



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 096**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Three Steps</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>3<sup>rd</sup>, 4<sup>th</sup> &amp; 6<sup>th</sup> December 2024</b>
<b>Registration Status:</b>	<b>Registered from the 20<sup>th</sup> of March 2022 to 20<sup>th</sup> of March 2025</b>
<b>Inspection Team:</b>	<b>Lisa Tobin Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> January 2025</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 20<sup>th</sup> of March 2013. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 20th of March 2022 to the 20th of March 2025.

The centre was registered to provide multiple occupancy for up to four young people from age thirteen to seventeen years on admission. However, they had been operating under dual occupancy status due to the young people they cared for. Their model of care was described as attachment and trauma informed and right focussed care delivered through the person-centred approach, and which strived to create a therapeutic alliance in a structured home like environment. There were two young people living in the centre at the time of this inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.3
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.

## 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 24<sup>th</sup> December 2024. The registered provider was afforded the opportunity to respond to any identifying factual inaccuracies in the draft report. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) document. Centre management informed the Alternative Care Inspection and Monitoring Service on the 9<sup>th</sup> January 2025 that there were no factual inaccuracies in the draft report.

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: 096 without attached conditions from the 20<sup>th</sup> of March 2022 to the 20<sup>th</sup> of March 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

#### Regulation 8: Accommodation

#### Regulation 13: Fire Precautions

#### Regulation 14: Safety Precautions

#### Regulation 15: Insurance

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

#### Standard 2.1 Each child's identified needs informs their placement in the residential centre.

There was a policy in place regarding referrals, admissions, transfers, and discharges that was updated in April 2024 to reflect the new ways in which the referral processes were now undertaken in conjunction with Tusla's National Placement Team (NPT). This policy included information on the National Standards for Children's Residential Centres and other relevant legislation. There was a separate policy, the Children's Rights Policy that outlined the rights of the young people including information on the UN Convention on the Rights of the Child. Inspectors found evidence of individual work completed with the young people shortly after their admission regarding their rights and information was provided to them on the UN Convention on the rights of the Child. The centre had organised for the young people to meet with advocacy service Empowering People in Care (EPIC) who were due to come to the centre the week after the inspection. The young people were also provided with a young person's booklet which gave them details about the centre, the staff and what to expect from living there. During interviews, staff described the processes involved with the young people's admissions and inspectors saw strong evidence of the one-to-one work with the young people which reflected the strands of admission relating to rights and expectation while in the centre.

Two discharges and two admissions had occurred since the last inspection in September 2023. The new system through NPT was used for both new admissions and the centre manager reported that this was a quicker process given the demand on placements. The centre had operated as a dual occupancy for a period and was now returning to full capacity to return to providing care for four young people. The collective risk assessment (CRA) was completed regarding the impact on young people living together and this was deemed acceptable for both young people by their



relevant social workers and the centre management. Any known risks were captured in the CRA and were responded to by the team through the interventions named in the young people's behavioural support plan (BSP) and other risk documents, for example, restrictors were placed on the windows due to concerning presented behaviours and staff were trained in self-harm response. Inspectors noted that the CRA's indicated concerns regarding mobile phone use and sharing of images. There were sanctions around phone use and supervision of this for one young person. While inspectors found the staff had effective interventions in place to manage safe phone use for one young person, inspectors recommend that a risk assessment and a plan of engagement is implemented with the other young person given known risks identified in the past.

During interviews with the guardian ad litem (GAL), it became clear that there was a historical concern that had not been identified in the CRA. This information was shared with the centre as it contributed to the ongoing safety and protection of the young person. The centre manager updated relevant risk documentation and forwarded this to inspectors promptly.

Inspectors found that the completion of the needs review form and the centre milieu visualisation tool considered what supports were going to be required for each young person while in the care of this centre and identified how staff were going to provide that support. The organisation had access to clinical professionals who completed a baseline assessment report for each young person. One young person had their assessment completed already while the second young person's assessment was ongoing as further input was required from their school placement to fully complete the assessment. Inspectors found that the recommendations from the baseline assessment were integrated into that young person's placement plan.

Both young people had their care plan on file and their child in care review (CICR) had occurred post their admission. Actions identified in the care plan were being undertaken by the centre and by the social work department. Young people were given the opportunity to attend their CICR and to complete the relevant forms to have their voices heard. Inspectors found that the centre's purpose and function was reflective to meeting the needs of the current young people regarding the trauma response, building relationships and meeting the young people where they were at. During interviews with a social worker and GAL, they spoke positively about the supports the young people were receiving and about the good relationships that had been created. Inspectors found that the young people were progressing well in their

placements and there was good evidence that the staff team were responding effectively in meeting the young people's current and long-term needs.

In reviewing the young people's files, inspectors found that there was good oversight of the young people prior to their admission with the relevant documentation sent by the social work department. The transition plans were in place for both young people, however neither were in line with the centre's policy. Both transitions and admissions were completed quicker due to the needs and risk identified for both young people. All professionals involved felt this was the most appropriate response for both young people given their situations at the time. Staff had met with young people prior to their admission and had informed them of the centre, shown them pictures and given them opportunities to say how they would like their room decorated.

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

The centre was in a countryside setting located near a town. The centre itself was a large two story detached house on a large plot with garden area to the front, sides and back of the property. There were large, locked sheds at the back of the property that were used by the maintenance team. The centre was warm and homely on arrival. The layout and design of the house worked well, and the young people had space for rest and relaxation. Decorative painting work had started on the centre and was planned to continue into 2025 with a new kitchen, new flooring, and the completion of a relaxation room. The exterior of the centre required painting, and this was planned for early 2025.

