An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 042

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Mistycroft Ltd**
Registered Capacity:	**Six young people**
Type of Inspection:	**CAPA Review**
Date of inspection:	**15th, 18th & 19th of July 2024**
Registration Status:	**Registered from the 17th of July 2024 to the 17th of July 2027**
Inspection Team:	**Eileen Woods** **Mark McGuire**
Date Report Issued:	**19th August 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.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of a corrective and preventive 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 17th of July 2009. At the time of this CAPA review inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 17th July 2021 to 17th July 2024. This registration was renewed, whilst the CAPA review process was ongoing to be registered from the 17th of July 2024 to the 17th of July 2027.

The centre was registered as a multi-occupancy service for up to six young people. It aimed to provide a placement for young people aged from thirteen to seventeen years on admission on a medium to long term basis. Referrals were accepted from Tusla's dedicated social work team for Separated Children Seeking International Protection, Tusla's National Private Placement Team and the out of hours' social work department. The model of care was underpinned by Maslow's hierarchy of needs and the purpose was to meet the primary, individualised needs of young people through a person-centred approach with the aim of supporting integration. There were six 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 the 2nd of June 2023. Inspectors reviewed documents provided to evidence the CAPA implementation both in 2023 and continuity in 2024. The inspectors interviewed the acting centre manager as part of this process.

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 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 29th of July 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have substantially 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 042: without attached conditions from the 17th of July 2024 to the 17th of July 2027 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.6

Issue Requiring Action:

- The centre management must oversee the development and implementation of a structured programme of preparation for leaving care.

Corrective & Preventive Actions:

- Management meeting (26.5.23) focused on the creation of a more robust and planned preparation for leaving care process. This is to incorporate a full review of our Independent Living Needs Assessment. To ensure a comprehensive preparation for leaving care process is implemented tasks have been allocated to each member of the management team for completion and presentation at scheduled management meeting on June 15th. The completed document will then be forwarded to ACIMS for your approval.
- To ensure deficits identified will not reoccur a new process with a cyclical approach in preparing our young people for leaving care will be adopted going forward. This will provide greater structure, set schedules for completion of tasks, identify, and manage any potential risk factors to assist our young people in a successful transition to their onward placement.
- When key working identified and agreed at the YPs Care Plan has been completed, the preparation for leaving care process will begin taking into consideration their age and maturity and in consultation with the young person as below:
- Initially engage with the young person informing them of the preparation for leaving care process and its objectives.
- Explore with the YP their goals and challenges and identify what work needs to be completed to assist and support YP to reach their goals and overcome the challenges.
- Agree a schedule/calendar with each young person to complete identified pieces of work.
- Notify SW dept of the need for an allocated aftercare worker to be appointed to the YP.

- Engage the young person with their Aftercare worker and services that they may require.
- Identify what resources/supports the young person may need and apply what is currently available.
- Constantly review the plan with the young person.
- Continuous oversight and guidance will be provided in keywork supervision.

Review Findings:

This company who own and operate this centre was acquired by another provider of residential care services for children. This change took place late 2023 with a new director of services taking up post in January 2024. Since the last inspection the centre had also moved from an emergency/short term purpose and function to a medium to long term purpose and therefore had been adapting the practices to incorporate the longer time frame to achieve more work with young people. The new director incorporated a CAPA tracking process into monthly governance reporting from the centre, this included status updates on the items completed and still under way. Inspectors found that in 2023 after the CAPA had been finalised that the independent living needs assessment had been implemented in practice and updated as a format. The evidence supported that the quality of how that was realised in practice varied, with some examples for 2023 having more recorded focused key working than others. The current acting centre manager explained that the fully updated plans were handwritten in 2023 and had been archived.

The director of services reviewed the format for the independent living skills programme and introduced a new independent living skills audit tool and folder and staff had commenced utilising this with young people from May 2024 onwards.

Inspectors found evidence that the young people were engaged regarding their specific goals and needs through focused key working sessions and collaborative completion of the audit. For many young people there were imperatives related to their legal position that took a significant amount of their focus as well as a focus on their education and forging new opportunities on foot of acquiring better English language skills.

