



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 051

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Focus Ireland
Registered Capacity:	Five Young People
Type of Inspection:	CAPA Review
Date of inspection:	29th & 30th July 2024
Registration Status:	Registered from 28th of February 2023 to 28th of February 2026
Inspection Team:	Lorraine Egan Mark McGuire
Date Report Issued:	September 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 3: Safe Care and Support, (Standard 3.1 & 3.2 only)	
3.2 Theme 5: Leadership, Governance and Management, (Standard 5.1 only)	
3.3 Theme 6: Responsive Workforce, (Standard 6.1 only)	

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 and Regulation 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.



1.1 Centre Description

This inspection report sets out the findings of a corrective and preventative actions (CAPA) review 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 28th of February 2002. It was transferred under the governance of Focus Ireland in August 2023. At the time of this CAPA review the centre was in its eighth registration and was in year two of the cycle. The centre was registered with attached conditions from the 28th of February 2023 to the 28th of February 2026.

The centre was registered as a multi-occupancy centre for up to five young people between the ages of thirteen and eighteen years old on a medium to long term basis. The centre was granted a derogation to accommodate one child under thirteen years of age on admission. The centre aimed to provide a therapeutic and relational model through individualised planning and the use of informed and intentional staff practices towards positive outcomes for young people. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The primary aim during this inspection was to review the conditions attached to the registration of the centre since 21st June 2024, that being;

There will be no more admissions to the centre until such time as:

1. The Alternative Care Inspection and Monitoring Service have reviewed the implementation of the submitted CAPA in response to findings identified on the inspection in March 2024.
2. Staffing has been increased to comply with the minimum levels required.

The inspectors examined the centre's implementation of the CAPA from the previous inspection dated 20th, 21st & 22nd of March 2024 to inform this process. This was a blended inspection where inspectors reviewed the relevant documentation at the centre and completed interviews with the centre manager and the head of youth services via MS Teams. The inspectors also requested that centre management submit additional documentation to ACIMS that would demonstrate their progress in implementing the CAPA. Inspectors received most records sought and await access to the remainder.

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

2. Findings with regard to registration matters

At the time of this review inspection, the centre was registered with an attached condition stipulating that there will be no more admissions to the centre until such time as:

1. The Alternative Care Inspection and Monitoring Service have reviewed the implementation of the submitted CAPA in response to findings identified on the inspection in March 2024.
2. Staffing has been increased to comply with the minimum levels required.

The purpose of this review inspection was to monitor the progress of the centre in implementing the identified actions named within that CAPA including a review of the staffing compliment to ensure compliance with minimum requirements.

A compliance meeting was scheduled with the registered provider as the CAPA was found not to be fully implemented in response to the findings of the previous inspection of March 2024. In addition, it was determined that a high level of risk remained for the young people living in the centre. At this time inspectors made contact with the allocated social workers for the young people to inform them of the concerns raised by ACIMS.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 19th August 2024. The findings of this review inspection deem the centre not 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: 051 with attached conditions from the 28th of February 2023 to the 28th of February 2026 pursuant to Part VIII, 1991 Child Care Act.

The condition being there will be no more admissions to the centre until such time as;

1. The Alternative Care Inspection and Monitoring Service have reviewed the implementation of the submitted CAPA in response to findings identified on the inspection in March 2024.
2. Staffing has been increased to comply with the minimum levels required.

This condition will be review by the 30th of November 2024.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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.

Issue Requiring Action:

- The registered proprietor must ensure the centre's child protection and safeguarding policies including protected disclosures are updated to include all requirements and responsibilities outlined in Children First and relevant legislation and staff receive specific training on the policies.
- The centre manager must ensure that the CSS is reviewed to include any change to the risks and issues for all new admissions.
- The centre manager must ensure that the necessary Children First E-Learning modules are up to date for all staff and a record is maintained by the centre.
- Senior and centre management must ensure that individual risk assessments are in place and reviewed consistently for all identified risks. Interventions should be clearly outlined and risks appropriately rated.
- The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.
- The centre manager must ensure that child protection information recorded on the centre register is maintained in line with best practice requirements.

Corrective Actions and Preventative Strategies:

- The organisation's safeguarding and governance manager has been informed of the necessity to update the policy and in particular to include protected disclosures. This will be completed in the coming weeks. Once this is done, training will be provided to the staff team.
- The policies will be reviewed on an annual basis and any policy updates, revisions will be included. Team will be informed of same and updated accordingly.
- The CSS will be reviewed immediately and updated to reflect risks and issues related to recent admissions.

