



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 115

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Orchard Residential Care
Registered Capacity:	Two Young People
Type of Inspection:	Announced Inspection
Date of inspection:	18th, 19th & 20th March
Registration Status:	Registered from 17th June 2022 to 17th June 2025
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	15th May 2025

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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 17th June 2016. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 17th June 2022 to the 17th June 2025.

The centre was registered as a multi-occupancy centre to provide medium to long term care for two young people from age thirteen to seventeen years on admission. The centre aimed to help young people recover from adverse life experiences. The model of care was built on a strengths-based approach. The approach to working with children was informed by both attachment and resilience theories. The approach was also trauma informed and staff received training to understand the impact of trauma on child development. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
6: Responsive Workforce	6.2

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 and to the relevant social work departments on the 24th April 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 4th May 2025. 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: 115 without attached conditions from the 17th June 2022 to the 17th June 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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.

This inspection found that the managers and staff team were committed to promoting and protecting children's rights. The young people living in the centre experienced care which respected and promoted their rights and supported them to develop an understanding of their responsibility to respect the rights of others. Inspectors observed staff engaging with young people in a respectful manner which took account of their age, developmental needs and plans for their care. Staff supported young people to understand their rights through both direct work and their daily interactions with them. They were provided with information on independent advocacy services such as Empowering People in Care (EPIC). A welcome booklet was provided to each young person on their admission and the information was discussed with them by their key worker. This included information on how to access their records and how to make a complaint. The allocated social workers and a parent who were interviewed by the inspectors confirmed this view.

The provider had a written complaints procedure in place that was reviewed periodically. The young people had exercised their right to make complaints and where appropriate the staff team had supported one young person to make a complaint and in addition had identified issues as complaints and recorded them on behalf of the young people. Complaints were recorded on the individual care records and on an individual live log register. Inspectors reviewed these complaints and it was found that the appropriate steps were taken to address the young people's concerns. However, in some instances the inspectors found that the determination in relation to the outcome of complaints was not aligned to the identified outcomes set out in the complaints policy. The centre manager must ensure the complaints outcomes are classified in line with the policy. Most complaints reviewed by the inspectors were in house issues and were resolved at local level. The staff interviewed stated that complaints about staff practice or a breach of children's rights would be

reported as a significant event however it was not stated in the complaints policy that serious complaints would be notified to the allocated social worker through the significant event process.

The provider had developed a complaints flowchart that was displayed in the staff office. There were systems in place to escalate unresolved complaints for review/appeal by external managers and other agencies where required. Staff interviewed were familiar with the complaint's procedure and the time periods for resolving complaints. However, in interview with the inspector's the staff classified complaints as 'formal' and 'informal' as opposed to complaints managed through a local resolution and those that required referral for external and/or independent investigation. The centre's written complaints policy did not classify complaints as formal or informal therefore the centre manager must review the policy with the team to ensure they are familiar with the classification of complaints in line with the policy.

The right to make a complaint and the complaints process itself was outlined in the young people's information booklet. The young people told inspectors they knew how to make a complaint. Both young people indicated to the inspectors that they had no complaints about the care they received. Key work or individual work was completed with the young people following complaints and evidenced on file.

Young people's families and professionals involved in their care were contacted as part of the inspection process. The parent and professionals who had experience with the centre and centre staff were complimentary of the care being provided. They told inspectors they were happy with the care provided and noted progress and positive outcomes for the young people in placement. They were also positive about communication with staff and management. The parent noted that "the manager keeps in regular contact with messages and phone calls." Social workers noted that they were informed in a prompt manner of any significant events and kept up to date on the young person's care through daily logs, placement plans, behaviour management plans, phone calls and described the communication as "excellent." Daily records were maintained as required and gave a concise account of the young person's day. These were forwarded to the allocated social workers on a weekly basis. These logs provided information on positives and concerns of the day including complaints where they occurred.

