



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 045

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Focus Ireland
Registered Capacity:	Six young people
Type of Inspection:	Unannounced
Date of inspection:	04th & 05th July 2023
Registration Status:	Registered from 31st December 2022 to 31st December 2025
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	12th September 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 31st December 2001. At the time of this inspection the centre was in its eighth registration and was in year one of the cycle. The centre was registered without attached conditions from the 31st December 2022 to the 31st December 2025.

The centre was registered to provide accommodation for up to six young people of all genders from age fifteen to eighteen years of age. The placements provided were on a short to medium term basis and the centre operates as part of Tusla, the Child and Family Agency's Crisis Intervention Services Partnership (CISP). Their model of care was described as providing an opportunity for stabilisation utilising a needs-led, relationship-based approach. Inspectors were informed that the service is currently reviewing their model of care. Implementation of the new trauma informed model will begin with staff training which is scheduled for August 2023. There were four 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	1.3
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 10th August 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 24th August 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: 045 without attached conditions from the 31st December 2022 to 31st December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 12: Provision of Food and Cooking Facilities
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The centre promoted the participation of all young people in decisions being made about their own care. They were given opportunities to express their views through one-to-one work with their key workers, monthly placement planning which focused on immediate and future goals as well as professional's meetings with Guardians Ad Litem (GALs), aftercare workers and social work departments. While some young people were not engaging in shared planning, in general, there was evidence to show that they had been provided with the choice to attend their child in care reviews and be involved in placement planning with their key worker. Where one young person had progressively withdrawn from interacting with the team and other young people in the centre, inspectors recommend that staff remain persistent in their attempts to encourage them to contribute in a positive way to their care and daily living plans.

Young people were asked their opinions through interactions with staff on issues relating to shared living, meal planning and cooking. While young people's meetings were scheduled, most were not partaking as a group, but staff were meeting them individually to listen to their issues and address their everyday needs and dissatisfactions. Staff and young people engaged in activities together and shared meals together. On moving into the centre, an admission's meeting was arranged where information was shared with each young person on routines, rules of the house, care planning, complaints, rights, and safeguarding.

A young people's booklet was also provided. However this required improvement so that it reflected the service's rights-based values regarding consultation with young people as well as content on external advocacy services such as EPIC, the Ombudsman for Children's office and Tusla's Tell Us process. There was evidence on the centre files that EPIC, Empowering People in Care had attended the centre and a support worker was available to one of the young people currently living there.

Comprehensive rights-based policies were in place and had recently been reviewed and updated. Staff who were interviewed showed a good understanding of young people's general entitlements and were aware of the advocacy agencies who could provide assistance on behalf of children and families.

From a review of young people's files, there were delays in child in care reviews taking place along with an absence of a number of care plans on young people's records. These had not been shared by the social work departments involved. In addition, one young person did not have an allocated social worker. While these gaps had been clearly escalated internally by the centre manager with follow-up to social work departments, inspectors recommend that where these issues consistently occur, young people are also facilitated to self-advocate with the assistance of independent advocacy services.

Each young person was assigned two keyworkers and at interview they described their specific role including the build-up of a trusting relationship with the young people, clear goal setting based on their individual needs, updating of placement plans, as well as one to one work linked to their goals.

One young person who spoke to inspectors, said that they liked where they were living and that staff relax with them and play pool and are always available to talk to. They described how the centre was a safe place to live and that they had been told how to make a complaint and that they could have access to and read their own records when they wanted. Two of the three social workers interviewed spoke of the team's strong working relationships and their commitment to child centre care with the young people.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 12 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

1. The centre must ensure that the young people's booklet is reviewed and the content updated to reflect young people's rights in a more child centred way. It should include information on independent advocacy services as well as 'Tell Us', Tusla's feedback and complaints procedure.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centre had a suite of policies and procedures in place that supported a positive and preventative approach to the management of behaviours that challenged. These were child centred and reflective of international human rights, legislation and regulations. The approach currently in use though required a link to the centre's new model of care which the centre was implementing at the time of this inspection so that a trauma-informed method underpins the ethos and values of the centre. This will be fully completed when induction sessions are delivered to the staff team in the coming weeks. The centre had a behaviour management support framework in place such as risk assessments (RAs), individual crisis support plans (ICSPs), absent management plans (AMPs) and safety plans. At interview, staff could describe some techniques to prevent crisis and were aware that changes were taking place to the overall model of care. A number of the staff team had been provided with training in the Therapeutic Crisis Intervention programme (TCI), and a full schedule of dates for the refreshers required were forwarded to ACIMS post the inspection. The centre was also receiving support from a behaviour analyst contracted by the organisation. There was a plan in place to share this specialist advice with the wider team so that it would inform practice appropriate to young people's individual behaviours of concern.

