



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 152

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Teach Nua Care Services Ltd
Registered Capacity:	Three young people
Type of Inspection:	CAPA Review
Date of inspection:	11th, 12th & 13th February 2025
Registration Status:	Registered from 01st April 2025 to the 01st April 2028
Inspection Team:	Joanne Cogley
Date Report Issued:	10th April 2025

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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 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 01st April 2019. At the time of this CAPA review the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 01st April 2022 to the 01st April 2025.

The centre was last inspected on the 11th & 12th September 2023. The findings of that inspection determined that the centre was not operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*. It was the decision of the registration committee to attach the following condition to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991: That condition being:

- There shall be no further admissions of a young person to this centre until such times as the centre can evidence that the qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

This condition was attached to the registration of the centre from 15th of November 2023. Written evidence was submitted by the organisation on the 28th November 2023 that they had increased staffing levels in the centre and were in compliance with Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing, as such the condition was removed on the 13th December 2023.

The centre was registered as a multi occupancy service to provide a family orientated therapeutic model of care for children aged 13-17 years. This was accomplished through RAP – response abilities pathways, which provides strength-based strategies for young people. Staff were supportive in responding to young people's needs rather than reacting to their behaviours. Staff also used a social learning theory approach in their direct work with young people. There were three children 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 11th & 12th September 2023. Initially this CAPA review was to consist of a desktop review of documentation and interview with the centre manager however following insufficient document submissions and follow up requests for same, a house visit occurred on the 12th February 2025 and a subsequent interview with the director of services also took place. Statements contained under each heading in this report are derived from collated evidence.

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 28th February 2025. 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 not implemented the required actions and therefore deem the centre to be not 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 convene a regulatory compliance meeting. This meeting was held on the 24th March 2025 and the outcome determined that progress had been made in relation to the implementation of the CAPA since the review occurred in February 2025. As such it is the decision of the Child and Family Agency following the compliance meeting submissions to register this centre, ID Number: 152 without attached conditions from the 1st April 2025 to the 1st April 2028 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

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.

Issue Requiring Action:

- The quality assurance manager must ensure all staff, and all future recruits are trained in a recognised model of behaviour management as a matter of priority.
- The centre manager must ensure that all documents supporting the management of challenging behaviour are updated with clear and concise guidelines reflective of the current environment.
- The centre manager must ensure both young people have their allocated staff available to them at all times.
- The centre manager must ensure young people have an allocated key worker immediately.

Corrective Actions:

- A training analysis is completed for the remainder of the year. New staff are scheduled for attending TCI-model of behaviour management. (Full TCI is scheduled for 10th, 13th, 14th, 17th, and 20th of November 2023). Current staff that are trained in TCI are due to attend a refresher within 6 months, this is scheduled for the 02 November 2023. All staff within the centre will be trained in our TCI model of behaviour management. Timeframe: November, as detailed above.
- The centre manager will ensure that all documents supporting the management of challenging behaviours are updated to include, that staff who are fully trained in TCI model of behaviour management can use physical restraint as required. Staff who are not trained are not permitted to use TCI physical restraint techniques. Staff can follow the risk assessment to use non-routine interventions and grounding techniques as required. Placement plans, ICSP's and Practice Guidelines will be updated to include same. Timeframe: October 2023. Already updated.

- Staff have been recruited to work within the centre. All core positions are filled. Each young person has separate weekly plans and assigned staff within shift planning to complete same. The centre manager is reviewing young person's weekly and monthly plans to ensure adequate staffing, planning and care of the young people. The centre manager or deputy are an active part of the handover process, to help and guide staff practices to safeguard all young people and staff on duty. During significant events staff are to follow risk assessments and ensure all young people have staff support available to them. The risk assessment will be updated to ensure the young person is offered staff support or alternatively regular check-ins and parental control is put on the device.
 - The centre manager has appointed a new key worker. The centre manager will ensure that a new key worker is appointed within a timely fashion if there is a change in key worker. The young people will be consulted where possible.
- Timeframe: Immediately, September 2023.

Review Findings:

As outlined in the CAPA response, a full behaviour management training course and a refresher training course were scheduled for November 2023 and all those working in the centre at the time attended the course. The inspector saw certification on file for these courses.

The inspector reviewed behaviour management training certs for staff members currently working in the centre and found all staff worked for a period of time without training. The most recent training certs on file for all staff members were expired. Training had occurred in May 2024 and an expiry date of the 21st or 28th November 2024 was noted on certs. There was no evidence of up-to-date certs on file on the day of inspection however the centre manager informed the inspector that all staff members attended a refresher course on the 13th January 2025 and the manager was awaiting confirmation of certification. These certificates were sent to the inspector after the compliance meeting was held and showed on the 24th March 2025 all staff in the centre were adequately trained.

In addition to the gap in training since November 2024, the inspector noted deficits on four staff members training files. One staff member's training expired in April 2024 and another in January 2024 with no evidence of refresher training having been completed to date. Another staff member had a four-month gap in their training record between expiration and recertification and another who had taken up

employment in 2021 only had one certification on file that expired in November 2024. Despite numerous requests for up-to-date training certification, the deficits in these four staff members certifications were not accounted for.

A risk assessment had been entered on the risk register in February 2024 citing gaps in training in behaviour management and credited this to the company being small and not always able to facilitate training. While the risk assessment looked at the operations around training, it did not have any control measures around how this might impact on the management of behaviour that challenges such as updating plans to reflect lack of training, balancing the roster to ensure there were trained people on where possible with non-trained and the impact of not being able to implement physical restraint should it be required.

