



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 105**

**Year: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>National Childcare Residential Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced Themed</b>
<b>Dates of Inspection</b>	<b>20<sup>th</sup> and 21<sup>st</sup> July 2020</b>
<b>Registration Status:</b>	<b>Registered without conditions from 15<sup>th</sup> August 2020 to 15<sup>th</sup> August 2023</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> August 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 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 their first registration on the 15<sup>th</sup> of August 2008. At the time of this inspection the centre were in their fourth registration and were in year three of the cycle. The centre was registered without attached conditions from 15<sup>th</sup> August 2017 to 15<sup>th</sup> August 2020.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. Their programme of care was described as being tailored to the individual needs and characteristics of each young person. It was a ‘whole person’ holistic approach and aimed to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally. It was underpinned by the theories of Cornell University’s Therapeutic Crisis Intervention programme (TCI). There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspectors examined aspects of the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection reviewed Theme 5 of the National Standards for Children’s Residential Centres, 2018 (HIQA). The inspection was carried out through a review of documentation and-telephone interviews.

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 24<sup>th</sup> July 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 07<sup>th</sup> August 2020. 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: 105 without attached conditions from the 15<sup>th</sup> August 2020 to 15<sup>th</sup> August 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulations 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.**

Inspectors found that the registered provider ensured that there was compliance with some aspects of the National Standards however some work was required to fully meet the requirements of the National Standards for Children's Residential Centres 2018 (HIQA). The issues requiring attention included recording and management of complaints, recording of risk and expansion of governance and auditing systems. These are outlined through the relevant sections of this report.

There were arrangements in place to regularly review new and existing legislation and national policies and incorporate relevant information into existing policies. The organisation last updated its policies in January 2020. Inspectors noted some references remained in respect of outdated legislation and national standards and this must be reviewed and rectified. There were various auditing and governance systems in place to address any gaps in compliance with legislation and national policy. The new policies and auditing systems had been developed in line with the national standards for children's residential centres, 2018 (HIQA).

A review of questionnaires and interviews with staff during the inspection process demonstrated that the staff team had a good understanding in respect of legislation policies and procedures and how they informed the work in the centre. This was reflected in most aspects of their practice however, aspects of the complaints policy were not being fully implemented at the time of inspection.

**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.**

At the time of the inspection the centre manager was appropriately qualified, experienced and was in post for almost nine years. From the review of centre files, questionnaires, and interviews with staff members it was evident that the manager demonstrated good leadership and effective support to the team through daily guidance and direction, attendance at team meetings and through supervision. Staff members and senior management interviewed during the inspection process were very satisfied with the leadership and support provided. Also, social workers allocated to young people, their parents and the staff team all stated they were satisfied with the leadership and management in the centre and spoke highly about the service provision.

There was service level agreement in place with the Child and Family Agency which was due for review. This was an on-going process for all private residential centres at the time of inspection. Meetings took place bi-annually with the child and family agency where contracts and compliance with relevant legislation and national standards were discussed. There were arrangements in place to provide an annual report to the funding body, Tusla.

There were clear lines of authority and accountability with the social care manager reporting to two directors. One director held responsibility for all financial management and planning in the organisation and the other held all care related oversight. All staff members had a job description and inspectors found they were clear in respect of their roles and responsibilities. Staff interviewed confirmed that all levels of management were available to them for support and guidance.

There was evidence of a risk management framework in place and the centre maintained a company and a centre risk register. Inspectors found that staff had received training in and were familiar with the risk matrix in place. All staff knew who to contact in case of an emergency. Inspectors found however that there was too narrow an interpretation of risk which was to be entered on to the risk registers. While risks associated with the young people were dealt with through risk assessment and placement planning they were not identified and managed through the risk management framework. Issues such as bullying, self-harm and substance misuse for example were not identified and managed within the risk management

framework. Notwithstanding this, the social workers for all young people were interviewed and stated that the centre managed risk well and they felt that their young person was safe in the centre and making progress. Safety plans and behaviour support plans had been implemented when required.

