An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 074

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Good Shepherd Cork**
Registered Capacity:	**Four young people aged 16 - 17 and two adults aged 18+**
Type of Inspection:	**Announced**
Date of inspection:	**09th, 10th & 11th August 2022**
Registration Status:	**Registered from 3rd December 2022 to 3rd December 2025**
Inspection Team:	**Joanne Cogley** **Paschal McMahon**
Date Report Issued:	**20th October 2022**

Contents

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 December 2003. At the time of this inspection the centre was in its sixth registration and was in year three of the cycle. The centre was registered without attached conditions from 03rd December 2019 to the 03rd December 2022.

The centre was registered as a multi-occupancy service. The centre's purpose and function was to provide emergency, short to medium term accommodation for young females who were out of home or were at risk of homelessness. The centre offered six residential placements, two of which were specifically for 18 to 19 year old young women and were allocated on a planned basis. The other four placements were allocated to young people aged 16 to 17 years and could be accessed on a planned or emergency basis. The centre in an emergency situation will offer a placement for 15 year olds as placement under a place of safety order, offering a place of safety until the next working day or to a maximum of three nights if the admission occurred on a Friday evening. The centre's model of care was described as solution focused brief therapy. This method of intervention focused on the young person's present and future circumstances and goals, rather than past experiences. It targeted the young person's default solution patterns and replaced them with problem solving approaches. There were five young people in residence at the time of inspection, three young people were under 18 and two young people were over 18. Only one of the two young adults over 18 provided written permission for their files to be reviewed during the inspection process.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 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 on the 9th September 2022 and to the relevant social work departments on the 9th September 2022. 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 September 2022. 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: 074 without attached conditions from the 03rd December 2022 to the 03rd December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The organisation had a policy in place to support the management of complaints within the centre. This policy outlined best practice principles together with the stages at which a complaint could be investigated and resolved. Staff and management interviewed were clear on the process and were confident in managing complaints within the centre. Inspectors were informed that following a recent review of complaint records by centre management it was found that the young people were making complaints regarding maintenance issues in the premises on an ongoing basis. In response to this, management decided that maintenance issues would only be recorded as complaints if they were not resolved in a timely manner, and the centre's complaints policy was updated to reflect this in May 2022. Inspectors also found that the centre's complaints policy did not reference Tusla '*Tell Us*' complaints procedure and this should be included within the policy.

The staff team strived to create a culture of openness and transparency within the centre through key working and community meetings. There was also a letterbox on the wall in the hall of the centre that was labelled for complaints, feedback and suggestions from young people and this was reviewed weekly by the centre manager. Inspectors were informed that when a young person was admitted to the centre they were provided with a welcome pack in their bedrooms. This pack included a number of documents relating to their placement such as information on the complaints process and external advocates such as EPIC (Empowering Young People In Care) and the Ombudsman for Children. A copy of the complaints policy was also available in the sitting room and key working was completed with young people once they had settled into their placement.

At the time of inspection there were five young people living in the centre. Three young people were under 18, two had moved in during the inspection process, therefore inspectors only met with the third young person who had been residing in

the centre longer. The other two young people were over 18, one of the two provided written permission for their files to be reviewed. Neither met with inspectors. The young person inspectors met with said they felt listened to within the centre and had an input into their placement. They confirmed they received a welcome pack on admission which included information on the centre's complaints process and stated that if they had a complaint, they felt was not addressed by the staff team, they would speak with the centre manager.

Inspectors received five questionnaires from young people, three were from the current young people living in the centre and two were from young people who had moved out the week prior to the onsite inspection. The young people's opinions on the centre were consistent across all questionnaires. They felt that boundaries were respected within the centre, there was a level of understanding between young people and staff, there was respect and the staff were accommodating and helpful. All young people identified numerous staff members in their questionnaires that they would speak to if they were unhappy about something in the house. Four young people stated they never had a reason to complain. One young person who had made complaints stated they were very happy with how their complaints were managed highlighting the level of understanding demonstrated by the staff team.

Inspectors reviewed young people's care files and found in the majority of cases complaints had been raised, recorded and resolved with young people in line with the organisation's policy. However in the case of one young person (under 18), several complaints had been made between December 2021 and March 2022 through key working meetings in relation to a lack of communication and lack of responsiveness from their social worker. The centre had a very comprehensive complaint form template in place, however it was not utilised in this instance for the young person to make a formal complaint. There was evidence that the centre manager escalated this to the team leader outlining the issues and the negative impact it was having on the young person in January 2022. The centre did not receive a response from the team leader at the time but the social worker responded with a number of proposed meeting dates.

