



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 042

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Misty Croft
Registered Capacity:	Six young people
Type of Inspection:	unannounced
Date of inspection:	3rd & 4th May 2023
Registration Status:	Registered from 17th July 2021 to 17th July 2024
Inspection Team:	Catherine Hanly Lorraine Egan
Date Report Issued:	21ST June 2023

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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 17th July 2009. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 17th July 2021 to 17th July 2024.

The centre was registered as a multi-occupancy service. It aimed to provide a placement for young people aged from twelve to seventeen years on admission suitable to be placed on an emergency, short term, medium term, or respite basis. Referrals were accepted from Tusla's dedicated social work team for Separated Children Seeking International Protection, Tusla's National Private Placement Team and the out of hours' social work department. The model of care was underpinned by Maslow's hierarchy of needs and the purpose was to meet the primary, individualised needs of young people through a person-centred approach with the aim of supporting integration. It was described as needs-led, child-centred care with a focus on care, health, integration, education and independence. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
2: Effective Care and Support	2.6
5: Leadership, Governance and Management	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, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 18th of May 2023. 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 30th of May 2023. Inspectors required additional detail in this CAPA to ensure that it adequately identified the intended response by centre management to deficits identified in the inspection. A second CAPA was submitted on the 2nd of June. 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: 042 without attached conditions from the 17th July 2021 to 17th July 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Inspectors found that the staff and management team clearly understood their role in the context of family contact and valued the role that it played in the lives of the young people they cared for. The centre provided a service to separated children seeking international protection, therefore contact with family members was varied and dependent upon each child's situation and personal wish. Family contact was supported where necessary by the staff team, whilst taking account of the view and direction of the social work department. Families, where in contact, were kept informed about their child's progress in placement by the allocated social worker at the request of individual parents. There were opportunities provided to parents for participation in their child's care planning, at statutory care reviews and parents were offered the opportunity for direct updates by centre if they so wished. The children at the centre at the time of this inspection managed their own family contact, generally via telephone or video calls. They each had a mobile phone which they used to contact parents, family members and friends. Monies for maintaining credit on these phones was provided by the centre. Additionally, there was a landline and house mobile that children could utilise if needed.

The children were able to bring their friends to visit the centre, and this was particularly evident at celebrations including children's birthdays and special holidays. Parents and family members, where they were in the country were encouraged and facilitated to visit the house also. Inspectors noted that important individual cultural traditions and practices were respected and supported by the staff team and organisation. Additionally, the purchase and preparation of cultural and ethnic foods was resourced and encouraged so that children could be enabled to maintain important aspects of their respective heritage.

The children were encouraged to participate in local clubs and activities. The staff team at the centre, some of whom had been working there for many years, had built up a solid knowledge of clubs in the area and contacts therein. Many of the children

were variously engaged in swimming, cricket, football, and arts. Some hobbies were connected to the local school, where three of the current group of residents were enrolled. This represented a significant development for this service with children engaged in fulltime education in their local community. With the change in purpose of function to this centre, and the lack of identified move on placements for young people, the length of placements for children has become elongated often extending up to one year. Inspectors asked centre management to give some consideration to the funding of items required for hobbies and sports participation in the context of more longer-term placements.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 5: Care Practices and Operational Policies Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Inspectors found that the individual views of each young person were heard by the staff team in relation to their desired move on option, given the short to medium term nature of this centre's purpose and function. Whilst their views were heard and given due consideration, the move on options for young people in this centre were significantly impacted by the limited general availability of placements for these

young people, and post-care placements specifically. Often, when move on placements were identified, it happened at short notice thus impacting on the ability of the staff team to support a planned and phased transition for young people. There was evidence in records reviewed, of the manager and staff team advocating for one young person recently in the context of their view of the need for a supported placement given the young person's vulnerabilities. This was reflective of the strong ethos and general practice of advocating for each young person and their individual needs throughout their placement in the centre up to and including move on. Social workers informed inspectors that a newly established placement committee had been set up within their dedicated social work team, the purpose of which was reported as being to prioritise and coordinate onward placement moves for young people within the social work department.