- The CSS is reviewed annually, as per organisational policy. However, it will be updated as necessary following new admissions to reflect any additional risks that may emerge.
- All staff members have completed the Children First E-Learning modules. The centre manager will request that all staff members provide her with the necessary documentation to confirm completion of the modules. Once this is done, the training log will be updated.
- The centre manager will remind all staff members that in future they must ensure that after they have completed training, they must provide the manager with proof of completion.
- Individual risk assessments are completed for all children in the centre at present which include rated risks and agreed interventions. They are reviewed at biweekly staff meeting, or as required.
- This process will continue. A review page has been added to the risk assessment template to ensure that there is a clear tracking system in place to record reviews and any changes to risk profiles and interventions.
- All staff will consult with the DLP before reporting any children protection and safeguarding concerns to ensure that procedures are consistently followed and so that the DLP and the management can track all concerns raised and follow-up. The process will be put in place immediately.
- The process outlined will ensure that child protection reporting procedures are consistently followed in future.
- This has been updated. Furthermore, the centre manager has checked that an SEN is attached to every concern submitted
- The centre manager will bring this issue to the staff team meeting and will outline the process they must followed in order to ensure that the necessary information is maintained, such as tracking numbers etc.

Review Findings:

Inspectors found evidence overall that the centre management had endeavoured to address and implement practice and system changes relating to the findings from the previous inspection of March 2024. However, at the time of this inspection review, the level of risk remained high relating to self-harm and suicidal ideation behaviours for young people. Additionally, while many efforts were made to stabilise the core staff team there remained a reliance on agency personnel and relief staff to compensate for the deficits. A derogation had been in place for the centre relating to one child who had been discharged since the last inspection.

Two child safeguarding policies and procedures were submitted to ACIMS as part of the review of the condition attached. These included an organisation-wide and a centre-specific policy. Inspectors found that the improvements made to the documents were comprehensive and had been reviewed and updated in line with the findings from the previous inspection. The procedures reflected in the policies were in compliance with the requirements and responsibilities outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. A policy review date was set for 2026 or when required.

The centre's policy also outlined a commitment to ensure all staff received training on child protection including access to Tusla's Children First E-Learning modules. However, from a review of the training record, it remained difficult to identify the specific modules that had been completed and those that were outstanding for each staff. The training tracker provided by the centre had not been fully updated and so did not fully correspond with the staff information sheet submitted to inspectors. Discussions were taking place at team meetings on the centre's updated child protection policies and there was direction to staff to read the recently reviewed child safeguarding statement (CSS). Inspectors reviewed the CSS and saw that it reflected the risks that were relevant to the young people living in the centre.

Inspectors found that while there was some improvements in the development of risk assessments for young people, the control measures outlined were not robust enough to address the high level of risk that was currently presenting in the centre. This included self-harm and suicidal ideation for all three young people. Additionally, a number of risk assessments had not been developed for each emerging risk and consequently it was difficult to track how staff were responding to these when the incidents occurred. Although some interventions were in place through safety plans, inspectors were not assured that these were consistently followed by all staff to reduce harm and keep young people safe. For example, a clearly outlined step by step plan to conduct room searches and safety checks was not recorded on each young person's file and therefore it remained uncertain whether all staff were completing these on each day and night time shift as required. Subsequent to the draft report for this inspection being issued, further records were submitted to ACIMS which included a day and nighttime mental health checklist for staff to complete while on each shift.

The use of ligatures by young people in times of crisis had become a feature when incidents occurred and strategies to respond quickly using ligature knives remained unrecorded on the plans. There was no guide on ligature-use on centre files. While

ligature training was identified as a training need and was entered on the centre's risk register, it had not been provided to all staff. The centre manager said that it was due to be scheduled. In addition, on some occasions, inspectors found that ancillary supports were not accessed swiftly enough by staff such as contacting on-call in times of crisis.

However, additional protective measures had been implemented by the centre such as increased staff ratios and live night cover. While the incidents had decreased for a short period of time prior to this inspection, inspectors believed a very high risk of reoccurrence remained because of the shortfalls in practice outlined above. Furthermore, appropriate risk ratings on risk assessments and risk registers required further consideration and development for the centre.

