor as a second person until the other staff member arrived. At times the deputy social care manager was also acting in the manager role as well as providing double cover on the floor.

The residential services manager advised that recruitment was an ongoing challenge. A crisis management meeting was held on the 14th of September 2021 to respond to the difficulty of fulfilling staffing requirements and low morale amongst staff. The minutes identified several actions to address these issues. The residential services manager advised that weekly meetings were held following this meeting and recruitment actions were monitored with a tracker system. Inspectors received a copy of the tracker system which noted new applicants and timelines of the recruitment process such as interview dates and reference checks. This provided an up-to-date overview regarding available staffing in the services.

Workforce planning is discussed with the director of operations three times per week in person/zoom and through management meetings and a tracker of leave is completed bi-monthly and sent to the proprietors of the service. Inspectors reviewed a sample of management meeting minutes and found updates regarding staffing as opposed to workforce planning. The residential services manager advised that workforce planning will be an ongoing item on the agenda for all management meetings going forward.

Inspectors found that there was regular communication with the social work department, and they were aware of current staffing difficulties and the use of agency staff. ACIMS were also informed regarding temporary arrangements for management of the centre.

The residential services manager advised that they delegated the responsibility of liaising with agencies on a weekly basis to cover staffing deficits with the deputy social care manager, who was acting in a management capacity. They also advised that one agency worker had agreed to regular shifts for a period of time and that four new staff were interviewed and would be presented with an offer when vetting and reference checks are complete.

The residential services manager advised of a staff retention incentive which consisted of a relaxation retreat for two staff members from each of the services, however, plans to provide this on a continuous basis had been postponed due to staffing challenges. The residential services manager advised that staff are paid for all training scheduled and receive a percentage premium for Sunday hours to promote retention. Staff told inspectors that the current situation with regard to staffing and safety was a concern amongst staff and impacted on staff retention in the centre.

There was a formalised on-call policy and procedure in place in the centre of which all staff were very clear about when interviewed by inspectors. This was provided by managers of other centres, senior managers, directors and proprietors. Staff did not always find this beneficial or supportive depending on the designated contact person and their knowledge of the young person and their individual needs. As a result of the lack of appropriate staffing resources the deputy social care manager, social care manager and residential services manager had all covered shifts where required, this also impacted on the capacity and quality of the management function.

The centre did not have the capacity to respond and manage the behaviours in the environment safely due to the regular use of agency staff and lack of a consistent core

team with relevant experience. There were several incidents where staff had to leave the centre for their own safety due to the behaviour of the young person, that could not be managed safely in the centre. This current practice had also led to the young person being left alone in the house in a heightened state while awaiting the Gardaí to arrive to support staff. Staff told inspectors that this was not an effective protective or support measure for the young person or staff due to the gardai/emergency response taking a number of hours to arrive at the centre.

The current operation of the centre poses a risk to both the young person and the staff team. All staff and management interviewed stated that the current staffing arrangements do not meet the needs of the young person in the centre.

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

The centre had a deputy social care manager (DSCM) in post from May 2021 who had an appropriate qualification and had experience of residential care. The DSCM spoke to inspectors about the high-level needs of the young person and the challenges this presented, combined with the ongoing staffing issues. Inspectors were of the view that the DSCM had a good understanding of the issues and the impact of the staffing deficits. Staff told inspectors that the DSCM was supportive in her role. However, as noted, inspectors found that the centre operated without a full-time contracted manager for a period of five months until the day of inspection.

There was no job description on file for the social care manager post or deputy social care manager post. There was no contract on file for the social care manager post and three social care worker contracts were not signed. The inspectors reviewed the references on file and noted that although references were verified, they found that there were incidences where they were from people who were not in a line management position. The inspectors found one reference on file from a member of the management team from a previous organisation. This is not this is not in keeping with the department of health circular on vetting and recruitment, 1994. There were no vetting details for agency staff working in the centre.

Inspectors found that the operation of the service is not in line with the centre policy, National Standards for Children's Residential Centres, 2018 (HIQA) standards 6.1 and 6.2 or the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 6 (1): Person in charge and Article 7: Staffing.

