



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: 2024

Inspection Report

| | |
|------------------------------|---|
| Year: | 2024 |
| Name of Organisation: | 24 HR Care Services Residential Division |
| Registered Capacity: | Four young people |
| Type of Inspection: | Unannounced |
| Date of inspection: | 11th, 12th & 17th June 2024 |
| Registration Status: | Registered from 14th August 2023 to 14th August 2026 |
| Inspection Team: | Lisa Tobin Sharon Mc Loughlin |
| Date Report Issued: | 6th August 2024 |

Contents

| | |
|--|----------|
| 1. Information about the inspection | 4 |
| 1.1 Centre Description | |
| 1.2 Methodology | |
| 2. Findings with regard to registration matters | 7 |
| 3. Inspection Findings | 8 |
| 3.1 Theme 2: Effective Care and Support, (Standard 2.1 only) | |
| 3.2 Theme 3: Safe Care and Support (Standard 3.3 only) | |
| 3.3 Theme 6: Responsive Workforce (standard 6.3 only) | |

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 14th of August 2017. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 14th of August 2023 to the 14th of August 2026.

The centre was registered as a multi-occupancy service. The centre's purpose was to provide accommodation for four young people of all genders from age thirteen to seventeen years on admission. The centre's model of care was trauma informed care which enabled young people to participate to their full potential in environments, carefully planned to serve individual needs. It aimed to promote positive outcomes through education and building positive family connections. There were four young people registered as 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 | 2.1 |
| 3: Safe Care and Support | 3.3 |
| 6: Responsive Workforce | 6.3 |

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 9th of July 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 23rd July 2024 that there were no factual inaccuracies in the draft report.

The findings of this report 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 insert date 14th of August 2023 to the 14th of August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 were policies and procedures in place within the organisation on admissions which took into account the rights of the child and relevant legislation. These policies were reviewed and updated in June 2022 and inspectors were informed they were in the process of updating the admissions policy to reflect the new pathway system that was brought in by the National Placement Team. The policy outlined the planned procedures for admission considering the structure of the transition plan, the requirement of documentation for the young people from the social work department and the processes the centre need to undertake. When completing the file review, inspectors found that the systems in place followed the centre policy around their admission processes.

During interviews with staff, they stated their relationship with social workers were positive however at times there were issues that had to be resolved. The needs of the young people were currently being met by the centre according to the social workers, guardian ad litem (GAL) and social care leader that participated in interview. Inspectors heard from a social worker that communication required improvement from the centre to ensure the social worker was appropriately informed of what was happening for the young person. The inspectors recommend that appropriate actions are taken by the centre and social work department to ensure consistent effective working relationships exist to ensure the best outcomes for the young people they are working with.

While completing the file review, inspectors noted that there was relevant paperwork sent to the centre prior to admission, documentation completed to identify the needs of the young people and input from the organisations psychologist to determine what supports would be most beneficial for the young people. Care approaches were developed by the psychologist with the team to best support the young people with any presenting/concerning behaviours. There had been no specific training identified directly linked to the young people needs that was required, however staff were reviewing their SafeTalk training, and the acting centre manager was sourcing ASIST training to support the team.

Inspectors found that the placements in the centre were in line with the statement of purpose and function of the centre. The team were able to discuss their model of care using a trauma informed approach and, in some cases, using a harm reduction approach to the care of the young people. The staff had good knowledge and understanding of these approaches and were able to articulate them well during their interviews. Inspectors found that the approach was implemented and working well and responded to the needs of the young people.

Pre-admission risk assessments were completed to determine the appropriateness of placing new young people in the centre. Social workers and a social care leader informed inspectors during interview that they were made aware of new admissions and of potential impact of needs and behaviours on their allocated young person. They had opportunity to discuss this with the centre management prior to a new young person being admitted. Safety plans and weekly plans were established to ensure the impact on peers was minimal.

Transition plans were drafted as part of the admissions process in conjunction with the centre, the social work department, the young people, family, and any other relevant professionals. The plan consisted of day visits and overnights to the centre before the official admission took place which allowed the young person to become familiar with the centre, the staff and to understand the expectations while living there. One of the transitions that occurred since the last inspection in May 2023 was expedited due to unavailability of accommodation for that young person. Inspectors found that documentation from the young people's files around their medical history, vaccinations, birth certificates were not on file but there was evidence of the centre requesting these from the social work department. A document named "A key workers guide through a young person's placement" identified all the areas to be discussed with the young people during and post their admission. Inspectors found that this was a comprehensive form and clearly detailed the date these tasks were completed and by whom. Inspectors spoke informally with two young people in the centre at lunch, one who was new to the centre and another who was there awhile. Both young people stated they were happy there and that they liked the house and the staff. They were planning their day trips for the summer with staff.

| Compliance with Regulation | |
|----------------------------|-------------------------------|
| Regulation met | Regulation 5 Regulation 17 |
| Regulation not met | None Identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 2.1 |
| 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:

- No actions required.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors found that there was an open culture among the staff team and with the young people which encouraged all to raise any concerns to identify areas for improvement. During interviews, the staff were able to highlight the supports they received from management through supervision and training. The young people had been provided with a booklet on their admission and were aware of the complaint's procedure within the centre. The young people also participated in young people meetings which gave them the opportunity to discuss any issues or concerns they had. Inspectors saw that the complaints process was explained to the young people at these meetings. Inspectors saw documented evidence where young people had an issue it was addressed by staff and management at the young peoples meeting or at a later stage, if deemed more appropriate.

