



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 221

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Hata Homes t/a Glenarm Care Ltd
Registered Capacity:	12 Young People
Type of Inspection:	Announced
Date of inspection:	24th & 25th May 2023
Registration Status:	Registered from the 5th of May 2023 to the 31st of March 2024
Inspection Team:	Eileen Woods Sharon McLoughlin Catherine Hanly
Date Report Issued:	19th 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 5th of May 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 5th of May 2023 to the 5th of August 2023, pending the receipt of the final fire certification, this has now been completed and the centre is registered until the 31st of March 2024 in line with the EU directive (updated). This centre was first established outside the registration process in April 2022 and ran until May 2023 when the centre applied for registration 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. 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 5th of May 2023 to the 31st of March 2024 in line with protocol and the EU Temporary Protection Directive. This centre first opened in response to the sudden influx of young people aged sixteen to eighteen from the Ukraine in April 2022 and was registered in May of 2023. In this period of time over 40 young people have lived at the centre before moving to other accommodation types, typically IPAS when over eighteen.

The centre was registered to provide multi occupancy for twelve young people, these young people shared bedrooms up to and including four 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, aged sixteen until their eighteenth birthday, 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 twelve 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
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 27th of June 2023 and to the relevant social work departments on the 27th of June 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 3rd of 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: 221 without attached conditions from the 5th of May 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 9: Access Arrangements

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.

The centre had a set of policies addressing rights, consultation and diversity in place to guide rights based work. Inspectors found that the centre manager had valued young people's right to access good quality information and had along with some staff members created avenues for this to be completed. There was a copy of the United Nations Convention on the Rights of the Child displayed in the main area of the house and information packs were available at all times. There was some evidence of work at weekly young people's meetings around rights and regarding the meaning of the young people's temporary protection orders (TPO's). Inspectors met seven of the twelve young people and those we spoke with stated that they had been advised regarding their rights and that the staff were approachable and available to answer any questions of staff. The young people also had access to a Ukrainian speaking member of staff, a second ancillary staff native speaker and a Ukrainian speaking member of the social work department staff team.

The young people's meeting was held weekly and the records were available on display for the young people. These had good content, were well attended and encouraged participation. The format had been recently refreshed to promote leadership and ownership for chairing and minuting the meetings by the young people themselves.

Inspectors found that the young peoples' rights to education and to be supported in their education were clearly realised. There was evidence of the ways in which the team supported this and where they gave advice to the young people. There was also practical support regarding how to access finance for education at the next level and

the young people were well resourced in the house for completing their current education. Inspectors found that where difficulties arose in education or other areas that the ongoing issues with retaining a consistent staff team was having an impact on the quality of record keeping and structured case working time for young people.

The young people told inspectors that they were comforted by the level of recognition of their country of origin and by the regard shown for their cultural and dietary preferences. They also confirmed that they were offered choice in celebrating days and dates of religious and cultural significance. Inspectors found that there was ongoing evidence of a culture of mutual respect and regard for individuals and their needs with little or no evidence of conflict between young people despite the pressures of sharing rooms. This was in all other ways a spacious house and gardens and the young people were noted by inspectors using all parts of it for a variety of reasons including college/school work during our visit. One young person said it was helpful to live with other young people and that together they could form a mutual support network for when they turn eighteen. The young people confirmed they had been offered privacy screens, which were available onsite, but didn't wish to use them. They noted that bedrooms being ensuite helped maintain a level of privacy.

Inspectors found that to continue to build on the skills and rights based structures at the centre that a full staff team must be in place and trained to address skills gaps. Training in record keeping is required in order to further develop good quality reflection of consultation, case work, information sharing, and supports being provided.

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

The centre team had a number of young people's booklets to share with them upon admission and at any time thereafter as needed. These booklets were found to be of good quality, varied and were translated. Inspectors found that it wasn't necessarily apparent when and how these were shared with each young person on an individualised basis. A copy of the core welcome booklet was on each file but without an indicator of when it was discussed with the young person. Inspectors also noted alongside this that there was a lack of evidence of the use of translators noted, particularly in relation to admissions.

Inspectors acknowledge the great benefit for the young people to have a Ukrainian staff member as well as the Ukrainian social work department family support worker but require that the centre and its sister centres utilise translators more regularly to reinforce clear communication and information sharing. Inspectors found that the

young people were resourceful and supportive of each other in checking meanings of interactions and questions, but this should not be relied upon as the main route for clarifying information.

