



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 034

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Yeria Ltd
Registered Capacity:	Eight young people
Type of Inspection:	Unannounced
Date of inspection:	12th, 13th & 15th August 2024
Registration Status:	Registered from 31st March 2024 to the 31st March 2027
Inspection Team:	Lisa Tobin Cora Kelly
Date Report Issued:	14th October 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 1: Child-centred Care and Support, (Standard 1.1 & 1.4 only)	
3.2 Theme 5: Leadership, Governance and Management, (Standard 5.2 only)	
4. Corrective and Preventative Actions	16

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 in 2004. At the time of this inspection the centre was in its eighth registration and was in year one of the cycle. The centre was registered without attached conditions from 31st of March 2024 to 31st of March 2027.

The centre changed its purpose and function in July 2024 to a reception centre for young people coming to Ireland from Ukraine under a temporary protection order (TPO), for an observation period of twelve weeks. The centre was registered to provide care and accommodation to a maximum of eight young people aged between sixteen and seventeen years on admission. The centre implemented the Welltree model of care for planning and outcomes and the centre described its model of care as trauma informed and therapeutic in approach. There were eight 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	1.1, 1.4
5: Leadership, Governance and Management	5.2

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 worked 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. Wherever possible, inspectors will consult with children. In this instance inspectors spoke with two young people. 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.

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 10th of September 2024. 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 September 2024. 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: 034 without attached conditions from the 31st of March 2024 to the 31st of March 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

This was an unannounced inspection to this centre. There had been a recent change in the purpose and function to cater for young people coming from Ukraine and seeking supports in Ireland through Tusla in conjunction with the separated children seeking international protection (SCSIP) social work team. Inspectors found that staff were aware of their role in informing the young people about their rights as identified in the centres policy and procedures for children's rights. They were also informed of the UN rights in their native language. This was evident in the admission process where a translator was available in person to the young people to explain their rights as identified in the United Nations Convention on the Rights of the Child. There were further interactions noted with the young people during key working sessions around their rights and at young people's community meetings where they were again reminded of their rights and the house rules.

Translators were readily available to the centre staff when there were any new admissions. Inspectors found that this would occur on the day of admission or the follow day depending on the time of arrival of the young people to the centre. There were set checklists for admission in which young people were informed of the expectations of them while staying in the reception centre. Other information given included for example, the supports available to them from the team and the organisation, the rules of the centre, educational opportunities, processes explained for applying for their temporary protection order and their personal public service (PPS) number to name some of the areas that were covered. Translators also attended every second young person's community meeting to ensure that the young people understood the issues being discussed. Inspectors saw evidence of senior

management ensuring that when specific topics such as vaping or safety were to be discussed with the young people, that it was when a translator was at the meeting. Inspectors found there was culture of respect for the young people in the centre intertwined with the importance of ensuring that their safety needs were considered. For example, each young people had absent management plans (AMP's) in place but were facilitated with supports from staff for the first week of their admission around the local area and to local services to ensure they knew where they were going before being allowed free time on their own. Young people were given the opportunity to participate in preparing their goals for their placement plans, to engage in young people's meetings to have their voices heard and were aware of the complaints process which had been utilised by some young people. Inspectors found from reviewing the young people's community meeting minutes that there had been a dissatisfaction raised by the young people against staff members. There was no record on the complaints register or any follow up evidenced by inspectors during their file review. Inspectors spoke with the acting centre manager and a retrospective complaint was completed as a result of this conversation and inspectors were informed of the actions that had taken place at the time with the relevant staff. The young people did not wish to pursue the complaints process. It was evident to inspectors that actions had been taken at the time based on speaking with the acting centre manager, however this had not been documented on a complaints form. The acting centre manager must ensure that any complaints made by young people in particular against staff are documented and investigated as outlined within the organisations policy.

Inspectors found that not all young people had a section five placement plan in place completed by the social work department but saw evidence of requests from the centre staff to the social work department to have these prepared for the young people. Inspectors found that the centre completed their own placement plans that included goals similar to those held in the social work departments sections 5 placement plans for the young people that hadn't these, which were reflective of the immediate needs of the young people given the short-term placement.