The company risk register recorded risks, control measures and strategies for safe operation during the current Covid 19 pandemic. There was good evidence from a review of centre records that the organisation had put clear plans in place for the management of Covid 19. Practical guidance was provided to the staff team and young people and senior management maintained daily contact with the centre. A cleaning schedule was implemented and there were adequate supplies of hygiene and personal protective equipment. Plans were put in place to manage visitors coming to the centre and where possible these took place outside the centre. Meetings took place remotely in line with public health advice. Consultation had taken place with young people their parents and social work departments and a decision was agreed that access would be suspended in the short term with other arrangements facilitated. This has since been reinstated. There were arrangements in place to manage a suspected case of Covid 19 and plans to ensure adequate staffing if it was reduced as a result of Covid. The contingency plans were being regularly reviewed and updated in line with National Public Health Emergency Team (NPHE) and Government guidance.

Inspectors found that the internal management structure was appropriate to the size of the organisation. The deputy manager was on a period of extended leave and there were arrangements in place for one of the child care leaders to act up for the centre manager in their absence.

Inspectors found that there was a delegation record of assigned tasks allocated by the social care manager to other staff members.

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

Inspectors found that the centre had clearly defined statement of purpose and function as per the National Standards for Children's Residential Centres, 2018 (HIQA).

There were arrangements in place to review the statement of purpose and function annually or sooner if required and it was last updated in January 2020. There were versions of the statement available in information booklets for young people, social

workers and family members. Staff members interviewed during inspection were familiar with the content of the purpose and function.

The model of care was described as a relationship based approach which was underpinned by the theoretic methodology of Cornell University's Therapeutic Crisis Intervention system (TCI). While there was evidence through interviews and review of records that it was being implemented in practice, inspectors found that the aspects of the model of care which were relationship based were not as well defined or evidenced based. TCI is primarily a behaviour management system and while it was well understood and evident in practice, the model of care required a greater emphasis on the theory aspect of the relationship based approach both in content and delivery of training to staff. There was no evidence that the auditing system in place at the time of inspection evaluated the service delivery against the statement of purpose and function.

**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 from review of documentation and interviews with management and staff that there was a focus on the safety and quality of care being provided to young people but that some improvements were required to fully meet the required standard. Internal and external management meetings were being held weekly and these were appropriately recorded. In interview, staff reported that the senior managers visited the centre regularly and that they received feedback from auditing processes.

There was evidence that the centre manager monitored the quality of care in the centre through their review of records, observation of practice, daily contact with the young people and communication with families.

There were recently developed auditing systems in place whereby the social care manager prepared a quarterly governance report for the directors of the organisation. This was subject to quality assurance following receipt of the report as the directors visited the centre to review and verify the information. There was an action plan emanating from this process to address and monitor any areas of non-compliance and these were reviewed by senior management for full implementation of all actions. Inspectors found that this process required further development to ensure that there was adequate benchmarking of service delivery against the National Standards for

Children's Residential Centres 2018 (HIQA). Much of the information on the report was quantitative and did not provide an in depth analysis of how the centre was meeting required standards. It would benefit from being aligned to the revised national standards for children's residential centres. While there was evidence that this process informed some improvements in the centre it did not address issues relating to complaints for example.

The implementation of the policy in respect of complaints required review to ensure it was in line with requirements of National Standards. The policy stated that all complaints would be held on the register and on the child's file. Inspectors found that from review of records and interview with staff that complaints were not being adequately recorded. There were no entries to the complaints register since 2017. Inspectors were informed for example, by young people's parents and social workers that a child had expressed not feeling safe when there was extensive property damage in the house by a peer. While the situation was managed well and social workers and parents were satisfied with the outcome it was not recorded in line with policy. While there was evidence that lower level complaints were being managed through negotiation and compromise in the centre they were not recorded in a way that would facilitate effective monitoring. There was no evidence that they were being analysed to identify trends and inform learning and improvement. This must be addressed as a matter of priority.

Inspectors found that while there was regular review of significant events in the significant event review group, it could be improved to better evidence analysis and communication to the team of any trends or learning opportunities.

