



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number :052**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Sorcha Homes</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Date of Inspection:</b>	<b>03<sup>rd</sup> and 04<sup>th</sup> September 2020</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Registration Status:</b>	<b>Registered from the 06<sup>th</sup> of December 2018 to 06<sup>th</sup> December 2021</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Eileen Woods</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> October 2020</b>

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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 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 06<sup>th</sup> of December 2009. At the time of this inspection the centre were in their fifth registration and were in year two of the cycle. The centre was registered without conditions from the 06<sup>th</sup> of December 2018 to the 06<sup>th</sup> of December 2021.

The centre's purpose and function was to provide medium to long term care for four young people of both genders from age thirteen to seventeen years on admission. The organisation worked from the Well Tree model of care, the goal of which was that each young person is protected, respected and fulfilled. The national outcomes framework had also been incorporated into the model which was trauma informed, encompassed attachment theories and had a focus on challenge and support. There were two 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
3: Safe care and support.	3.1
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors looked 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 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 23<sup>rd</sup> of September 2020. 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 30<sup>th</sup> September. 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: 052 without attached conditions from the 06<sup>th</sup> December 2018 to 06<sup>th</sup> December 2021 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### 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 was operating in compliance with the relevant policies and legislation as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 in some respects only. Organisational management had recently reviewed the policies and procedures in January 2020. Inspectors reviewed the child protection policies in place and found these were not fully compliant with legislation, regulations and guidance. The policy continued to make reference to the Health Service Executive and not Tusla; the Child and Family Agency. There was no reference to specific roles and responsibilities of mandated persons or reporting through the Tusla Portal. The policy did not contain references to updated legislation including National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016, Children First Act 2015 and the Criminal Law (Sexual Offences) Act 2017 or information relating to consequences of non-reporting. Inspectors noted that the centre had been subject to an external audit in July 2020 which focused on theme 3 of the National Standards. The issues outlined above were not identified in this audit.

A child safeguarding statement was in place and displayed appropriately, with written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that it met the required standard.

Staff training records evidenced that each staff member had been provided with training in child protection and also completed the Tusla E-Learning module: Introduction to Children First, 2017. Notwithstanding the requirement to update the child protection policies, inspectors found from interviews and questionnaires that staff were familiar with child protection reporting procedures and their statutory obligations as mandated persons under the Children First Act, 2015. Where child protection concerns arose they were reported without delay and acted upon with risk assessments, strategy meetings, consultation with An Garda Síochána and safety planning. Centre management recognised that the service was unable to meet the needs of one young person and keep them and others safe and communicated this to



all professionals involved. Inspectors saw evidence in centre records that child protection was a standing agenda item in staff team meetings, management meetings and was included in manager's monthly reports.

There was a policy on bullying and peer abuse and there was evidence that the team were alert to issues of bullying in the centre. It is recommended that the bullying policy is reviewed to more effectively link to child protection and that it includes reporting in cases where bullying is considered abusive. It should also have specific reference to situations or circumstances where young people are more vulnerable to bullying. Inspectors found that there had been a period of sustained bullying in the centre and that this was discussed at team and management meetings and had been escalated internally and externally. Keyworking sessions, individual and restorative work had taken place with both the perpetrators and victims of bullying. Inspectors found that some individual works were slightly over reliant on young people protecting themselves and this should be considered as part of a review of the issue. There was evidenced that individual safety plans and daily programmes were implemented with increased staff supervision. Through inspection interviews and review of records, inspectors found that unfortunately the centre was not successful in eliminating bullying until some of the young people left the centre. One parent who spoke to inspectors felt that the pre-admission risk assessment process should be more robust to ensure that the mix of young people was appropriate and that possible risks to young people were identified in advance of placements where possible. Young people who responded to questionnaires and one young person who met with inspectors said they would talk with staff if they felt unsafe.

