



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 105

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	National Childcare Residential Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	06th, 07th, & 08th September 2021
Registration Status:	Registered from 15th August 2020 to 15th August 2023
Inspection Team:	Sinead Tierney Linda McGuinness
Date Report Issued:	16th November 2021

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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 on the 15th of August 2008. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from the 15th of August 2020 to the 15th of August 2023.

The centre was registered to provide care for four young people of both genders from age thirteen to seventeen on admission. The model of care was described as being tailored to the individual needs and characteristics of each young person. It was a 'whole person' holistic approach and aimed to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally. There were four 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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
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, senior management, centre manager and to the relevant social work departments on the 11th of October 2021. 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 22nd of October 2021. 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:105 without attached conditions from the 15th of August 2020 to the 15th of August 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection, there were four young people living in the centre. Care plans were up to date and on file for all young people. Young people were supported and encouraged to attend their child in care review meetings. One young person had no care order on file and another young person's care order was out of date. The centre manager must ensure that each young person's care record is kept up to date and contains information specified in the regulations.

Inspectors found that the centre had several layers to the placement planning process. Planning involved in development of an overall 3-month placement plan, a monthly plan, a weekly plan, weekly reports and key worker reports. Although the plans were detailed a greater emphasis on the tasks to meet identified need was required. Inspectors found that there was duplication across the documents and the plans were more of a progress report than a forward focused plan. The plans were not consistently up to date with outdated information recorded. The centre manager and key workers must ensure that placement plans are up to date.

On review of all plans for young people inspectors found information was often copied and pasted with goals carried over with no reasons as to why they were not completed. Individual staff members were not assigned pieces of work as per the plan, thus not setting a culture of accountability in the area of planning. Key working tasks named in weekly plans were not assigned to individuals and inspectors found that many planned key working sessions did not take place. The centre manager must review the structure of the placement planning process to ensure that plans detail tangible goals and outline the supports required.

On review of key working records, inspectors found examples of positive practice in response to areas of concern; however, some responses were inadequate. For example, one young person who was at risk from their online activity had several key working sessions completed with them. On the other hand, one young person whose

drug use had increased significantly had one key working session record on file relating to this risk over the past seven months.

One young person who was due to turn 18 years of age in one month, had no records of key working sessions or attempted sessions in preparing them for leaving care in the 10 weeks prior to inspection. From interview with management, they informed inspectors that this young person was spending a lot of planned time away from the centre thus making key working sessions challenging. The guardian ad litem for this young person stated that they had many of the practical skills for leaving care however needed support with the emotional aspect of making the transition. Furthermore, they were complimentary of the relationship the team had with the young person and the advocacy work undertaken by the centre manager in support of the young person. The centre manager and key worker must ensure that individual key working sessions take place with young people in meeting the goals of their plans.

Each young person's placement plan provided opportunities to hear their voices. The plan recorded the young person's perception as to why they were in care and what they wanted from their placement. Young people were also engaged in terms of their weekly plans. Records evidenced that families were updated on young people's progress and attended child in care review meetings, although records reviewed did not record details on placement planning.

Young people were being supported to access a range of external supports and specialist services. Some young people chose not to engage with these supports and there was evidence of the team encouraging them to re-engage. One young person's care plan referenced the need for therapeutic support however there was no record within the placement planning documents of this support. The supervising social worker informed inspectors that they had sourced the support and the young person had availed for two sessions thus far.

During interview, staff and the centre manager reported good levels of communication with the social work departments. One young person did not have an allocated social worker from June 2021 and both the centre management and the guardian ad litem informed inspectors that this had proved challenging in planning for their aftercare. In circumstances where a young person has no allocated social worker, the centre manager should escalate this within the social work department and the young person facilitated to use "Tell Us" the Tusla complaints system when issues relating to social work provision arise. Social workers confirmed that they received regular verbal updates and written reports from the centre. An aftercare

worker who spoke with inspectors felt communication with key workers could be strengthened to support the young person. Whilst it was evident from interviews that communication was effective between the relevant parties, there were limited records within young people's files of communication. The centre manager must ensure that all communication with allocated social workers and other relevant agencies is recorded appropriately.