Young people were presenting with a number of high-risk behaviours and vulnerabilities and the behaviour support plans on each file provided some guidance in identifying and managing these. However, the quality varied across these and the interventions contained within the documents should be strengthened so that staff are clearer on the consistent steps to take to reduce or prevent risk. Integration of specialist advice that is individualised for each young person will support these

strategies when in place. The allocated social workers interviewed said that there was good communication with the centre on the care and safety of young people but that it would be beneficial if the behaviour management plans were shared with them also.

The centre manager and staff team were attuned to the risks of safety when young people were out of the centre including their vulnerability to child sexual exploitation (CSE). They had reported these concerns appropriately to the social work department. Inspectors recommend that a corresponding protocol for CSE is outlined within the young people's individual plans. In addition, a number of the AMPs require completion so that it clearly outlines the procedure staff undertake to ensure young people are returned back to the centre safely.

Significant event notifications (SENs) were on file and there was a register in place to track the incidents. However, from the samples reviewed by inspectors, there was sometimes a delay in the timeline for sending the notifications to the appropriate professionals as well as the SEN forms not consistently identifying who they had been submitted to. Inspectors received evidence from the centre manager on submission of the CAPA to show that all SENs were being uploaded on the portal and forwarded to the requisite professionals. The centre must ensure that all SENs are notified more promptly to the appropriate professionals. SEN forms must be consistently completed by the staff team so that they contain all the information required.

Inspectors found evidence to show that staff made good efforts to spend time with most young people regularly and some positive child centred relationships were forming consequently. A number of the staff were new to the team including the centre manager who had returned to take up their post after a short time away. They were implementing solid systems to ensure that effective care provision was being established as well as endeavouring to stabilise and develop the staff team. These included implementation of up-to-date policies, introduction of risk management structures and supporting frameworks, team development and the resourcing of expert advice and direction in trauma informed care.

Staff at interview showed a strong understanding of young people's emotional wellbeing and how it impacted their behaviour including the risks that they were vulnerable to. While key working was completed, some young people had withdrawn from individual work as well as disengaging from appointments made with specialist services such as CAMHS, YAP and SASSY. However, the content of the one-to-one

sessions should be enhanced so that it is more targeted to young people's presenting risks as well as assisting them to be able to recognise and respond to their own feelings safely. Staff did talk to young people about being absent from the centre without permission so that they had an opportunity to describe their experiences. Young people were discussed in good detail at team meetings too, but staff would benefit further from a regular review of significant events so that the interventions in use could be improved.

Placement plans on file were generally robust particularly as there was an absence of corresponding statutory care plans identifying young people's needs. Inspectors recommend that the information regarding which specialist services young people are attending and those that are outstanding is more clearly evident on their files.

For one young person, inspectors found that since the previous inspection in July 2022 some of their individual risks had increased. A review of their file showed that they would benefit from stronger relationships with members of the staff team as well as attending therapeutic counselling. However, staff were regularly encouraging their participation so that they were actively involved in planning their transition from care. The team had ensured their views were listened to, recorded and communicated to appropriate professionals.

The safeguarding and governance manager had initiated a comprehensive auditing, action plan and tracker for the centre since the previous inspection in July 2022 and very strong attention by senior management had been given to the findings in the report. One audit was completed in the past year that was aligned to these and another is planned for the coming weeks post this inspection. Further internal audits must be scheduled throughout the year based on the overall themes from HIQA's National Standards for Children's Residential Centres, 2018.