The centre was meeting the requirement in the national standards to conduct an annual review of compliance. Inspectors found that it required some improvements to evidence robust governance and oversight of work practice and outcomes for young people. This document had been completed in May 2020 and had a quality improvement action plan attached. Inspectors found that it was aligned to the National Standards for Children's Residential Centres 2018 (HIQA) however it was a tick box of whether there was compliance with the required standard. It did not contain any narrative or evidence senior management analysis of compliance with centre objectives. The audit did not address the deficits in relation to monitoring of complaints.

<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>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1 Standard 5.2 Standard 5.3 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The directors of service must ensure that all policies and procedures are relevant to current legislation and national standards.
- The directors of service must ensure that the policy relating to complaints is implemented in practice and that the information is recorded, analysed, monitored and communicated to staff. All complaints, concerns and incidents must be effectively monitored and analysed to identify trends and inform learning and improvement.
- The directors of service must ensure that the identification of risk is expanded is expanded to include risks to young people.
- The directors of service must ensure that the model of care relating to the relationship based aspect is evidenced based and reviewed to ensure that the service is being delivered in line with the statement.
- The directors of service must expand the internal and external auditing systems to better evidence their assessment of quality, safety and continuity of care and compliance with national standards

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The directors of service must ensure that all policies and procedures are relevant to current legislation and national standards.</p> <p>The directors of service must ensure that the policy relating to complaints is implemented in practice and that the information is recorded, analysed, monitored and communicated to staff. All complaints, concerns and incidents must be effectively monitored and analysed to identify trends and inform learning and improvement.</p>	<p>The directors of service will review policies and procedures and ensure they are relevant to current legislation and national standards removing any references to outdated legislation. This action will be done immediately.</p> <p>The directors of service will ensure that the complaints policy is implemented in practice and all complaints, concerns and incidents are effectively monitored and analysed to identify trends and inform learning and improvement.</p> <p>This action has been implemented on 31/07/20.</p>	<p>Regular and on-going review of policies and procedures ensuring they are in line with all current legislation and policies.</p> <p>Directors of service will ensure that the complaints policy is implemented in practice continuously moving forward, this will be governed through the centres internal and external auditing process. Any deficits regarding implementation of organisational polices will be addressed immediately. Systems will be in place to ensure that all complaints are reviewed to identify trends and inform learning and service improvement.</p>

	<p>The directors of service must ensure that the identification of risk is expanded to include risks to young people.</p> <p>The directors of service must ensure that the model of care relating to the relationship-based aspect is evidenced based and reviewed to ensure that the service is being delivered in line with the statement.</p> <p>The directors of service must expand the internal and external auditing systems to better evidence their assessment of</p>	<p>The directors of service will ensure that the identification of risk is expanded in the centres risk register to include risks to young people to include behaviours such as self-harm etc. This action has been implemented on 31/07/20.</p> <p>The directors of service will ensure that the model of care relating to the relationship-based aspect is evidenced based and will be reviewed to ensure that the service is being delivered in line with the statement. External training has been sourced to ensure that the model of care relating to the relationship-based aspect is evidenced, this training will be delivered to the care team on 24/08/20.</p> <p>The directors of service will expand the internal and external auditing systems to include more narrative relating to the process and judgements. This will</p>	<p>The directors of service will ensure that the centres risk register will also include risks to young people in relation to their behaviours. This will be monitored through the centres internal and external auditing process and on-site inspections by directors of service.</p> <p>The directors of services will ensure the relationship-based aspect is evidenced based and will be reviewed to ensure that the service is being delivered in line with the statement; this will be ensured through the centres internal and external auditing process. Staff will receive regular training in relation to the relationship based aspect of the model of care. Quality assurance systems will include assessment of staff member's knowledge of model of care and policies and procedures.</p> <p>The directors of service will ensure going forward that all internal and external auditing systems will include more narrative as opposed to just quantitative information.</p>
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	<p>quality, safety and continuity of care and compliance with national standards.</p>	<p>evidence the process of assessment of quality, safety and continuity of care and compliance with national standards. This action has been reviewed and has been implemented on 31/07/20 and will be included in the next quarterly report.</p>	<p>The audits will evidence benchmarking against national standards and highlight any deficits. There will be formal follow up of implementation of action plans/required improvements.</p>
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