At the time of this inspection, two of the young people were aged seventeen and a third was aged sixteen. There was a completed aftercare leaving needs assessment on file for one young person and there were two completed aftercare plans. Each of the seventeen-year-olds had been appointed a Tusla aftercare worker. One of these had initially engaged with the young person but thereafter and at the time of the inspection, they remained on extended leave. The manager and staff team at the centre had supported the young person in making a formal complaint about this lack of service available to them.

Preparation for leaving care was delivered through key working and informed by individual placement planning. There were identified areas of key working that were delivered on for each young person, including budgeting, sex education, and various life skills, that were adapted accordingly dependent upon individual needs and capabilities. Inspectors found that the centre needed to develop their internal preparation for leaving care programme, separate to the Tusla aftercare preparation, in a manner that would ensure the two programmes were complementary of one another. The policy in place regarding aftercare was more focused on the transition process and the promotion of a smooth move with reference to engagement with Tusla aftercare workers rather than setting out the expectations of the centre in this area of practice. The centre must redefine and implement a more structured approach to key working generally, in line with their changed purpose and function from the provision of emergency/short term to more medium-term placements that extend up to one year. Within the key working function and delivery of task, the way the staff team can prepare young people for leaving care should be developed appropriately. There were some good pieces of key working evident however, overall, the approach was too informal and lacking in structure. The implementation of a preparation for leaving care programme should start with individual assessment, take consideration of needs, age, and developmental stage, and place a structure around

the progression of this preparation allowing for it to be tracked and measured, and appropriately resourced. This programme should include the dedication of resources towards supporting young people to learn the skills associated with independent budgeting. Inspectors found that there were occasions where there were ongoing disputes between the staff team and various young people about the monies provided to young people. The system for allocating pocket money, additional monies for chores, and money dedicated to preparation for independence were often intertwined and heavily condition-based causing confusion and upset to some young people. The preparation for leaving care programme in the centre should include a specific budget that is dedicated to skills development in the area of independence without being linked to behaviour in any way.

Young people that spoke with inspectors stated that they were very happy living in this house and were complementary of the staff and management team. A named concern for them was the knowledge that they would have to move on from this house, this was especially relevant for the children attending local schools. The staff team were cognisant of these concerns for young people and provided them with ongoing emotional support throughout their placement.

There was an established practice in place of informing young people of the content of their individual file maintained at the centre. They were afforded the opportunity to read their files at the centre during their placement. As young people were generally not yet eighteen when they moved on from this centre, they were informed that all important documentation including care orders, medical and education records were maintained on the social work file.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 2.6
Practices did not meet the required standard	None identified

Actions required

- The centre management must oversee the development and implementation of a structured programme of preparation for leaving care.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

The quality, safety and continuity of care provided to the young people in this centre was regularly reviewed through systems including separate risk assessment and significant event review meeting forums that were convened six-weekly; detailed weekly team meeting discussions; and regular key work supervision that focused on placement planning and key working. Inspectors found that the level of detail in some of these meeting could be improved to more clearly demonstrate how a decision was reached within that forum. There was evidence that learning from these review mechanisms was shared with team and practice altered or amended as necessary. In addition to these formal review meetings, monthly reports completed by the centre manager were submitted for review and feedback to the company director. There was a significant level of detail in these reports including an overview of complaints, significant event, staffing needs, educational status for each young person and any concerns arising specific to young people that required further intervention. There was evidence that the needs of young people and any required adjustments to service provision on a month-to-month basis was being tracked through these reports.

Inspectors found that information relating to complaints and concerns was recorded predominantly on the services online recording system. Whilst this allowed for easy access for the purpose of oversight by the centre manager and company director, inspectors found that there was a lot of information recorded therein that was superfluous to the actual complaint or significant event. Inspectors noted that some issues raised by young people, whilst being responded to by management, were not always responded to and concluded promptly, resulting in unnecessary further impact on young people. There was information relating to complaints in the annual report of compliance completed by the company director, but this lacked analysis of the basis and context of these other than to say the majority were informal.

Inspectors found that centre management needed to further develop the structure around complaints to ensure that these are clearly recorded, acted on promptly and analysed for possible trends.

