



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 033**

**Year: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Yeria Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>13<sup>th</sup> and 14<sup>th</sup> October 2020</b>
<b>Registration Status:</b>	<b>Registered from 01<sup>st</sup> November 2019 to 01<sup>st</sup> November 2022</b>
<b>Inspection Team:</b>	<b>Cora Kelly Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>18<sup>th</sup> November 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 in November 2007. At the time of this inspection the centre was in their fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 01<sup>st</sup> November 2019 to 01<sup>st</sup> November 2022.

The centre's purpose was to accommodate four young people of both genders from age eight to fourteen years on admission. The model of care incorporated the Welltree Model and was described as using a multidisciplinary approach which provided for a holistic and therapeutic environment with the young person. The main focus for staff practice was on the young person's physical and mental well-being, their learning and development, sense of safety, economic security and opportunity and their connection to others and their community. There were four children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined 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.

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, centre manager and to the relevant social work departments on the 30<sup>th</sup> of October 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 12<sup>th</sup> November 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: 033 without attached conditions from the 01<sup>st</sup> November 2019 to 01<sup>st</sup> November 2022 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.**

The registered provider held responsibility for ensuring that the centres operational policies and procedures were in compliance with legislation, regulations, national policies and standards. The operational policies and procedures that were updated in March 2020 were found to comply with the National Standards for Children’s Residential Centres, 2018 (HIQA). The policy document was being further reviewed at the time of the inspection to account for changes within the organisation and to align to the layout of the national standards so the document would be more accessible to management and staff.

Deficits were found with respect to the child protection policy. The policy document was developed in line with the Children First: National Guidance for the Protection and Welfare of Children, 2017 but it was not benchmarked against the Children First Act, 2015. Whilst the statutory requirements of this act were met it was separate and not connected to the child protection policy. The registered provider must ensure that the child protection policy document reflects all statutory requirements.

Staff demonstrated in interview and through questionnaire a good understanding of the relevant legislation, regulations, policies and standards for the care and welfare of children in the centre that was evident in all aspects of their practice.

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

The acting centre manager, who will be referred as centre manager from this point, had been in position nine months at the time of this inspection. As they did not hold

the appropriate qualification they were in the process of securing a suitable qualification to comply with Child and Family Agency qualification requirements.

The inspectors found that during their time to date the leadership and management styles demonstrated by them was focused and they were clear of their role and responsibilities in ensuring quality, child-centred and safe care and support systems were in place. This was evident from the review of centre records, young people's files, questionnaires and interviews. Their leadership style focused on building relationships with staff and young people, providing ongoing mentoring and providing clear direction and support to both the staff team and young people. Management arrangements included the centre manager monitoring and overseeing the implementation of the centres policies and procedures. The forums of team meetings, supervision and daily handovers were ensuring these leadership and management skills were effective in leading and guiding the staff team. Staff in interview and through questionnaires spoke positively of the support, leadership and guidance provided by the centre manager. This was further corroborated by social workers in interview. Their oversight of centre records were observed with improvement required with respect to the register of young people in the centre. The register did not include full social work details for two of the young people. The centre manager must ensure that full contact details for social workers are recorded in the register of young people.

The registered provider was charged with overall executive accountability, responsibility and authority for the delivery of the service for the centre and ensuring that operational policies and procedures were developed, reviewed and updated in line with regulatory requirements, taking account of national standards and guidelines. There had been a recent change with regard to the organisations governance structures. Revised governance arrangements had commenced in the weeks prior to the inspection. These included the centre manager, as designated person in charge of the day-to-day running of the centre reporting directly to the registered provider. Governance arrangements included the centre manager providing the registered provider with weekly governance reports and monthly audits with action plans. Feedback or oversight of these governance tools by the registered provider was not observed by the inspectors. Further, it was not determined to the inspectors by the registered provider as line manager to the centre manager, how they planned on evaluating the quality of care provided in the centre.

