



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 018

Year: 2021 (2)

Inspection Report

Year:	2021 (2)
Name of Organisation:	Kellsgrange Residential Services Ltd
Registered Capacity:	Four young people
Type of Inspection:	Themed
Date of inspection:	08th September 2021
Registration Status:	Registered from 11th April 2021 to 11th April 2024
Inspection Team:	Ruth Coakley Janice Ryan
Date Report Issued:	15th October 2021

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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 Assurance 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 the centre with the standards and regulations and the operation of the centre in line with its registration. The centre was first registered in 2015. At the time of this inspection the centre was in its third registration and in year one of the cycle. The centre was registered without attached conditions from the 11th of April 2021 to the 11th of April 2024.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was described as a relationship-based model which is trauma informed. The model is underpinned by a theoretical approach across five core themes: food and mealtimes, the home environment, the language in use, boundaries and relationships. At the time of inspection there were four young people residing in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
6: Responsive Workforce	6.1

The inspection commenced on the 08th of September 2021 as a desktop review, following the receipt of unsolicited information regarding concerns about appropriate staffing levels and the general standard of accommodation provided by the centre. The centre provided the inspection team with all written relevant documentation, following which interviews and questionnaires were completed. A review of the information led to an on-site visit on the 16th of September 2021 to inspect the premises under Standard 2.3.

Interviews with conducted by phone with the proprietor for the service, the centre manager, deputy manager and staff, the allocated social workers for the young people and with a Guardian Ad Litem who had responsibility for one young person residing in the centre. The inspectors spoke with one young person and received a questionnaire back from another young person.

2. Findings with regard to registration matters

A draft report was issued to the centre manager, senior management and the relevant social work departments on the 20th September 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service.

The centre manager returned the report with a completed action plan (CAPA) on the 29th September 2021. After further communication with the centre manager and proprietor in respect of the CAPA, it was deemed to be satisfactory, and the inspection service received evidence of the issues addressed and will complete a visual onsite verification in relation to concerns regarding the premises in November 2021.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of Tusla, Child and Family Agency to continue to register this centre, ID 018 without attached conditions from the 11th April 2021 to the 11th April 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspection team reviewed maintenance logs, audits and spoke with social workers, a Guardian ad Litem, staff and young people. All management and staff interviewed confirmed that there has been extensive damage to the property over the past six months in the centre. They confirmed that many communal areas required a significant amount of work to make it more homely but spoke of the challenges of achieving this task. Staff spoke about the impact on the other young people and how the behaviours of one young person had impacted the homely environment of the centre. A young person told inspectors that they found the situation upsetting and could not invite friends to the centre because of the situation and level of property damage.

The inspectors reviewed the centre's maintenance log and found that although repairs and maintenance concerns were being addressed it still did not mitigate the poor conditions of the communal areas in the house. Given the high level of dissatisfaction reported on this issue from all parties, an on-site inspection was conducted on the 16th of September 2021.

The on-site inspection noted that the centre was located in a detached house in a rural location with a large spacious garden. The centre was in adequate structural repair and the layout and design of the centre was suitable for providing safe and effective care for the four residents. Each young person had their own bedroom and there was storage space for their belongings. The centre was adequately lit, heated and ventilated.

However, the inside of the centre required immediate work on the décor and more soft furnishings needed to be purchased. The following issues were noted by inspectors:

- The furniture in the premises was dated and needed to be replaced

- The entire premises needed to be painted
- The doors and door frames / architraves needed to be painted
- The walls and floors needed to be filled in some areas where small holes had been made
- There were items stored throughout the centre that needed to be immediately removed to create further space including bags of clothing and a piano
- More soft furnishings were required in the centre to make it feel homely

Further to this, the exterior of the centre needed some work:

- The garden area contained broken play apparatus and broken furniture that needed to be immediately removed
- The grass areas needed to be attended to
- The outside of the building needed to be thoroughly cleaned
- The oil tank at the rear of the building needed to be caged off to prevent young people accessing this
- The debris around the outside of the house need to be removed

Inspectors acknowledge that significant property damage by a resident young person had occurred in recent months and that staff were attempting to manage this as best they could. However, the premises needed immediate attention.

