



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 216

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Hata Homes
Registered Capacity:	Twelve young people
Type of Inspection:	Announced
Date of inspection:	19th and 20th of April 2023
Registration Status:	Registered from the 13th of February 2023 to the 31st of March 2024
Inspection Team:	Eileen Woods Lisa Tobin
Date Report Issued:	10th 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 13th of February 2023. This centre was established under the Temporary Protection Directive (TPD), the directive provides a wide range of supports to persons including permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive will be in place for a minimum of one year but can be extended depending on the unfolding situation in the Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people. This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD.

At the time of this inspection the centre was registered in accordance with the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE01 published 25th of August 2022. This protocol was published by Tusla in response to the EU Temporary Protection Directive/TPD to allow for the registration of TPD centres for young people aged sixteen to eighteen years of age. This centre was registered without attached conditions from the 13th of February 2023 to the 31st of March 2024 in line with protocol and the EU Temporary Protection Directive.

The centre was registered to provide multi occupancy for an initial number of ten young people, these young people shared bedrooms up to and including three young people per room. Specific agreements were in place for the minimum amount of personal bedroom space per person and the minimum amount of recreational space. The centre's purpose and function was the provision of short term and emergency care for young people, under eighteen, entering the country unaccompanied and under a temporary protection order. The stated aims of the centre were to meet the young people's primary care needs, provide emotional support and to assist the young people in accessing education, employment, health care and preparation for moving at eighteen into adult services. There were ten young people living in the centre at the time of the inspection, the centre was seeking to increase the capacity to twelve young people following this inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.4
5: Leadership, Governance and Management	5.2

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 23rd of May 2023 and to the relevant social work departments on the 23rd 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 centre manager returned the report with a CAPA on the 6th 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: 216 without attached conditions from the 13th of February 2023 to 31st of March 2024 pursuant to Part VIII, 1991 Child Care Act and the EU Temporary Protection Directive.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

This centre was providing care for ten young people aged sixteen and seventeen, all ten were aged seventeen during the inspection. One young person was turning eighteen at the time of the inspection with the majority of the other young people turning eighteen in the summer. Inspectors interviewed the social care manager and two staff, inspectors also met with seven of the ten young people as well as an eighth young person briefly. The young people told inspectors they were aware of what their rights were while in Ireland and were also aware of but knew less about the UN Convention on the Rights of the Child. They were happy that their core rights to safety, education and self-expression were being supported. They stated that they felt well cared at the centre for example regarding access to good nutrition and a level of resources to help them adjust, gain employment, and build up knowledge of the area they were living in. They did not raise any concerns about sharing rooms and whilst there were no complaints on file they said they were fully aware of how to raise concerns. Three young people sharing a bedroom asked for bigger wardrobes during this inspection and the centre management agreed to improve the storage available to them.

There was evidence of awareness by the team of the need to promote knowledge by the young people of the UN Convention on the Rights of the Child. These young people were an older group who displayed good independent learning and living skills and engaged well in weekly young people's meetings. There was information on their rights contained in translated form in a booklet provided to young people about the company. There were two additional supplementary booklets in English and in

translated format which addressed how young people would be able to access health care, education and employment in Ireland. A translated copy of the UN convention on the Rights of the Child was displayed on the young peoples notice board in the study room and booklets were left out in the hallway for young people to pick up. Inspectors did not see written evidence confirming that the UN convention was promoted in admissions, inductions, one to one or at young people's meetings on a regular basis. The staff must ensure that they establish a regular means of recording when they complete the work of highlighting information on rights.

Inspectors found that the staff were positively promoting the young people's country of origin, and this included a Ukrainian staff member undertaking non-social care duties twice a week to ensure that young people could communicate their food preferences and other household input fluently. There were links being made by the team and promoted to the young people regarding relevant rights and advocacy groups with more information being gathered as the service develops. There were referrals to youth mental health group and the young people had the option of maintaining or sourcing their own therapeutic supports both locally and online from the Ukraine.

In conversation with the young people their key concerns related to matters outside the control of the centre regarding funding of third level education and accommodation over eighteen years of age. Inspectors found that the centre team supported the young people and advocated for their needs and their ongoing safety through their contact with the social work department. The inspector spoke with the Tusla social work team leader with lead responsibility for the young people and a Ukrainian speaking family support worker assigned to be the link worker with for the young people. The social work team leader outlined the funding of post second level education was available to the young people with further detail on the extent of this being clarified. They also confirmed that accommodation options over 18 remained those available through IPAS or the Red Cross and that it was aimed to provide information to young people about where they would be moving to before their eighteenth birthday. Inspectors found that at least two young people in this centre had found out at the point of their eighteenth birthday where they were moving to. The social work department team stated that the goal was to begin informing young people at an earlier point but that challenges existed in the national availability of suitable accommodation.