Some partially completed child protection and welfare report forms (CPWRFs) were maintained on young people's files and it was unclear to inspectors why these had not been submitted to Tusla. In addition, a number of child protection disclosures had taken place in the centre and while the content was shared with the relevant social work department, CPWRFs had not been submitted to Tusla in line with the centre's own policy. The centre manager told inspectors that some of the disclosures had been retracted and therefore a decision was made in collaboration with the social work department not to report. From a review of the relevant documentation on the young person's file, this decision had not been fully recorded. All child protection concerns should be reported in line with the centre's policy and decisions not to report should be clearly documented on the young people's files.

Inspectors reviewed the centre's online child protection register. Improvements to the recording system had taken place but further work was required such as entering the child protection and welfare report (CPWRF) ID number along with the significant event notification (SEN) number on the log for tracking purposes.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Issue Requiring Action:

- Senior and centre manager must review the centre's system for the management of behaviour that challenges and implement effective and consistent interventions as a priority so that the number of serious incidents are reduced and all young people are safely living in the centre.

- The centre manager must ensure that young people are supported in their understanding of behaviour that challenges including racism and diversity.
- Senior management must ensure that regular auditing and monitoring of the centres' approach to managing behaviour is taking place so that gaps and deficits that impact practice can be addressed.
- The centre manager must ensure that restrictive practices are only in place if there is evidence that it is required due to a serious risk to safety and welfare of young people.

Corrective Actions and Preventative Strategies:

- The centre's approach to the management of behaviour that challenges involved the use of TCI and a relational approach. Recent SENs will be reviewed immediately to ensure that these approaches are being consistently implemented.
- Direct one-to-one work with young people is done to support young people to understand behaviours that challenge including racism and diversity. The manner in which this work is carried out is based on each young person's needs and their level of understanding vis-à-vis their ability to understand behaviours that challenge.
- SENs will be reviewed monthly by the centre manager to address any immediate concerns that may arise with regard the management of behaviours. The centre manager will meet with the safeguarding and governance manager immediately to devise a better system to audit and monitor approaches to managing behaviours in order to address any gaps and deficits that may impact practice.
- All restrictive practices are reviewed monthly. If a restrictive practice is assessed as not being required due to a reduction in an associated risk, then the restrictive practice will cease.
- All staff members will continue to receive TCI training refreshers. SEN reviews will continue to ensure that behaviour management techniques are being consistently used.
- Direct work with young people with regard to behaviours that challenge, in particular racism and diversity, will be carried out as the need arises. Racist behaviours, in particular, will be named and addressed immediately and a clear message given regarding their inappropriateness.
- In consultation with the safeguarding and governance manager, a new auditing and monitoring system will be put in place to ensure there is oversight in relation to approaches to behaviour management, such that any potential gaps and deficits are identified and addressed.

- Review of restrictive practices will be ongoing and consistent. Restrictive practices will only be implemented on the basis of a serious risk to the safety and welfare of the young people.

Review Findings:

Inspectors found evidence that in general there were improvements to behaviour management planning for young people and the periods of high disruption had reduced since the previous inspection. Some individual crisis support plans (ICSPs) outlined distinct interventions for staff to follow for behaviours that challenged. In addition, the number of significant events identified at the previous inspection had decreased such as, threats of violence, assaults on peers, and racial abuse. One young person spoke to inspectors and said they were happy living in the centre and described some of the activities they took part in with the support of staff.

However, as stated above, high risk incidents including self-harm and suicide ideation had increased and this included concerning self-harm behaviours that were mirrored between two young people. Centre files reflected that exposure to these incidents were having a negative impact on the third young person who had also engaged in self-harming and suicide ideation behaviours. Risk assessments with interventions outlined to respond to these risks were not on the young person's file. Overall, while various safety plans were developed in collaboration with the young people and social work departments to mitigate a number of presenting risks, there were deficits in the routine review and update of the plans.

Inspectors found evidence that young people were supported to access specialist supports and therapies and where they refused they were encouraged to attend. Key working records demonstrated some individual work in the areas of vulnerabilities and keeping safe. Staff were also meeting with young people daily to plan their timetable and check in with them in relation to their emotional wellbeing. In general inspectors found that there was an over-focus on one young person's behaviour that presented as challenging rather than responding to the underlying trauma that they were experiencing. The centre manager told inspectors that plans were in place for staff to receive more targeted clinical guidance in this area so that it could be integrated into their everyday practice with young people. Assessment consultation therapy service (ACTS) had also provided a training workshop to some of the staff and team meeting minutes reflected discussions on the learning from this training. Overall, the minutes recorded good awareness of the areas to be addressed and actioned by staff relating to the findings from the previous inspection.