Inspectors were informed that there had not been a system of assessment of safety and quality of care provided by this centre as measured against the national standards. Following a recent series of management meetings, a schedule of such audits had been devised and was due to commence in this centre in May 2023, with the centre manager being responsible for auditing the centre's performance against named standards. The company director must ensure that this system is implemented without delay and overseen for effectiveness as it is delivered.

Whilst the annual report of compliance documented findings against the centres' stated objectives, inspectors found that a greater consideration to the changed purpose of function and longer placement length than previous needed greater consideration in the context or how the service was organised and delivered to meet the needs of these young people.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- Centre management must further develop the structure around complaints to ensure that these are clearly recorded, acted on promptly to minimise potential negative impact and analysed for possible trends.
- The company director must ensure that the system for assessing the quality and safety of care provided against the national standards is implemented without delay and overseen for effectiveness as it is delivered.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
2	The centre management must oversee the development and implementation of a structured programme of preparation for leaving care.	Management meeting (26.5.23) focused on the creation of a more robust and planned preparation for leaving care process. This is to incorporate a full review of our Independent Living Needs Assessment. To ensure a comprehensive preparation for leaving care process is implemented tasks have been allocated to each member of the management team for completion and presentation at scheduled management meeting on June 15 th . The completed document will then be forwarded to ACIMS for your approval.	<p>To ensure deficits identified will not reoccur a new process with a cyclical approach in preparing our young people for leaving care will be adopted going forward. This will provide greater structure, set schedules for completion of tasks, identify, and manage any potential risk factors to assist our young people in a successful transition to their onward placement.</p> <p>When key working identified and agreed at the YPs Care Plan has been completed, the preparation for leaving care process will begin taking into consideration their age and maturity and in consultation with the young person as below:</p> <ul style="list-style-type: none"> Initially engage with the young person informing them of the preparation for leaving care process

			<p>and its objectives.</p> <ul style="list-style-type: none"> • Explore with the YP their goals and challenges and identify what work needs to be completed to assist and support YP to reach their goals and overcome the challenges. • Agree a schedule/calendar with each young person to complete identified pieces of work. • Notify SW dept of the need for an allocated aftercare worker to be appointed to the YP. • Engage the young person with their Aftercare worker and services that they may require. • Identify what resources/supports the young person may need and apply what is currently available. • Constantly review the plan with the young person. • Continuous oversight and guidance will be provided in keywork supervision.
5	Centre management must further develop the structure around	Management is conscious of following company policy on the complaints process	Audits on complaints are completed monthly as part of SERG, again at SEN

	<p>complaints to ensure that these are clearly recorded, acted on promptly to minimise potential negative impact and analysed for possible trends.</p>	<p>and timelines surrounding same. In the absence of SCM, the SCTL will deputise in her place and ensure policy and timelines are followed to minimise potential negative impacts on the YP.</p> <p>SCM takes complaints very seriously and will always make it a priority to quickly and effectively manage any concerns or issues that the young people may have. This can be difficult to achieve in the appropriate timeframe when situations such as unplanned leave occurs. All efforts to resolve the complaint within arranged timeline were recorded, our intention is always to manage the situation efficiently within the prescribed timeline.</p>	<p>review panel meeting and for the Monthly Provider Report all of which will continue into the future.</p> <p>Regardless of what leave SCM is on, they will provide full disclosure of any pending/ongoing complaints to senior management including what stage they are at in case intervention is required.</p>
	<p>The company director must ensure that the system for assessing the quality and safety of care provided against the national standards is implemented without delay and overseen for effectiveness as it is delivered.</p>	<p>Theme 2, Effective Care and Support audit completed this month assessing the quality and safety of care provided against the national standards. Please see calendar attached for further timelines and audits to be completed this year. Managing Director will review content, performance,</p>	<p>As per the newly drawn up Audit calendar assessing the quality and safety of care provided against the national standards will ensure further governance over complaints by Senior Management/Directors.</p>

		and outcomes of audits before signing off on same. Learning outcome from Audits will inform required review of P&P	Please see calendar attached for further timelines and audits to be completed this year.
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