



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 227**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Clover Care Services</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>8<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> January</b>
<b>Registration Status:</b>	<b>Registered from 25<sup>th</sup> September 2023 to 25<sup>th</sup> September 2026</b>
<b>Inspection Team:</b>	<b>Cora Kelly Eileen Woods</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> March 2024</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 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.

## 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 25<sup>th</sup> of September 2023. 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 as a dual occupancy service. It aimed to provide medium to long term placements young people, aged between 13 to 17 upon admission. The model of care focused on responding to trauma exposure and theories of attachments with the aim of supporting young people in forming positive relationships through the application of attachment theories. There was one child living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 person staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work department on the 23<sup>rd</sup> of January 2024. 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 7<sup>th</sup> of February 2024. This was not deemed to be satisfactory, and the inspection service requested a further review of the CAPA. A final CAPA was provided to the inspection service with evidence of the issues addressed on the 9<sup>th</sup> of February. This included a plan to rectify the non-compliance of Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. This was deemed satisfactory and accepted by the inspection service.

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: 227 without attached conditions from the 25<sup>th</sup> of September 2023 to the 25<sup>th</sup> of September 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Theme 2: Effective Care and Support

#### Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The inspectors found that centre management and staff were fulfilling their care and placement planning responsibilities for the young person in placement as outlined in the centres policies and procedures document. In line with statutory requirements the young person's initial child in care review (CICR) had been held within the required time frame of them moving to the centre. However, the centre was experiencing a significant delay in the allocated social worker providing the care plan to them. The centre manager was following this up as appropriate with the allocated social worker and stated to the inspectors that the escalation policy would be followed if the delay continued. In interview, the social worker advised the inspectors that the care plan would be provided by the end of the week. This had not occurred at the time of writing this report. The centre manager demonstrated good practice in recording detailed minutes of the CICR to assist placement planning processes being implemented without delay. The inspectors suggested that if further delays are experienced that the centre manager agrees the centre minutes with the allocated social worker, namely decisions and actions for implementation to ensure all are working effectively in meeting the young person's identified care and support needs. Accompanying the statutory care planning procedure was a weekly held multidisciplinary team meeting that comprised of varying professionals providing care and support to the young person in a co-ordinated manner. This additional mechanism was allowing for robust planning and thorough review of the young person's care needs and supports. This system was working effectively with decisions from both planning forums contributing to the development and ongoing review of the comprehensive placement plans in the centre.

The centre manager demonstrated good oversight of the placement plan process that was led by the key working team and provided leadership when they had identified improvement was required. The format of the placement plan which was holistic by design, allowed for the creation of goals and specific interventions to meet identified needs. The staff team were tasked with completing goal oriented key working sessions with records of works completed maintained on the young person's care file.



The inspectors had identified from their review of a sample of key working records that improvement was required in terms of the types of sessions and work undertaken being named as key working and that the centre manager continues to provide ongoing guidance on this to the staff team most of whom were new to working in mainstream children residential homes. The director of services had identified this too during their auditing of centre practices. To support this work, it would be more beneficial to the staff team, at their current developing stage, if a greater focus was placed on discussing aspects of the placement plan at team meetings to include for example discussions on individual work completed with the young person, what worked well and what didn't. Centre management agreed this will be worked on. Also, the inspectors observed a lot of handwritten comments by the centre manager across a number of key working records the format could be updated to capture these comments.

In line with policy the inspectors found that centre management and staff had encouraged the young person to attend their initial child in care review and contribute to other meetings and plans in place for them. This was evident from the inspector's review of key working records with staff also demonstrating in interview how they supported the young person to be actively involved in decisions making processes arising at both care and placement planning meetings. Procedures were in place to guide staff in informing a young person of outcomes if they chose to not attend their CICR. Through the ACIMS inspection questionnaire the young person indicated that they work with their keyworker in achieving goals set on in their placement plan and that they were happy with their contribution to the day-to-day living arrangements in the centre. The staff team was demonstrating good practice in actively encouraging and facilitating the young person to attend specialist support services available to them.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

## **Actions required**

- None identified.

