



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 130

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	24 Hr Care Services Residential Division
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	15th and 16th July 2020
Registration Status:	Without attached conditions from 14th August 2020 to 14th August 2023
Inspection Team:	Cora Kelly Sinead Diggin
Date Report Issued:	12th August 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 2017. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 14th August 2017 to the 14th August 2020.

The centre's purpose was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The model of care was relationship based. It was described as providing a safe homely environment for young people who were experiencing difficulties in their lives and working with them to provide opportunities for growth. There were four children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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, 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

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 4th 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 10th August 2020. This was deemed to be satisfactory.

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: 130 without attached conditions from the 14th August 2020 to the 14th August 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 registered proprietor through the service manager and development manager/ company director held responsibility for ensuring that the centre was operating in compliance with the requirements of relevant legislation, regulations and the National Standards for Children’s Residential Centres, 2018 (HIQA). Inspectors found from the review of the centre’s policies and procedures that they were not fully in line with the standards. Additional work across three areas was required to ensure full compliance with the standards. The inspectors found that in general corporate and clinical governance arrangements were interlinked and were effective in the delivery of safe and effective care. Areas identified during the inspection that required further work included the centres risk management framework, the system for reviewing and analysing of significant incidents and reviewing the child protection policies, procedures and practices. The first two areas identified as requiring improvement will be discussed under sections 5.2 and 5.4 with the latter in the next paragraph.

The centre had two separate documents relating to child protection. The inspectors found that the procedures for reporting child protection disclosures were inconsistent with outdated legislation referenced throughout one of the documents. In interview and from questionnaires staff did not name the centres policy on protected disclosures/ whistleblowing when asked how they would address poor practice. Notwithstanding these deficits staff were fully aware of their statutory obligations as mandated persons, of the Child Safeguarding Statement and how to manage serious concerns and significant events. The registered provider must ensure that deficits identified above and child protection policies, procedures and practices comply with the National Standards for Children’s Residential Centres, 2018 (HIQA).

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.

It was evident from the overall inspection process that effective leadership was demonstrated both internally and externally in the centre and organisation. Internally, the strong focus on providing a quality and safe centre was enhanced by a robust emphasis on the continuous professional development of staff through supervision, performance management, training, team meetings, reflective practice and guidance and support. This was evident too for the young people through their individual plans and risk assessments, young people meetings, COVID planning and as informed by young people in interview. An outcome of the leadership style of management was the continued stability of the staff team since the last inspection.

Management arrangements were clear and staff were aware of the internal and external management structures and the roles and responsibilities of individuals in the centre and organisation. In interview and from the review of questionnaires the inspectors were informed that governance arrangements included regular auditing and regular monitoring of care and operational practices. Regular team meetings, senior management meetings, supervision, internal and external audits, on-going oversight of care practices and documentation were the forums for monitoring care and operational practices.

The centre manager was the designated person in charge of the day-to-day running of the centre. They were supported in this role by a deputy manager. Both were present in the centre Monday to Friday and had specific oversight and monitoring tasks. There was ample evidence that they were competent, experienced, responsible and accountable for the delivery of care within the centre. Interviews with young people, staff, social workers and a guardian ad litem indicated that they provided good leadership and support. The duties of the deputy manager did not include management arrangements for when the centre manager was absent. Senior management must review this and ensure that suitable management arrangements are in place in lieu of the centre managers absence.

In addition to the centre and deputy manager, internal management consisted of two social care leaders. It was found that they each had their own individual and specific roles and responsibilities. The internal management system, who also implemented

the centres on-call arrangements, and the staff team was found to have been appropriate to the size and purpose and function of the centre.

An effective supervision support system was in place. It was mainly through this forum that the centre and deputy manager delegated tasks, recorded key decisions made and actions identified. In line with the National Standards for Children's Residential Centres, 2018 (HIQA) the centre manager must devise a separate template to record key decisions made when management responsibilities are delegated.

The centre had a policy on risk assessments that was found to not have been part of an overall risk management framework. The inspectors found that the processes for risk identification and assessment were good but deficits were found within the processes for managing risk. Various risk assessment processes were in place including individual crisis management plans, absence management plans, general risk assessments for young people, pre-admission risk assessments and impact risk assessments. A risk matrix was used during the risk assessment process to define the level of risk. There was no centre or organisational risk register and risk management plans were not developed when individual risks to young people were identified. Notwithstanding the absence of a framework, staff in interview demonstrated a good knowledge of the risk assessment process and young people in interview and through questionnaires stated they were safe in the centre. Following the inspection and prior to the draft report being issued centre management had submitted the centres risk register, an updated risk assessment form and placement plan and the newly developed individual risk management plan. Senior management were in the process of updating the centre's policies and procedures relating to the overall risk management framework as part of their full compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) review.

There was a service level agreement with the funding body Tusla with the tendering process on-going by Tusla in conjunction with the company director. Information relevant to staffing, governance and care practices was submitted to Tusla bi-annually.

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 which is subject to yearly review, was last reviewed and updated in June 2020. The statement included the criteria outlined under 5.3.1 in the National Standards for Children's Residential Centres, 2018 (HIQA) including the

day-to-day operations of the centre. It was recently reviewed and evaluated as part of the centres external governance processes.

