



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 059

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Misty Croft Ltd
Registered Capacity:	Six young people
Type of Inspection:	Unannounced
Date of inspection:	28th and 29th March 2023
Registration Status:	Registered from the 31st of May 2023 to the 31st of May 2026
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	12th June 2023

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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 31st of May 2008. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from the 31st of May 2023 to the 31st of May 2026.

The centre was registered to provide emergency, respite, short- and medium-term care for up to six young people. The centre was dedicated to the provision of placements for young people entering the country as separated children seeking international protection. Their model of care was described as an individualised needs led approach based on Maslow's hierarchy of needs, where physiological and safety needs are responded to and belonging, and esteem needs are explored with personal development being encouraged and supported. There were six 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
5: Leadership, Governance and Management	3.2
6: Responsive Workforce	6.1

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, centre manager and to the relevant social work departments on the 20th of April 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 4th of May 2023. The inspectors required a further review of the CAPA which was received to the inspectors on 15th of May 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: 059 without attached conditions from the 31st of May 2023 to the 31st of May 2026.

Regulation 5: Care practices and operations policies
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.

It was the inspectors' findings that the centre was committed to ensuring that children placed in the centre experienced care and support that respected diversity and that focused on young people when making decisions and planning for them. Through interviews and from the review of relevant young people's files and centre records the inspectors found that whilst good centre practices were demonstrated some improvement was required to ensure a consistent culture in ensuring that a fully child centred environment existed. The policies that guided staff in implementing child centred care and support included those on children's rights, consultation with young people, diversity, inclusion and equality, care planning, placement planning and keyworking. Relevant information was contained in the young people's booklet that was available in English and many other languages with further information on rights as prescribed under the UN Convention on the Rights of the Child easily accessible in the centre in addition to information on complaints. In conversation with the inspectors three of the young people individually stated they were aware of their rights, that staff talked to them about their rights and helped them understand them mainly through keyworking. The keyworking system in place allowed young people to be informed of their rights on their admission to the centre with further work completed at varying intervals during their placement. The inspectors evidenced that this had occurred during their review of related records. Three social workers allocated to four of the young people stated in interview they were satisfied with this work being completed for the young people they were appointed to in addition to their concerns being discussed at child in care reviews. All three young people spoke positively of their keyworkers, of the trusting relationship they had with them and that their keyworkers supported them and advocated for them. Yet in interview a staff member was unable to explain how they advocated for their key child. The inspectors recommend that staff's advocacy responsibilities are refreshed at a team meeting.

Other forums that enabled staff to hear the voice of the young people, seek their opinions, put forward their views and be involved in decisions and plans included for example daily interactions with staff and management, placement plans, child in care reviews, young people's weekly house meetings and discussions at team meetings. Interpreters were available when required to facilitate both young people and staff.

The child centeredness approach by staff in the centre requires some oversight and improvement by centre management. On their review of files and from interviews the inspectors' found inconsistencies by staff in placing young people at the core of their work. As per their rights young people have the right to understand what's happening for them, to be involved in decision making and be informed of reasons of when their views are not heard or upheld. For this to happen the staff team must be fully informed themselves as to why decisions are made before informing a young person of outcomes so that young people can be clearer on why certain decisions are made. Two examples of this were brought to the attention of the inspectors by two young people themselves. For one young person they were not given a clear explanation as to why a specific request was not granted for them. Their social worker informed the inspectors that the young person was upset by this and met with them twice about the issue. Another example was around a travel card issue for another young person. Somewhat linked to this too was that the rationale of decisions concerning young people made at team meetings not being recorded to enable those staff not in attendance to have a good understanding of the reasoning behind the decisions made and so that they can be communicated effectively to the young people. To support a child centred approach staff must demonstrate more vigilance and consistency when engaging with young people, particularly around issues affecting them.

The weekly young people's meetings as a consultation forum for the young people in placement requires further review by the centre manager to consider its purpose in line with guiding policy. On review of a sample of meeting minutes it was found that engagement levels by the young people varied with two to three young people in attendance and the agenda had been partly completed with the weekly menu and activities planner being the only outcomes from the meetings. In consultation with the young people staff had explored how the meetings could be more effective at various times over the past year. The inspectors recommend that this is revisited to allow for better outcomes from this forum.

The centre placed good attention on promoting and meeting the young people's individual health, educational and social needs, and dietary requirements. The young

people contributed to the weekly meal planner and Halal food was being catered for. Young people were supported to celebrate religious events and at the time of this inspection staff were supporting the young people with Ramadan. Social workers expressed their satisfaction of young people's cultural identity and religious beliefs being promoted and facilitated by staff in the centre.