The young person raised further frustrations through key working in April 2022 that related to their move on placement and this being identified outside of their local area to a place where they had no connections either educationally, socially or with family. It was clear from interviews and emails that the centre manager raised these concerns and advocated for the young person however the centre did not support the young person to raise these complaints themselves with external agencies. There was also no evidence to show these frustrations had been raised in statutory reviews.

While there was evidence the centre manager made efforts to address the young person's issues with the social work department, the young person should have been supported in advocating for themselves and provided with options to complain to external agencies such as EPIC, through Tusla's *Tell Us* system and to the Ombudsman. Formal complaints should also have been submitted. There had been a change in social worker for this young person in recent months and the complaints they had made had been acknowledged and where possible some issues actioned. The current social worker was working with the young person to find accommodations and best outcomes and build their working relationship.

Whilst it was evident from interviews and reviewing email communication that the centre advocated on behalf of the young person, the centre complaints process was not followed. There was no formal complaint record completed for external review and the young person spoke with inspectors and noted they weren't kept updated on progress, outcomes or resolutions. The young person did note that they were happy with how things were progressing with their new social worker at the time of inspection. In instances where there are concerns relating to social work provision the young person should be supported to report these through '*Tell Us*' Tusla's system for feedback and complaints. Inspectors noted that neither the young person or staff members interviewed were familiar with this process as an external avenue for complaints and as aforementioned this was not identified within the centre's policies.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all aspects of this standard were assessed**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**Not all aspects of this standard were assessed**

Actions required

- The centre manager must ensure the complaints policy is updated to include '*Tell Us*' the Tusla complaints and feedback system for service provision and that young people and staff are familiar with same.

- The centre manager must ensure the centre's policy is followed in relation to the appropriate recording of complaints.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The organisation had a suite of policies related to safeguarding young people and these had been updated throughout the second half of 2021. These included: the code of behaviour, recruitment and selection, responding to allegations, staff roles and responsibilities and online safety. The centre also had a site-specific child safeguarding statement in place that had been reviewed in March 2021. This was a comprehensive document and contained the required risk assessment. Whilst staff interviewed were aware of this document and how to access it, they were unfamiliar with the contents, in particular risks that were identified and the centre manager must ensure all staff familiarise themselves with these identified risks.

There were policies in place in relation to bullying that included physical, verbal and emotional aspects of bullying, along with cyber bullying. At the time of inspection there weren't any concerns in relation to dynamics with the young people resident in the centre, with all engaging in individual daily planning.

From a review of training records inspectors found that all contracted staff members had received training in Tusla's e-learning module: Introduction to Children's First, face to face child protection training and training in the role of mandated persons. Relief staff members had all completed Children's First e-learning and were due to complete face to face child protection training as part of an overall organisational training day. Staff members interviewed were clear on their role as a mandated person and demonstrated a good understanding of the process related to reporting child protection and welfare concerns. There was a list of mandated persons available within the staff office. The centre was home to both under 18s and over 18s and staff members were clear in differentiating the reporting process in both cases. All were clear in identifying who the designated liaison person was for the centre.

Inspectors noted one child protection and welfare concern (CPWRF) had been submitted since the last inspection in May 2021. This had been reported appropriately through the Tusla portal, investigated and concluded by the social work department. Inspectors met with one young person who confirmed that staff spoke with them regularly about keeping themselves safe in various contexts. They also noted that they had built significant relationships with certain staff members and would feel comfortable and confident to speak out if they had an issue or concern.

The centre had a system in place for risk assessing vulnerabilities at admission stage. However, inspectors noted there was no ongoing risk assessment process to complement the pre-admission process. There were no individual risk assessments on young peoples' files that identified risks or preventative / control measures. It was evident from speaking with staff, young people and social workers for three young people that all were aware of the presenting areas of vulnerability, and these were verbally discussed regularly. The centre manager must ensure there is a written procedure implemented to evidence robust risk assessments on identified areas of vulnerability for young people.

The organisation had recently reviewed its policy on protected disclosures in July 2022. Inspectors reviewed this draft policy and found it to be clear and comprehensive. At the time of inspection this was with the board of directors for approval and was to be rolled out to the staff team in the coming weeks. This policy update accounted for external avenues for staff members to raise concerns should they feel the need. Although the staff interviewed were aware of the policy and its contents, they were not clear about external avenues available to them in making a protected disclosure.