Staff informed inspectors during their interviews that they were aware of the cultural difference between the young people and the staff as they all come from different cultural backgrounds and used this as an opportunity to share and educate each other about their cultures. There was a process called "weekend check-ins" with each young person which addressed if they felt safe, cared for, happy and if their goals were being achieved. It also captured if they were worried about anything. These were undertaken in case any young person did not feel comfortable to speak out at

the young people's community meetings. Inspectors found that cultural aspects regarding diversity were respected regarding having appropriate foods available for the young people from their country. Religious beliefs and values were discussed with young people, and they were informed of places of worship, should they wish to exercise their faith. There was access to services linked to their communities where foods and goods were being prepared and sent to Ukraine. Some of the young people volunteered their time to help this initiative. There were weekly English language classes available to the young people in the centre to help them however most of the current young people had a good understanding of the English language and spoke of needing the next level of teaching in English. The inspectors recommend the acting centre manager look at possible resources to ensure continued support for the young people in further developing their English language lessons.

The acting centre manager informed inspectors that the centre now contacts the young people's family through an app to inform them that their child was placed with them and to establish what level of communication they would like. There were records held of the contact made with the parents. Inspectors saw that there was a menu plan in place for the week with a board in the kitchen for the young people to add any particular things they would like as part of the weekly shopping. There had been issues identified by the young people and the staff regarding the amount of food in the house and the increase in number of young people. As a result, the petty cash officer informed inspectors that the budget for the weekly shopping doubled to be able to accommodate all that was required. The two young people that spoken to inspectors during inspection were satisfied with the amount of food purchased and said that it was better now that more food was available in the house with more young people living there.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspectors found there were processes in place which allowed the young people to be aware of what was happening in the centre and as their placement progressed. The admission process was detailed with relevant checklists to ensure all aspects were covered with the young people. Documentation was available in both English and Ukrainian languages. There was a booklet created called 'A Guide to Life In Ireland' which was given to the young people as part of their admission. This gave relevant information for the young people about how to source their TPO and their PPS card along with other useful information about transport and cultural sights in Ireland. This booklet was again available in both languages. Translators were available to help the young people understand the information when they were present for the

admission process. Inspectors noted that there were mainly two translators used which also gave consistency to the young people when linking with them.

Rules and expectations were described in the booklet and verbally discussed during the admission process. Inspectors saw that the house rules were discussed at young people's meetings and that it was causing frustration to the young people with the level of repetition. The inspectors recommend that the acting centre manager reviews the frequency of the rules being discussed and take on board the frustrations aired by the young people. From the six young people's questionnaires received and from meeting two of the young people while at the centre, they expressed positive experiences overall in the centre regarding their care, their safety and the centre itself. There were other areas they commented on that they would like addressed; some issues with the Wi-Fi, access to information about studying and working in Ireland, having access to a laptop/study equipment, more information about what happens when they leave the centre, where they could end up moving on to if not transferred within the organisation and when they turn 18, having somewhere safe to store personal items. For their follow up with the young people, this information was passed on to the acting centre manager, service manager and registered proprietor as part of the inspection.

The team were aware of the potential circumstances the young people may have encountered in their country and on their journey to Ireland and provided them with information about support services that were available should they wish to use them. The young people were informed about a support group, Empowering People in Care (EPIC), however there hadn't been an advocate to visit this cohort of young people which may be beneficial to them. The young people were informed of the National Standards for Children's Residential Centres, HIQA, as part of their induction. The young people were aware that they could read their files and have access to them, however none of this group had chosen to review them. The two young people that spoke with inspectors spoke positively about the centre and were happy with their placement, had what they needed and knew they could speak to any of the staff if they had any issues.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.4
Practices met the required standard in some respects only	Standard 1.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The acting centre manager and service manager must ensure that if a young person makes a complaint about staff, this must be documented and investigated as outlined in the organisation's policy.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management.

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.

