



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 050**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Focus Ireland</b>
<b>Registered Capacity:</b>	<b>Five Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>17<sup>th</sup> &amp; 18<sup>th</sup> of October 2023</b>
<b>Registration Status:</b>	<b>Registered from the 28<sup>th</sup> of February 2023 to the 28<sup>th</sup> of February 2026</b>
<b>Inspection Team:</b>	<b>Eileen Woods Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>29<sup>th</sup> November 2023</b>

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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 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 on the 28<sup>th</sup> February 2002. At the time of this inspection the centre was in its eight registration and was in year one of the cycle. The centre was registered without attached conditions from the 28<sup>th</sup> of February 2023 to the 28<sup>th</sup> of February 2026. This centre had been run by a voluntary body since its establishment in 1965. On the 31<sup>st</sup> of July 2023 the centre moved to being run under the auspices of a different voluntary body, that being Focus Ireland.

The centre was registered as a multi-occupancy service and provided care for up to five young males, aged between thirteen to seventeen years upon admission. The placements were on a medium to long term basis. The centre's model of care was described as based upon a therapeutic and relational child centred approach identifying individual needs and responding to them in a safe and secure environment. There were four children 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	1.6
2: Effective Care and Support	2.6
6: Responsive Workforce	6.3

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 9<sup>th</sup> of November 2023. 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 17<sup>th</sup> of November 2023. 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: 050 without attached conditions from the 28<sup>th</sup> of February 2023 to the 28<sup>th</sup> of February 2026 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 17: Records

#### Theme 1: Child-centred Care and Support

#### Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors heard from the four young people living at the centre through written feedback and speaking with one young person directly. They told inspectors about some of the day to day living experiences they had and gave suggestions related to what they might like to see change or not regarding living at the house. Some related to the size and age of the property, for example it can be hard to heat, while others related to meals and shopping. Overall, there was positive feedback from the young people, saying that they felt listened to, felt safe and got support from the staff there. One young person did mention that it a bit harder recently as there had been staff changes. This had resulted in some different people covering shifts but aside from that they were very happy with how things were going and felt very at home there.

Inspectors also heard from two family members, they noted good communication and information sharing from the team. They described how they had been invited to the house and where they had not visited themselves that a family member had and found it to be welcoming and homely. Their opinions and feedback had also been sought through a feedback form and they appreciated having access to this type of option. Inspectors also spoke with social workers and guardian ad litem all of whom described good representation and advocacy for children from the centre management and staff. Three of the young people had attended a recent child in care review and inspectors could see records where the staff were supporting them to prepare for these meetings.

The team organised young people's meetings, these were intended to be monthly but in the majority were not something that the young people favoured as an option. The staff had asked the young people what they might prefer and had also started different ideas, like a takeaway or games night, as a means of bringing everyone together in the house to talk about matters important to them all. There were though some examples of house meetings where the young people raised things, ranging from requests for a new shared TV to comments on the menu options, these were well recorded by the staff. Some of the items raised could be seen by the inspectors as

being acted on but overall, it was not possible to track from beginning to end what the outcomes. Therefore, although the team had created the avenues and moments for young people to have a say they were not following this through in a cohesive way to ensure that items were responded to. It was clear to inspectors that the centre management had placed a focus on seeking to improve the representation of the voice of young people within the centre and this must continue through to tracking how items will be addressed and gaps reduced. Some commitments made to gathering young people's feedback had only started after a delay of some months so it is important that there timely introduction of initiatives.

The centre management had adapted the team meeting format to begin with a section on young people's views and input, the minutes taken did not detail what was brought from the young people. Where dedicated areas were devoted to input from young people, for example the start of team meetings and the case management meetings little detail if any was recorded.

The centre had a complaints policy in place that contained a procedure for both informal or local resolution complaints and for formal complaints. Inspectors found during the inspection that the policy knowledge was poor overall with staff unable to fully describe the process fully, in particular for informal complaints that could be resolved at the house.

There were no informal or formal complaints recorded and staff could not bring to mind any examples of complaints. Inspectors observed opportunities for complaints to be processed with young people related to menu options or phones and found that the team must build up their skills in implementing the policy as part of a holistic approach to gathering the young people's voice and modelling solution focused responses. The young people themselves, their professionals and family did not note any concerns about or unaddressed complaints, with one young person telling inspectors that if they brought something up they was happy with how it was dealt with. The family members told inspectors they were aware of the centres complaints option as being available for them.

There was a recently introduced young persons feedback survey which had yielded some information from young people but this must be improved alongside a commitment to improving tracking of all types of complaints and feedback to inform practice and centre development.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

### Actions required

- The centre staff team and management must complete training in the centres complaints policy.
- The centre management must ensure that the centre staff implement and complete good practices in tracking through to outcomes, and young people's views of same, following all types of requests, feedback and complaints.
- The service manager and centre manager must ensure that they implement a reporting process that tracks trends and developments related to the young people and their experiences at the centre.

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

### Theme 2: Effective Care and Support

#### Standard 2.6 Each child is supported in the transition from childhood to adulthood.

Two of the young people were aged seventeen years old and a third was aged sixteen. Both of the seventeen-year-olds had an allocated social worker and an allocated aftercare worker. There was evidence of regular strategy meetings taking place to co-ordinate and progress the provision of suitable aftercare support for both. Both young people preparing for aftercare had to varying extents participated in creating their care plans and their aftercare plans. There was evidence of social workers and aftercare workers visiting and calling the young people to work together to plan a way forward. There were limited options for supported accommodation available to the young people, with one social worker confirming that they were

applying for additional funding to resource supported aftercare. The centre management and their new director of service had initiated an escalation process regarding one of the young people to urgently promote the need for clear decisions and options. There was ongoing evidence on the centre records that the staff and management worked hard to advocate for supports and resources for the young people.