### **Regulation 5: Care practices and operational policies**

### **Regulation 16: Notification of Significant Events**

## **Theme 3: Safe Care and Support**

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

The centres policies aimed at promoting positive behaviour and responding to challenging behaviour included: positive behavioural support, model of care, behaviour management, restorative and natural consequence and restrictive practice. The policy on positive behaviour support contained a detailed section on ‘punishment’ and ‘the types of punishment’ with reference to it also in the restorative and natural consequence policy. This terminology and approach to behaviour management must be removed from the policies and procedures document without delay. To note, the inspectors did not find that punishment was used in practice. Although staff did not speak confidently in naming the above-named policies in interview, they did demonstrate some knowledge and gave examples of how positive behaviour was promoted and challenging behaviour managed. This gap in policy knowledge corresponded with the lack of recorded discussions of these policies and procedures at team meetings. There was a deficit too in staff’s knowledge of the trauma informed model of care guiding their everyday approach in working with the young person. In this instance too there was also a lack of recorded discussions, from a learning perspective, at the team meetings. Whilst a three-month plan is in place for the staff team to be provided with full training on the centres policies and procedures the centre manager must discuss policy and procedures and the model of care at team meetings to develop and maintain a culture of learning and development.

The centre manager was demonstrating good practice in upskilling the staff team in behaviour management tools and other appropriate training pieces in response to the young person’s presenting needs. Management of challenging behaviour training was outstanding for two full-time staff and one regular relief staff member. A date had been set for one full-time staff to complete the training but not for the other two team members. Staff spoke positively of the benefit and value of the regularly held workshops and support services being provided by Tusla specialist support services

to them to assist them in managing the young person's behaviour. Centre management and three staff had completed SafeTALK training. To enhance the team's skills in responding safely and effectively to the specific needs and behaviours of the young person the inspectors recommend that the centre manager considers exploring training in Applied Suicide Intervention Skills Training (ASIST) for the staff team.

Staff were utilising clear routines and expectations to promote positive behaviour and build trusting relationships with the young person. Staff were utilising behaviour support management plans, individual absence management plans (IAMP), risk assessments and individual crisis support plans (ICSP) to promote positive behaviour and in responding to challenging behaviour. These individual plans were also shared with the professionals involved in the care of the young person. Staff described in interview the interventions and strategies outlined in the plans, some of which were lengthy. The inspectors observed gaps in information in the IAMP and ICSP and recommend that the centre manager reviews these to ensure they are completed in full. The inspectors found that work was being undertaken with young person in helping them understand their behaviours and to develop techniques and skills to cope with their behaviour too. The staff team was proactive in their efforts in engaging with the young person following significant incidents, again to help them understand and learn from their behaviours.

Staff were found to have been utilising positive consequences appropriately in responding to the young person's behaviour. However, their approach to imposing negative consequences required improvement. A negative consequence that was regularly imposed was the full withdrawal of the young person's weekly pocket money if a particular weekly task was not completed. Information on this was detailed too in the young persons information booklet. The social worker was not aware of this and stated they would follow the matter up with the centre manager. The centre manager must review this without delay with the rights of the young person to their money to be respected and at the forefront of decision making on this.

The director of services held responsibility for monitoring and auditing the centres approach to managing challenging behaviour. The audit completed in December 2023 was based on their paper review of centre records and the young person's file. Given this methodology approach some of the deficits outlined in this report were not identified. The inspectors recommend that director of services considers a review of their methodology approach to auditing to ensure they are capturing quality findings to assist their determination when analysing the centres approach to managing and

monitoring challenging behaviour. They too had oversight responsibilities of the individual plans in place for the young person which was evident across centre records and the young person's file.

