



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 042**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Misty Croft</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>1<sup>st</sup> &amp; 2<sup>nd</sup> June 2021</b>
<b>Registration Status:</b>	<b>Without conditions from the 17<sup>th</sup> July 2021 to 17<sup>th</sup> July 2024</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> July 2021</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>8</b>
<b>3. Inspection Findings</b>	<b>9</b>
3.2 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.3 Theme 3: Safe Care and Support	
3.7 Theme 7: Use of Resources	
<b>4. Corrective and Preventative Actions</b>	<b>18</b>

## 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 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 in July 2009. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 17<sup>th</sup> July 2018 to 17<sup>th</sup> July 2021.

The centre's statement of purpose set out that young people aged from twelve to seventeen years on admission are considered suitable to be placed on an emergency, short term, medium term or respite basis. Referrals were accepted from Tulsa's social work team for separated children seeking asylum and the out of hours' social work department. The model of care was underpinned by a Maslow's hierarchy of needs and the purpose was to meet the primary, individualised needs of young people through a young-person-centred approach with the aim of successful integration. It was described as needs led, child centred care with a focus on care, health, integration, education and independence. There were five children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1, 3.2, 3.3
7: Use of Resources	7.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation and discussed the effectiveness of the care provided. They conducted interviews via teleconference with the relevant persons including senior management, staff and the allocated social workers. 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. As there was a suspected case of TB in the centre, a collaborative discussion and risk assessment process took place between the inspectors and senior management and it was decided that this inspection should be conducted off-site.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 1<sup>st</sup> July 2021. 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 19<sup>th</sup> July 2021. 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: 042 without attached conditions from the 17<sup>th</sup> July 2021 to the 17<sup>th</sup> July 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

Although the inspection was conducted offsite as referred to in this report, inspectors had been onsite in the last six months for a previous inspection and were familiar with the premises. In addition, centre management provided current images of the centre's design including the external space and internal areas comprising of kitchen, living room, games room, bathrooms, staff office and garden. The accommodation's layout was suitable for meeting the needs of the number of children in the centre. It was a was homely and comfortable house in good repair and well maintained. It was situated in a suburban setting close to amenities and public transport. Each young person had their own bedroom with safe storage space for their personal belongings. The centre was well decorated and contained various spaces for rest and relaxation including a communal section with a computer for use by young people. The centre manager told inspectors that young people were encouraged to take part in designing and decorating their own bedrooms and they personalised them to suit their own taste including hanging pictures and other effects. There was room to meet family, friends and their social worker when they wished. Bathroom facilities were adequate and the centre was adequately lit, ventilated and heated. From the young people's questionnaires, they indicated they were happy with the comfort and private space in the centre and did not recommend any changes. Allocated social workers said that the premises were spacious and very homely.

From a review of the maintenance record, repairs were attended to promptly with audits in place for oversight by senior management. There was written evidence that there was compliance with all statutory requirements regarding fire safety, building regulations and health and safety legislation. There was an up-to-date safety statement in place that was read and signed by the staff team and the health and safety officer. It was reviewed annually. Risk assessments were developed that identified hazards and outlined control measures to mitigate the risks. These

included the management of risks in relation to the health and safety of young people, each member of staff and for visitors also. There were hygiene and infection management measures in operation for Covid-19 and other contagious medical conditions.

Monthly reports evidenced robust fire safety practices in place and fire alarm systems were monitored weekly and routine quarterly checks were in operation by an external company on a quarterly basis. Day and night time fire drills had been held for staff and young people. Where young people declined to take part in fire drills, this was appropriately followed-up by staff so that they completed them at another time. Daily, weekly and monthly fire safety records were completed and reflected in the centre's health and safety audits which were conducted on a monthly basis. Fire safety training had been provided and was in date for the staff team. Fire safety information sessions were also undertaken with young people. There were procedures in place for reporting and documenting any accident or injury to children and staff.

From a review of records regarding the centre's two vehicles they were found to have been roadworthy, regularly serviced, taxed, insured, and being driven by staff who were legally licensed to drive.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 8 Regulation 13 Regulation 14 Regulation 15</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.3</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified (full theme not inspected)</b>
<b>Practices did not meet the required standard</b>	<b>None identified (full theme not inspected)</b>

### **Actions required**

None identified.

## Regulation 16: Notification of Significant Events

### Theme 3: Safe Care and Support

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

Inspectors found that the centre had very robust measures in place to promote safety and welfare of young people in their care which included practices such as, appropriate responses to concerns, safety plans, targeted key working and one to one sessions, an open culture to report and a strong recognition of the voice of the child and their individual human rights. The centre's procedures were in line with child safeguarding policies as reflected in Children First: National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015. The full suite of policies had been reviewed by the organisation in 2020 including their child protection and safeguarding policy. In addition, children had been encouraged to read these so that they were aware of how the centre was protecting them from abuse. Inspectors recommend that all information for children is made available in the child's first language. Inspectors found that some amendments were required within the mandated and non-mandated reporting procedures. While there was a good code of practice and professional conduct for working with young people in place, inspectors recommend that these are combined to reflect one code of behaviour for children and is incorporated in the centre's safeguarding policy. They also recommend that all of the procedures that support child safeguarding practices in the centre are combined in one child protection policy document.