Compliance with Regulation	
Regulation met	Regulation 5
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that each young person's care record is kept up to date and contains information specified in the regulations.
- The centre manager and key workers must ensure that placement plans are up to date.
- The centre manager must review the structure of the placement planning process to ensure that plans detail tangible goals and outline the supports required.
- The centre manager and key workers must ensure that individual key working sessions take place with young people in meeting the goals of their plans.
- The centre manager must ensure that all communication with allocated social workers and other relevant agencies is recorded appropriately.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

Inspectors found that leadership within the centre was evident by both the centre manager and the directors of the organisation. The centre manager's oversight of care records was consistently evident as was their guidance and direction to staff. They were an experienced manager and had been in post for ten years. External oversight of care records was the responsibility of the director of care. Whilst there was evidence that daily logs were read by the director, there was little evidence that other care records were reviewed. In providing effective oversight of care practices, the director of care must review a range of records in young people's files. During interview staff stated that the management were supportive, person-centred in their approach and available to them. From interview with allocated social workers and guardian ad litem, they stated that management were supportive of staff and set good expectations and boundaries with young people.

There were clearly defined governance arrangements and structures in place with clear lines of authority and individual accountability within the management structure. The centre manager had overall responsibility for the centre and reported to the director of care. The director of care kept in regular contact with the centre manager and demonstrated a good understanding of young people's needs during interview. The registered providers visited the centre every two to three weeks to meet with young people, staff and review certain records. Monthly management meetings were held with the directors and the centre manager. The minutes of these meetings evidenced discussion in relation to care practices, staffing, risk management, governance and health and safety. There was a service level agreement in place with the Child and Family Agency and meetings took place as required.

Quarterly governance reports were developed by the centre manager with support from the internal management team. On review of governance reports, inspectors found them to be detailed and provided data in relation to the care and needs of young people, staffing and workforce planning, health and safety and risk

management. Action plans were developed from an analysis of the data and the report sent to the directors of the organisation. Whilst the reports were signed by the director of care, how they assured themselves of the accuracy of the report and that safe and effective care was provided was not evident. The director of care must have a system in place that assures them of the quality of care as part of the governance report. Team meeting minutes evidenced the governance reports were shared with the team and tasks allocated to team members as detailed in the action plan.

There was an internal management structure appropriate to the purpose and function of the centre. The centre manager was supported in their role by an acting deputy manager, one social care leader and an acting social care leader. The rationale provided as to why the posts were acting roles was due to the staff members not having the required experience. Inspectors found there was a detailed delegation record of assigned tasks allocated by the social care manager to the leadership team.

The centre's policy and procedure document had been updated in January 2021 and was found to be in line with The National Standards for Children's Residential Centres, 2018 (HIQA). Staff who were interviewed could not demonstrate knowledge and understanding of policies and procedures that guided their practice. Staff in interview informed inspectors that policies were provided to them to read at the commencement of their employment however no induction records were on file to support this. The centre manager must ensure that policies and procedures are discussed in various forums for staff to fully understand the role they play in practice and the care of young people.

A risk management framework was in place for the identification, assessment and management of risk. The framework's supporting structures consisted of an organisational and a centre risk register and individual risk assessment templates for young people. A likelihood / impact matrix was utilised to rate the risks. The organisational risk register identified two risks, namely COVID-19 and the HSE cyber-attack. From interview with the director of care, they named on-going challenges with recruiting staff as a risk to the organisation however this was not named in the register. The registered provider must undertake an analysis of all organisational risks and detail these on the register.

The centre risk register was found to name both generic risks to the centre and risks to young people and was reviewed regularly by the centre manager. From a comparison of the centre risk register and individual risk assessments on young people's care records, inspectors found that the system was not fit for purpose.

Several risks on the register were rated as 1, the lowest possible rating out of a maximum rating of 25. Inspectors found that risks were not rated appropriately as the impact of the risks would be significant. For example, two fire extinguishers that were tampered with had a risk rating of 1 as did a young person self-injuring. Some risks were not entered onto the register even though they were high, as evident from a review of young people's records by inspectors.

The majority of risks pertaining to young people were entered onto the register with no corresponding individual risk assessment completed. The sole entering of risks to young people onto the register without using an individual risk assessment did not allow for an adequate assessment. During interview, all staff did not demonstrate their understanding of the framework. A social worker who spoke with inspectors felt that risks could be notified sooner and actions in response to risk strengthened at times. The registered provider and the centre manager must review the risk management framework and ensure that all risks are rated appropriately, recorded on an individual risk assessment form prior to entry into the register and the framework understood by all staff.

On review of collective risk assessments, inspectors found that identifiable and sensitive personal data related to other young people families were recorded on the forms of other young people. In complying with data protection regulations, the centre must not identify other young people within the records of others and must not record information that is not relevant to the purpose of the activity to hand. The centre manager must amend the practice of recording identifiable and personal sensitive data of families unless relevant to the collective risk assessment and comply with data protection regulations.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The director of care must review a range of records in young people's files as part of their oversight function.
- The director of care must have a system that in place that assures them of the quality of care as part of the governance report.
- The centre manager must ensure that policies and procedures are discussed in various forums and understood by all staff members.
- The registered provider must undertake an analysis of all organisational risks and detail these on the register.
- The registered provider and the centre manager must review the risk management framework and ensure that all risks are rated appropriately, recorded on an individual risk assessment form prior to entry into the register and the framework understood by all staff.
- The centre manager must amend the practice of recording identifiable and personal sensitive data of families unless relevant to the collective risk assessment and comply with data protection regulations.