The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting. Inspectors found there were procedures in place for managing risks to the health and safety of staff, young people and visitors. The centre had a health and safety statement and the means for reporting hazards in the centre. The company employs a maintenance person and had contracted cleaners to come to the centre three days each week.

Compliance with Regulation	
Regulation met	Regulation 8 Regulation 13 Regulation 14
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified (Not all standards were assessed)
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified (Not all standards were assessed)

Actions required

- The registered proprietor must provide a plan to the Alternative Care Inspection and Monitoring Service on how the above issues relating to the premises will be addressed including time frames.
- The registered proprietor must ensure appropriate governance and oversight of the condition of the premises by conducting regular onsite visits.

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 centre provided residential care for up to four young people from thirteen to seventeen years. The staff team consisted of a permanent centre manager, a deputy manager, three childcare leaders (one of whom was on maternity leave) and seven full time social care staff. In addition to this, the service also employed one psychotherapist and one staff member who co-ordinated the model of care in the centre. Inspectors found that there were nine whole time posts, with additional cover provided through the deputy manager post.

A review of a sample of rosters, shift planners, young people's logs and interviews with staff and management evidenced four staff on shift each day. Three staff worked

a sleepover shift with an additional staff member providing day cover until 12am. Of the four young people living in the centre, one young person was on a special staffing arrangement of 2:1 ratio. Inspectors were satisfied from a review of the documentation that this was being adhered to in line with the young person's needs.

The management and staff team had the necessary qualifications, experience, and skills to provide a level of care in line with the centre statement of purpose and model of care. All staff interviewed spoke positively about the young people and the support provided to them by the centre management and the proprietor of the service.

The centre manager confirmed that they had access to a relief panel which consisted of four relief social care staff to fill any gaps in the roster. A review of the documentation evidenced that all relief staff were suitably qualified. Staff from a sister service also provided cover at times where required.

There was evidence from a review of the minutes of management meetings from June – August 2021 that the centre undertook workforce planning and that staffing requirements were reviewed regularly. The minutes were of good quality which included comprehensive discussions around recruitment, induction and training for staff members.

In response to the CAPA for a previous inspection in 2021 the centre had reviewed their recruitment policy in May 2021. The inspectors reviewed the policies for recruitment, induction and staff retention and found them to be satisfactory. The centre had a clear induction plan in place which incorporated shadowing and mentoring where required. All staff interviewed spoke positively about this process and stated that it was very beneficial and prepared them adequately for their roles and responsibilities in the centre.

Inspectors found arrangements were in place to promote staff retention and continuity of care. These involved increments, gym memberships, health insurance and pension contributions. Staff in interview cited the support they received from management as a key component which supported them to continue working in the centre. During 2020, a number of staff transferred to other centres within the service. In 2021 Inspectors were made aware that a number of staff were considering leaving the service. Through interviews with staff, it was evident that staff were struggling with the impact of one young person's behaviour over recent months with regard to the environment, other young people and staff safety. Inspectors noted that two admissions had proceeded in June and September, bringing capacity to four

young people despite challenges being experienced in the centre regarding serious property damage and assaulting behaviour.

The inspectors found that the staff team had the necessary experience and competencies to meet the needs of the children living in the centre who required low to medium level of support. They found the impact of the challenging behaviours from one young person, combined with the admission of two further young people negatively impacted the stability of the staff team which had the potential to impact the delivery of care to all young people in centre.

There were adequate on-call arrangements in place to guide, support and direct staff out of office hours when a manager was not present on site. The centre manager provided on call for the centre Monday to Thursday with Friday to Sunday cover provided on a rotational basis between the other service managers.