The centre manager stated to inspectors that child protection concerns that met the threshold were being reported via the Tusla portal and mandated persons had access to this facility. From the questionnaires but not at interview, staff described how one of the steps within the mandated reporting procedure included oversight of the report by the designated liaison person prior to submission to Tusla. This was also reflected in the centre's policy and must be amended. There was a child protection and welfare register in place but there was no child abuse concerns outstanding at the time of the inspection. The centre manager was the appointed designated liaison person. There was a child safeguarding statement in place along with written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that it had met the required standard.

A policy on bullying and harassment had been implemented and the centre management and staff told inspectors that there were no issues or incidents regarding bullying currently. Further, there were very good peer relationships between the children at the time of this inspection. This was supported by comments on the children's and the staff questionnaires with most children stating that "I am happy", "they care for us" and "I like all staff", "everything is good".

As referred to above, while there was strong evidence across centre records that staff understood and had good knowledge of how to keep children safe in practice, at interview they were less familiar with the centre's specific child safeguarding procedures that supported their safe care. Training in the Tusla E-Learning module was in date for the staff team, however this was not supported by the provision of regular sessions on the centre's own policy. Awareness of child protection was part of set items on the team meeting agenda along with in-house meetings. Centre management must ensure that the mandated and non-mandated reporting procedures are amended to be fully aligned with Children First and that all staff are made aware of the procedures contained in the child safeguarding policy through training.

Social workers interviewed spoke of the very good collaboration in place with the staff team and the excellent safe care children received. They said that centre management was in very regular contact with the dedicated social work department and consistently worked in partnership to promote the wellbeing of children. They were provided with absent management plans, risk assessments, complaints, reports and significant event notifications (SENs) and all were forwarded to them without delay.

At interview staff showed an acute awareness of the individual vulnerabilities of each child and a keen understanding of the underlying traumas that they may have experienced. This key consideration was evident across the planning records for children and in any preparation for future placements. Through comprehensive key working and one to one sessions, children were supported to learn about self-care and protection and provided with practical safety plans to use if they were away from the centre and felt unsafe. Specific programmes were conducted with children from once they had been admitted on areas such as online safety, sex education, cyber bullying, how to set up private social network accounts, self-care and healthy relationships. Individual risk assessments were in place for each child that promoted their safety and wellbeing.

The organisation had a protected disclosures policy to support staff in raising concerns or disclose information relating to poor practice. Inspectors found in interviews that staff members were familiar with the policy and would report any concerns without fear of adverse consequences. They all stated that internal and external management were available and approachable.

**Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

The behaviour management policies in place recognised the rights of the child and promoted a positive approach to supporting children with behaviours that challenged. There was evidence that positive behaviour was praised and encouraged and staff showed a strong understanding and keen skill in how mental health issues and other traumas experienced by the children they worked with could affect how they behave. There was evidence across the centre records of discussion on the difficulties and triggers for children that predated their time in the centre along with appropriate care interventions to be used. These were observed on team meeting minutes, management meetings, daily logs, life space interviews, key working, reviews and behaviour support plans (BSP). Individual BSPs contained strong guidance in how to respond and monitor any behaviours of concern. In addition, children were consistently central to the plan and specific supports were outlined for them to access if they needed them.

In compliance with policy the staff team had been trained in a recognised model of behaviour management and were provided with regular refresher training. Staff were able to describe at interview and through questionnaires the various procedures and plans being implemented in practice that supported how they responded to children when managing behaviours. Social workers interviewed during the inspection said that the staff team used relationships to support young people and there were very good holistic measures in place that enhanced their work. Staff had access to specialist advice and where children were attending ancillary services, there was positive collaboration with clinical agencies in how best to support the child's emotional wellbeing.

Communication was regular and clear with children on ways in which they could understand their own behaviour and how it may impact on the rights of their peers. This was evident in key working and one to one sessions along with children's meetings. The centre's approach to managing challenging behaviour had been

audited and potential learning from incidents were recorded and discussed with the staff team.

There was a policy in place for the use of restrictive practices and staff were familiar with its purpose and content. Physical restraint was not a feature of how the centre managed the behaviour of the young people. The centre's policy recognised how the use of physical restraint was an imposition on young people's individual rights and dignity and should only be used where there is a significant risk of injury or harm. Other restrictive measures included alarms on children's doors and windows and although the policy stated that where restrictive practices were in place, they should be appropriate and proportionate and for the shortest duration possible, this specific restriction had been in place in some instances for over a year without a full review.