A training schedule had been implemented for the coming year and the inspector saw email correspondence with an external trainer confirming bookings for 2025. Behaviour management training refreshers had been scheduled for January and August 2025. The centre manager and quality assurance manager must ensure they continue to strengthen compliance with this action by ensuring training occurs within the best practice six-month timeframe and that staff training remains in date.

The inspector reviewed individual crisis support plans (ICSP) for the young people. At the time of the previous inspection, where behaviour management training was not in place, grounding techniques, which included physical contact with a child, were permitted to be utilised with one young person in crisis due to their age and evidence they had worked previously. It was evident this had now been universally applied to all young people with no consideration of age or presentation. It would not be deemed appropriate to utilise grounding techniques without clinical input or guidance and they should not be used as an alternative to a recognised model of behaviour management training. One young person had a medical issue that was a contraindication to the use of physical restraint. Their ICSP noted the use of restraint was permitted and noted there were no contraindications. There was no evidence of medical advice sought by the centre in relation to the condition, medication and the impact of the use of physical restraint. Updated ICSPs were sent to the inspector on the 24th March 2025 post compliance meeting that showed the appropriate amendments had been made.

The inspector reviewed a sample of rosters between January and December 2024. The following deficits were found where there was no day shift rostered:

- January 2024: 11 days where no day shift was accounted for,

- March 2024: 6 days where no day shift was accounted for,
- July 2024: 4 days where no day shift was accounted for,
- November 2024: 11 days where no day shift was accounted for,
- December 2024: 27 days where no day shift was accounted for.

The centre manager highlighted that where a young person went to visit family, the day shift was removed from the roster for that day. There was no evidence of a risk assessment or safety plan in place to account for this or any potential difficulties that may occur whilst on access and limited staff responses being available should the young person or their family require same. The director of services also confirmed that the funding body were not informed where the day shift was not rostered. There was no evidence to show the staff had been absorbed elsewhere in the roster where needed when the centre was going through a crisis period until early April 2024.

The inspector reviewed a sample of significant event notifications (SENs) and found, whilst the centre had a full compliment of staff, the young people in placement still did not have their allocated staff member available to them at all times. As mentioned in the previous inspection report, it was evident that the behaviour of one young person was significantly impacting on the welfare and safety of the second resident. This young person was the target of the other's behaviour, was being verbally and physically abused at times and had the safe space of their bedroom violated by the young person through property damage and verbal abuse. From a review of sample SENs for January and February 2024, it was evident this behaviour continued post inspection up until the young person displaying challenging behaviour was discharged in early April 2024. Whilst the measures of instructing the targeted young person to lock themselves in their bedrooms had ceased, the young person continued to choose to do this when incidents occurred and as had previously been the case, two staff attempted to manage the other young persons behaviour as opposed to the allocated staff of the targeted young person remaining with them.

All three young people in placement had an allocated key worker and allocated case manager who oversaw the paperwork aspect of their care records and planning documents. The key workers and case managers met on a regular basis to review progress. The young person in placement at the time of the last inspection had a key worker allocated to them in October 2023 shortly following the inspection. Due to the aforementioned deficits related to training, staffing and behaviour management approaches, these CAPA actions have not been adequately implemented at the time of review.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 3.2
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

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.

Issue Requiring Action:

- The director of services must ensure staffing in the centre meets the requirements of ACIMS, the needs of the young people and the ability to keep everyone safe.
- The director of services must ensure ongoing recruitment to fill current and upcoming vacancies and inform inspectors of outcomes.
- The director of services must ensure risk assessments relating to staff turnover take into account the impact on the young people and ensure adequate control measures are implemented to reduce said impact.

Corrective Actions:

- The director of services has a clear plan regarding on-going recruitment for Teach Nua. Actively advertising, interviewing qualified and experienced candidates, vetting and processing personnel files, induction, and training. The current staffing needs meet the requirements of ACIMS as of time of report 13.10.2023. Timeframe: on-going
- The director of services will continue to recruit to fill acting positions while staff are on leave. Inspectors will be notified of outcomes regarding staffing,

however as noted above, at time of report 13.10.2023 the centre has a full complement of staff.

- The corporate risk assessment currently in place details control measures to address staff recruitment and retention. While this focuses on staff turnover and control measures to evaluate and plan for maintaining a robust staff team, it is also a measure to safeguard all in the centre, staff and young people. Additional information will be added to clearly outline the risks that staff turnover can have on the young people and the control measure that are in place to reduce said impact and safeguard the young people.

Review Findings:

The centre did hold a full staffing compliment for the year 2024 following the last inspection. At the time of the CAPA review the centre did not have a full compliment of staff due to planned long term leave occurring in January 2025. In interview the centre manager could not provide the inspector with any plan or timeframe for recruitment to replace the staff member. The inspector subsequently met with the director of services who outlined efforts that had been made to date to recruit for a fixed term contract. They envisaged the post should be filled within the coming eight weeks provided there were no delays in the vetting process and confirmed this had been discussed with the centre manager. From a review of monthly governance meetings, there was a set agenda item to discuss workforce planning. The inspector reviewed the minutes for 2024 meetings and saw discussions occurring around the importance of utilising annual leave, new appraisals formats to be implemented and informing managers interviews occurred in September 2024 and allocating successful candidates to specific centres.

The inspector reviewed the organisation risk register and found there to be limited entries since the last inspection. No risk assessments had been entered on the register or completed following the last inspection that related to staff turnover or the impact this was having on the young people. Entries were limited with one unrelated entry to the CAPA occurring between 28/8/23 and 12/2/24. The inspector afforded the centre manager the opportunity to forward any supporting documentation that may be related to this action that had been created since September 2023 however none was forthcoming. Updated risk assessments were sent to the inspector on the 24th March 2025 following the compliance meeting.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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