



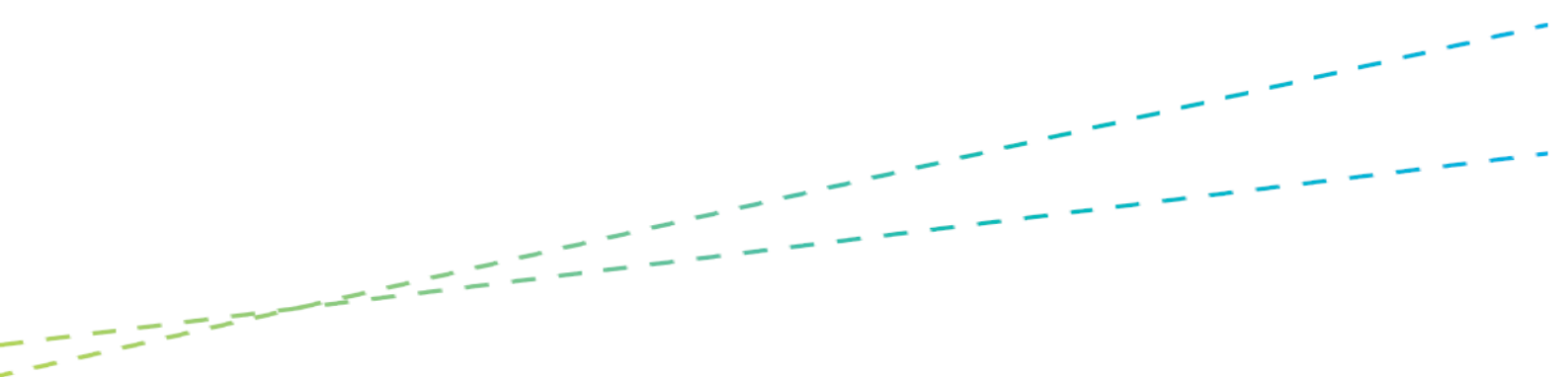
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 096

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	Three Steps
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of Inspection:	25th & 30th March 2021
Registration Status:	Registered from the 20th of March 2019 to 20th March 2022
Inspection Team:	Sharon Mc Loughlin
Date Report Issued:	22nd June 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 13th March 2013. At the time of this inspection the centre was in its fourth registration and in year two of the cycle. The centre was registered from the 20th of March 2019 to 20th March 2022 without attached conditions.

The centre's statement of purpose set out that it was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as attachment and trauma informed and right focussed care delivered through the person- centred approach and which strived to create a therapeutic alliance in a structured home like environment. There were two young people living in the centre at the time of this inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1.1
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 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 on 2nd of June 2021 . 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 satisfactory CAPA on the 16th of June 2021. The centre was previously inspected in September 2020 and following submission of the CAPA in November 2020 a condition was attached to the registration of the centre. The condition being

- There must be no more admissions to the centre until the submitted corrective and preventative action plan has been implemented and the centre is fully in compliance with *Child Care (Standards in Children's Residential Centres) 1996, Regulation 5 Care and Operational Practices*.

The finding of the March 2021 inspection were that the CAPA was now fully implemented and significant improvements were found in compliance with assessed standards.

The centre was therefore found to be operating 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: 096 without attached condition from the 20th of March 2019 to 20th March 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16 Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 – Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The inspection found the centre had reviewed all policies and procedures since the last inspection in August 2020 and had implemented the actions from the corrective and preventative action plan. The centre was found to be operating in compliance with the relevant policies and legislation as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017. There was a suite of policies and procedures in place which were updated in 2020 /2021. Since August 2020, the registered provider informed the inspector that the staff team had completed revised training in the child protection policies and procedures and were all aware of their role as mandated persons to identify and report any child protection concerns. The staff who were interviewed as part of the inspection confirmed this and presented with a clear understanding of child protection policies and procedures. All social care qualified staff were registered with the Tusla Portal as mandated persons, those with a qualification in a related and relevant field reported any concerns of a child protection nature to the designated liaison person. The staff who were interviewed were aware and understood the role of the designated liaison person. A child safeguarding statement dated November 2020 was in place and displayed appropriately. It contained a thorough risk assessment, policies, principles and procedures to keep young people safe as well as details of designated and deputy designated liaison persons. There was written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that it met the required standard. Inspectors found that there were good systems now in place to monitor and audit compliance with child safeguarding policies and practices. Awareness of child protection was part of set items on team meeting agenda and the service manager reviewed any child protection concerns to ensure that they are reported correctly and progressed. There were no open child protection concerns at the time of the inspection.

The centre had policies and procedures in place to address all forms of bullying and the placement progress reports on each young person reflects the impact shared living may have on each of the young people. The staff spoke about awareness of the

individual vulnerabilities of each of the young people and this being a key consideration in planning for the young person and in any future placements in the centre. One of the young people who spoke to the inspector said she felt safe in the centre and that she felt that the staff would consider her and the other young person's safety before deciding to admit any other young person.

There was evidence through review of the centre files, the placement planning and the placement progress reports that the young people were assisted to develop an understanding of self-care and encouraged to have a voice and be listened too. The agency has introduced "Connect Visits" by the service manager to each of the centres and the purpose of this visit was to meet with the young people, provide them with an opportunity to raise any concerns or issues that they may have. This information was then fed back to the service managers meetings to inform decision making.

There was a policy and procedure on protected disclosures. Staff presented in interview with an awareness of the policy and management were confident that all staff would report any concerns to any member of the management team. There were supports in place for any staff if they needed to make a protected disclosure. There were no records of any protected disclosures by staff at the time of the inspection.