Young people's views were taken into account when planning the day including any dietary preferences. Young people were encouraged to have their voice heard via a young person's meeting every three weeks. They confirmed to the inspectors that the

staff listened to their views and explained to them decisions made by the adults. There was a system in place to ascertain written feedback from the young people every three months and the young people were asked in this feedback for their views on how their complaints were managed.

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 standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must review the centres complaints policy with the team to ensure they are familiar with the thresholds and procedures for reporting complaints externally and the classification and outcomes of complaints in line with the policy.

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 inspectors found the staff team were alert to potential abuse and harm that the young people living in the centre may be vulnerable to. The team had safeguarding measures in place to ensure they were protected from harm and their welfare was promoted. The centre operated in line with relevant policies and procedures as outlined in Children First: National Guidance for the Protection and Welfare of Children (2017). All staff had up-to-date training in Children First and there were systems in place to monitor staff training and ensure it was updated as required. Staff

completed additional child safeguarding training modules on the providers safeguarding policy, role of mandated persons and child sexual exploitation. Managers and staff who spoke with the inspectors were aware of their responsibility to report concerns under Children First and were aware of their legal responsibilities as mandated persons. Staff were familiar with the reporting procedures under Children First and how to access the online portal to report concerns. The child safeguarding statement was displayed in the staff office and staff were familiar with the risks identified on the statement and the measures in place to minimise identified risks. There were safeguarding procedures in place to confirm the identity of visitors on arrival at the centre.

The centre manager maintained a list of all mandated persons as required under the Children First Act, 2015. Following a review of the providers child safeguarding policy the inspectors found that when it was updated in 2024 key aspects required in this policy had been omitted for example the procedure to deal with allegations against staff members. The regional manager subsequently reviewed the policy, rectified the omissions in the policy and forwarded the updated policy to the inspectorate.

Care plans and placement plans identified known or potential risks of harm and specific vulnerabilities associated with the young people in placement. The inspectors found that individual work, key work and the agreed staff approach to care helped and supported the young people to develop an understanding of behaviour that challenges and behaviour that is respectful of the rights of others. The individual needs and vulnerabilities of each young person were identified, safeguards were put in place and recorded in the child's care record. Safety plans were devised with consultation between the young people, their social worker, centre staff and external professionals when appropriate.

Staff worked closely with young people to develop the knowledge and skills for age-appropriate self-care and protection. This included discussions with young people on topics such as appropriate media, internet safety and healthy positive relationships. This work was completed in a sensitive and respectful manner and took account of the young people's age, ability, social history and stage of development. There were robust procedures and safety plans in place to minimise the potential risk of harm for young people on the internet and on social media. Safeguarding policies and procedures were noted to have been discussed in team meetings and staff were required to sign that they had read and understood the policies. Individual risk

assessments and individual work records were set out in their care records. Risk assessments were updated and reviewed as required.

The provider had an anti-bullying policy in place which included guidance for staff on identifying, preventing and managing incidents of bullying behaviour. There were no identified incidents of bullying in the centre between the young people and both young people confirmed to the inspectors they felt safe living in the centre.

The inspectors reviewed a number of significant events. However, they found that a review of the thresholding for recording and reporting particular aspects of behaviour for one young person was required. Further assessment and review by the managers in collaboration with the social worker in terms of risk of harm should be undertaken. In addition, the inspectors found the individual crisis management plan did not reflect the crisis management strategies identified by the team to support one specific aspect of the young persons behaviour. The centre manager must ensure the individual crisis management plan for one of the young people is updated to reflect the management strategies to respond and support all aspects of behaviour that challenges.

The centre managers maintained a register of child protection concerns and these were found to be reported appropriately. The inspector reviewed the register and there were some open child protection concerns in respect of both young people. Records confirmed that the manager in the centre maintained contact with the social work department until child protection concerns were closed. Both the parent and the professionals spoken with expressed the opinion that the young people were safe in the centre and staff were alert to potential risks. Impact risk assessments were completed where required. The professionals noted there were good safeguarding measures in place to address risk and harm as related to both young people.