The internal management structure was found to have been appropriate to the size and purpose and function of the centre. Staff in interview were aware of the

governance arrangements and structures in place and of the revised associated roles and responsibilities. The centre manager was supported by a deputy manager who also stepped up in the centre manager's absence. A written record was not kept of when, and to who, centre manager's duties had been delegated to and the key decisions made. In line with the National Standards for Children's Residential Centres, 2018 (HIQA) the centre manager must devise a separate template to record key decisions made when management responsibilities are delegated.

The centre had a policy on risk assessment and there was a number of risk identification, assessment and management processes in place. These included for example individual crisis management plans, absence management plans, pre-admission risk assessments and impact risk assessments. A risk matrix system that was used during the risk assessment process to define the level of risk was found to relate to organisational and operational risks. It was absent from the risk assessment form that recorded risks relating to the young people. The inspectors recommend that the matrix system is incorporated into the risk assessment form for young people. There were organisational, environmental, operational and risk escalation registers in place. The environmental risk register had been consistently updated to include up-to-date protocols, contingencies and control measures to manage risks associated with Covid-19. Risk escalation records included appropriate actions to manage and reduce risks presented by young people. Risk assessment training had been provided for some staff with dates scheduled for the remaining staff. The centre manager was the designated person to contact in an emergency. Whilst it was clear to the inspectors that effective risk management processes were being implemented they were found to not have been part of an overall risk management framework. Also, the risk assessment policy was found by the inspectors to have concentrated on behaviours of concern by young people. The policy should guide the implementation of the centres risk management processes. The registered provider must develop a risk management policy and framework to guide and connect the various risk management processes in place.

Inspectors found there was a contract in place with Child and Family Agency for the provision of services.

**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 statement of purpose that was displayed in the staff office. The statement, which is subject to yearly review, was last updated in September 2020 to

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reflect a change in the organisations structure. The statement included the criteria outlined under 5.3.1 in the National Standards for Children’s Residential Centres, 2018 (HIQA) including the day-to-day operations of the centre. A version of the statement of purpose was available for children and their families.

Inspectors found from interviews and the review of documentation that staff had a good understanding of the trauma, attachment and well-being model of care. Its implementation was demonstrated across the care planning system with guidance provided by an external consultant.

Upon review of the two external audits conducted to date this year, where theme 5 of the national standards was examined on both occasions, the statement of purpose had not been evaluated as part of the process. The registered provider must ensure that the statement of purpose is reviewed and evaluated to ascertain whether services are being delivered in line with the centre’s statement of purpose.

**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.**

Auditing and monitoring arrangements were in place internally and externally to ensure that the quality, safety and continuity of care was being continually provided to the young people. Improvements are required with respect to the auditing system in place. Internal mechanisms included for example regular team meetings, team leader meetings, senior management meetings, supervision, governance reports, daily handovers and audits. The placement planning documents for the young people were regularly monitored and reviewed in collaboration with an external consultant with the expertise specific to the model of care implemented in the centre.

Following changes to the organisational structure the registered provider did not provide adequate evidence to the inspectors of how they are going to evaluate the quality of the care provided in the centre on a day to day basis other than depending on the reports from the external consultants. It was found from the two audits conducted to date this year that the auditing tool was not aligned to the National Standards for Children’s Residential Centres, 2018 (HIQA). Also, the inspectors found that the audits did not identify the areas requiring improvement as highlighted in this report. The registered provider must ensure that existing internal and external auditing mechanisms are strengthened to ensure compliance with the HIQA

standards and to satisfy themselves that quality, effective and safe care practices are being implemented in the centre.

Complaints, incidents and concerns were discussed at team meetings and were included in the weekly governance reports submitted to the registered provider by the centre manager. It was found from the review of the register of complaints that there were no complaints outstanding. It did not come across clear to the inspectors how complaints were monitored and reviewed at senior level to identify any trends or patterns and ensure that learning was being provided to the staff team to promote improvements. Child protection and welfare concerns were recorded in the centres register for significant events. A separate register is required for the recording of child protection and welfare concerns. Further, records relating to child protection and welfare are required to be filed in young people's individual files and not in an overarching folder. The centre was part of the organisations significant event review group that met monthly. However, the inspectors found that feedback from this meeting was not discussed at team meetings or team leader meetings. Therefore, there was no shared learning which should be the purpose of a significant event review group. The registered provider must ensure that existing processes in place to record, monitor and analyse complaints, incidents and concerns are strengthened to address deficits highlighted in this report and comply with the national standards.