Inspectors found that the young people were in a centre that respected and supported them, promoting personal development in the short time available, and that this was

done for all young people equally. Inspectors recommend that the centre and service begin to gather feedback from young people to inform or confirm the service being provided by asking them key questions on their experience with the service in order to inform service improvement.

The bedrooms were shared at the centre based on an agreed service type commissioned by Tusla. Dignity and privacy were promoted where possible through agreed shared living rules and the completion of risk assessments. Each bedroom had an ensuite where young people could dress in private. Inspectors were informed that screens were available for the young people and were offered but there was no written evidence of this having taken place when young people move in.

The young people's families were not directly in communication with the centre. The centre staff did not communicate with families as a standard practice upon admission and they stated that they respected the privacy of the young people who communicated independently with their family members. A number of the young people told inspectors that their parents have spoken to staff on occasion and that this worked well. Inspectors queried the connection with families with the social work team leader and the family support worker who noted that they had a level of communication with families. They stated that they would be open to further discussion with the centre, for example about emailing their parents booklet to families once a young person has been admitted.

The young people were in receipt of care under Section 5 of the 1991 Child Care Act which allows the State through the Child and Family Agency to – 'take such steps as are reasonable to make available suitable accommodation'. As part of providing this accommodation and care the centre maintained some records related to the young people and the young people confirmed that they were aware of this and aware that they could look at these with staff.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

The provision of information began at admission for the young people, for most they will have had little notice of moving to the centre or they may have arrived in the country and moved directly to the house. There was an admission folder in place at the centre to support the staff in completing the admissions process and to guide them in what information needed to be given to the young people as well as what information should be gathered from the young people. Inspectors found that a

translator was not used as standard for all admissions, the use of English and google translate was the approach in place. Inspectors identified that either at admission or as soon as is practicable thereafter a session with a translator must be done to ensure young people have that opportunity and thereafter have it promoted for as often as they might like or need it during their stay. This must include any occasions where a warning might be issued, for issues such as property damage.

There were files set up for each young person and a daily log maintained to record core information, the young people had been made aware of these records. Once moved into the centre the Tusla support worker stated that they aim to visit as soon as possible thereafter to complete a Section 5 placement plan with a young person. These were on file for the young people but were not all in both languages, the review dates not defined and some information yet to be updated. Some young people had resided in other settings and the placement plans were reflective of that period of time. The Tusla team interviewed by inspectors were aware that some further tracking of completion of the placement plans was required. The young people spoke positively and warmly about the support worker and the support they provided as both shared the same language.

Inspectors found that the centre staff must improve the record kept of the admission to reflect how information was shared and what additional information had been signposted to the young people in the manner set out in their own admission guidelines. They must also agree with the social work department about who will provide an up to date photograph for the young peoples files. There was a copy of ID on file for each young person but the quality of pictures on some of these was poor

The centre management had arrangements in place to provide some English language conversation classes with a dedicated staff member. The young people were also offered English language skills assessments by the dedicated CDETB course. Where they exceeded the criteria for this course the option of Youth Reach was available in some instances. A number of the young people identified to inspectors that would like formal classes before attending college to help prepare for that environment and stated that the staff were assisting with this.

There were young people's meetings held on a weekly basis geared to providing structured information for the young people and also to help support a good experience of shared living. Inspectors recommend that the team reflect the young people's voice more through the weekly meetings to promote a collaborative approach and to gather their input, questions and requests.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.1 Standard 1.4
Practices did not meet the required standard	None identified

Actions required

- The centre management and staff must ensure that they complete and record the admissions process including the information shared with the young people regarding their rights and the options regarding privacy in the bedrooms.
- The centre management and staff must ensure that the use of translators increases to support young people in receiving information.
- The centre management must ensure that the young peoples meetings reflect young peoples voice, queries and responses as needed.

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Inspectors found that there were senior leadership and governance structures operational for the centre. These included a line management structure of a service

director, a service manager and centre manager. There were weekly senior management meetings and weekly reports were submitted by the centre manager to the service manager and director. There was evidence of decisions made, actions identified and completed. These predominantly related to preparation of the property, admissions, team formation and team training in this first three months of the centres purpose and function.

There was a centre manager who was qualified and experienced for the role, they were also in the process of completing a qualification in leadership and supervision. There were eight social care workers, the qualifications of the staff were in line with the published protocol and contract, there were no social care leaders as yet on the team. The service manager named that a social care leader would be onboarding and an experienced deputy centre manager was moving to the team in the first week in May 2023. By the time of the issuing of this report the centre manager announced their move to a role outside this company and the incoming deputy manager will be the acting centre manager.

