



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 118

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Harmony Residential Care Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	12th March 2020
Registration Status:	Registered from the 09th September 2019 to the 09th of September 2022
Inspection Team:	Eileen Woods Sinead Diggin
Date Report Issued:	29th May 2020

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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 its first registration on the 09th of September 2016. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 09th of September 2019 to the 09th of September 2022.

The centre was registered to provide medium to long term residential care for four young people aged 13 to 17 upon admission. The model of care was informed by principles of cognitive behaviour therapy delivered through a therapeutic relationship. The centre had a multidisciplinary clinical team that supported the development of plans and delivery of interventions consistent with the stated model. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the and to the relevant social work departments on the 8th of May 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 8th of May 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: 118 without attached conditions from the 9th of September 2019 to the 9th of September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 6 Person in Charge

Regulation 7 Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found that there was a system in place for workforce planning. The system involved the tracking of staffing numbers and needs alongside pending referrals and their identified needs. The centre manager reported weekly to the regional manager and the director of social care regarding all aspects of planning including staffing. The senior management team met monthly and work force planning was discussed. Responses to the centre manager regarding staffing were recorded on the management records. The centre manager described an ongoing recruitment process for the centre in support of workforce planning. New staff had been recruited, interviewed, vetted and inducted into the centre. There were recruitment policies and procedures in place to support work force planning. The manager was part of the interviewing process for prospective staff.

The staff team consisted of nine full time staff and a manager. Inspectors reviewed the rosters and found this was sufficient to meet the needs of the young person residing there. There were also three additional relief staff available to the centre.

All nine full time members of staff held the appropriate social care qualification. Four of the nine staff, inclusive of relief, had commenced employment in the service in the previous six months. Two others joined in the middle of 2019. The centre manager accounted for all the changes and named that people left for a variety of reasons. The regional manager and the director of social care were aware of staff feedback from their exit interviews, some staff remained within the company.

The centre manager acknowledged that the team whilst all qualified had a low overall level of experience. They had training and development plans in place which incorporated professional development plans, appraisals, training internal and external and continuous professional development sessions. The internal centre based training was focused on placement planning and key working. The company mandatory training in behaviour management, model of care, Children First, first aid

and fire safety were completed. The external training included trauma informed care approaches and substance misuse for example. There was regular supervision taking place, regular external auditing, consultation and team support geared toward improving the skill base in place to address levels of competency in practice. The clinical team were available for advice and direction also.

Inspectors found evidence that the workforce planning took adequate account of the relevant areas. This was evidenced through the availability of three social care qualified, core trained and vetted relief staff dedicated to this centre as their primary location and the centre had access to a further pool of staff through the company should that be required. The centre manager had sufficient cover for a maternity leave post and in their management of the rosters had capacity for annual leave, study leave and training dates. There was contingency for sick leave and emergencies. The company had a policy in place on the use of agency staff in the event that this should be needed as a resource. The policy identified that the company workforce planning was structured to utilise agency staff only if absolutely necessary.

The director of social care oversaw all aspects of human resources and had a programme of continuous professional development in place for staff. There was a commitment to continuous review, reflection and evaluation of all aspects of the organisation and inspectors found evidence of actions in place to realise this. There was a professional human resources company contracted and there was an employee assistance programme available for staff. The regional manager outlined that debriefing, team days, facilitation and access to training were also in place to promote staff retention.

There was a policy in place on the provision of on call support at evenings and weekend to assist staff with any crises or emergencies.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

Inspectors found that there was a policy in place governing vetting and recruitment that had been developed in line with the relevant Irish and European legislation. Three sample personnel files were reviewed by inspectors and these had been completed in accordance with best practice and in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 – 2016.

The registered provider recruited staff that had a social care qualification for this centre. The recruitment of experienced staff had proven to be a challenge that they risk managed through their vetting, safeguarding, supervision, induction and training practices.

The manager of this centre had five and a half years experience and had experience in social care in a residential setting before taking over this role. They had completed a level 8 degree in social care and had completed complementary training in the provision of supervision, in interview techniques and in leadership skills.

Inspectors found that all staff had been provided with copies of their job descriptions and their contracts of employment. The contracts, which outlined their terms and conditions of employment, were signed by both parties and dated.

Inspectors reviewed a sample of three personnel files for staff members. The personnel files were securely stored at the centre. The personnel files were up to date for each staff, the information on the files was well organised and the information was accurate.

There was a written code of conduct for staff. This was incorporated into the policy document, their handbook, job descriptions and inductions.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspector's received questionnaires from all the staff and interviewed one social care worker, the responses and the files at the centre contained evidence that staff were informed as to their roles and responsibilities as social care workers. The staff in the centre had been provided with job descriptions and inducted into their roles there. Their questionnaires completed for this inspection highlighted their understanding of the purpose and function of the centre, their roles as social care staff and as key workers as part of that. Regular supervision was provided to staff and this along with team meetings evidenced review and discussion of policies and how they should be implemented procedurally in practice day to day. Inspectors found clear evidence that where lack of adherence to good and safe practice was identified that action was taken to correct this.