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.

Regular workforce planning was undertaken by the directors of the organisation in conjunction with the centre manager. This was evident from a review of management meetings that detailed discussions relating to staffing, recruitment, management of finances, learning and development and governance. Team meeting minutes recorded details relating to recruitment, COVID-19 and training for team members. Inspectors found from interview with the director of care and a review of records that the organisation's recruitment and selection process policy was not followed in the appointment of staff members. The registered provider must ensure that the centre's recruitment and selection policy and procedures are adhered to.

The staff team consisted of a centre manager, an acting deputy manager, one social care leader, one acting social care leader and seven social care workers. The team had a good mix of staff, some with a number of years' experience and others who were recently qualified.

On review of the needs of young people, inspectors found that the team required additional training outside of the mandatory training provided. This included training in child sexual exploitation, self-injury, suicide intervention training and LGBT+ training. The centre manager must undertake a training needs analysis with the staff team and develop a plan to meet identified needs. The staff in acting leadership and management posts did not have the required number of years' experience as per the Alternative Care Inspection and Monitoring Service memo (2020) to be in post. The registered provider must ensure that only staff with sufficient experience are appointed to posts.

Whilst the centre had sufficient numbers of permanent staff to meet the needs of the young people, there was no relief panel in place since February 2021. The director of care informed inspectors during interview that recruitment efforts had been made to employ relief staff and had been unsuccessful. From interview with the centre manager and the director of care, they confirmed that during periods of sick leave or emergencies that permanent staff were asked to cover additional shifts. Staff interviewed stated that they rarely received such calls as levels of sick leave was low. The centre manager informed inspectors that annual leave requests were provided in advance. They developed the roster to reflect this and ensured that staff were not required to cover for colleagues during periods of annual leave. A review of the roster did not evidence staff were working additional hours. Nonetheless, the registered provider must ensure ongoing efforts are made to have a panel of suitably qualified relief staff in place.

A review of personnel files found that the majority of required documents were in place. However, copies of qualifications and verification letters from awarding colleges were not present in all files and a reference was not obtained from a staff members most recent employer. The centre manager must complete a full audit of personnel files and obtain all outstanding documents.

The centre had arrangements in place to promote staff retention. Supports available to staff included access to an external counselling support if required, salary increments and good will gestures. A policy led on-call system that included procedures for on-call at evenings and weekends was in place. There was evidence that on-call was reviewed at managers meetings and team meetings.

Compliance with Regulation	
Regulation met	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 registered provider must ensure that the centre's recruitment and selection policy and procedures are adhered to.
- The centre manager must undertake a training needs analysis with the staff team and develop a plan to meet identified needs.
- The registered provider must ensure that only staff with sufficient experience are appointed to posts.
- The registered provider must ensure ongoing efforts are made to have a panel of suitably qualified relief staff in place.
- The centre manager must complete a full audit of personnel files and obtain all outstanding documents.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that each young person's care record is kept up to date and contains information specified in the regulations.</p> <p>The centre manager and key workers must ensure that placement plans are up to date.</p> <p>The centre manager must review the structure of the placement planning process to ensure that plans detail tangible goals and outline the supports required.</p>	<p>The centre manager has requested the two outstanding care orders and is currently awaiting to receive one care order.</p> <p>The centre manager and key workers updated all placement plans. Completed 02/11/2021.</p> <p>The centre manager has reviewed the structure of the placement planning process and key workers are now responsible for developing placement plans detailing tangible goals and the supports needed. Ongoing</p>	<p>Regular review of all young people's files to ensure they contain information specific to the regulations.</p> <p>Key workers have been appointed the responsibility of devising placement plans for their key-child, thus ensuring accountability, this will be overseen by the centre manager.</p> <p>The centre manager will hold key workers accountable for the development of young people's placement plans. This will be overseen at staff meetings and in individual key workers supervision, ensuring that plans detail tangible goals and outline the supports required for young people.</p>