Each young person had their own bedroom with an ensuite. There was a total of seven bedrooms in the centre, some of which were used by staff as a sleepover room or as an office/meeting room. The young people had been given the opportunity to have their rooms painted in the colours they liked and decorated with lights and posters. The bedrooms were large with lots of storage space available for the young people to keep their personal belongings.

The centre had a large kitchen/dining area, a large sitting room, a games room, a relaxation room, and the garage area had a ping pong table and darts board. There were bathrooms and toilets throughout the property. Outside the property there were swings, slide, trampoline, and a basketball hoop. Football goals had been purchased and were due to be delivered to the centre. There was ample space for play

and recreation inside and outside the centre and the rooms were all decorated for their purpose. New furniture was planned for the sitting room as the current suite was lost in the vast space. There was a gate at the front of the property and the perimeter of the property was treelined for privacy and security.

There was daily, weekly, and monthly health and safety checks completed for different aspects of the centre. The centre manager completed walkarounds to check for overall maintenance and upkeep to ensure the centre was at the appropriate standard. This included ensuring all equipment purchased for the centre was fit for purpose and maintained appropriately. There were cleaning checklists in place and an expectation on staff to complete tasks daily around the house to ensure its cleanliness. Inspectors found the property to be clean, well decorated and maintained in good structural condition. The centre had a maintenance team that they had access to for repairs and updates required to the centre. There was an online server system where management and staff upload any maintenance requests which were responded to promptly. There was damage to a fire door that was repaired following inspection. There was a roof tile that required fixing which had been delayed for months due to issues around who's responsibility it was to repair. Steps had been taken by the organisation to appropriately train their own maintenance team to be able to complete the repair works weather permitting.

Fire safety procedures were reviewed by inspectors and found to be compliant with legislation expectations. Fire checks on equipment were completed by a registered fire provider, fire logs were completed daily by staff, fire safety training was undertaken by staff bar one new staff member and fire drills had taken place at least quarterly per year. Staff logged the names of those participating in the fire drills on most occasions but should log all young people present or not present in the centre at the time of the drill. Emergency lighting was in place across the centre for exits, new bulbs had been placed in these lights. The fire logs were recorded as though these lights were not working and required replacement rather than updated bulbs. Staff to record this information clearly moving forward. Both young people had a personal emergency evacuation plan (PEEP) on file in case of a fire.

Health and safety procedures were in place daily ensuring that risk was identified and addressed if needed for example knife and sharps checklist and hazardous products checklist. Inspectors found that staff completed health and safety checks, and that one staff member was a dedicated health and safety officer. Any areas requiring attention was brought to centre management to follow up on. There was a centre risk register in place for health and safety which included any staff requiring training and

any potential risks or harm young people and staff could come to. There were no accidents recorded since the last inspection. One young person had been injured playing sport and this was recorded as a significant event and the relevant people were notified. The young person received the appropriate medical treatment and staff responded in a timely manner. There was a health and safety statement from December 2023, however it was due for review by the organisation at their next management meeting.

The centre had two vehicles available to them. Both were taxed, insured and NCT was up to date. Weekly checks were completed on both cars. Two staff were not insured to drive the cars due to their license type; this was factored into the roster by the centre manager to ensure there was always a driver available to the young people. Annual services were completed on both cars.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.3
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

- No actions required.

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.**

Inspectors found that workforce planning was undertaken at all levels, at senior management meetings, at centre management level and with the team at team meetings where rosters and staffing were discussed. The centre currently had a vacancy of half a post to bring them to nine staff in total. There was currently a centre manager, a deputy centre manager, three social care leaders and five full-time and one part-time social care workers. All staff were appropriately qualified and had relevant experience for their roles to meet the needs of the young people. There were four relief staff named that the centre had access to cover sick leave, annual leave, and any other type of leave.

In early 2024 there had been continuous staffing issues which had the centre below the required minimum of eight full-time staff. With staff moving from other closed centres and from new staff hired, this helped with the increase in the staffing numbers to where they currently stand. Further recruitment was ongoing to secure extra staff as there was a plan for another admission which fell through in early December 2024. In preparation for a third admission, the January 2025 roster showed two sleepover staff and a day staff on each day. The centre manager informed inspectors that when they were short staffed in the past, they at times used agency staff. They ensured that the same agency staff was used where possible. This was evident in reviewing the young people's daily logs where the staff members were named.

There was a mixture of staff who worked in the centre for over six years and other staff that were new to the organisation. When reviewing the rosters inspectors found that there was a social care leader on shift with other staff that were less experienced to lead that shift and role model for the staff with their experience. Staff spoke positively of the support they received from management and from their colleagues, on a day-to-day basis and through supervision. During interviews staff spoke of training given in self-harm and how beneficial that was. There were plans for 2025 to source relationship building and trust training as this was identified as relevant for the current young people's needs.

Inspectors asked staff during interviews about arrangements in place to promote staff retention and continuity of care. The staff identified the training available to them, support from management, the ethos of the centre, access to EAP, amount of annual leave and a good work/life balance were some of the arrangements in place to encourage retention. There were formalised procedures in place for on-call during the week and at weekends. Staff were aware of who was on call and when it was

appropriate to contact on call staff. The on-call roster was provided to inspectors for review which was clear and detailed.

<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 6.1</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**

- No actions identified.