Some areas for improvement in staff information sharing were noted with regard to access to GP appointments for young people out of hours. There was evidence of young people being encouraged to wait or seek over the counter medications. The staff team and the young people should be aware that the out of hours GP services will have nursing staff available to do phone assessments and that this is not a role required of staff.

The young people were informed that records were maintained about them at the centre, and several had accessed those records to read them, they told inspectors it was funny to read about their day.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	Regulation 7

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 must ensure that training in record keeping is provided in order to further develop good quality reflection of consultation, case work, information sharing, and supports being provided.
- The centre management and staff must ensure that they support the young people in their induction into the centre to understand the booklets, service type and rules, this must include the use of translators as appropriate.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

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.

The centre manager has been in charge of this centre since its inception in April 2022, they remain the named person in charge and centre manager for this centre as it entered registration. They have displayed good leadership and adaptability though setting up the centre, its systems and implementing procedures at the centre in order to safely accommodate twelve young people. Over forty young people have been supported to date and the centre manager was noted as professional and effective in their response to the work required as well as being a good advocate for the young people. They were fully qualified and experienced for their role, they were also in ongoing post graduate education at the time of the inspection.

Inspectors found that the centre manager worked to develop the skills of the team and to promote accountability and professional development. This has been hampered in phases due to regular staffing changes and difficulties in the sector in recruitment and vetting. The centre manager had commenced supervision for staff at the end of 2022 but was not in receipt of formal recorded supervision from the service manager. The service manager acknowledged this gap and was committed to redressing this through the provision of regular and recorded supervision.

The service manager led the policy and procedures development and had in place a structured set of policies for the centre, these had been reviewed a number of times and were due for a full update in June of 2023. A number of policies had been identified for inclusion or change, for example the social work department had clarified Tusla's position on the young people regarding their care status and the use of the Children Missing from Care 2012 protocol and confirmed that it would now apply to this young people under a temporary protection order and accommodated by Tusla. When staff were interviewed inspectors found evidence of a need for additional staff focus and learning around the policies and procedures document.

There was an insufficient internal management structure appropriate to the size and purpose of the centre even taking account of the special purpose and contracts for the service type. There was no deputy manager and no social care leaders, there had

been brief periods of time where those personnel were available but these were relatively short as the company expanded and they took up posts in new centres. In general, the centre manager would rely on the service manager to be a point of contact when they were absent. Due to staffing changes, at the time of the inspection, there was no named person to delegate onsite for the centre manager during periods of leave. Inspectors were informed that there was a person recruited to undertake a social care leader role and it was the service managers hope that they would commence induction in coming weeks.

There was a suitable risk register and risk management framework inclusive of a matrix and review schedules. The service director and service manager implemented risk management systems and the centre manager operated and reviewed the centre risk register within a set review schedule and/or as needed. They discussed the register at the senior management meetings and reported on these to the service manager and the service director. Staffing was entered onto the register as an amber or significant risk with a requirement to 'improve control measures'. Inspectors found that it was in fact a red risk or high risk with the requirement to improve controls immediately. The lack of minimum numbers of eight staff has been a persistent problem recurring for most of the centre's period in operation. There had on occasion been overnight single cover and the contingencies on the risk register did not include the recourse to contacting an agency to enquire about staff cover. In coming weeks the management were concerned that the risk of single cover may escalate again unless the staff who have been recruited do in fact commence employment, they have since assured the inspectorate that single cover has not recurred.

The senior management team were in the process of devising a waking night roster in order to comply with the requirements in the ACIMS GDO1 protocol and the Tusla contract. The service manager had developed a service improvement plan for the centres coming year, the service type continues to be required due to the ongoing war in the Ukraine and the temporary protections afforded by the EU countries will continue for a further twelve months.

The staff team were found by inspectors to have allocated duties assigned related to case work and to tasks such as oversight of petty cash. Inspectors found through interviews, paperwork and young people's feedback that the staff were engaged with the young people, committed to the service type and they took a caring approach to the young people. The atmosphere in the centre was calm and friendly and the young people had made a big effort on the day of the inspection to ensure that inspectors had a positive experience of the house. They took pride in preparing a barbeque where they joined inspectors and spoke positively about their experiences of living in

the centre. The service director had provided a good environment and setting for the young people that was well presented and matters of maintenance and resources were followed up without delay.