	<p>The centre manager and key workers must ensure that individual key working sessions take place with young people in meeting the goals of their plans.</p> <p>The centre manager must ensure that all communication with allocated social workers and other relevant agencies is recorded appropriately.</p>	<p>The centre manager and key workers will ensure that individual key working sessions take place with young people to meet the goals of their placement & key working plans. Ongoing</p> <p>The centre manager will ensure that all communication with allocated social workers and other relevant agencies is recorded appropriately.</p>	<p>The centre manager to review key working sessions monthly to ensure key working is taking place with young people to meet the goals of their plans.</p> <p>The centre manager to hold the staff team responsible for the recording of all young people's information and communication with allocated social workers and other relevant agencies ensuring that all information is recorded appropriately. This will be done through daily handovers, daily interactions, and governance from the centre manager.</p>
5	<p>The director of care must review a range of records in young people's files as part of their oversight function.</p> <p>The director of care must have a system that in place that</p>	<p>The director of care will review a range of records in young people's files as part of their oversight function. Ongoing.</p> <p>The governance report has been adapted and changed to allow the director of care</p>	<p>The director of care will expand their review of the range of records they oversee on their regular visits to the centre to ensure accountability and oversight.</p> <p>The director of care will continue to ensure a high quality of care as part of their governance of the</p>

	<p>assures them of the quality of care as part of the governance report.</p> <p>The centre manager must ensure that policies and procedures are discussed in various forums and understood by all staff members.</p> <p>The registered provider must undertake an analysis of all organisational risks and detail these on the register.</p> <p>The registered provider and the centre manager must review the risk management framework and ensure that all risks are rated appropriately, recorded</p>	<p>opportunity to assure themselves that quality care is provided. This is reflected in the governance report. Completed 02/11/2021.</p> <p>The centre manager will ensure that all policies and procedures are reviewed regularly in staff meetings and staff supervisions. Ongoing.</p> <p>The registered provider has undertaken an analysis of all organisational risks and detailed these on the register. Ongoing.</p> <p>The registered provider and the centre manager have reviewed the risk management framework and will ensure that all risks are rated appropriately, recorded on an individual risk assessment</p>	<p>service, this will be done through the amended section of the governance reports.</p> <p>The centre manager to continue to monitor and review all supervision records. The centres policies and procedures will be discussed at staff meetings to ensure active participation and understanding by all staff members.</p> <p>The registered provider will continue to record all organisational risk on the register.</p> <p>An individual risk assessment form has been developed to ensure that all risks are rated appropriately, recorded and understood by all staff prior entry into the register.</p>
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	<p>on an individual risk assessment form prior to entry into the register and the framework understood by all staff.</p> <p>The centre manager must amend the practice of recording identifiable and personal sensitive data of families unless relevant to the collective risk assessment and comply with data protection regulations.</p>	<p>form prior to entry into the register and the framework will be understood by all staff. Ongoing.</p> <p>The centre manager will ensure that all identifiable and personal sensitive data is not recorded of families unless relevant to the collective risk assessment. Ongoing.</p>	<p>The centre manager will regularly review and oversee that all risk assessments are compliant with data protection regulations, and all staff have received GDPR training.</p>
6	<p>The registered provider must ensure that the centre's recruitment and selection policy and procedures are adhered to.</p> <p>The centre manager must undertake a training needs analysis with the staff team and develop a plan to meet</p>	<p>The registered provider will ensure that the centre's recruitment and selection policy and procedures are adhered to. Ongoing.</p> <p>The centre manager has undertaken a training needs analysis with the staff team and developed a plan to meet identified needs, outside the mandatory training</p>	<p>The registered provider will ensure the appointment of all internal positions are done through interview moving forward.</p> <p>The centre manager will regularly review the training needs of the staff team given the individual needs and behaviours of the young people living within the centre.</p>

	<p>identified needs.</p> <p>The registered provider must ensure that only staff with sufficient experience are appointed to posts.</p> <p>The registered provider must ensure ongoing efforts are made to have a panel of suitably qualified relief staff in place.</p> <p>The centre manager must complete a full audit of personnel files and obtain all outstanding documents.</p>	<p>that has been provided, 02/11/2021.</p> <p>The Registered Provider will ensure that only staff with sufficient experience are appointed to permanent posts, this will be done through internal interview or external advertisement. Ongoing.</p> <p>The registered provider has recently advertised nationally and on various social media platforms for qualified relief staff, however, no suitable qualified candidates applied for the positions. The registered provider will continue to advertise for these posts.</p> <p>The centre manager has completed a full audit of staff personnel files and has located the staff members reference from their most recent employer. The centre manager has requested from the staff</p>	<p>The Registered Provider will ensure that only staff with the relevant experience and qualification are appointed to permanent posts.</p> <p>The registered provider will continue to make efforts to have a suitably qualified relief staff panel in place through advertising online, through social media and colleges.</p> <p>The centre manager will ensure a more robust review of personnel files is conducted as part of regular governance and oversight, to ensure that all required documents are on file.</p>
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		members their outstanding documents for their personal files. 02/11/2021.	
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