The provider had a protected disclosure (whistleblowing) policy in place. The staff who spoke with inspectors were aware of the policy and its safeguarding function. However, following a review of the written policy the inspectors found aspects of the policy were complex and not easily understood and those interviewed were unable to explain aspects of the written policy. At the time of drafting the report this matter was rectified by the regional director and the policy was updated to ensure it could be easily understood by all.

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

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

Actions required

- The centre must undertake a review, in consultation with the social worker, of the thresholding for recording particular aspects of behaviour for one young person in terms of risk and harm.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

The inspectors found staff in the centre were committed to providing child-centred, safe and effective care and support. They understood their roles and responsibilities and the lines of reporting and accountability.

There was a core stable staff group who had a number of years' experience working in the centre. Those interviewed felt supported by managers internally and externally to exercise their professional judgement. There were systems in place to ensure ongoing learning and development within the centre through quality assurance audits, feedback from managers and management meetings and other statutory inspections across the service. Actions arising from quality assurance audits and other compliance forums were set out on a centre quality improvement plan that was reviewed and updated regularly between the centre manager and the external managers.

Those interviewed stated the team worked well together. There were mechanisms in place to ensure effective communication between the staff team. This included handovers, communication logs and team meetings every three weeks. The inspectors reviewed a sample of team meeting minutes. The team meeting records reflected a discussion of the young people's presentations, important developments for young people, discussions regarding policies and team wellbeing. Team meetings were mandatory and attendance had improved significantly since the period for meetings moved to every three weeks. Staff members absent from team meetings signed meeting minutes to say they had read and were aware of the decisions agreed. There was evidence that the external manager attended the team meetings periodically.

The provider had a supervision policy in place. The manager was appropriately qualified and experienced to deliver staff supervision. At the time of inspection, supervision practices were overall in line with the centre policy. The inspector reviewed a sample of supervision records and supervision was of a good standard. The records evidenced the guidance and direction provided in relation to practice. Supervision sessions were noted to include staff wellbeing, training needs and reflections on practice.

The provider had an induction and performance management policy in place. There was a system in place for undertaking annual staff appraisals and these outlined the staff members learning and development goals for the upcoming year. Induction training and probationary reviews for newly recruited staff was undertaken. This included becoming familiar with the providers policy and procedures, behaviour management training and training in Children First, observation of some duties prior to taking on those duties and becoming familiar with the young people's needs, routines, safety plans and behaviour management plans.

There were staff supports in place provided by the manager such as welfare check-ins and staff debriefing. The behaviour management trainer was accessible to the manager and staff in relation to crisis management review and support. There were formalised procedures for on-call support at evenings and weekends. External supports were available to staff through an employee assistance programme (EAP) and staff interviewed were familiar with the programme, knew how to access the supports where required and some staff had availed of support through the EAP.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.1
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

- None identified

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 review the centres complaints policy with the team to ensure they are familiar with the thresholds and procedures for reporting complaints externally and the classification and outcomes of complaints in line with the policy.	The centre manager has reviewed the centre's complaints policy with the team during a team meeting on 30.04.2025. The centre manager will also discuss this with each member during their supervision to ensure they are familiar with the classifications and outcomes of complaints in line with policy.	The complaints policy will be reviewed quarterly at team meetings.
3	The centre must undertake a review, in consultation with the social worker, of the thresholding for recording particular aspects of behaviour for one young person in terms of risk and harm.	The centre manager has requested a professional meeting with both young people's social workers to discuss the threshold for recording behaviours of concern. This was request was made on 28.04.2025. The centre manager also discussed with the staff team a threshold for recording behaviours of concern during a team meeting on 27.03.2025.	The threshold for recording behaviours of concern will be reviewed periodically at team meetings.
6	N/A		