Compliance with Regulation

Regulation met	Regulation 16
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Compliance with standards assessed.

Practices met the required standard	Standard 3.1
Practices met the required standard in some respects only	None Identified
Practices did not meet the required standard	None Identified

Actions required

- **None Identified**

Regulations 5 Care practices and operational policies
Regulation 6 (1 and 2) Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1 – The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The CEO as the designated registered provider had overall responsibility for ensuring that the centre operated in compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) and relevant legislation. All centre policies and procedures including child safeguarding, had been reviewed and updated and the inspector saw evidence of discussions having taken place at team meetings and management meetings in respect of this revision. There was a schedule of audits to be carried out against the themes of the national standards and training provided for the staff on each of the centres policies. The schedule of training on all the policies was to be completed in April 2021. The centres model of care had also been and updated to reflect the revised policies and procedures.

At interview managers and staff showed good competency in their knowledge of the National Standards for Children’s Residential Centres, 2018 (HIQA) and regulations and a very good understanding of how Children First: National Guidance for the Protection and welfare of Children, 2017 was being implemented in every day practice within the centre.

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 inspector found that there was a clearly defined governance structure in place that was appropriate to the size and the purpose and function of the centre. The staff at interview provided a clear understanding of the lines of accountability. The CEO as the designated registered provider had introduced a culture of learning and audit systems had been put in place to effectively monitor and the quality of service provision. This auditing system fed into an ongoing service improvement plan. Training was provided for all the staff on the policies and procedures and an

assessment carried out of the staff level of understanding of these and how they were to be implemented.

Since the last inspection and in response to the findings of the report the CEO reviewed and updated all the operational policies and procedures. A review of these updated policies found them to be in line with regulatory requirements and national standards.

There were risk management systems in place to identify risk and appropriate control measures in place to minimise the impact of the risk. The registered provider in interview identified areas of risk for the agency and then locally for the centre and then for the individual young people in the centre. All areas of risk identified on the risk registers were reviewed at either team meetings or at service management meetings and when the risk was no longer an issue it was removed from the register. There was a policy for on call and arrangements in place for staff to contact managers out of hours. The deputy manager was designated in the policy as person in charge in the absence of the manager. The staff when interviewed were aware of the on- call system and identified the CEO as having overall oversight of the service. The manager of the centre has delegated some tasks to the deputy these included the supervision of some of the staff and the oversight of the placement plans for the young people. Other staff were also delegated tasks these included responsibility for health and safety and oversight of medication.

Standard 5.3 – The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a statement of purpose and function that was dated December 2020 this had been reviewed and updated following the inspection in Aug 2020. The next date for review was 2022. The statement followed the requirements of the National Standards and clearly set out the aims and objectives of the service, how the service was to be delivered safely and the management and staffing arrangements. The statement of purpose and function was available in a child friendly format for the young people and was also available for staff and relevant professionals such as allocated social workers and Guardian ad Litem. It was noted that there was a discrepancy in the information on the young person's pack with regard to the statement of purpose and function about the age range of young people who can live in the centre. The young person information must be reviewed to ensure that it is congruent with the centre statement of purpose and function.

The centre had completed a full review of its model of care and this was reflected in the updated statement of purpose and function. The current model of care was described as trauma and attachment informed and rights focused. The model was social care led with supports from clinical staff. The rights of children and the focus on children and community was core to the how the model was implemented in practice. The staff had all completed training in trauma informed care and attachment. The records reviewed in the centre reflected this approach and the inspector found that incorporating the voice of the child was a core aspect of practice, this was reflected in minutes of team meetings, management meetings and planning for the young people.

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 CEO had systems in place to oversee the quality of service provision, these included regular meetings with service managers, management meetings with centres managers and deputies and auditing of centre practices against regulations and the National Standards for Children’s Residential Centres 2018 (HIQA).

The thematic audits of the centre fed into a service improvement plan and informed the on- going learning and development for the team. The CEO identified that retraining for all the staff in MAPA as the method of physical intervention was part of the next quarter service improvement plan as well as the continued roll out of training in the policies and procedures. There were robust systems in place to ensure that feedback from the audits was brought back to the staff team at their team meetings and to track if actions from the thematic audits were carried out. A review of the centre documents and minutes of meetings reflected this to be the case.

The inspector found that information regarding complaints and significant events were recorded and reported appropriately. There was an internal review of all incidents and learning from these reviews was recorded and reflected in team meetings as well as management meetings. The staff in interview were able to reflect on an incident that occurred at the time of the last inspection and the learning from that incident and changes that had occurred. They identified training in child protection and a better understanding of roles and responsibilities as one of the learning outcomes as well as better communication with families. The records reflected that this training did occur, and all staff were assessed on their understanding of their role and duty to identify and report any child protection concerns.

A thematic audit of all the standards was carried out in Dec 2020. The recommendations from this audit were then followed up in Q1 2021. At the time of this inspection in March 2021 the annual review of compliance had not been carried out as yet, the inspector request that this is forwarded when completed.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.1 Regulation 6.2
Regulation not met	None

Compliance with standards	
Practices met the required standard	Standard 5.1 Standard 5.2 Standard 5.4
Practices met the required standard in some respects only	Standard 5.3
Practices did not meet the required standard	None

Actions required:

- The CEO must review the young person's information and make sure the information about the age range of children in the centre is congruent with the statement of purpose and function.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The CEO must review the young person's information and make sure the information about the age range of children in the centre is congruent with the statement of purpose and function.	The young person's information pack has been updated to reflect the fact that the centre admits children and young people between the ages of 13 and 17 years.	Service Management will incorporate bi-annual checks of young people's information packs to ensure they are consistent with centre Purpose and Functions at all times.