The centre had a policy in place in respect of electronic communication and safeguarding young people online. While online safety was also addressed in keyworking there was a lack of evidence of how consideration of young people's use of mobile phone contributed to challenges to safeguarding them. Inspectors found that the centre had put measures in place to limit or prohibit a young person's access to a mobile phone when child protection concerns arose. This was difficult to manage as the young person had access to new devices outside the centre.

There was evidence across centre records that the management and team had worked collaboratively with young people's placing social workers to promote their safety and wellbeing. The social workers were sent copies of risk assessments and safety plans and clinical guidance was provided to the team from specialists and from the organisation's consultant in respect of implementation of the model of care.

The young people’s risk assessments and safety plans were reviewed by the inspectors who found that there was evidence that these addressed areas of vulnerability for young people as well as risks outside the centre. The social worker and the Guardian ad litem felt that while the centre were providing excellent quality care and had forged strong relationships with their young person, they could have acted in a more timely and robust manner to address risk taking with them when it first emerged. The centre conducted pre-admission risk assessments for young people prior to admission to identify and address areas of vulnerability and risk. Two recent placements to the centre had resulted in unplanned discharges due to issues of risk. Social workers and parents who spoke to inspectors felt that the organisation should review their processes and ensure that referrals are more carefully considered to ensure that the centre can meet the needs of young people referred and protect others already resident. While it is acknowledged that the centre did not receive all information in one case, centre management and the team had reflected on these placements to consider learning for future practice. This process was not formalised and recorded to evidence how it would inform service improvements.

There were agreed procedures in place to inform parents of allegations of abuse. The parents of one young person who spoke to inspectors confirmed they were satisfied their child was safe, cared for effectively and they had no current safeguarding concerns.

The centre had protected disclosures policy to facilitate staff to raise concerns or disclose information relating to poor practice. Inspectors found in interviews that staff members were familiar with the policy. However, it is recommended that the policy is reviewed to include behaviours by a worker that may cause concern.

<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>None Identified</b> <i>*Not all standards were assessed during this inspection</i>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</b>
<b>Practices did not meet the required standard</b>	<b>None Identified</b>

## **Actions Required**

- The director must ensure that child protection and safeguarding policies are reviewed and that they are consistent with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre manager must formally review the placements of two young people and the group dynamic for learning purposes and service development. This review should place a specific focus on the management of bullying in the centre.

**Regulation 5: Care practices and operational policies**

**Regulation 6: (1) and (2): Person in charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.1 - The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.**

The centre had updated their policies January 2020. It was noted that the revised document still contained reference to outdated legislation including Children First; National Guidance for the Protection and Welfare of Children 2011, and the National Standards for Children's Residential Centres 2001 and this must be addressed as a matter of priority. There were outdated references to Data protection acts of 1988 and 2003 and no reference to other more recent legislation in respect of child protection and safeguarding as outlined above. Senior management must ensure that centre policies are reviewed to bring them in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and all relevant legislation and national guidance. There was evidence of discussions at team and management meetings relating to new and updated centre policies and procedures.

In interview inspectors found that the manager and staff were aware of centre policies and procedures and relevant legislation including Children First and how these informed practice in the centre. While there were systems in place to identify gaps in compliance through various internal and external auditing systems these were not robust enough to ensure full compliance with the requirements of regulations and national standards. The audits in place were not aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). The obligation under theme 5 to review policies and procedures in line with regulatory requirements

taking account of national standards and guidelines was not adequately assessed in the July 2020 audit. The registered proprietor must ensure that there are mechanisms in place to ensure that policies are developed, reviewed and updated.

**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-centered, safe and effective care and support.**

There was evidence of good management and leadership within the centre. A qualified and experienced centre manager had been in post for seven years. In interview staff members stated that there was strong leadership, that they were supported by and expressed confidence in the centre manager and deputy manager. Supervising social workers and parents who provided feedback to inspectors were satisfied that the centre was well managed and they expressed confidence in the manager and their commitment to supporting the team to meet the needs of young people. Oversight of the leadership in the centre was provided by the director through monthly management meetings and daily contact with the centre manager. The social care manager also received external professional supervision appropriate to their role.