At the time of this first inspection against the National Standards for Children's Residential Centres, 2018 (HIQA) the centre had not completed an annual review of compliance with the centre's objectives but were aware of their obligations.

## Compliance with Regulation

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

## Compliance with standards

<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 registered provider must ensure that the child protection policy document reflects all statutory requirements.
- The centre manager must ensure that full contact details for social workers are recorded in the register of young people.
- The centre manager must devise a separate template to record key decisions made when management responsibilities are delegated.
- The registered provider must develop a risk management policy and framework to guide and connect the various risk management processes in place.
- The registered provider must ensure that the statement of purpose is reviewed and evaluated to ascertain whether services are being delivered in line with the centre's statement of purpose.
- The registered provider must ensure that existing internal and external auditing mechanisms are strengthened to ensure compliance with the HIQA standards and to satisfy themselves that quality, effective and safe care practices are being implemented in the centre.
- The registered provider must ensure that existing processes in place to record, monitor and analyse complaints, incidents and concerns are strengthened to address deficits highlighted in this report and comply with the 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 registered provider must ensure that the child protection policy document reflects all statutory requirements.</p> <p>The centre manager must ensure that full contact details for social workers are recorded in the register of young people.</p> <p>The centre manager must devise a separate template to record key decisions made when management responsibilities are delegated.</p> <p>The registered provider must develop a risk management policy and framework to guide and connect the various risk management processes in place.</p>	<p>Full suite of policies is currently being reviewed, this is inclusive of child protection policy. To be completed by January 2021.</p> <p>Social work details for new residents is now included in register of young people. Completed.</p> <p>Completed. The template will be stored both in hard copy and electronically.</p> <p>Full suite of policies is currently being reviewed, which will include a risk assessment policy and framework. To be completed by January 2021.</p>	<p>The registered provider will ensure that policies will be reviewed annually and when there are any changes within legislation or internally.</p> <p>The centre manager will ensure that the register contains the appropriate details and it will be reviewed during the auditing processes.</p> <p>This system will be regularly reviewed by centre management and discussed through the forum of supervision.</p> <p>The registered provider will monitor the risk management framework on a monthly basis or when issues arise.</p>

	<p>The registered provider must ensure that the statement of purpose is reviewed and evaluated to ascertain whether services are being delivered in line with the centre's statement of purpose.</p> <p>The registered provider must ensure that existing internal and external auditing mechanisms are strengthened to ensure compliance with the HIQA standards and to satisfy themselves that quality, effective and safe care practices are being implemented in the centre.</p> <p>The registered provider must ensure that existing processes in place to record, monitor and analyse complaints, incidents and concerns are strengthened to address deficits highlighted in this report and comply with the national standards.</p>	<p>The statement of purpose will be reviewed and evaluated as part of the annual review in December 2020.</p> <p>The registered provider is currently developing the centres internal auditing system part of which will involve conducting monthly themed audits based on the HIQA standards. To commence November 2020. The registered provider will review external auditing arrangements to ensure they comply with the HIQA standards.</p> <p>From November 2020 complaints, incidents and concerns are standing agenda items at staff meetings and management meetings and discussed during supervision. The centre manager will ensure that learning from management meetings and SERG meetings are feedback to the staff team. A</p>	<p>The registered provider will ensure that the statement of purpose is reviewed and evaluated as part of auditing processes annually.</p> <p>The registered provider will ensure that audits are reviewed on a monthly (internal audits) and quarterly (external audit) basis and that the auditing system is in compliance with the HIQA standards.</p> <p>The registered provider will monitor the improved systems in place relating to complaints, incidents and concerns.</p>
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		child protection concern register will be implemented by the end of November 2020.	
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