The centre had a comprehensive policy in relation to the use of restrictive practices. There were a number of restrictive practices in operation at the time of this inspection including an established practice of locking the kitchen at nighttime. Some of the young people had raised this as an issue with the staff team and also spoke to inspectors about it. All restrictive practices require regular review and monitoring on an ongoing basis and aligned to each young person's risk assessment.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that the centre's overall behaviour management approach is linked to the centre's new model of care.
- Centre management must ensure that specialist advice is shared with the team so that they have up to date knowledge and skills appropriate to their role.
- Centre management must ensure that the interventions contained within the behaviour management documents including the AMPs are strengthened so that staff are clearer on the consistent steps to take to reduce or prevent risk. These should be shared with the allocated social work departments.
- The centre must ensure that all SENs are notified more promptly to the appropriate professionals. SEN forms must be consistently completed by the staff team so that they contain all the information required.
- Centre management must ensure that the key working completed with young people should be further targeted to their presenting risks and current needs.
- The registered proprietor must ensure that further internal audits are scheduled in the centre throughout the year based on the overall themes from HIQA's National Standards for Children's Residential Centres, 2018.
- Centre management must ensure that all restrictive practices in place in the centre are regularly reviewed and monitored on an ongoing basis.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

Overall the inspectors found the centre was operating in line with its stated purpose and it was regularly reviewed and evaluated as part of the centre's governance arrangements. However, some improvements are required in relation to the written statement as it was not sufficiently detailed to meet the requirements of the standards. For example further information should be included on; the range of services provided to meet the needs of the young people it accommodates, the management and staffing arrangement, the aims and objectives of the service as well as including content on the day-to-day operation of the centre. While the purpose states that the centre provides short-term accommodation for young people up to six months, there was one young person living there beyond this time. The centre's policy allows for requests to extend the placements where a placing social worker cannot identify suitable move on placements for young people. At interview, staff and social workers interviewed were familiar with the purpose of the service and the statement was presented in accessible format and made available to those who needed it.

As referred to in this report, the centre's model of care is under review and the first phase of the update was completed. The organisation's management have attended the training as part of its initial introduction within the service. The new model is trauma informed and is clearly set out as part of the centre's policies and procedures and is evidence based and in line with best practice. As mentioned in this report, the changes to the model were discussed at team meetings and the training for staff has been scheduled for the coming weeks. At interview staff were familiar with the review taking place and how it would be linked to their practice with young people.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.3
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure the centre's statement of purpose is further developed in line with the requirements of the National Standards for Children's Residential centres. 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre must ensure that the young people's booklet is reviewed and the content updated to reflect young people's rights in a more child centred way. It should include information on independent advocacy services as well as 'Tell Us', Tusla's feedback and complaints procedure.	<p>The booklet will be reviewed with the staff team and senior management (29th of August 2023).</p> <p>Young people will be asked to review the booklet and to have their voices and opinions captured in its content (September 2023).</p> <p>Young person's rights will be clearly outlined in child friendly language in the updates to the handbook (September 2023).</p> <p>Independent advocacy services will be included in the handbook and the organisation's and Tusla complaints procedure to be clearly explained (Tell Us – September 2023).</p> <p>Quarterly review of handbook to take place (January 2024).</p>	<p>Handbook to be reviewed quarterly and young people to be asked for their input in key working meetings.</p> <p>Following admission meetings young people are to be asked for their input regarding the information received verbally at the time of admission and the information received through their handbook in relation to their rights and the rules of service.</p> <p>Young people to be asked for feedback during their discharge support meeting regarding any updates that they feel may be necessary to include in the handbook based on their overall placement experience.</p>
3	The registered proprietor must ensure	TCI is the behaviour management	Staff training to be kept up to date.

	<p>that the centre's overall behaviour management approach is linked to the centre's new model of care.</p>	<p>approach designed to address crisis situations in a supportive and trauma informed manner that is used in the centre. TCI is one of the key principles linked to trauma informed practice which is listed and described as a key principle in the new trauma informed model of care. Both TCI linked to trauma informed practice will be discussed at handover meetings, during SEN and critical incident reviews, at team meetings and at the annual service review as part of evidence-based practice (centre paperwork and policies and procedures being followed will reflect this). Timescale: August 2023 onwards).</p>	<p>Handovers: behavioural management approaches to be reviewed weekly at team meetings, daily handovers; SCL meetings and during staff debrief meetings.</p> <p>Training for new model of care (August – September 2023). New model of care to be linked to behavioural management approach in place. SW's to be emailed and their input sought regarding updated risk assessments and behavioural management planning.</p> <p>SEN reviews to take place monthly involving the staff team to identify patterns and areas for improvement (new learning) when supporting young people in crisis and in supporting young people to reach their goals.</p>
	<p>Centre management must ensure that specialist advice is shared with the team so that they have up to date knowledge and skills appropriate to their role.</p>	<p>All staff will continue to receive advice and support and relevant training. This will be ongoing through supervision, reflective practice, core training and online training and advice and support in relation to agency updates or any changes to policy or legislation that may occur (ongoing).</p>	<p>Senior management will ensure that all staff are supported in their roles and that specialist advice and information is shared and properly communicated. E.g., specialist advice on CSE procedure, advice, training, and support.</p> <p>Staff to be encouraged to seek support or</p>