Inspectors reviewed a range of records including significant event reviews, supervision records, team and management meetings and found that there was evidence of a culture of learning in the centre. Inspectors found that the review of complaints and feedback as part of service review could be better evidenced and reflected across governance records and this required an update to the complaints policy.

There were clearly defined governance arrangements and structures in place with clear lines of authority and accountability. All levels of management and staff had job descriptions appropriate to their positions and they displayed a good understanding of their specific roles and responsibilities. The centre manager was the person in charge with overall executive accountability for the delivery of service and there was evidence of their oversight in centre records and monthly reports.

There was a service level agreement in place with the Child and Family Agency and meetings took place on an annual basis. As stated previously, there was a requirement for more effective and regular review of policies and procedures to assess compliance with regulatory requirements taking account of national standards

and guidelines. Team meeting minutes and staff supervision records evidenced discussions in relation to policies, procedures and national standards. Also, staff interviewed during inspection referenced the National Standards for Children's Residential Centres, 2018 (HIQA), however the National Standards for Children's Residential Centres, 2001 and outdated legislation still informed centre policies.

There was a risk management system in place, training had been provided and there was evidence that the framework was understood by the staff team. Inspectors reviewed individual risk assessments for young people which were also recorded on the risk register. There was also an environmental risk register which had been updated to include protocols, contingencies and control measures to manage risks associated with Covid 19. There was a specific form for the process of escalating risk and evidence from records that issues of concern were brought to the attention of the placing social workers in a timely manner. There was evidence that additional staff were put in place to manage risks associated with the mix of young people and the possible negative impact on each other. There was also evidence that risks were reviewed and strategies put in place to minimise impact although inspectors found that safety plans and interventions could have been more specific in respect of bullying, online/mobile phone risks and risks outside the centre.

Inspectors assessed the organisation's response to the management of risks posed by the Covid 19 pandemic. Inspectors reviewed the policies, procedures and contingency plans in place. These were frequently updated in accordance with guidance from National Public Health Emergency Team (NPHE) and government guidance. A robust cleaning schedule and procedures to manage visitors to the house were in place. There were adequate supplies of cleaning equipment, anti-bacterial products, and personal protective equipment on site. Initially staff team and management meetings had taken place remotely but these were now back in place with appropriate safeguards. The proprietor had another premises adjacent to the centre which was renovated to accommodate young people and staff in case of a requirement to self-isolate. It was also available for visitors, meetings and for this inspection process. There were contingency plans in place to manage staffing during the Covid-19 crisis. There was an adequate panel of relief workers to provide cover in the event of a shortfall of staff due to an outbreak of the Covid-19 virus or a requirement to self-isolate.

There was an appropriate arrangement in place to provide managerial cover when the manager was absent from the centre. There was a system in place to record managerial duties delegated to other appropriately qualified members of staff. There

was an on call system in place to support staff at all times to manage incidents and risks in the centre. There was a record of calls made to the on call person and the direction and guidance provided.

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

The centre had a detailed statement of purpose that outlined the aims, objectives and ethos of the service, the management and staff employed in the centre, and the range of services provided to support and meet the care needs of the young people. The model of care was also detailed in the statement and staff interviewed during inspection demonstrated knowledge of the model and how it informed their everyday care practices with the young people. The language of the model of care was evident across centre records.

Social workers interviewed by inspectors were satisfied that the statement of purpose was reflected in the day-to-day operation of the centre. The statement of purpose was reviewed on an annual basis and had been reviewed in April 2019 and updated in January 2020. Information on the statement of purpose was available to those who required it including young people, social workers and family members.