Inspectors note that this should be rectified as soon as the new policy is implemented. Staff members interviewed were confident that should they need to raise a concern they would do so with the centre manager or the CEO. Staff confirmed the CEO was readily available to them and visited the centre regularly and met with staff. The current staff team had an average length of service of fifteen years, with some team members working in the centre since 1999. Those interviewed were of the opinion that the longevity of the team allowed them to challenge each other confidently in team meetings, handovers and day to day issues that arose.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all aspects of this standard were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**Not all aspects of this standard were assessed**

Actions required

- The centre manager must ensure all staff familiarise themselves with identified risks in the child safeguarding statement.
- The centre manager must ensure there is a written procedure implemented to evidence robust risk assessments on identified areas of vulnerability for young people.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The organisation had a number of policies in place to support young people's health including; promoting positive lifestyles, self-harm & suicide, food pyramid and ligature point assessment. Young people had care plans on file and these goals, along with goals identified at follow up professional meetings, were translated into the goals of the placement plans. A compulsory component of placement planning for all young people was that they must complete a sexual education programme within the centre. Inspectors also saw evidence of funding secured for counselling services, engagement with CAMHS and Pieta house. Inspectors were informed during the inspection process that funding had been secured for a secondment of a number of medical and specialist professionals to the service in late 2022 / early 2023. This included a doctor and a psychologist. It was envisaged that the psychologist would work both with the young people and with the staff particularly with a focus on mental health supports. Inspectors spoke with social workers for three young people,

all confirmed that their health needs were being met within the placement and appropriately planned for and addressed through their care plans and placement plans.

The centre received emergency referrals and as such at times young people were admitted with minimal information and an incomplete record of medical and health information. Young people admitted to the centre generally came from within the county it was located and thus maintained their own GP which allowed for continuity of care and meant the GP would have some knowledge of the young persons medical history to allow for adequate treatment.

The centre had a policy on medication management and staff interviewed demonstrated knowledge of this. All medication was kept in a locked cabinet in the staff office. There had been no noted medication errors during the period reviewed. The centre had a 'self-medication assessment tool' in place that was used to assess whether or not the young person was in a position to self-medicate. This was completed in consultation with young people and signed off by social worker with a view to being reviewed every 3 months. Young people also had a locked cabinet in their bedroom for the purpose of storing medication if deemed appropriate. At the time of inspection there were no young people self-administering medication.

Compliance with regulations	
Regulation met	**Regulation 10**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.2**
Practices met the required standard in some respects only	**Not all aspects of this standard were assessed**
Practices did not meet the required standard	**Not all aspects of this standard were assessed**

Actions required

- None required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure the complaints policy is updated to include '*Tell Us*' the Tusla complaints and feedback system for service provision and that young people and staff are familiar with same.	The CEO and Manager will ensure Good Shepherd Corks Complaints policy will be updated to include "Tell Us" Tusla complaints and feedback. Completed by end of Oct 22 The manager will inform all staff through staff meetings that the policy has been updated. Once briefed all staff will read and sign that they have read and understood the updated policy.. Completed by end of Nov 22. The Manager will include information on Tusla "Tell Us" within the young peoples welcome packs. Keyworkers will also ensure all young people are informed about updated complaints policy including "Tell Us" at the start of their placements. Will be completed by end of Oct 22.	The CEO and Manager will ensure that each time the complaints policy is reviewed it includes Tusla "Tell Us" The centre manager will ensure that all new staff will be informed of the new updated complaints policy as part of their induction process. The Centre Manager will ensure that each time the contents of the welcome packs are reviewed it includes the most up to date information on the complaints policy and Tusla "Tell Us"

		The Manager will ensure that the updated Complaints policy will be available for all young people to read within the unit. Available by end of Oct 22.	
	The centre manager must ensure the centre's policy is followed in relation to the appropriate recording of complaints.	The CEO and Centre Manager will ensure through regular audits that the centre policy in relation to the recording of complaints is followed correctly. This will begin in Oct 22.	The CEO and Centre Manager will ensure this practise becomes a consistent element of the ongoing audit process.
3	The centre manager must ensure all staff familiarise themselves with identified risks in the child safeguarding statement.	The Centre Manager will ensure that all current staff are made familiar with the risks identified in the child safeguarding statement. This will be carried out through staff meetings and supervision. Completed by mid-November.	The CEO and Centre Manager will incorporate the Child Safeguarding Statement and its identified risks into the induction process for all new staff.
	The centre manager must ensure there is a written procedure implemented to evidence robust risk assessments on identified areas of vulnerability for young people.	The CEO and Centre Manager will ensure that a new procedure is implemented to evidence risk assessments on identified areas of vulnerabilities for the young people. Implemented by end of Oct 22.	The Centre Manager will ensure that the staff are refreshed in the contents of the Child Safeguarding Statement and its identified risks through a staff meeting at least once yearly. These new risk assessments will be reviewed and updated

			regularly by the CEO and Centre Manager as part of audit processes.
4	None required		