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

Compliance with standards	
Practices met the required standard	None identified (Not all standards were assessed)
Practices met the required standard in some respects only	None identified (Not all standards were assessed)
Practices did not meet the required standard	6.1 6.2

Actions required

- The registered provider must provide a plan to the Alternative Care Inspection and Monitoring Service that details how the issues with staffing in the centre will be addressed.
- The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing, that the practice of back-to-back sleepover shifts has ceased in the service with immediate effect.
- The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing that the practice of the deputy manager post providing second person cover has ceased in the service with immediate effect.
- The registered proprietor and centre manager must provide a detailed risk assessment and safety plan regarding the management of behaviour and risk in the centre.
- The registered proprietor and centre manager must provide assurances of Garda vetting and verification of all agency staff who have worked in the centre from May 2021.
- The registered proprietor and centre manager must review all personnel files and ensure all documentation is complete.
- The registered proprietor and centre manager must review the current on-call policy to ensure it is robust and supports the safety of the young person and staff in the centre.
- The registered proprietor and centre manager must provide details for relief staffing assigned to the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The registered provider must provide a plan to the Alternative Care Inspection and Monitoring Service that details how the issues with staffing in the centre will be addressed.	Following a number of concerning escalations in the level of risk to the young person, FutureScape staff and the community, FutureScape registered proprietors made the decision on 9.11.21 to close the house and to relocate what remained of the staff team to other services within the company.	As part of a weekly management meeting a standard agenda with all Deputy Social Care Manager, Social Care Managers, Head of Services and acting Director of Operations to identify and plan for current and projected staffing issues. Fortnightly workforce development meetings with acting Director of Operations, Head of Services and the recruitment department to plan for, assess and make provision regarding staffing levels in each house. Working systems regarding recruitment revised and amended to take learning from staffing crisis experienced. Development of a staffing action plan for each house to include identified relief panel.

	<p>The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service with immediate effect.</p>	<p>Written assurance given and submitted with the Corrective and Preventive Action Plan. Planned roster with identified staff names submitted for review following inspection to show no further back to back shifts planned.</p>	<p>A Staff hours tracker with planned and actual hours worked has been developed and is submitted weekly to the Head of Services to monitor staff planned hours and ensure back-to-back sleepover shifts cease with immediate effect.</p>
	<p>The registered proprietor and centre manager must confirm to the Alternative Care Inspection and Monitoring Service in writing that the practice of the deputy manager post providing second person cover has ceased in the service with immediate effect.</p>	<p>Written assurance given and submitted with the Corrective and Preventive Action Plan.</p>	<p>Staff Actioning Plan to reflect minimum 8 SCWs in each house with Social Care Manager and Deputy as additional staff on shift.</p>

	<p>The registered proprietor and centre manager must provide a detailed risk assessment and safety plan regarding the management of behaviour and risk in the centre.</p>	<p>Individual young person's safety plan was submitted with the title of Individual Support Plan which includes behavioural management strategies for current presenting at risk behaviours. Detailed risk assessment completed led to determination that safe care could not be provided and Tusla social work department initially notified of 30 day notice for discharge.</p>	<p>FutureScape is developing a risk assessment system to identify and demarcate current risk in each house as part of the Social Care Managers Weekly Operational Report. This will be in operation from February 2022. Young Person's safety plans will continue to form part of their Individual Support Plan as a means to not over complicate and ensure decisions made and agreed are easy to access and follow for all staff members particularly during times of increased risk and stress.</p>
	<p>The registered proprietor and centre manager must provide assurances of Garda vetting and verification of all agency staff who have worked in the centre from May 2021.</p>	<p>This has been sought and is in place. Full staff files for all agency staff are now kept in the house by the Social Care Manager. The Social Care Manager has provided assurance that verification of vetting was completed for all agency workers in the centre.</p>	<p>Use of Agency Staff Policy to be reviewed and amended by December 2021 to include clear guidelines for Managers of when and how agency staff are accessed and the process for vetting and reviewing their files.</p>

	<p>The registered proprietor and centre manager must review all personnel files and ensure all documentation is complete.</p> <p>The registered proprietor and centre manager must review the current on- call policy to ensure it is robust and supports the safety of the young person and staff in the centre.</p>	<p>Personnel Staff file Audit developed and completed to ensure all documentation is complete.</p> <p>Additional Managerial support has been put in place through the weekly Managers meeting and a weekly managers group supervision to ensure all persons on the on-call are fully aware of the supports required and currently advised for each staff team and young person. House rosters and Individual Support Plans shared with all managers through a shared drive to ensure up to date information is available to person's on-call. On-call policy to be reviewed by January 2021 and additional training provided to the on-call team.</p>	<p>Personnel Staff file Audit to be included in Key Performance Indicators going from December 2021</p> <p>FutureScape will review the on-call policy in January 2022. FutureScape has provided additional training and support through training and mentoring for managers to actively support the on-call process.</p>
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	The registered proprietor and centre manager must provide details for relief staffing assigned to the centre.	As the house has been closed and staff redeployed to other houses there is no requirement for a relief panel in this house.	FutureScape Staff Actioning Plans updated to include 4 assigned relief staff for each house. This now forms part of the Workforce Development Meeting.
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