**Standard 5.4 - The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

Inspectors found that the quality, safety and continuity of care provided to young people within the centre was regularly reviewed to inform improvements in practices and in an effort to achieve better outcomes for young people. This was done in line with the model of care and supported by an external consultant. Improvements were required in the external auditing systems in place to assess the safety and quality of care and ensure practices were compliant with national standards and regulatory requirements. There was evidence the centre manager monitored the quality of care in the centre through oversight of all records, observation of staff practice, through staff supervision and daily contact with the young people. The proprietor also had a regular presence in the centre. The centre manager reported directly to the director and there was evidence of regular management meetings. Inspectors reviewed one external audit and found that issues which required action were responded to in a timely manner. Inspectors found that the audit tools in place to assess care practices still related to National Standards for Children's Residential Centres, 2001. Centre

management must ensure that internal and external audits of the centre are developed in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

Inspectors found that the complaints policy and procedure in place required updating to ensure that complaints of all levels were recorded in a way that they can be tracked monitored and analysed for learning purposes. While all formal complaints were recorded and managed appropriately other lower level, non notifiable complaints were not recorded on the register. Social workers told inspectors they were informed of complaints and were satisfied with the centre’s response to complaints made by the young people. There was evidence from interview with a young person and review of the records that young people were aware of and had utilised the complaints process. There was however, a lack of evidence that complaints were discussed and reviewed in team meetings and management to identify any trends to inform service improvements.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre’s objectives to promote improvements in work practices and to achieve better outcomes for young people. An extensive annual self-audit which was based on the National Standards for Children’s Residential Centres, 2001 took place. This should be updated to take account of revised national standards and form the basis of an annual report.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.1 Regulation 6.2</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>Standard 5.1</b>

### **Actions Required**

- The director must ensure that all operational policies and procedures are up to date and in line with regulatory requirements taking account of national standards and guidelines.
- The director must ensure that the complaints policy is updated and that all complaints are recorded, monitored and analysed for learning purposes and service development.
- The director must ensure that all audits of the service are benchmarked against relevant legislation and all aspects of national standards.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The director must ensure that child protection and safeguarding policies are reviewed and that they are consistent with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The centre manager must formally review the placements of two young people and the group dynamic for learning purposes and service development. This review should place a specific focus on the management of bullying in the centre.</p>	<p>The director will ensure that safeguarding and child protection policies are reviewed and consistent with Children First; National Guidance for the Protection and Welfare of Children, 2017 – Policies on safeguarding and child protection will be updated October 2020.</p> <p>The centre manager has reviewed placements of two young people with proprietor for future learning and service development.</p> <p>The management of bullying will be reviewed with both the staff team and management.</p> <p>October 2020</p>	<p>Child protection and safeguarding policies will be reviewed formally with Manager and Proprietor at management meetings.</p> <p>Policy on bullying will be updated – October 2020.</p> <p>Manager has discussed with the placement team the admission of the young people and the need to ensure that the home can meet the needs of the young people.</p> <p>It is of vital importance that both young people in the home and young people being admitted into the home are not negatively impacted by each other.</p>

<p><b>5</b></p>	<p>The director must ensure that all operational policies and procedures are up to date and in line with regulatory requirements taking account of national standards and guidelines.</p> <p>The director must ensure that the complaints policy is updated and that all complaints are recorded, monitored and analysed for learning purposes and service development.</p> <p>The director must ensure that all audits of the service are benchmarked against relevant legislation and all aspects of national standards.</p>	<p>Centres policies and procedures will be fully updated October 2020.</p> <p>All lower level non notifiable complaints will be recorded in the complaints log</p> <p>Director will ensure that audits are benchmarked against legislation and all aspects of national standards</p>	<p>Policies and procedures will be reviewed and updated regularly with management to ensure that they are up to date and in line with requirements.</p> <p>Non notifiable complaints will be regularly reviewed to track trends and patterns and acted upon.</p> <p>Audits and subsequent action plans will be fully reflective of the requirements of legislation and national standards.</p>
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