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

Compliance with standards	
Practices met the required standard	None identified (Not all standards were assessed)
Practices met the required standard in some respects only	6.1
Practices did not meet the required standard	None identified (Not all standards were assessed)

Actions required

- The registered proprietor and centre manager must ensure they maintain the current staff team and limit any staff transfers moving forward.
- The registered proprietor and centre manager must ensure prior to the admission of young people to the service the stability and impact on the staff team is considered and risk assessed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered proprietor must provide a plan to the Alternative Care Inspection and Monitoring Service on how the above issues relating to the premises will be addressed including time frames.	<p>Action Plan provided to the Alternative Care Inspection and Monitoring Service by the registered proprietor.</p> <p>Meeting these actions have already begun, and it is aimed for all actions to be completed by October 31st, 2021.</p> <p>Registered Proprietor to provide Alternative Care Inspection and Monitoring with the final and completed action plan.</p> <p>Time scale: All to be completed by 31st October 2021.</p>	<p>A review of procedures in relation to property/environmental upkeep has taken place between management, the centre Health and Safety Officer, and the staff team.</p> <ul style="list-style-type: none"> • Health & Safety Audits which were undertaken biweekly are now undertaken weekly. • Managing Director provides feedback to manager in each weekly report outlining actions needed, including maintenance actions. • A fulltime maintenance personal is available, as well as contract personal. • Centre manager to continue to review maintenance logs daily – section added to handover for staff team to complete and document.

2	The registered proprietor must ensure appropriate governance and oversight of the condition of the premises by conducting regular onsite visits.	<p>The registered proprietor will visit the Centre weekly for a handover from Manager, which will include a visual inspection and walk through of the Centre.</p> <p>The registered proprietor will visit the Centre for Team Meetings biweekly in order to ensure all actions from maintenance logs are completed or planned to be completed.</p> <p>Time scale: Implemented immediately, 21.09.21.</p>	<p>Weekly visits and oversight by registered proprietor.</p> <p>Weekly Health and Safety Audits, overseen by Health & Safety Officer, as well as Centre Manager.</p> <p>Daily review of maintenance logs by Centre Manager to continue, with actions planned for immediately.</p> <p>The Centre Managers Weekly and Monthly Reports/Audits include section on Maintenance and Homely and Safe Environment respectively.</p>
6	The registered proprietor and centre manager must ensure they maintain the current staff team and limit any staff transfers moving forward.	<p>There are no planned moves for the staff team.</p> <p>Limiting staff movement and maintaining the staff team was a recommendation from previous Inspection & Monitoring Report (February 2021), and the registered proprietor and centre manager have ensured no transfers have taken place since.</p>	<p>All efforts are made to ensure that the current staff team are maintained within the Centre. Actions to ensure this include:</p> <ul style="list-style-type: none"> • On-going support in relation to professional practice and continuous professional development. • Focusing on relationship building with the children, ensuring a strong

		Time scale: Implemented immediately, 21.07.21.	<p>working alliance whereby the team are invested into the care plans of the children.</p> <ul style="list-style-type: none"> • Employee benefits which include pension, GP Care, Dental Contribution, paid training, Health Care, Gym Membership. • Within this centre, there is a continuous focus on opportunity and development into roles such as Child Care Leader, Management and also, roles which may benefit the centre and the young people, one example being Model of Care Coordinator.
6	The registered proprietor and centre manager must ensure prior to the admission of young people to the service the stability and impact on the staff team is considered and risk assessed.	<p>As part of our admissions procedures, staff are consulted and encouraged to review the files on any perspective new young person. This engagement is facilitated by the centre manager and registered proprietor.</p> <p>The Registered Proprietor will review the centres admission procedures and risk management and add a section to cover</p>	<p>Review of this procedure in relation to young person's admission to take place within management meetings which are held monthly. This will be done to recognise any impact, challenges or supports needed for the staff team as the work with a new referral.</p> <p>Monthly reviews of the impact of a new referral on the team will continue until</p>

		<p>the impact of a new referral on the team as a whole. This will be reviewed by the manager, registered proprietor, and in-house psychotherapist, with feedback then given to the team.</p> <p>Time scale: by next Management meeting 30.09.21.</p>	<p>such a time that the impact has been managed and the team supported, or, to such a time whereby alternative actions may be required. (Example: placement review with all relevant professionals).</p>
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