



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 090

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Cottage Homes Child and Family Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	10th and 11th August 2020
Registration Status:	With an attached condition from 17th October 2020 to 17th October 2023
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	21st October 2020

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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 Assurance 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 August 2000. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered with an attached condition from the 17th October 2020 to the 17th October 2023.

The centre's purpose was to provide medium to long term care for four young people of both genders from age thirteen to eighteen years of age. Their relationship based model of care was described as providing a safe, secure and supportive environment which encourages the development of each young person. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff and the allocated social workers. 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. This inspection was carried out through a number of telephone interviews and a review of documentation both remotely and onsite.

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 21st August 2020. 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 14th September 2020. The inspectors found that actions named in the inspection report relating to operational practices and procedures were not fully implemented.

The findings of this report and assessment of the submitted CAPA deem the centre as not 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: 090 with an attached condition from the 17th October 2020 to the 17th October 2023 pursuant to Part VIII, 1991 Child Care Act.

The following condition was attached to the centres registration under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991:

1. There must be no further admissions to the centre until the submitted corrective and preventative action plan had been implemented and the centre is fully in compliance with the *Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies*.

This condition will be reviewed on or before 25th of January 2021.

3. Inspection Findings

Regulation 8 Accommodation
Regulation 13 Fire Precautions
Regulation 14 Safety Precautions
Regulation 15 Insurance

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors found that the layout and design of the centre was suitable for providing safe and effective care according to the needs of the young people. Each young person had their own bedroom with secure space to store their personal belongings. In interview young people stated they were supported in decorating their rooms to their own tastes and they contributed to the decoration of the centre. Indoor and outdoor recreational facilities were provided and good amenities were situated in close proximity to the centre. The centre was clean, decorated nicely and was in good structural repair. There were an adequate number of bathrooms and the centre was adequately lit, heated and ventilated. A number of entries were recorded in the centres maintenance log. The length of time taken to address maintenance issues was not clear to inspectors from a review of the maintenance log.

The centre's fire policy was last reviewed in 2015 and was significantly out of date. The centre's health and safety representative held fire safety responsibilities. Fire safety checks were conducted on a daily and weekly basis. Fire fighting equipment was regularly maintained in line with requirements. Overall, it was identified by the inspectors that improvements are required in the areas of fire safety. It was found that fire evacuation drills were not taking place in line with policy including when a new young person was admitted to the centre and during the hours of darkness. Improvements were required in the recording of fire drills and details of all individuals participating in fire drills must be clearly recorded. Training in fire safety and firefighting equipment was provided every two years. There had been a delay in scheduling this training for the current year due to the Covid-19 pandemic. There was no evidence of internal or external management oversight across the fire related records. The director of services must review and update the centre's fire policy without delay. The centre manager must ensure that fire safety procedures in the

centre are in line in policy and that deficits outlined above relating to fire drills and training are addressed without delay.

Procedures in place for managing the health and safety of staff and young people included monthly health and safety audits. A risk based hazard control system was in place in addition to safe work practice guidelines aimed at preventing accidents and reducing the risk of injury in and on the grounds of the centre. Processes were in place for the reporting of accidents or injuries to young people that were documented in the young people’s files. The health and safety statement, dated 2018, required review to be in line with the centre’s policy review timeframe. The appointed health and safety representative and officer were not provided with training specific to their role. The director of services must review and update the health and safety statement and ensure that specific training is provided to those with health and safety responsibilities.

The centre’s single vehicle was driven by fully licenced personnel and evidence of tax, appropriate insurance and regular servicing was provided during the inspection.

Compliance with Regulation	
Regulation met	Regulation 8 Regulation 13 Regulation 14 Regulation 15
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	<i>Single standard inspected</i>
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	<i>Single standard inspected</i>

Actions required

- The director of services must review and update the centres fire policy without delay.
- The centre manager must ensure that fire safety procedures in the centre are in line with policy and that deficits relating to fire drills and training are addressed without delay.
- The director of services must review and update the health and safety statement and ensure that specific training is provided to those with health and safety responsibilities.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The director of services held responsibility for ensuring that the centre's policies and procedures were in line with legislation, regulations, national policies and standards. Inspectors found from their review of the guiding document that they were not in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). Further, there was an absence of specific policies to guide care practices for example policies on risk assessment and significant event notification. Some individual policies had not been reviewed for a substantial period. The lack of an up-to-date policy and procedures framework was hindering the centre manager's capacity for monitoring and overseeing care and operational practices. Overall, significant improvements were required across the areas of policy development, risk management, the centres statement of purpose and auditing mechanisms to ensure that the centre was operating in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA).