Senior management gave a commitment to implement a new monitoring system to ensure oversight was taking place. Inspectors found that there was progress made in this area and internal and external audits had been completed since the previous inspection. There were also SEN reviews taking place at team meetings as well as individual review meetings and centre management were part of a regional-wide significant event review group for the voluntary sector. Restrictive practices had been reviewed, assessed and recorded on the centre's online system. There was evidence that these were monitored as part of young people's risk assessments.

Further Actions Required:

- Compliance meeting to be held with the provider as CAPA was not fully implemented
- Escalated for Risk Response monitoring.

Compliance with Regulations	
Regulation met	None identified
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Regulation 5: Care Practices and Operational Policies
Regulation 6: 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.

Issue Requiring Action:

- The registered provider must ensure that training is provided on the centre's full suite of revised policies and procedures.

Corrective Actions and Preventative Strategies:

- All staff members will be provided with a printed copy of the centre's policies and procedures and once read they will sign a sheet to confirm they have done so. This will be done immediately.
- Any revision to the centre's policies and procedures will be communicated to the staff team via email and discussed at the next team meeting to ensure it is fully understood and will be implemented correctly.

Review Findings:

Discussions of the centre's policies and procedures had begun to take place at team meetings with specific attention on the child safeguarding statement. There was also evidence on the meeting minutes relating to new behaviour management and risk assessment systems and practices being implemented in the centre. Attention was also given to the previous inspection findings.

As mentioned above, from the training records provided to inspectors, some ongoing training on Tusla's Children First E- Learning programme had been accessed by a number of staff members.

Further Actions required:

- No further actions as CAPA implementation is in progress and ACIMS satisfied with timeframes.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

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

Issue Requiring Action:

- The registered provider must ensure that there are sufficient numbers of staff in the centre with regard to the number of young people living there and the nature of their needs. They must be in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings June 202

Corrective Actions and Preventative Strategies:

- A number of measures have been implemented immediately to address the staffing shortfall. They include:
 - Redeployment of five organisation employees to the centre.
 - Ongoing recruitment campaigns to fill vacant posts.
 - The use of recruitment agencies to support with acquiring social care workers on a permanent contract basis.
 - The enhancement of under-18s job description to include salary, support offerings and other benefits.
 - The use of LinkedIn as a recruitment platform to source hard to reach candidates for under-18s services.
 - Increased organic social media content aimed at optimising recruitment outcomes.
 - Internal promotion of the organisations referral program to entice employees to refer to their networks
 - The recruitment of permanent relief social care workers to ensure consistency for service delivery.
 - Allocation of social care graduates to under-18s services. • Continue to prioritise training places for under-18s employees to ensure compliance and highest standards of service delivery.
 - The development and implementation of a digital recruitment brand strategy aimed at optimising recruitment outcomes. This includes; increase in organic social media utilising LinkedIn, Facebook &

Instagram platforms, paid advertisements, activate a ‘spotlight’ campaign on under-18s services.

- Increase in student placements and interaction with colleges to attract social care graduates to the organisation’s under-18s services.
- Workforce planning to support planned leave throughout the year.

Review Findings:

Inspectors found that there was a strong commitment from the centre and the organisation to address the crisis in staffing at the time of the previous inspection. Some of the measures to address the deficits included; recruitment campaigns and redeployment of organisation staff from other centres which took effect immediately. A total of four staff were recruited to social care positions at that time. However, additional staff had left their positions and it remained a challenge for the centre to stabilise the team and maintain appropriate staff numbers despite ongoing recruitment.

From the most recent staff inspection information form submitted to ACIMS, there was one centre manager, one acting deputy manager and four and a half social care workers including two team leaders. Five core staff remained on other types of leave including sick and maternity leave. Inspectors reviewed the submitted rosters and found that despite some of the gaps being filled by the centre’s relief workers along with sharing staff from other centres within the organisation, there continued to be an over-reliance on agency personnel. These staffing deficits do not support young people with their need to receive consistent, safe and effective care.

Further Actions required:

- Compliance meeting to be held with provider as CAPA not implemented

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1