Leadership was demonstrated by the acting centre manager and the team leader in the centre which was evident in their overview of documentation and the day to day running of the centre. The current centre manager was on extended leave since January 2024. There was evidence in records of the service manager and operations managers presence in the centre in order to undertake audits and to complete relevant documentation review. The registered proprietor's role also included being the maintenance officer which required onsite visits to ensure the property was in good order and that any maintenance required was completed. Staff informed inspectors during interviews that they received supports from the acting centre manager and the team leader through supervision and while on shift. In particular the staff spoke of an open culture among the staff team for learning and developing especially with the change in purpose and function recently and adapting to this new process.

Inspectors found that those interviewed were aware of their roles and responsibilities which were outlined in their job descriptions. Governance arrangements were in

place to ensure there was sufficient oversight of the centre by each relevant person such as the team leader, acting centre manager, service manager, operations manager and the registered proprietor. The senior management team undertook relevant audits and meetings to ensure the governance of the centre was in line with legislation and the National Standards. Inspectors were informed during interviews that there was a gap in the number of senior members on the staff team where there was a vacancy of one team leader and inspectors were informed of other pending departures. During interview with the acting centre manager, it became apparent that they were present in the centre three long days per week and the team leader covered the two days where the acting manager worked from home. This arrangement had been agreed with the acting centre manager and senior management at the time of taking up the post in March 2024 due to the distance of travel for the acting centre manager. At the time of inspection, there was an acting centre manager and a team leader that made up the management team in the centre. In reviewing the staff rosters for June, July and August 2024, inspectors found there were eleven occasions when the team leader was not present on the days where they were to cover for the acting manager.

The service level agreement (SLA) with Tusla was in the process of being updated due to the change in purpose and function of the centre. It is due to be forwarded to inspectors once received by the organisation. Monthly updates were provided to the funding body as there were regular updates given the nature of the service and change in numbers of young people.

The acting centre manager was identified as the person in charge and held overall accountability for the centre. Inspectors found that the acting manager had a good understanding of their role and responsibilities and completed their tasks efficiently. Inspectors found that during the interview with the acting centre manager, they explained clearly how the centre was meeting the young people's needs and was able to identify where and how best they could further develop the service as they adapt to the new purpose and function. Inspectors heard about the ongoing supports offered to the staff through team meetings, training and reviewing of policies and procedures.

The policies and procedures were updated in July 2024 to reflect the new purpose and function of the centre. The policies outlined the use of the Welltree model of care and the sections of the policies linked with the themes set out in the National Standards. Policies and procedures were discussed with the team during team meeting which were taking place weekly. Where there was discussion on the oversight of the centre noted during team meetings, there could be further

improvement regarding the alignment of the young person's update section to the proposed placement length to track and monitor individual plans, goals and progress within the twelve-week timeframe and to aid discussion and planning at team level to reflect where each young person was at and to prepare them for move on.

The risk management framework in place consisted of risk assessments and individual absent management plans (IAMPs) for the young people. Centre risk assessments were also in place and covered areas such as privacy, sharing of rooms, bullying and vaping. In other centres in the organisation, inspectors had noted that individual risk assessments occurred for each young person regarding the sharing of rooms, but this was not evident in this centre. There was no explanation given as to why this was not occurring. There was a risk register in place which was overseen by the centre manager. There was no area on the risk register to show if the risk was open/closed or had been reviewed and this was not evident on the risk assessment form either. The risk assessments must be reviewed and updated with their current status.

Inspectors found there was an issue regarding communication for a new recent referral. All relevant information was not provided to the centre as part of the admission process from the social work department for the initial meeting. The centre accepted the referral not realising that the young person had previously been discharged by the service. Once this was realised, risk assessments were put in place and the social work department was asked to seek an alternative placement for the young person. This young person was then discharged during the inspection due to further risks that became apparent over the weekend. The organisation must have a robust referral system in place to ensure it safeguards the risks to young people currently in the centre and to safeguard the staff from any known risks. The sharing of information between the centre and the social work department of those who have been referred or discharged to this organisation must be made available to all relevant people to ensure a situation like this does not occur again.

