An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 167

Year: 2020

Inspection Report

Year:	**2020**
Name of Organisation:	**Aspire Plus**
Registered Capacity:	**One young person**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**21st January and 03rd February 2020**
Registration Status:	**Registered from 13th December 2019 to 17th February 2020**
Inspection Team:	**Linda Mc Guinness**
Date Report Issued:	**14th April 2020**

Contents

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 13th December 2019. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 13th December 2019 to 6th March 2020.

The centre was registered as a special arrangement to provide an emergency residential placement to one young person aged 13 years in a safe and secure environment. The purpose of the placement was to provide a place of safety to this young person, and provide for all their basic needs.

1.2 Methodology

The inspector examined the following theme and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3

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

At the time of this inspection the centre was registered from the 13th December 2019 to the 06th March 2020. A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 17th February 2020. No response was received from the proprietors.

On 25th February the registered provider informed the alternative care inspection and monitoring service in writing that the young person had moved out on 16th and the centre had ceased operations on 17th February.

Due to the removal of the centre from the national register no corrective and preventative action plan has been issued with this report.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The Inspector reviewed the child protection policies in the centre and found that these were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. However, only five of six staff members on the team had completed the Tusla E-Learning module: Introduction to Children First, 2017. There was no separate training in relation to the centres policies on child protection. This was evident during inspection interviews when staff could not describe their role as mandated persons, or outline the correct reporting procedures. Some staff had received no induction prior to working in the centre. During inspection interviews they could not adequately outline the policies and procedures relating to safeguarding and child protection including the protected disclosures policy.
The director of care must ensure that the centre operates in line with all relevant polices and legislation, and that all staff understand and can correctly implement those relating to the prevention, detection and response to abuse.

The inspector reviewed the centre child protection register and noted that there had not been any child protection and welfare notifications since the centre opened in December 2019.

At the time of inspection, the centre had a child safeguarding statement (CSS) which referred to the previous centre in this location and not the current special arrangement for which the centre is registered. This was also an issue across many other documents in the centre and must be rectified. The CSS was not compliant with current requirements and the acting manager immediately drafted a new document. Following inspection, a letter of compliance was received to state the statement had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit.

There was evidence that the acting social care manager and the team worked in partnership with the young person's family and the social work department to promote their safety and wellbeing. Parents were notified of any incidents in a timely manner and there were mechanisms in place with the social work department to

inform parents of abuse should this occur. During interview the social worker informed the inspector that the acting manager had responded appropriately when they raised issues of concern as this had been a problem previously in the young person's placement within the service.

There was a policy on bullying which included recognising and responding to different types of bullying. The policy referenced the previous National Standards for Children's Residential Centre's 2001 and the 'independent monitor' which is no longer in place. The policy included addressing the causes of bullying as well as responding to incidents however, it did not specifically include risks relating to the internet and social media. It should be reviewed to include all required updates by revised national standards.

There was evidence that the team had made efforts to identify address areas of vulnerability for the young person and they implemented risk assessments and safety plans if necessary. Key working took place with the young person both formally and in an opportunity led way to help them to identify risk and promote self-care. There was evidence that they had made much progress in this regard since the commencement of this placement. The inspector noted that one area that was highlighted as an issue of concern for the young person was not built into their plan and so, was left to staff initiative to address it if and when opportunities arose. There was significantly a high staff turnover in the centre and inadequate staffing whereby agency staff members were frequently required. This highlights the importance of robust planning documents to ensure implementation of agreed actions towards identified goals.

The young person informed the inspector that they would feel confident to speak out if they felt unsafe. They compared this situation favourably to the previous dual occupancy arrangement which they were in and did not feel safe.

Standard 3.2

Staff had been trained in a recognised model of behaviour management which was valid for at least one year. There was a policy in respect of approaches to behaviour management in the centre and a guidance document for staff. During inspection interviews with staff, inspectors found that they understood the model of behaviour management and were able to implement it with the young person. The language of the model was not adequately evidenced in the young person's reports and this requires managerial oversight. The young person was clear what behaviour was

acceptable and there was evidence that key working had been undertaken with them in relation to anger management and other issues.

There was confusion amongst the staff team and management as to whether the young person had a specific diagnosis. Referenced to this was noted on a behaviour support plan but some staff believed that there was no formal diagnosis, just a working hypothesis. The care plan for the young person had been misplaced and was not on site during inspection. The plan was retrieved from archiving after this was highlighted during inspection. When found and reviewed by the inspector it was clear that a dual diagnosis had been made by the child and adolescent mental health service in 2018. This had an impact on effective planning for the young person as a clinical diagnosis should influence their approaches to care and form the basis of how the staff team manage behaviour.