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 manager must ensure that a schedule of supervision is established, implemented and maintained for the centre manager.
- The centre manager and service manager must ensure training and development of staff knowledge in all policies and procedures.
- The service director and service manager must ensure that there is a suitable identified person to delegate for the centre manager during their leave and to provide the necessary day to day internal senior structure suitable to the type and size of the service provision.
- The management team must revise the risk register regarding staffing to accurately reflect the staffing concerns and to enhance the response options to ensure that there is double cover at all times.

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.

At the time of the inspection the staff team was comprised of a centre manager plus six staff, with two vacancies on the full time team, there were also reported to be no

dedicated relief staff for this centre and that they relied upon other centres within the company for additional cover. Prior to their application for registration which took place in May 2023 there had been recurring periods of reduced staffing on several occasions since the centre opened, this had on occasion resulted in lone or single cover. The ACIMS Protocol GD 01 requires minimum double cover taking account of the high number of young people and the exception made to allow multiple young people to share rooms. The centre management were transparent in recording the staff shortages and detailed their actions to address them, they have not been successful at maintaining a full staff team including a relief panel as yet. The centre manager and service manager stated that they recognised the need for new staff to start and that ongoing recruitment had been taking place. There was evidence presented by management that vetting was applied for a number of qualified persons and it was the stated goal of the registered proprietor to now start a number of staff including a social care leader and relief staff in coming weeks.

Inspectors found that a balance of experience in the social care administrative and standards implementation was required and would support the centre manager, staff and young people in developing the service further. The work force required expansion to ensure that the balance of tasks as well as cover for all types of leave can be provided for on an ongoing basis. It was positive to have a range of different staff and backgrounds to benefit the young people, this was also in line with the Tusla contract type and in line with the ACIMS GDo1 protocol.

As stated prior the matter of staffing was entered onto the register as an amber or significant risk with a requirement to improve control measures which inspectors found did not fully represent the severity of the staffing gaps and the need to move forward with the implementation of waking nights. Inspectors found that it was in fact a red risk or high risk with the requirement to improve controls immediately. The lack of minimum numbers of eight staff has been a persistent problem recurring for most of the centre's period in operation. There had, as stated previously, on occasion been overnight single cover and the contingencies on the risk register did not include the recourse to contacting an agency to enquire about staff cover. Inspectors found that workforce planning and suitable risk response measures must be enhanced for the centre to look at any specific reasons why it may be more difficult to recruit for this location.

The centre had a policy on the provision of on call, this outlined that the centre managers and service director would share this role. The policy detailed the roles of each person and makes reference to the social care worker procedures to follow within it. The staff differing levels of qualification and roles within the team should be noted and assistance built in to ensure all staff are familiar with its

implementation. There had been good demonstrations of the use of on call in practice when staff were making safeguarding decisions regarding young people.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	None identified

Actions required

- The service manager and service director must ensure that adequate staffing resources and responses to gaps in staffing are in place in order to comply with the relevant regulations and the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE01 published 25th of August 2022.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre management must ensure that training in record keeping is provided in order to further develop good quality reflection of consultation, information sharing, and supports being provided.	All staff team members have been enrolled on 'Professional Report Writing for Social Care Professionals' conducted by a training company on August 18 th , 2023.	<p>The centre manager and the service manager will ensure that there is ongoing work around the quality and effectiveness of record keeping and report writing will be discussed in team meetings. As part of professional development planning samples of staff members report writing will be discussed during the supervision process.</p> <p>Report writing will also be reviewed as a function of the new annual appraisal system. Policies and Procedures will be updated annually or as needed led by the service manager. Training on the updated Policies and Procedures will be held on 26/07/2023.</p>