Staff had some understanding of policies and legislation guiding their work. However, deficits were found with regard to their knowledge of the child safeguarding policy. Whilst the child safeguarding policy complied with legislation staff did not demonstrate an understanding of procedures contained in the policy, for example those relating to protected disclosures. It was identified that a review of the centre's Child Safeguarding Statement was outstanding and needed to be completed. The centre's complaints policy

required improvement to include a timeframe for the resolution of complaints. To address the deficits outlined above the director of services must ensure that the centre's policies and procedures are developed, updated and reviewed as required by regulations and the National Standards for Children's Residential Centres, 2018 (HIQA) and that staff are provided with training on the implementation of the revised document.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre had a defined external and internal governance structure in place. Both external and internal management and the staff team were clear of their roles and responsibilities. However, deficits in management and governance arrangements were identified and required improvements. The director of services who held responsibility for ensuring that centre policies and procedures were reviewed and updated in line with regulatory requirements and national policy had yet to fulfil this key operational responsibility.

The experienced centre manager, as the person in charge, had full responsibility and were accountable for the delivery of care in the centre. They were present in the centre Monday to Friday and were part of the centres on-call support arrangements. They reported to the director of services who until the emergence of COVID-19 was regularly present in the centre and had oversight of centre records. During this current pandemic oversight by the director of services was being provided remotely. Staff in interview and through questionnaires indicated that the centre manager provided good leadership and support. The centre manager was supported in their role by an experienced and committed staff team that comprised of two social care leaders and seven social care workers, two of whom were job sharing. A social care leader acted up in the centre manager's absence. This was an informal arrangement that must be formalised and must include a written record for the delegation of management tasks and key decisions made.

There was a service level agreement with the funding body Tusla and evidence of ongoing communication between the director of services and Tusla in this regard.

The centre did not have a risk management framework and staff practice in this area was not led by a risk assessment policy. Risk assessment processes in place included individual crisis management plans and the newly developed pre-admission risk

assessment and impact risk assessment that included a risk rating. The inspectors found that latter risk assessments were not comprehensive enough to adequately identify potential risks and address how recognised risks were to be managed. Improvement is required to ensure that they are more robust and consider the array of potential risks young people may pose and in the management of identified risks. There was no centre or organisational risk register. The director of services must develop and implement the centre's risk management framework without delay and strengthen existing risk identification, assessment and management processes.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The statement of purpose was last reviewed in 2015 which is not in line with the centre's two yearly review policy. The ethos of the service was not stated in the statement. The day-to-day operations of the centre reflected the statement of purpose. However, this document had not been reviewed and evaluated as part of the centre's governance arrangements to date. There was no version available for young people and social workers. In interview social workers were not familiar with the statement. The director of services must ensure that the statement of purpose is reviewed, revised and evaluated in line with regulatory requirements and as part of the centre's governance arrangements without delay, and that it is available to young people and social workers.

The model of care outlined in the statement of purpose was described as relationship based with an outcomes focus. It was underpinned by a set of guiding principles that included a recognised model of behaviour management. In interview staff failed to demonstrate their knowledge and understanding of the guiding principles. Training on the model of care is not part of the centre's overall training schedule. A planned workshop based on the guiding principles was cancelled due to emergence of the Covid 19 pandemic and this must be now prioritised.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Internally, care provided to the young people was found to have been monitored on an ongoing basis by the centre manager and reviewed at daily handovers, shift evaluations, team meetings and during supervision. It was evident that there was a focus placed on the safety and quality of care provided to young people and that it

was reviewed and evaluated regularly. The director of services received weekly governance reports and management meetings were held regularly.

An audit that assessed the safety and quality of care provided in the centre against the National Standards for Children’s Residential Centres, 2018 (HIQA) had yet to take place. The director of services must ensure that regular audits are being conducted against the National Standards for Children’s Residential Centres, 2018 (HIQA) and that they inform service improvement plans.

Improvements were required with regard to the recording, monitoring and analysing of complaints, concerns and incidents. Complaints and concerns were not regularly discussed and reviewed at team meetings, management meetings or during supervision. There were no active complaints or child protection and welfare registers to identify trends or patterns of complaints or concerns as details relating to these were held on the young people’s individual files. This prevented learning from these events being arrived at to promote improvements. Significant events were individually discussed at handovers and at team meetings with some discussed at Tusla regionally led significant event reviews meetings. Prior to the current Covid 19 pandemic an organisational significant event review group was being planned. This must now be prioritised. The director of services must ensure that the significant event review group is established, that it meets regularly to monitor and analyse incidents, that learning is provided to the staff team and that this occurs without delay.

At the time of this first inspection against the National Standards for Children’s Residential Centres, 2018 (HIQA) the centre had not completed an annual review of compliance with the centre’s objectives but were aware of their obligations.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Standard 5.1 Standard 5.3 Standard 5.4

Actions required

- The director of services must ensure that the centre's policies and procedures are developed, updated and reviewed as required by regulations and the National Standards for Children's Residential Centres, 2018 (HIQA) and that staff are provided with training on the revised document.
- The centre manager must formalise management arrangements when they are absent to include a written record for the delegation of management tasks and key decisions made.
- The director of services must develop and implement the centre's risk management framework without delay and strengthen existing risk identification, assessment and management processes.
- The director of services must ensure that the statement of purpose is reviewed, revised and evaluated in line with regulatory requirements and as part of the centres governance arrangements without delay, and that it is available to young people and social workers.
- The director of services must ensure that regular audits are being conducted against the National Standards for Children's Residential Centres, 2018 (HIQA) and that they inform service improvement plans.
- The director of services must review and update the complaints policy and procedures to include a timeframe for the resolution of complaints.
- For learning purposes the centre manager must ensure that systems for recording, monitoring and analysing complaints and concerns are implemented.