There was a service level agreement in place with Tusla and inspectors found that the majority of the initial arrangements of the service provision at the centre reflected this agreement and the ACIMS GDR01. Both the protocol and the service level agreement referred to the provision of waking night staff as standard which the centre did not have operational. The roster provided for two staff daily, a centre manager on site Monday to Thursday until 3.30pm, remotely on Fridays and a third staff for weekends days where outings had been planned. The service manager and service director named that they would provide waking night cover on a risk assessed basis and had on occasion, for example where bedroom door buzzers were not operating. The ACIMS senior management and registration panel confirmed that the centre must provide waking night cover based on the numbers of young people and the current requirement that they share bedrooms due to the volume of young people requiring a place of safety.

Inspectors did not find evidence of high levels of risks at the centre at the time of the inspection but did find that the centre had responded to some lower level group concerns by putting in place checks every half hour when young people were at the house. There were risk assessments in place for sharing bedrooms and staff had access to management, to a risk assessment procedure and also to on call policy to address any new concerns as they arose.

There was a policies and procedures document in place for the centre, there was a policy review process led by the service manager and the next scheduled policy review was due in May 2023. Inspectors identified additions as being required for the policy suite to include incident reporting and that the missing policy required more detail

and direction to support safe practice. During interview with the social work team leader they stated that an update to procedures for young people on TPO had been received and that the joint Tusla and Garda protocol for missing child from care would now apply. The centres policy will need to therefore reflect this change, and the centre and the social work department must ensure that they have an up to date photo of each young person for their file. Some of the policies referenced during verbal feedback have been forwarded to inspectors and are currently under review.

Inspectors found that supporting processes such as supervision had commenced, weekly team meetings were held and weekly young people's meetings. Inspectors found that the staff were trained in Children First and understood their role as a mandated person in line with Children First. Inspectors observed good relationships in the centre between staff and young people and the team provided a good standard of support to the young people. The staff interviews confirmed that the centre was busy and the team were committed to the holistic wellbeing of the group.

An initial first quarterly audit had been completed by the centre manager and quality assured by the service manager with actions identified and dates of completion listed. The service manager stated that they visited the centre weekly at minimum and the service director attended the property regularly to oversee the final works in particular and to ensure that suitable resources are in place. The service manager stated that a quality improvement plan was in development for the centre.

There were policies on risk management and risk assessment available, each with clear procedures. The centre manager had a risk register in place which was appropriate, regularly reviewed and overseen by external management. The actions identified to mitigate risks were observed to be operational within the centre. The risk management of group living was approached from a number of avenues which included the involvement of the young people in the completion of risk assessments. These alerted them to the shared living and to the fact that admissions may take place during the night time. Additional risk assessments were completed in response to need, such as low mood, impact of an incident or travel to a concert. Where low mood presented a significant concern inspectors advise that a safety plan be discussed with a young person and reviewed regularly with them.

As part of managing risk inspectors found that the policy on reporting of incidents and the thresholds for same should be reviewed, there have been few incidents and the social work department were aware of all events having been contacted by the centre. Inspectors found that there was a lack of clarity on what should be formally recorded as an incident. There was evidence that in response to behaviours that the centre wanted to discourage that they implemented fines or warnings. If a warning threatens a placement then the young person must be clear as to the timeframe for

the warning and know what is expected of them, this should also be classified as a notifiable incident. There was no policy on file that addressed the use of warnings and fines or sanctions so this will also need to be completed.

The service manager named that the centre remained committed to training staff in the therapeutic approach to managing behaviour and would be completing certification up to level two of the chosen model and not completing the restraints component. A training schedule for upcoming refreshers and completion of initial training in TCI was being completed for staff and must be completed without undue delay.

The deputy manager would have been the identified person to act up for the centre manager in their absence, once a social care leader assigned there must be a named person identified. There were tasks and roles designated for named staff and these were listed and displayed for all. The two staff interviewed gave a clear outline of their designated roles within the team, staff also held the role of case worker for young people.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	None identified

Actions required

- The service management and centre staff must further develop policies on incident reporting, use of warnings and fines and an updated missing protocol.
- The registered proprietor and their management team must initiate a roster inclusive of waking night staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre management and staff must ensure that they complete and record the admissions process including the information shared with the young people regarding their rights and the options regarding privacy in the bedrooms.</p> <p>The centre management and staff must ensure that the use of translators</p>	<p>An admissions template is in place in the centre. This was reviewed and edited to capture procedural pieces when admitting new young people. This template incorporates the following:</p> <ul style="list-style-type: none"> • Admissions checklist • Contact form for each young person regarding the young person's booklet, privacy, Rights of the Child, Rules of the centre, room sharing and access to privacy screens and shared bathrooms. <p>An admissions Policy was drafted and added to the main policy document 9th May.</p> <p>Service Manager contacted Social Worker Team Leader 10th May seeking clarity on</p>	<p>A designated staff member will complete a monthly file audit and report to the team meetings on actionable items in the care files.</p> <p>The centre manager will complete a quarterly audit which will include review of the files, reporting on admissions procedures and make recommendations based on the audit's findings.</p> <p>Translators incorporated into the new admissions policy. Staff to be retrained in</p>