In follow up to the ACIMS inspection that was conducted in April 2022 some improvement was noted with respect to the centre's complaints system notably in the recording and oversight mechanisms in place. A social worker, who has had different young people placed in the centre over the past 12 months, stated in interview there had been a positive shift in staff practice in terms of how they approached and managed the complaints system since April 2022. However, on review of young people's records and in conversation with the young people the inspectors found that the young people may not always see that it's an effective system for them. For example, one of the young people had declined to make a complaint regarding their issue of not being able to use the weekly social money they received in a way more beneficial for them and that seemed reasonable to the inspectors. The centre was very clear on how the money was to be used and was not open to facilitating the young person's wishes. Their social worker indicated to the inspectors that they would follow this up with the centre and young person. The inspectors recommend that as part of the centres next review of the complaints system that they consider how young people are encouraged to use the complaints system and how to make it more accessible to them.

The external support group, Empowering People in Care (EPIC) had visited the centre on many occasions over the past 12 months and were assisting young people in putting forward their views regarding issues particular to them. Details of other organisations available to help and support young people were outlined in the young person's booklet including the Office of the Ombudsman for Children and the Children's Right's Alliance.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required	Not all standards under this theme

standard	were assessed
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

- Centre management must ensure that there's more effective recording of discussions and decisions at team meetings and other relevant forums to ensure staff have up-to-date information when engaging with young people, particularly around issues affecting them.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had policies in place that promoted positive behaviour and the positive management of challenging behaviour. These included policies on positive behaviour management, consequences, behaviours of intimidation, aggression and violence and behaviour management physical restraints/ interventions. In interview staff in the centre demonstrated a good working knowledge of these policies in responding to the young peoples' everyday behaviour. With the exception of one staff member recruited to the centre in August 2022 the remaining staff had been provided with training in a recognised model of behaviour management and were provided with regular refresher training. Despite previous attempts to organise this training a date was yet to be scheduled for the staff member. On their next review of the policies the managing director needs to update the language in the policy, so it reflects current terminology.

Inspectors found through their review of documentation and interview that there was a lack of awareness and understanding of the centres needs led model of care. Staff could not name or describe the model; Care, Health, Integration, Education, Independence (CHIEI) and training on the model had not been provided to the staff team. In 2021 a child and adolescent psychotherapist and play therapist that specialised in working with young people seeking international protection had

provided the staff team with trauma related training. A staff member stated they would benefit from refresher training particularly given the plight of young people coming to Ireland and their more extended journeys getting here and seeking protection.

Staff demonstrated a good awareness and understanding of young people's behaviour. Each young person's file contained individual absent management plans that were reviewed and updated as required. Two social workers had been engaging with centre management at the time of the inspection on how best the young people could be safely facilitated to practice their beliefs during the Ramadan period. Behaviour support plans were developed as required too to manage specific behaviour with individual crisis support plans and risk assessments devised in response to managing challenging behaviour. They were found to have been reviewed and updated as required. The centre manager must review current risk assessments to ensure that their intention of use matches their purpose. For example, the risk assessments in place for bedrooms alarms is named as a safeguarding hazard and risk with the actual risks not identified. They must identify the risks that are posed by not having the alarms and they will be able to identify the measures required to minimise the risks. Staff had a good awareness of young people's mental health, of any concerns that arose and submitted referrals to appropriate specialist support services.

Young people were found to have been informed of their expected behaviours at the initial stage of admission to the centre with information on this and consequences contained in the young person's booklet. The inspectors found that positive behaviour was actively promoted and encouraged.

There was mention of a safety plan that had been developed for one of the young people in the minutes of a team meeting, yet a deficit was found in the recording of a discussion, if any, of the plan at the team meeting held prior to their admission. The same was found regarding notifications of significant events (SEN's) and other support plans with a lack of reflection on learning recorded as part of discussions. The centre's approach to auditing and monitoring challenging behaviour included monthly SEN review group meetings and six weekly held SEN review panel meetings. External auditing arrangements were continuing to being developed at the time of the inspection with the managing director having overall responsibility for this in conjunction with centre management from all homes within the organisation.

There had been no instances of young people being physically restrained over the previous 12 months. In line with policy a restrictive practice register was being maintained with records for the single restrictive practice ongoing in the centre at the time of the inspection being maintained on each yp file. Review dates were not consistently held after the three-monthly mark yet review dates are set for the current ones. The records were not completed in full and were not signed. The inspectors recommend that the centre manager reviews this and complete them in full. Social workers were aware of such practices and young person were informed of why they were in place at admission stage of moving to the centre.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must schedule training in a recognised model of behaviour management for the newest staff member.
- The centre manager must refresh the centres model of care with the staff team and satisfy themselves that the staff team are fully equipped with up-to-date knowledge on how to support young people with traumatic experiences.
- Senior and centre management must finalize external auditing arrangements and ensure the appropriate recording of discussions at team meetings so staff are aware of all information required to support young people with behaviour that challenges or any issues that could influence their behaviour.

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.

On review of a sample of management meeting minutes there was an absence of workforce planning for the centre at this forum. In interview, the managing director and centre manager spoke of the recruitment drive that was currently taking place both for the centre and organisation and specifically of the difficulties they were experiencing in hiring staff. Internally, centre management held responsibility for developing the eight weekly rolling roster that accounted for annual leave, sick leave, training, and parents leave.