For another young person their aftercare option was in a county and town they had not lived in before. Their social worker, guardian ad litem, family member and the centre staff stated that the young person would have been supported to raise an objection if they wished to but that the young person and their support network were willing to give this an opportunity to work.

Inspectors found that the young people had a case manager and a key worker assigned or about to be reassigned, they co-ordinated the plans with the young people and the staff team to promote life skills development and supporting the young people in emotional and practical maturing. The placement plans did not represent the life skills and planning work comprehensively, the case management records and a standalone independent living skills programme represented this work more completely. Inspectors recommend that the team look at how they can streamline this process and retain the best of the approaches in place without duplicating records. The independent living skills plans had been reviewed and updated since their introduction.

Social workers and guardian ad litem stated, and the records reviewed at the centre displayed, that regular repeated and ongoing efforts were made at involving young people in their own plans. They were invited to case management and other meetings, but they typically declined to attend. Inspectors found that staff took an opportunity led and relationship-based approach to involving the young people to adapt to this. The professionals also noted that the team were aware of the emotional impact of leaving care and they and a family member found that the organising of a short foreign holiday was a great experience for both before leaving care. The young people were actively engaged in either training through apprenticeship or employment and had achieved much at a time of great change in their lives.

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

#### Actions required

- None identified

#### Regulation 6: Person in Charge Regulation 7: Staffing

#### Theme 6: Responsive Workforce

**Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

This centre, as stated, had officially moved from being run under the auspices of one voluntary body to another larger one at the end of July 2023. This created access to a HR department, property management and training and development options as well as a new line management structure. Through the new voluntary body the team had access to a new staff handbook and new wellbeing, EAP and HR policies and procedures, including regarding the management of staff safety. The centre staff had new email addresses and named that they received regular newsletters from the new governing body, despite this inspectors found that there was a lack of knowledge around the relevant policies. A dedicated information session regarding the staff handbook, staff benefits, and HR policies and procedures would be recommended for the team to allow them the opportunity to take the new information on board. Inspectors were informed that with regard to the two sets of operational policies and procedures for the two organisations that a new suite of agreed policies have been provided and were due to be finalised by the end of November 2023.

The staff team worked with their management to maintain a culture of trauma informed care with the young people's needs regularly discussed through team meetings, consultation sessions, case management and handovers. There was evidence of clear progression for a number of the young people, and this was confirmed by one of the young people during a chat with inspectors and by two family members as well as the professionals. Where progress was not taking place, the staff promoted good professional practice in advocating for additional resources such as assessment and counselling for young people.

The centre had been through a period of staff vacancies and ongoing recruitment was taking place for vacant posts. The centre manager utilised agency workers to fill vacant shifts on the roster with this reducing as posts were being filled. There were two remaining posts at the centre and inspectors found that the new organisation must adapt their recruitment timeframes to prioritise the urgent need at the centre to ensure that posts are filled. The director of service agreed that they would bring this to the relevant department head and senior management group for action.

The manager and their deputy manager provided supervision for the team including relief staff. These sessions were regular and valued by both staff and management, both supervisors were trained in the provision of supervision. The new director of services had audited the supervision as part of taking over their post and noted no concerns regarding frequency and adherence to policy. Inspectors found that there were signed records of supervision on file and that the centre manager oversaw the supervision of the deputy manager. The staff stated that they found supervision to be purposeful and reflective and that support was available on an ongoing basis from the management. Inspectors recommend that the centre manager and director review the template for supervision to ensure that in the transition between services that the most suitable template for the purpose and function and model of care is in place.

Inspectors found that whilst records of induction and probations were well maintained that the previous voluntary body had not included a system for annual appraisals. The new director of service named that a system for this will be provided for the centre manager who will have an opportunity to be inducted into it before implementing it at the centre.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre staff team and management must complete training in the centres complaints policy.</p> <p>The centre management must ensure that the centre staff implement and complete good practices in tracking through to outcomes, and young people's views of same, following all types of requests, feedback and complaints.</p> <p>The service manager and centre manager must ensure that they implement a reporting process that tracks trends and developments related to the young people and their experiences at the centre.</p>	<p>Safeguarding and Governance Manager has scheduled to facilitate complaints policy training in January 2024.</p> <p>From November 2023 a section has been added to the monthly case management meeting agenda, for young people's requests, feedback and complaints. These records will now reflect the young persons view, staff response and finally the young person's level of satisfaction to the feedback.</p> <p>Young person's feedback forms and house meeting discussions from November 2023 will now be a standing agenda item in our management meetings. This information will be collated to track trends and developments related to the young people</p>	<p>The complaints policy will be revisited through supervision with staff by centre manager and deputy manager to ensure an integration of the training received.</p> <p>Centre Manager receives case management monthly reports and will review the new agenda item for requests, feedback and complaints. Head of Youth Services will be updated through receiving the centre manager monthly reports.</p> <p>A new section will be added to the Centre managers monthly report which shares the trends and developments related to young people with the Head of youth services.</p>



		and their experiences at the centre.	
<b>2</b>	None identified.		
<b>6</b>	None identified		