A number of routine environmental restrictive practices and physical restrictive procedures were in place to keep the young person safe. A restrictive practices register was being maintained appropriately with risk assessments held too. There was evidence of both being monitored and reviewed regularly and as required. The young person had raised concerns about the restrictive practices, but they had been explained to them along with the reasons as to why they were in place.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

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

### **Actions required**

- The centre manager must discuss operational policy and procedures and the model of care at team meetings to develop and maintain a culture of learning within the centre and progress the development of the staff team.
- The centre manager must ensure that the staff team are provided with all mandatory training to assist them in responding safely and effectively to the young person's behaviour.
- The centre manager must review the consequences system to ensure that the young person has access to their pocket money.

## **Regulation 5: Care Practices and Operational Policies**

## **Regulation 6: Person in Charge**

### **Theme 5: Leadership, Governance and Management**

**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 inspectors found that the centre manager had a good awareness and understanding of their role and responsibilities as the named person in charge for the running of the centre. They were committed to ensuring good operational and care practices were being implemented with the development of the staff team an area of priority. Management and governance structures and systems that had been established was supporting their work and assisting with their oversight responsibilities and providing leadership to the staff team in addition to being present in the centre Monday to Friday working normal office hours. Staff in interview stated that the centre manager was a good support and spoke of them being available for discussion and clarification purposes. They also spoke of the value and importance of daily handovers, fortnightly team meetings and regular supervision and how they each contributed to their work and development both individually and within the staff team. As outlined earlier in this report more discussions of policies and procedures is required in addition to the inspector's recommendation that more focus is placed on discussing placement plans and key working records to track and progress the young person's development.

The centre manager was fulfilling their reporting responsibilities to the director of services (DOS) as their line manager and keeping them informed of what was happening for the young person and the centre. This included the notification of significant events (SEN's) being provided to the DOS. It was the inspectors' findings on their review of a sample of these records that several of them did not require reporting to relevant professionals. The DOS and social worker concurred with this and stated they would revisit the issue to ensure SEN's are being submitted appropriately. The DOS and centre manager held responsibility for conducting annual reviews of the operating policies and procedures and ensuring they complied with legislation. The current set of policies and procedures had been approved by the company's board of management.

The internal management structure was not appropriate to the purpose of the centre. The deputy manager was not completing office duties at the time of the inspection as they were tasked with supporting the staff rota and was completing a mix of sleepover, day and live night shifts since the centre opened in October 2023. They were however supporting the centre manager with supervision duties and had responsibility for supervising some social care workers. There was also an absence of social care leaders. Arrangements were in place for the DOS to act up in centre managers absence. The delegation task form that had been developed was not being utilised at the time of the inspection despite staff members having specific roles and responsibilities delegated to them for example first aid, fire safety and health and safety officers. The inspectors recommend that these are implemented.

The policy led risk management framework in place included guidance on the identification, assessment, management, and ongoing review of risks at corporate and individual levels. Tools underpinning the work included the monitoring and regular review of the risk registers, individual risk assessments for example pre-admission collective risk assessment and individual risk assessments and risk management plans. A risk rating system was used to assess the impact of identified risks and assess the frequency of the risk taking place. Staff demonstrated a good understanding of risk management and its processes in interview despite them being lengthy documents and a large volume of risk assessments to implement.

A service level agreement was in place between the centre and the Tusla National Private Placement Team (NPPT) with reports required to be submitted on a six-monthly basis.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

## Actions required

- The director of services must ensure that an appropriate internal management structure in place.

### 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.

The policies on recruitment, induction, training, supervision and on call were underpinning workforce planning in the centre. Workforce planning, organising and management responsibilities that were held by the director of services (DOS) and the centre manager were found to have been aimed at child-centred, safe and effective care and support being provided to the young person. With the support of the DOS the centre manager was committed to ongoing development and upskilling of the staff team given all staff were new to working with children in mainstream residential care. In line with the young person's needs shift patterns for the centre included one sleepover, one day shift and a live night. Due to one young person residing in the centre the deputy manager was covering shifts alongside five full-time and appropriately qualified social care workers and a relief social care worker. This had resulted in the inspectors' findings that the centre was failing to operate in compliance with the Tusla ACIMS regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. The rota was being supported temporarily by three staff identified for another centre within the organisation. Agency staff had been accessed too to fill gaps in the rota on two occasions. One social care leader was on extended leave with another having left their position since the centre commenced operation in September 2023. Workforce planning for the centre was ongoing at the time of the inspection with the DOS actively pursuing social care workers to fill the full-time vacant post. They did not foresee the need for an additional relief social care worker.