The management told inspectors that the team worked in a consistent manner to a defined and planned approach. They added that the team supported each other to develop in the practice of effective exercising of their professional judgement. The experience level of the overall team required that this should be an ongoing development area for the manager to be aware of and address. The staff members had daily handovers, team meetings and records to complete at the centre that required them to display and record decision making undertaken in accordance with the young person's placement plan and care plan. The team had to agree and implement appropriate interventions where required and this was evidenced on the records at the centre. There was evidence of the use of risk assessment where required and the use of a caring and informed approach taking account of the individual needs of the young person resident at the time of the inspection.

Inspectors found that there was a risk management framework contained within the policy document that guided staff on how to respond to escalating or crisis situations. The staff had on-call to support decision making, risk assessment and crisis management plans. They were trained in a recognised model of the management of challenging or violent behaviours. They were also trained in fire safety and health and safety. They had a policy on contacting the Gardaí should the circumstances require it.

The centre had a staff training policy which defined training as “designed to assist members to develop a wide base of knowledge, skills and applications that contribute to the personnel and professional development”. Staff were required to attend core, refresher and additional training throughout their employment. A training audit was completed with each new staff during the completion of the employee starter checklist. Inspectors found that professional development plans were prepared with staff and continuous professional development sessions were incorporated into team meetings, handovers as well as one to one with a senior staff or supervisor.

Supervision sessions included reflective practice and training. Staff were promoted to speak up at team meetings and handovers and encouraged to positively contribute to team development through reflection on and review of practices. The regional manager and internal trainer co-ordinated shared learning between centres through review of policies, adaptation of documents and records where completed and offering opportunities for training and learning identified as useful. At the centre the manager had undertaken internal training in placement planning, key working skills and record keeping.

The centre had a routine in place of monthly team meetings the company policy was for three weekly team meetings and this must be adhered to. The team approach was guided through the training and induction model and followed through for team consistency in supervision with staff. It was evident to inspectors from records at the centre that a culture of openness around challenging others practice was an option.

There was a staff supervision policy in place that outlined supervision sessions should take place at no greater than six weekly intervals. Inspectors found that the supervision policy was adhered to with supervision sessions being rostered for, completed, recorded and signed. There were management records tracking supervision and supervision sessions for staff were on file, had been externally audited and were in line with the company supervision policy.

The centre manager and team leader had completed training in the provision of supervision. Staff members were being trained in supervision for supervisees in rotation.

The centre had a yearly appraisal system and procedure in place. The completion of appraisals at the centre had commenced for all staff and the manager's appraisal would be completed with the regional manager.

There was an employee handbook provided to all staff and they were also provided with the details of the employee assistance programme through induction, team meetings and supervision. The assistance programme was promoted to staff and information on it was displayed in the staff office. The centre manager engaged with staff during supervision around their support and development needs.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The staff at the centre received mandatory training upon commencement in employment with the company. The inspector's findings were that the mandatory training was substantially completed within a managed timeframe around the time of employment. The induction programme included an introduction to the guiding principles of the company, the model of care and the purpose and function of the centre in delivery of this model for children and young people. Staff were also inducted into the operational policy and procedure document and the child safety statement, health and safety statement. There was specific training on an ongoing

basis on specific aspects of the model of care which included Cognitive Behaviour Therapy (CBT) and Applied Behavioural Analysis (ABA). Complementary training in trauma and attachment had been completed by some staff. Training in safeguarding and child protection also took place. The training at team level did encompass the National Standards for Children's Residential Centres HIQA (2018), the policies and procedures and the model of care.

There was evidence that the centre manager, in conjunction with the training officer and regional manager, co-ordinated the booking of the centres training. The manager had completed internal training designed to increase and improve staff competencies. It was found that specific core and mandatory training programmes had expiry dates or had refresher requirements that were identified in the training schedules and trackers maintained.

The regional manager outlined a structured approach to training needs through the co-ordination of a 'traffic light' training tracker, booking and planning throughout the year, an internal trainer and roster of externally available complementary training. The training system was on the agenda for the senior management team governance meetings and included in themed audits. The inspectors recommended that the management team create a training needs analysis that incorporates information from staff on their training goals. The director and regional manager responded to this recommendation and put evidenced actions in place to create a co-ordinated training needs analysis that reflected their existing systems and enhanced them.

The centre manager organised the training schedule with the relevant senior management. They organised the rosters to ensure that staff were free to attend identified dates, organised whole team training and internal training at centre level. They followed up with staff during supervision on training opportunities, training attendance and participation.

There was an up to date induction policy in place for staff and inspectors found that it was suitable for the posts involved at all levels. The evidence reviewed on file and relayed to inspectors by staff and the centre manager outlined that they had been engaged in an induction process once offered a post or when promoted to a new post. They described a process that they were happy with and that it had been accurate and suitable for the roles that they went on to undertake.

The centre manager completed a record of staff training and continuous professional development. Mandatory training was dated and a record was to be maintained on

the personnel files but inspectors found that not all certificates were available on file and this should be addressed. Ongoing training was recorded on the centres manager's records and the external management through the regional manager maintained a training expiry chart. All staff training and staff inductions were reported through the monthly management reporting system and tracked and audited by the external management.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.1 Standard 6.2 Standard 6.4
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that the team meeting is held in accordance with the centres policy on frequency and in line with team practice and development requirements.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The centre management must ensure that the team meeting is held in accordance with the centres policy on frequency and in line with team practice and development requirements.	Centre management will ensure that team meetings are scheduled every three weeks.	Centre manager will pre plan 6 months in advance as to when the team meetings will occur.