- The director of services must ensure that the significant event review group is established, that it meets regularly to monitor and analyse incidents, that learning is provided to the staff team and that this occurs without delay.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p>2</p>	<p>The director of services must review and update the centres fire policy without delay.</p> <p>The centre manager must ensure that fire safety procedures in the centre are in line with policy and that deficits relating to fire drills and training are addressed without delay.</p> <p>The director of services must review and update the health and safety statement and ensure that specific training is provided to those with health and safety responsibilities.</p>	<p>The fire policy has been updated. The centre manager will review the updated fire policy at the staff meeting on Tuesday 29/09/20.</p> <p>The centre manager will rectify and monitor the regularity of fire drills. Fire drills will be reviewed at staff meetings and recording methods will be developed and strengthened. Fire training will be scheduled as soon as possible. Director of services organising this.</p> <p>The health and safety statement has been updated. The director of services is currently sourcing training for the newly appointed fire officer and the health and safety officers.</p>	<p>The director of services will ensure that the centres fire policy is reviewed and updated when required every two years.</p> <p>The director of services will regularly monitor and audit fire safety procedures in the centre and address any deficits with the centre manager.</p> <p>The director of services will ensure that the health and safety statement is reviewed regularly and updated when required. Training will be provided to those with particular health and safety responsibilities.</p>

<p>5</p>	<p>The director of services must ensure that the centres policies and procedures are developed, updated and reviewed as required by regulations and the National Standards for Children’s Residential Centres, 2018 (HIQA) and that staff are provided with training on the revised document.</p> <p>The centre manager must formalise management arrangements when they are absent to include a written record for the delegation of management tasks and key decisions made.</p> <p>The director of services must develop and implement the centres risk management framework without delay and strengthen existing risk identification, assessment and management processes.</p> <p>The director of services must ensure</p>	<p>The director of services and centre manager have begun the process of reviewing the centres policies and procedures in line with the HIQA standards. This review will be completed by November 2020. In the interim, the centre manager will review HIQA standards at staff meetings and the updated document when completed.</p> <p>The centre manager has designed and put in place a new delegation log that will record, in the absence of the centre manager, key tasks delegated to staff, when these tasks have been completed and any further action required.</p> <p>The director of services is currently working on developing the centres risk management framework. The framework will be implemented by the end of October 2020.</p> <p>The statement of purpose has been</p>	<p>The director of services will ensure that the centres policies and procedures are reviewed every two years and when standards are updated or if new regulations come into force.</p> <p>The delegation log will be reviewed as part of the director of services governance audit.</p> <p>The director of services will monitor the implementation of the framework to ensure that processes for the identification, assessment and management of risk are comprehensive and are implemented in line with policy.</p> <p>The director of services will regularly</p>
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	<p>that the statement of purpose is reviewed, revised and evaluated in line with regulatory requirements and as part of the centres governance arrangements without delay, and that it is available to young people and social workers.</p> <p>The director of services must ensure that regular audits are being conducted against the National Standards for Children’s Residential Centres, 2018 (HIQA) and that they inform service improvement plans.</p> <p>The director of services must review and update the complaints policy and procedures to include a timeframe for the resolution of complaints.</p> <p>For learning purposes the centre manager must ensure that systems for recording, monitoring and analysing complaints and concerns are implemented.</p>	<p>updated in line with the HIQA standards and regulations. A statement of purpose has yet to be developed for young people and social worker. This will be in place by the end of October 2020</p> <p>The director of services has developed a more comprehensive auditing tool and will commence the auditing process as soon as it is safe to be in the unit (Covid 19). Areas for development will be identified through this process to assist service improvement.</p> <p>The director of services has updated the complaints policy to include time frames.</p> <p>Complaints and concerns will be added to team meeting and supervision agenda and templates. Complaints and child protection and welfare registers have been developed.</p>	<p>review and audit the statement of purpose as part of governance arrangements.</p> <p>The director of services will conduct regular formal audits and develop service improvement plans from these.</p> <p>As part of the review of policies and procedures task the director of services will ensure that the centres complaints policy is in line with best practice.</p> <p>As part of governance, the director of services will monitor systems in place for recording, monitoring and analysing complaints and concerns.</p>
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	<p>The director of services must ensure that the significant event review group is established, that it meets regularly to monitor and analyse incidents, that learning is provided to the staff team and that this occurs without delay.</p>	<p>The organisations significant event review group is scheduled to meet on 6th October 2020. The director of services will attend these meetings. The frequency of meetings, learning outcomes and feedback to the staff team will be discussed and agreed.</p>	<p>The director of services will ensure that the significant event review group meets regularly and will monitor the effectiveness of the group to ensure that learning from discussions around incidents is shared with the staff team.</p>
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