The organisation had experienced some staff turnover with a total of nine having left since it was established. During the period of the organisation recruiting staff for the centre, the summer months in 2023 and when the young person had moved in, October 2023, a number of staff had chosen to not take up their positions due to the



delay. Other staff had left their positions to explore other fields of work and pursue personal pursuits. In the absence of a specific staff retention policy the inspectors were informed that measures in place, with an employment assistance programme being the most recent benefit. Other benefits such as maternity leave and pensions, as named by centre management, were identified as long-term goals for the company.

Staff in interview were familiar with the on call policy and procedures in place. They spoke of the on call roster, gave example of times when the support was utilised by them and of on call records being maintained. There was no issue about the support system identified to the inspectors.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

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

### **Actions required**

- The registered proprietor must ensure that the centre is operating with the requirements set out under the Tusla ACIMS staffing regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.
- The registered proprietor must ensure that a panel of qualified and experienced relief staff is available to support the centres rota.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified.		
3	<p>The centre manager must discuss operational policy and procedures and the model of care at team meetings to develop and maintain a culture of learning within the centre and progress the development of the staff team.</p> <p>The centre manager must ensure that the staff team are provided with all mandatory training to assist them in responding safely and effectively to the young person's behaviour.</p>	<p>The centre manager will discuss policies and procedures monthly and the model of care (MOC) fortnightly ensuring that the meeting minutes reflect the detailed discussion taking place. They will explore with the staff team how they utilised the model of care over the past fortnight.</p> <p>The two team members are scheduled to complete Emergency First Aid on the 26<sup>th</sup> of February 2024.</p>	<p>The director of services (DOS) will attend a monthly team meeting and will continue to ensure that a policy &amp; procedure is being discussed in detail and has been recorded on the meeting minutes. They will continue to attend SERG meetings and partake in the discussions regarding the MOC and how the team are utilising it in the house. DOS will complete MOC refresher training with the team on the 13<sup>th</sup> of February 2024.</p> <p>The DOS will continue to ensure that all employees are booked onto mandatory trainings. The centre manager will continue to complete the monthly training audit and the DOS will review same to ensure all mandatory training has been booked / scheduled for team members.</p>

	The centre manager must review the pocket money system to ensure that there are no restrictions placed on the young person's right to access their money.	The centre manager has reviewed the pocket money system to ensure there are no restrictive practices in place to restrict the young person access to their money on a weekly basis. Please see attached finance plan for YP.	The director of services and centre manager will review the young person booklet and the natural and restorative consequences policy to ensure that there are no restrictions placed on the young person's rights to access their money by April 2024.
5	The director of services must ensure that an appropriate internal management structure is in place.	The DOS continues to seek a social care leader for the available position within the centre. This is an ongoing action.	A recruitment drive remains active to employ a social care leader for within the centre to ensure the appropriate internal management structure is in place.
6	<p>The registered proprietor must ensure that the centre is operating with the requirements set out under the Tusla ACIMS staffing regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.</p> <p>The registered proprietor must ensure that a panel of qualified and experienced relief staff is available to support the centres rota.</p>	<p>The registered provider is actively advertising for the recruitment of suitably qualified social care leader for the centre. Immediate and ongoing.</p> <p>The registered provider is actively advertising for the recruitment of suitably qualified relief for the centre. Immediate and ongoing.</p>	<p>A recruitment drive remains active to employ a social care leader for within the centre to ensure the centre is operating within the requirements set out under the Tusla ACIMS staffing notice.</p> <p>A recruitment drive remains active. The registered provider will ensure that a panel of suitably qualified relief staff is in place to provide cover for the centre as required.</p>