	<p>increases to support young people in receiving information.</p>	<p>booking procedures for translators. Numbers have been provided to book translators directly. Translators to be booked upon admissions to support the young people in receiving the correct information regarding the centre, their rights and responsibilities. Discussed at team meeting 29.05.2023 regarding provision of interpretation services.</p> <p>Young People to be reminded at 31.05.2023 YP meeting, that interpretation services will be available where needed, and YP can request same from centre staff or management.</p> <p>Meeting with SWTL 06.06.2023 to clarify procedures for booking interpretation services. Interpreters will be booked as a standard and has been incorporated into the centres admissions policy with interpreters to be booked within 48 hours of new admissions.</p>	<p>the organisations updated Policies and Procedures.</p> <p>A log has been implemented to record when translators are booked, the purpose of the log is to record bookings, the purpose of the booking and the dates. This will be overseen by the centre manager through their audits.</p> <p>Centre manager to continue to review young persons meeting minutes and provide feedback and guidance to staff around booking interpretation services.</p> <p>Admissions policy will be reviewed and updated annually. Training on the updated policy document to be provided to staff in July 2023.</p>
	<p>The centre management must ensure that the young people's meetings reflect</p>	<p>Centre Manager to discuss with staff at team meeting 29.05.2023 regarding</p>	<p>Centre manager will continue to oversee and sign young person's weekly meeting</p>

	<p>young people's voice, queries and responses as needed.</p>	<p>empowering the young people to chair YP meetings themselves.</p> <p>Young person's meeting scheduled for 31.05.2023 where this will be trialed. Staff will support minute taking and request the young people to sign.</p> <p>Young person's meeting minutes to be translated to UKR/Russian languages and distributed to the young people.</p> <p>Suggestion box has been set up for young people to make anonymous suggestions/requests allowing for young people who may be less inclined towards group participation.</p>	<p>minutes. Service Manager will implement a system wherein young people are requested to give feedback on their care. This will be provided in Eng/UKR/Rus languages.</p> <p>Feedback forms to be provided to young people on a quarterly basis with the first forms being sent in June 2023.</p>
5	<p>The service management and centre staff must further develop policies on incident reporting, use of warnings and fines and an updated missing protocol.</p>	<p>The main policies and procedures document annual review was completed in May 2023. New policies added to this were the following:</p> <ul style="list-style-type: none"> • Policy on Admissions • Policy on Room Sharing • Policy on Incidents and Incident Reporting (including warning procedures) • Policy for On-Call 	<p>Updated policy documented sent to centre managers. Policies to added to the weekly team meetings with a focus on individual policies each week. Staff to be retrained in the updated policies and procedures July 2023</p> <p>IAMP's reviewed monthly and updated by centre manager and staff as a function of the file audit. IAMPs to be sent to the SW</p>

		<ul style="list-style-type: none"> • Update to Missing Person Policy • Policy on Waking Nights • Young person's IAMPs were updated 23.05.2023. <p>Meeting with SWTL 06.06.2023. IAMPs discussed and decision made to review the implemented IAMP 1 week after a young person's admission after they have settled into the centre and local community.</p> <p>Amendment made to the admissions policy to incorporate the new IAMP procedure. Photograph of young people will be taken on admission and updated every 3 months.</p>	<p>link person and SWTL for sign off.</p> <p>Policies and Procedures to be reviewed annually.</p>
	The registered proprietor and their management team must initiate a roster inclusive of waking night staff.	<p>Senior management meeting 18.05.2023- task of drafting multiple rosters incorporating live nights was delegated between the managers and the service manager.</p> <p>23.05.2023- Follow up meeting to review the rosters held.</p>	<p>New Roster to be implemented at the end of the current roster.</p> <p>Centre Manager to continue to draft the rosters using the new live night template selected by the staff team.</p> <p>Staffing to be discussed at senior management level including rostering,</p>

		<p>29.05.2023- Senior management meeting to sign off on 2 rosters. 2 rosters will be presented to the teams 30.05.2023. Staff must return their choice of roster by close of business 02.06.2023. New roster to be implemented at the end of the current roster.</p> <p>June 2023- staff to be offered a preliminary wellness appointment to determine their fitness to do live nights. This is optional for staff however will be strongly encouraged by the centre managers.</p> <p>Policy on Live Nights drafted 29.05.2023 and added to the main policy document.</p>	<p>provision of live nights etc.</p> <p>EAP available to staff team regarding maintaining wellness and self-care whilst working nights.</p> <p>Staff to be retrained in the policies and procedures document July 2023.</p>
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