As discussed earlier the internal management structure had a vacancy of a team leader. The acting centre manager was stepping up from their substantive post as deputy manager. Inspectors were informed there was no plan to reintroduce a deputy manager but to have two team leaders supporting the centre manager. Inspectors were informed during interviews with staff that the shifts during the day consisted of one sleepover staff, two day shift staff and a live night staff. While reviewing the rosters for the last three months, inspectors found there were at least ten occasions where there was only one day shift present in the centre instead of two.

The team leader stepped up when the acting centre manager was absent. Inspectors saw there was communication between both on the tasks that needed to be undertaken when the manager was absent. There was a delegation of tasks in place for different staff members which also included the duties related to their roles such as fire officer, health and safety, first aid officer and car officer.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure there are sufficient staffing numbers in the centre to cover all shifts and that managerial oversight in the centre is consistent.
- The service manager and acting centre manager must ensure that risk assessments and the risk registers are reviewed and updated with their status.
- The registered proprietor and service manager must ensure that there are robust referral systems in place to ensure that information is shared where risks exist for any residents that were or are in the centre/organisation.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The acting centre manager and service manager must ensure that if a young person makes a complaint about staff, this must be documented and investigated as outlined in the organisation's policy.	<p>Acting Centre Manager and Service Manager reviewed the Policy on Complaints on 16/08/2024.</p> <p>Acting Centre Manager investigated the complaint and submitted same to TUSLA on 19/08/2024.</p> <p>Service Manager, Operations Manager, and Acting Centre Manager reviewed the Complaints Form and made amendments as required for escalation.</p> <p>Policy and Procedure training completed for the team (including assessment) on 18/08/2024.</p>	<p>Discussion around Policy on Complaints completed in Team Meeting.</p> <p>Discussion on Policy on Complaints completed as part of ongoing Supervision for team members.</p> <p>Service Manager audits to focus on complaints twice annually.</p> <p>Policy and Procedure training to occur annually.</p>
5	The registered proprietor must ensure there are sufficient staffing numbers in the centre to cover all shifts and that managerial oversight in the centre is consistent.	<p>The centre has implemented a roster of a minimal of two staff members with an additional third staff where possible.</p> <p>Recruitment is ongoing, and a new team member commenced employment as a Social Care Worker on the 23/09/2024 ensuring that the third shift will be filled going forward. A new Manager will be</p>	<p>There is ongoing recruitment across the organisation, with the continual appointment of relief staff, Social Care Workers, Team Leaders, and Live Night staff members.</p> <p>Staffing Audit to be completed quarterly by the Service Manager.</p>

	<p>The service manager and acting centre manager must ensure that risk assessments and the risk registers are reviewed and updated with their status.</p> <p>The registered proprietor and service manager must ensure that there are robust referral systems in place to ensure that information is shared where risks exist for any residents that were or are in the centre/organisation.</p>	<p>assuming the role from 07/10/2024, which will be from 9am – 5pm, Monday to Friday.</p> <p>The acting centre manager reviewed and updated the risk register to include the status of risks. This will allow the acting centre manager to record the status of the risk if it is ongoing, urgent, or closed.</p> <p>On 07/08/2024, the Service Manager escalated a complaint to the SCSIP Principal Social Worker, the TUSLA Complaints Officer, and the General Manager for National Service and Integration regarding the lack of standard operation procedures for referrals.</p> <p>On 15/08/2024, handover meetings commenced to collectively risk assess referrals and suitability, and this has been the standard procedure since then.</p>	<p>Risk escalation policies and procedures are in place and reviewed annually. Acting centre manager will continue to complete monthly audits. Service Manager will continue with quarterly audits and annual QIP.</p> <p>The Service Manager has requested a meeting with Principal Social Worker, Social Care Manager Emergency Placement Coordinator SCSIP Team scheduled for 27/09/2024 to discuss further operating procedures for the safe function of the service.</p>
--	--	---	---