	<p>Centre management must ensure that the interventions contained within the behaviour management documents including the AMPs are strengthened so that staff are clearer on the consistent steps to take to reduce or prevent risk. These should be shared with the allocated social work departments.</p>	<p>A review of the interventions contained within SENs / AMPs / behaviour management documents is currently underway (August 2023 onwards). Centre manager has met with our sister project and reviewed their documents. During August 2023 and September 2023, changes will be made to our documents to ensure that the steps to take to reduce or prevent risk are clear in relation to managing the environment and the support techniques being used. These will be shared with social workers.</p>	<p>clarification regarding advice shared through the open-door policy and support meetings which includes supervision.</p> <p>Quarterly audits to review documentation (carried out by safeguarding and standards manager).</p> <p>Monthly review of SENs / AMPs / behaviour management documents.</p> <p>Line management meetings as part of supervision to be utilised to review individual documentation completed by key workers and SCL's.</p> <p>SCL oversight of key worker documentation on the floor and support to be given when required.</p> <p>New staff members as part of their local induction to have time to practice filling out paperwork with SCL and senior management support and guidance.</p>
	<p>The centre manager must ensure that all SENs are notified more promptly to</p>	<p>All SENs are currently uploaded to the Tusla monitor and social workers and the</p>	<p>Weekly review of paperwork sign-off to take place by centre management and staff</p>

	<p>the appropriate professionals. SEN forms must be consistently completed by the staff team so that they contain all the information required.</p>	<p>alternative care manager also receive the documentation in a password protected format. (May 2023 onwards). Social workers are contacted daily by staff through phone and email following notifications of SENs or MCFCs.</p>	<p>to be supported with regards to report writing or areas for improvement when completing centre documentation. Centre manager to ensure that all paperwork is forwarded through the Tusla portal monitor. Staff to email documentation regarding SENs and MCFC paperwork in a password protected format to the relevant social worker and alternative care manager. Internal audits to review the effectiveness of the procedure to take place.</p>
	<p>Centre management must ensure that the key working completed with young people should be further targeted to their presenting risks and current needs.</p>	<p>Key workers will continue to support young people with their presenting support needs and support needs that may arise from new identified risks. This will be reflected in young person documentation including key working reports and in the young person's placement review plans. Timescale: Ongoing.</p>	<p>Senior management to support SCL's and the staff team in ensuring that young person's support needs and presenting risks are being addressed. SCL's to support key workers in their key working role.</p>
	<p>The registered proprietor must ensure</p>	<p>Quarterly internal audits are in place</p>	<p>Quarterly internal audits to remain in place.</p>

	<p>that further internal audits are scheduled in the centre throughout the year based on the overall themes from HIQA's National Standards for Children's Residential Centres, 2018.</p> <p>Centre management must ensure that all restrictive practices in place in the centre are regularly reviewed and monitored on an ongoing basis.</p>	<p>through the safeguarding and standards manager in Focus Ireland. The next audit will take place on the 28/09/2023. Audits are based on the HIQA national standards (Themes). Feedback is provided following each audit and an audit tracker is used where areas for improvement have been identified with clear timescales for improvements to be made</p> <p>Restrictive practices are reviewed monthly (ongoing – next review August 2023).</p>	<p>These have been ongoing for over three years.</p> <p>Monthly review of restrictive practices to be conducted and outcomes evidenced through review notes.</p>
5	<p>The registered proprietor must ensure the centre's statement of purpose is further developed in line with the requirements of the National Standards for Children's Residential centres. 2018 (HIQA).</p>	<p>The statement of purpose and function is currently under review. The safeguarding and standards manager is meeting with the centre manager in September 2023 to review the current statement and to further develop it in line with the HIQA National Standards.</p>	<p>Annual review of statement of purpose and function to take place between senior management, the head of youth services and the safeguarding manager.</p>