The current staff team comprised of a full-time centre manager, a social care leader who completed office duties on a full-time basis, six full-time social care workers and two part-time social care workers. One full-time post was being filled by a regular relief staff member with another full-time post filled by a mix of other staff in the centre, relief staff and agency staff while recruitment was ongoing. There had been staff turnover since June 2022 including the previous the centre manager. The core staff team were appropriately qualified in social care or a related field. A relief social care worker, who had completed duties in the centre, was found to have been qualified in an unrelated field as per the Tusla ACIMS memo, April 2022.

The addition of days shifts on the rota, identified as an action by ACIMS inspectors in the 2022 inspection, sees the rota now having two sleepover shifts daily and one day shift per week. However, in practice the inspectors found that the day shift was not usually filled. The managing director advised that staff generally chose to take annual leave when assigned day shifts. The inspectors found that this occurred from their review of a sample of rotas. Whilst staff did not state that the lack of day shifts was impacting on the needs of the six young people being met, they did state that it was a challenge and that management stepped in to support them on busy days in the centre. The five-person relief panel in place for the organisation did not appear to be benefiting the centre as there was a lot of agency staff usage which was identified by a staff in interview as a challenge for them when placed on shift with people new to them and the centre.

The centre had a staff retention and well-being policy, and staff did not identify any issue with staff retention measures in place. In line with policy procedures for on call were in place. The monthly on call roster was managed by those holding management positions across the organisation. There were no concerns or issues regarding on call arrangements identified by staff to the inspectors.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 7
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 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The managing director must make sure that there are sufficient numbers of staff employed in the centre to meet the young people's needs at all times and that arrangements promote a continuity of care, and young people experience stability.
- The managing director must ensure that only qualified relief staff are available to support the staff team and cover the varying types of leave.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre management must ensure that there's more effective recording of discussions and decisions at team meetings and other relevant forums to ensure staff have up-to-date information when engaging with young people, particularly around issues affecting them.	The recording of team meeting minutes and how they need to be reflective of the thought processes behind the decision was discussed at the team meeting on 27.4.23. Management have been recording the minutes to demonstrate to SCW's how these should be recorded going forward.	Management will have overall oversight for checking minutes from week to week to ensure information is not lost and also that the reasons for decisions are clearly stated. Team meeting Minutes are also reviewed by the managing director (MD) weekly. This will be the process going forward.
3	<p>The centre manager must schedule training in a recognised model of behaviour management for the newest staff member.</p> <p>The centre manager must refresh the centres model of care with the staff team and satisfy themselves that the</p>	<p>Training is scheduled to take place the week of May 29th, 2023.</p> <p>This was discussed and reviewed at the team meeting on 4.5.23. The team are aware that we base our care on Maslow's</p>	<p>The centre manager will continue to oversee the training schedule for new staff and liaise with the relevant bodies around TCI training being rolled out. The process will continue to be that that SCW's will be put on the first available training slot available to them.</p> <p>A training booklet is currently being compiled to demonstrate to staff teams how our model of care works taking into</p>

	<p>staff team are fully equipped with up-to-date knowledge on how to support young people with traumatic experiences.</p> <p>Senior and centre management must finalise external auditing arrangements and ensure the appropriate recording of discussions at team meetings so staff are aware of all information required to support young people with behaviour that challenges or any issues that could influence their behaviour.</p>	<p>Hierarchy of Needs along with a trauma informed approach taking into consideration the background of our client group and how this may impact them and the care we provide to them.</p> <p>An auditing schedule has been developed for the year and the first audit of Theme 2 is currently being completed. The recording of discussions at team meeting minutes was discussed at the team meeting on the 27.4.23. Management will continue to oversee the logging of team meeting minutes to ensure all reasons for decisions made are clear.</p>	<p>consideration the YPs level of trauma previously experienced. This booklet will be completed by the end of June and will be rolled out across our 4 houses, along with new staff inductions and team meetings.</p> <p>The schedule should ensure auditing is completed on all standards throughout each year. The yearly plan of audits incorporates 8 audits, each of which have a month to complete. The MD is currently the person allocated to oversee and follow-up on the audits. Going forward all meeting minutes will record rationale for decisions made at each meeting.</p>
6	<p>The managing director must make sure that there are sufficient numbers of staff employed in the centre to meet the young people's needs at all times and that arrangements promote a continuity of care, and young people experience stability.</p>	<p>We are currently waiting on garda vetting to come back for the person identified for the vacant line, and have another person identified for the part-time line for a staff member going on maternity leave, we are in the process of garda vetting and securing required reference checks. Once these come back, we will have a full complement of staff.</p>	<p>Recruiting occurs on an ongoing basis. If there is any indication of an impending staff deficit, we will discuss this as part of our workforce planning in our management meetings and plan accordingly.</p>

	The managing director must ensure that only qualified relief staff are available to support the staff team and cover the varying types of leave.	The MD will continue to ensure and verify that all staff have a minimum of a level 7 qualification during the vetting process.	The organisation will continue to follow ACIMS direction in that, SCW's at minimum will possess a level 7 qualification.
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