	<p>The centre management and staff must ensure that they support the young people in their induction into the centre to understand the booklets, service type and rules, this must include the use of translators as appropriate.</p>	<p>Meeting with SWTL occurred on 06/06/2023 to clarify procedures for booking interpretation services. Interpreters will be booked as a standard and has been incorporated into the centres admission policy, with interpreters to be booked within 48 hours of new admissions. The Social Work Department will send the SCSIP as part of the admission documentation to the centre, so translators can be accessed by the staff team.</p> <p>A translator booking log has been implemented and will be sent to the Social Work Department monthly. Access to translation services will be discussed at the next young person's meeting on 03/07/2023.</p> <p>A comprehensive admissions process and checklist have been compiled to go through all the required information during admission. This includes the use of privacy screens, privacy in shared living space, fire walk-through of home, clothing inventory, rights of the child, and rules.</p>	<p>The centre manager will review the translation log prior to submitted to Social Work Department. The service manager will review the translation templates annually.</p> <p>The centre manager to continue to review young person's meeting minutes and provide feedback and guidance to staff regarding booking interpretation services.</p>
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	<p>The service manager and service director must ensure that adequate staffing resources and responses to gaps in staffing are in place in order to comply with the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE01 published 25th of August 2022.</p>	<p>The service manager has been recruiting rigorously and continues to interview suitable candidates for care and team leader positions.</p> <p>A team leader commenced employment in the centre on the 20/06/2023 and is providing administrative and oversight support to the centre manager.</p> <p>2 new staff members commenced employment in the centre on the 15/06/2023. This brings the staff team to its full complement of 8.</p> <p>4 new relief staff are currently onboarding which will complement the existing 3 relief staff members available for shifts.</p>	<p>Staffing, recruitment, and retention is discussed as a rolling agenda item on the weekly senior management meetings.</p> <p>The centre manager will continue to complete a quarterly audit which analyses current staffing and staffing trends and report the finding to the service manager and the service director.</p> <p>Recruitment will continue to remain a priority for senior management.</p> <p>The organisation provides staff retention initiatives including access to the EAP, Wellbeing Allowance, Sunday allowance in addition to newly introduced allowances for live nights, paid breaks for night work, and statutory paid sick leave. The organisation continues to consider other initiatives to support staff wellbeing and retention.</p>
5	<p>The service manager must ensure that a schedule of supervision is established, implemented and maintained for the centre manager.</p>	<p>A 3-month Supervision Schedule for the manager has been implemented with dates in place for the next 3 supervision sessions.</p>	<p>The service manager will maintain a record of supervision schedules and a link will sent in advance of the session and added to the centre and service manager's calendars.</p>

	<p>The centre manager and service manager must ensure training and development of staff knowledge in all policies and procedures.</p>	<p>Policy and Procedure training has been scheduled for July 26th, 2023. The team will receive comprehensive training on the Policies and Procedures and how these are implemented on a daily basis within the service.</p>	<p>A sample of Policies and Procedures will be included in team meetings and discussions on how these are used in conjunction with the National Standards for Children's Residential Centres. The Policies and Procedures will be reviewed annually or as needed. The next scheduled review date is May 2024.</p> <p>Policies and Procedures will be discussed as part of supervision with staff team members to help link everyday practice with the policies.</p>
	<p>The service director and service manager must ensure that there is a suitable identified person to delegate for the centre manager during their leave and to provide the necessary day to day internal senior structure.</p>	<p>A team leader commenced employment in the centre and is providing administrative and oversight support to the centre manager.</p> <p>A system of management cross cover has been implemented in May 2023. The other 2 managers within the organisation will share management oversight duties in the absence/leave of the allocated manager. Support will be provided daily through email, phone and in-person means.</p>	<p>Annual Leave of managers and cross cover arrangements to be discussed and agreed at the weekly senior management meeting a minimum of 2 weeks prior to managers taking 5 or more leave days.</p> <p>A written timetable of cross-cover supports is to be completed with specific details around tasks, meetings, trainings, supervisions and any other duties identified as requiring cover and reviewed daily by the covering manager(s) and service manager during the leave period.</p>

			<p>A cross cover log will be implemented to be completed by the covering manager(s) and signed off by the service manager.</p> <p>The system will be reviewed in 3 months at senior management level (21/09/2023)</p>
6	<p>The service manager and service director must ensure that adequate staffing resources and responses to gaps in staffing are in place in order to comply with the relevant regulations and the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE01 published 25th of August 2022.</p>	<p>The staff team at the centre is now at full complement as of 20/06/2023. Further details provided under Theme 1 recommendations above.</p> <p>All staff members have completed comprehensive inductions into the centre and are available for their Full-Time hours.</p>	<p>Staffing will remain a high priority for the service manager and director and will remain on the Organisational Risk Register for monthly review.</p> <p>All existing and new staff training, support and retention initiatives will be discussed at weekly senior managers meetings under the rolling agenda item heading "Staffing".</p>