It had been agreed that the clinical psychologist would support the team however as team meetings were not taking place in line with policy this was not happening. The psychologist indicated that they understood there was a funding issue as well as an issue with staff attending meetings.

There was evidence of a positive approach to behaviour management and there was recognition and reward when the young person made progress. The inspector attended the handover meeting and there was evidence of a child focused approach where the team sought to understand the causes of challenging behaviour, looked to identify triggers and to respond proactively.

The young person had a behaviour support plan and absence management plan and their social worker had seen and approved these. They were not aware that the care plan was not available at the time to fully inform planning. The allocated social worker for the young person had provided sufficient pre-admission referral to the centre. The absence of the care plan on site was an issue which should have been picked up during auditing of the centre.

There was no evidence of a governance system in place that included audits of behaviour management practices in place in the centre. This lack of oversight was a feature of governance which was absent in all respects. The directors of the service informed the inspector that they were having difficulty filling this position. They had identified a person external to the organisation who would be available two days per month to audit their services. This person was not part of line management or in a position of accountability. There was no internal oversight and auditing of the centre,

or specific person to monitor compliance with regulations or national standards on an on-going basis.

There was a policy in respect of restrictive practices in place in the centre which staff described during inspection interviews. This included the use of a recognised model of physical intervention and outlined other restrictive practices such as alarms and restricting dangerous items. There had been one incident in the centre which required a number of physical interventions to ensure safety. The interventions were permitted in the young person's plan and there had been a review at centre level and an initial debriefing with the young person and staff involved.

Standard 3.3

Five young people's meetings had taken place in the centre and these included discussions relating to the environment, education, promoting positive behaviour, young person's concerns about staff leaving, and exploration of diversity. There was no evidence that some of the more serious issues covered in these meetings were further explored at team meetings or built into the young person's plan. A lack of oversight meant that this issue was not highlighted or addressed effectively. There was evidence that the young person was given opportunity to provide feedback on their care to the centre manager and this had been guided by the clinical psychologist. Inspectors found that there were significant deficits in adhering to policies in respect of team meetings and supervision both in terms of frequency and content. These forums are ways to encourage a culture of openness and learning and were missing to a large extent.

The centre had a clear complaints process and this was explained to the young person on admission to the centre and included in the young person's booklet. The young person informed the inspector that they knew how to make a complaint. The inspector reviewed the complaints system and found that there were deficits in how they were recorded, reviewed and audited for learning purposes. They were not a standing item in staff team meetings or management meetings to ensure correct implementation of policy or tracking to highlight repeated issues of concern.

There was not yet a formal mechanism in place to capture feedback from social workers and parents on the care being provided to the young person. This must be implemented to meet national standards and to inform effective service development.

There were policies in place for the notification, management and review of incidents and in general, incidents in the centre were notified promptly by telephone and in writing. The inspector found that the system in place to review incidents did not facilitate maximum learning and should be reviewed as a matter of priority. From review of one incident on site in the centre the inspector noted that the trigger was recorded as one issue for the young person. If there was greater analysis of the lead up to the incident, the interventions and outcomes it is likely that there would be a less simplistic judgement which would better facilitate effective planning for the young person. The director must ensure that there is an effective evaluation of incidents and that any learning is communicated effectively to all relevant people and built into the young person's plans.

Compliance with Regulation	
Regulation met	**Regulation 16**

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

Actions required

- The directors must ensure that all staff working in the centre receive training in Children First: National Guidance for the Protection and Welfare of Children, 2017 and on-going training in the centres policies on child protection. They must ensure that all staff understand and can correctly implement policies relating to the prevention, detection and response to abuse.
- The directors must ensure that all staff members receive appropriate induction prior to working in the centre to include all polices relating to safe care and support.
- The directors and social care manager must ensure that team meetings and staff supervision take place in line with centre policies to encourage a culture of openness and learning.
- The directors must ensure that all policies are updated to ensure they are in line with National Standards for Children's Residential Centre's, 2018 (HIQA)

- The centre manager must ensure that all areas of vulnerability and risk are incorporated into the young person's plans.
- The directors must ensure that the access to specialist advice and support from the psychologist takes place at the frequency agreed during planning for the placement
- The directors must ensure that there are appropriate mechanisms in place for the on-going oversight and auditing of the approaches to the management of behaviours that challenge.
- The centre manager must ensure that issues arising at young people's meetings are discussed and followed up in team and management meetings to identify areas for improvement.
- The centre manager must ensure that all expressions of dissatisfaction recorded and processed as complaints and monitored regularly learning purposes.
- The directors must ensure that there are formal mechanisms in place to capture feedback from social workers and parents about the care being provided to the young person.
- The directors must ensure that there is prompt and effective review of all incidents and ensure any learning is communicated effectively to all relevant people.