Inspectors found that the preparation for leaving care policy should be more reflective of the group being young people seeking international protection and that the newly updated independent ling skills checklist be reviewed for the same reasons, to be more reflective of the specific group involved for example where to seek legal

aid, any national migrant organisations, relevant embassies and so forth once over eighteen.

Further Actions required:

- The inspectors were satisfied that the CAPA was in progress.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 2.6**
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**

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4

Issue Requiring Action:

- Centre management must further develop the structure around complaints to ensure that these are clearly recorded, acted on promptly to minimise potential negative impact and analysed for possible trends.
- The company director must ensure that the system for assessing the quality and safety of care provided against the national standards is implemented without delay and overseen for effectiveness as it is delivered.

Corrective & Preventive Actions:

- Management is conscious of following company policy on the complaints process and timelines surrounding same. In the absence of SCM, the SCTL will deputise in her place and ensure policy and timelines are followed to minimise potential negative impacts on the YP.

- SCM takes complaints very seriously and will always make it a priority to quickly and effectively manage any concerns or issues that the young people may have. This can be difficult to achieve in the appropriate timeframe when situations such as unplanned leave occurs. All efforts to resolve the complaint within arranged timeline were recorded, our intention is always to manage the situation efficiently within the prescribed timeline
- Audits on complaints are completed monthly as part of SERG, again at SEN review panel meeting and for the Monthly Provider Report all of which will continue into the future.
- Regardless of what leave SCM is on, they will provide full disclosure of any pending/ongoing complaints to senior management including what stage they are at in case intervention is required.
- Theme 2, Effective Care and Support audit completed this month assessing the quality and safety of care provided against the national standards. Please see calendar attached for further timelines and audits to be completed this year. Managing Director will review content, performance, and outcomes of audits before signing off on same. Learning outcome from Audits will inform required review of P&P.
- As per the newly drawn up Audit calendar assessing the quality and safety of care provided against the national standards will ensure further governance over complaints by Senior Management/Directors. Please see calendar attached for further timelines and audits to be completed this year.

Review Findings:

The acting centre manager and the director of service provided evidence of a sample of complaints being addressed and copies of the individualised complaint registers for a number of young people. The records such as significant event review groups (SERG) and team meetings, as well as governance reports evidenced that complaints were on the agenda. In the instance of the SERG, the discussion of the complaints was evidenced as followed up and reviewed. The team meeting minutes required improvement to ensure that collated trends, learning and outcomes are looked at and assessed by the whole team. This will allow for good practice examples to be shared and for shared discussion on solutions or delays.

During review of the centres individualised complaint registers inspectors found the format somewhat confusing with entries written closely together and resulting in actions for complaints being listed in a manner that didn't read as congruent with the policy. For example, complaints listed as non-notifiable being notified and subject to

additional procedures. Trends in local, centre-based complaints could not be easily tracked by inspectors. The acting centre manager identified that they were aware of some formatting and recording issues and agreed that the information was hard to track from the existing template. They were commencing a process of separating notifiable from non-notifiable and recording them in a manner that cross references to the appropriate records for that young person.

Inspectors were provided with evidence of actions and follow up by the previous acting manager and centre manager for complaints by young people in relation to disruption in the centre and the impact from this. Following significant actions and escalations by the managers the young people's complaints were responded to through shared safety and placement review between the social work department and the centre.

Inspectors also found that young people were reverted to by staff following a complaint, this was to ensure they had been kept updated on the actions and lastly asked their view of the outcome. There was evidence of staff acting as strong advocates for young people in their complaints and speaking up on their behalf if processes fell short from the Tusla service provision.

Following an initial set of actions committed to in the 2023 CAPA response by previous managing director these were not progressed into the regular pattern of audit. The new owners and the director of service have implemented a schedule of audits both at centre level by the centre managers and externally, completed by the director. These commenced in April of 2024 and there was a plan in place for the rest of 2024. The first audit reviewed risk and behaviour management, there were actions and outcomes with follow up for the centre management and team to complete. The director had also initiated a monthly audit report which included findings from visits to the centre and areas of focus for follow up.

Further actions required

- The Inspectors were satisfied that the CAPA was in progress.

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

Compliance with standards	
Practices met the required standard	**Standard 5.4**
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**