



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 050

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Focus Ireland
Registered Capacity:	Five young people
Type of Inspection:	CAPA Review
Date of inspection:	2nd, 3rd & 9th September 2024
Registration Status:	Registered from the 28th of February 2023 to the 28th of February 2026
Inspection Team:	Catherine Hanly
Date Report Issued:	25th September 2024

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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.



1.1 Centre Description

This inspection report sets out the findings of a corrective actions 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 February 2002. At the time of this inspection the centre was in its eight registration and was in year two of the cycle. The centre was registered without attached conditions from the 28th of February 2023 to the 28th of February 2026. This centre had been run by a voluntary body since its establishment in 1965. On the 31st of July 2023 the centre moved to being run under the auspices of a different voluntary body, that being Focus Ireland.

The centre was registered as a multi-occupancy service and provided care for up to five young males, aged between thirteen to seventeen years upon admission. The placements were on a medium to long term basis. The centre's model of care was described as based upon a therapeutic and relational child centred approach identifying individual needs and responding to them in a safe and secure environment. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection dated 17th & 18th of October 2023. The inspector requested that the centre management submit all relevant documentation that would demonstrate their progress in implementing the CAPA they committed to. A range of records were submitted, clearly indexed and ordered, including care and placement planning documents for individual young people, audit reports, various meeting minutes, staff supervision records and management reports. These were reviewed remotely by the inspector and a subsequent meeting was convened with the centre manager via msteams to gather further information.

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 12th of September 2024. The findings of the CAPA review were used to inform the registration decision.

The findings of this CAPA review have determined the centre to have fully implemented the required actions and therefore 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: 050 without attached conditions from the 28th of February 2023 to the 28th of February 2026 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Issue Requiring Action:

- The centre staff team and management must complete training in the centres complaints policy.
- The centre management must ensure that the centre staff implement and complete good practices in tracking through to outcomes, and young people's views of same, following all types of requests, feedback and complaints.
- The service manager and centre manager must ensure that they implement a reporting process that tracks trends and developments related to the young people and their experiences at the centre.

Corrective Actions:

- Safeguarding and Governance Manager has scheduled to facilitate complaints policy training in January 2024.
- From November 2023 a section has been added to the monthly case management meeting agenda, for young people's requests, feedback and complaints. These records will now reflect the young person's view, staff response and finally the young person's level of satisfaction to the feedback.
- Young person's feedback forms and house meeting discussions from November 2023 will now be a standing agenda item in our management meetings. This information will be collated to track trends and developments related to the young people and their experiences at the centre.

Review Findings:

There were three young people residing in the centre at the time of this CAPA review process, two of whom had been resident at the time of the last inspection in October 2023. Complaints training had been delivered to the staff team on 31st of January 2024 by the organisations Safeguarding and Governance manager. Due to a turnover in the staff team – four long term staff members had left the centre since the last

inspection – a further workshop/information refresher had been scheduled to take place at the team meeting the week of this CAPA review for all staff, but new staff in particular. In addition, newly recruited staff members had been directed to read, sign and familiarise themselves with the centres complaints policy. An additional measure of revising the complaints policy in supervision was evidenced also.

There was evidence across a range of records reviewed, including young people's meetings, team meeting minutes, case management meeting notes, and direct work records with young people that the staff team were delivering on their commitment to demonstrate good practices in responding to requests, feedback and complaints from young people. The manager described the practice of consulting with young people as being integrated with the delivery of everyday care. The records evidenced young people being actively encouraged to make their views known to staff regarding the delivery of the service and their everyday lives in this centre. There was a genuine value on their opinions communicated to them.

Case management meetings had a new section, since the previous inspection, that accounted for young people's views. Content included requests for activities and material items; views on the speed of work being undertaken at the home; views on the property and individual bedrooms; and family contact, amongst others. The case management system enabled key workers to actively plan to respond to the multitude of matters voiced by young people via their direct work. The centre manager was actively overseeing and directing the delivery of case management meetings and acknowledged the recording of this forum as an area of continuing development. Young people were invited to attend this forum but did not always choose to participate and this should consistently be recorded to accurately reflect opportunities afforded and availed of.

Any requests or feedback raised by young people in their weekly meetings were brought to the next occurring team meeting for discussion with a stated expectation of being responded to by staff on duty that day. The manager described in interview the daily normalised practice of open engagement and consultation with young people encouraging them to make their views known. They described in clear detail also, the dynamics that evolved over time and throughout their respective placements and spoke about the staff knowledge and awareness of same. A new section had been added to the managers monthly report form, submitted to their line manager, that gave an overview of the lived experience of young people in the centre when reporting on developments and progress.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
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