For one child, the measure was recently discontinued but only when they highlighted the issue themselves rather than as a result of a centre-led evaluation. Restrictive practice review forms were only partially completed and while it was an agenda item at a number of meeting forums, no full review took place nor were decisions finalised in respect of the practice for the remaining children. Centre management and social workers identified this measure as part of a necessary safety procedure to mitigate specific risks when children moved into the centre. However, the allocated social workers who spoke to inspectors said that this risk no longer prevailed. The registered proprietor must ensure that there is routine review of restrictive practices to ensure that they are required and in line with risk assessments and the centre's own policy.

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

From a review of centre records, staff interviews and questionnaires, inspectors noted a strong commitment to promoting a culture where young people and staff could raise concerns and report incidents. The children's hand book contained information on the centre's complaints procedure and outlined the purpose of children's meetings. It highlighted who the child can talk to should they have a concern. In addition, it identified support services available for children to contact such as Empowering People in Care (EPIC) and encouraged them to do this. Complaints were processed appropriately and allocated social workers were informed and included as part of the procedure. In respect of one issue a child voiced, there had been a delay in identifying it as a complaint by staff and although it was followed through and resolved later, inspectors recommend that the time line for that part of the procedure

is reviewed. Staff were aware of the whistleblowing policy and it was discussed at team meetings.

Feedback was provided by social workers through the daily contact they had with the staff team and they told inspectors that their guidance and advice was consistently listened to. Inspectors recommend that this process is formalised so that significant people in children’s lives can contribute to identifying areas for improvement in service delivery.

There were policies and a supporting system in place for the recording, notification and management of incidents including significant events. There was very strong evidence from a review of documentation that incidents were discussed thoroughly at various forums including significant review group meetings, management meetings, team meetings and supervision. Inspectors noted clear, meaningful and reflective evaluation and analysis of issues and incidents where trends and patterns were identified and action taken to improve the care being provided in the centre. Learning was shared with the staff team and communicated with the allocated social workers.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- Centre management must ensure that the mandated and non-mandated reporting procedures are amended to be fully aligned with Children First and that all staff are made aware of the procedures contained in the child safeguarding policy through training.
- The registered proprietor must ensure that there is routine review of restrictive practices to ensure that they are required and in line with risk assessments and the Centre’s own policy.

## Regulation 7: Staffing

### Theme 7: Use of Resources

#### Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The centre's use of resources was found to be aligned to their statement of purpose and model of care. Inspectors found evidence that there was an appropriate use of resources within the centre, ranging from the day-to-day operation of service provision to financial resources and human resources. From the review of children's records and centre documentation, sufficient financial resources were available and allocated to the centre manager and the staff team to meet young people's needs as identified in their care plans and placement plans. Some of these included funding for activities and hobbies, education, specialist and interpreter services, clothing allowance, pocket money and grocery shopping, savings and independent living and the maintenance of the premises. All of which were appropriate to meeting the children's needs.

Budgets were found to be planned and managed in a transparent way by the centre with evidence of oversight by external management. These took account of the resources available to ensure that child-centred, safe and effective services were being provided. From the review of petty cash records funding was made available on a weekly basis. In relation to staffing, there were adequate numbers of qualified, experienced and trained staff that were part of the centre's workforce. The staff team had been provided with an employee handbook where information relating to their rights and responsibilities, benefits, conditions and policies affecting their employment was outlined.



## Compliance with Regulation

### Compliance with standards

<b>Practices met the required standard</b>	<b>Standard 7.1</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### Actions required

None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
3	<p>Centre management must ensure that the mandated and non-mandated reporting procedures are amended to be fully aligned with Children First and that all staff are made aware of the procedures contained in the child safeguarding policy through training.</p> <p>The registered proprietor must ensure that there is routine review of restrictive practices to ensure that they are required and in line with risk assessments and the Centre's own policy.</p>	<p>The issues requiring action were brought to a general management meeting following the draft report. Since then we have reviewed the relevant P&amp;P's as well as all reports and documents associated with same.</p> <p>There was a meeting dedicated to discussing our restrictive practice procedures and ways of ensuring continuous and consistent review. All above reviewed, consultation with the care teams and ready to put into practice by 8.7.2021.</p>	<p>All amended policies and procedures have been brought to the team meetings whereby staff were given the opportunity to comment, ask questions and have their input. All to sign once policy has been read and reviewed.</p> <p>All amended documents and reports have also been brought to the team meetings for discussion and review.</p> <p>There are reminders to review our restrictive practices in the management meeting agenda, the care plans and reviews, the young people's placement plan and progress report as well as a clear standard operating procedure to ensure consistency and clarity.</p>
7	None identified		