The relationship approach model of care outlined in the statement of purpose was evidenced based. It was underpinned by a recognised model of behaviour management. In interview staff described and understood its guiding principles. The organisation's consultant psychologist provided clinical support to assist the implementation of the model of care in daily practice. Senior management stated that the model of care was in the process of being reviewed with the consultant psychologist and when updated staff would be provided with training.

A version of the statement of purpose was included in the young peoples' information booklet and the centre's brochure for parents and social workers. This information was being updated at the time of the inspection.

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.

Auditing and monitoring arrangements were in place operationally that included internal and external processes for reviewing the quality, safety and continuity of care provided to the young people. These included regular team meetings, senior management meetings, weekly manager's reports, supervision, senior managements regular presence in the centre, reflective practice, daily handovers and reviewing of staff files and young peoples' files. The on-going needs of the young people were observed, discussed and reviewed at these forums. Managements oversight of care practices was outcome focused and this was deemed to be effective.

The audit tool developed by the service manager was aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) document and were accompanied by actions plans. Two audits, that were quantitative focused had been conducted against the standards since the last inspection in November 2019 including theme 5. Given the methodology approach the audit data was found to have been brief and was not comprehensive enough for example deficits relating to the centres child protection policy and procedures highlighted in this report was found to have been fully met in the audit conducted by the service manager. The registered provider must ensure that existing external auditing mechanisms that assess the

safety and quality of care provided are strengthened to ensure compliance with the HIQA standards.

Since the last inspection there had been no formal complaints entered into the centres complaints register. Social workers in interview verified this. Of the informal complaints observed the dates of conclusion was not always evident. Centre management agreed to rectify this issue during the inspection. Where necessary individual work with young people was completed in response to the informal complaint made. Complaints were a standing item for discussion at staff team meetings and management meetings. The centre's response to concerns and incidents included recording and acting on same as required through means of risk assessments, behaviour management plans, care approaches, and the notification of significant incidents.

Internally, significant events were reviewed at team meetings and monitored on an ongoing basis by centre management and senior management through weekly governance reports and oversight of records when present in the centre. The significant event review group had met on one occasion since the last inspection. The inspectors reviewed the significant events register as part of the inspection. They found that there was a sufficient number of incidents to have regular significant event review group meetings. The purpose of the group being to identify patterns and trends of incidents, review staff interventions, target learning for young people and staff and to promote improvements. The inspectors found from the review minutes that it could be improved to better evidence any trends or learning opportunities. The significant event review group must meet regularly to monitor and analyse incidents and this must be implemented as a matter of priority.

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 5

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

Actions required

- The registered provider must ensure that deficits identified in this report including child protection policies, procedures and practices comply with the National Standards for Children’s Residential Centres, 2018 (HIQA).
- Senior management must ensure that suitable management arrangements are in place in lieu of the centre manager’s absence.
- The centre manager must devise a separate template to record key decisions made when management responsibilities are delegated.
- The registered provider must ensure that existing external auditing mechanisms that assess the safety and quality of care provided are strengthened to ensure compliance with the HIQA standards.
- Senior management must ensure that the significant event review group must meet regularly to monitor and analyse incidents and this must be implemented as a matter of priority.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure that deficits identified in this report including child protection policies, procedures and practices comply with the National Standards for Children’s Residential Centres, 2018 (HIQA).</p> <p>Senior management must ensure that suitable management arrangements are in place in lieu of the centre manager’s absence.</p> <p>The centre manager must devise a separate template to record key decisions made when management responsibilities are delegated.</p> <p>The registered provider must ensure that existing external auditing</p>	<p>The registered provider will ensure that all deficits pertaining to our child protection, policies, procedures and practices are addressed to comply with the National Standards for Children’s Residential Centres, 2018 (HIQA). A full overview is in process and will be completed in 4 weeks.</p> <p>Senior management have put in place clear, suitable arrangements in the absence of the centre manager with the support from the service manager.</p> <p>The centre manager has devised a template to record key decisions made when management responsibilities are delegated.</p> <p>The registered provider will ensure that the auditing mechanisms in place are</p>	<p>The registered provider and senior management will ensure effective oversight to ensure child protection policies, procedures and practices comply with the National Standards or Children’s Residential Centres 2018 (HIQA).</p> <p>Senior management will review these arrangements at senior manager’s meetings or when required to ensure all aspects of the arrangements are in place.</p> <p>Senior management will review this template to ensure governance and accountability of key decisions made.</p> <p>The registered provider will have oversight and governance of the auditing</p>

	<p>mechanisms that assess the safety and quality of care provided are strengthened to ensure compliance with the HIQA standards.</p> <p>Senior management must ensure that the significant event review group must meet regularly to monitor and analyse incidents and this must be implemented as a matter of priority.</p>	<p>strengthened with immediate effect to ensure compliance with the HIQA standards.</p> <p>Senior management will immediately commence the significant event review group to monitor and analyse incidents to ensure effective learning.</p>	<p>mechanisms to ensure effectiveness and compliance with the HIQA standards.</p> <p>Senior management will ensure the significant event review group will take place every 8 weeks and feedback will be provided to the staff team at team meetings.</p>
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