During the file review, inspectors found that there were other relevant people involved in the young people's lives. These consisted of their family members, social workers, GAL's, and other professionals from support services. There was documentation where contacts were made with each of the above relevant to each young person's placement which consisted of phone and email contact, strategy meetings and professional meetings. During interviews with social workers and a GAL, they stated they were informed by the centre staff about anything that happened in the young person's lives and were sent weekly update reports about what was planned for the young people. As mentioned earlier there were some communication difficulties with one social worker and the centre and this was to be followed

up by both parties. The social workers and GAL stated there was capacity for them to give feedback to the centre to identify any areas for improvement, should they need to.

There were relevant policies and procedures in place for significant events and for the significant event review group (SERG) and shift debrief. Staff were able to name and identify when they were required to complete a significant event notification (SEN) and stated who they were to inform and send the SEN to. From reviewing a sample of SEN's, inspectors found that they were sent to the relevant people in line with the centre's policy and procedure. It was evident that the staff included their trauma informed responses, and it was reflected throughout the SEN's in their responses to the young people. When there was follow up required due to disclosures or possible child sexual exploitation, inspectors found that the staff had responded appropriately in completing the relevant reports. Centre management oversight was noted on SEN's where they left comments regarding follow up or commented on the good work completed by the staff. There was an SEN register which captured the information for each incident which was overseen and updated by the acting deputy manager.

SERG reviews occurred quarterly within the organisation and were attended by senior management. The discussions were then brought back to the team via handover, supervisions, case management meetings and at team meetings. Any learnings identified were discussed among the team and relevant changes were made to the young people's care records if required. Inspectors saw evidence of shift debriefs occurring for staff regularly where there was an opportunity to reflect on the previous shift and to share what they felt had worked well and what had not worked well. Again, any relevant information or learnings here were taken back to the team at team meetings. Where possible, staff completed life space interviews or individual work with the young people to reflect on their behaviours and to identify supports needed should that type of incident occur again.

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

| Compliance with standards | |
|---|--|
| Practices met the required standard | Standard 3.3 |
| 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 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed by inspectors were aware of their roles and responsibilities that came with their subsequent title, whether they were a social care worker, social care leaders or management. Staff interviewed were also key workers and they were able to explain what that role entailed and their responsibilities. Staff were aware of the management structure within the centre and the overall organisation and knew who they could speak to if they had an issue or concern. Staff identified policies in place to support them in their work such as code of conduct and lone working policies.

When it came staff exercising their professional judgement, staff were able to identify occasions where this was possible when they were shift leader, during debriefs and when making decisions day to day that affected the running of the centre. Staff were aware that some decisions they made may not have been right all the time but that from each action, came learning and development as a staff member and they were continuously supported by the team and management. Self-reflection was a large part of their work in identifying what worked well and what did not and sharing this information with the team to ensure a consistent approach with the care of the young people. Inspectors found that for newer staff members, they were on shift with more experienced staff members and were able to develop their skills through role modelling from the more experienced staff. Staff reported that they felt the staff team had the appropriate experience to meet the needs of the young people and inspectors would agree with this as evidenced in seeing how the staff cared for and managed the young people with their needs and in achieving their goals.

When it came to staff safety, staff were able to demonstrate the ongoing supports available to them from their colleagues and management while on shift, access to training, supervision and informal supervision if needed, lone working policy, awareness of the process for complaints and protected disclosures if required, the availability of on call and of the director of care for reflective practice. Staff were able to identify a crisis that had occurred where their safety was compromised and were able to share the learnings with inspectors during

interview around how to manage that situation should it arise again. It was evident to inspectors that learning, and development through reflective practice was an integral part of the staff's role throughout their working day.

Team meetings occurred every two weeks and the agenda covered in-depth discussions regarding the young people, training, development, policies, risks, goals, reflective practice from debriefs, audit feedback, SERG feedback, among others. The sharing of this information and the well written minutes allowed all staff to be aware of the work required to be completed with the young people.

There was a supervision policy in place which outlined the times for supervision as every four to six weeks. Staff were aware of what the procedure was for supervision and felt it was beneficial to them in their own development. Supervisions were occurring regularly with some delays which were identified and reasoned within the notes due to the change in the management structure. Those who were identified as supervisors had completed the relevant training. Working as part of a team, including communication was also discussed. Records were signed and dated by both parties.

Appraisals were occurring yearly with the centre manager and the director of care. Written records were kept of these. Supports were available to staff in the form of an employee assistance programme where they had access to the organisation's psychologist, refer a friend programme, supervision, training, on call system, debriefs, Christmas bonus, pension scheme and educational support. Staff commented on how they liked the vision of the ethos of the centre and working with the young people currently living there.

| Compliance with Regulation | |
|-----------------------------------|--------------------------------------|
| Regulation met | Regulation 6 Regulation 7 |
| Regulation not met | None identified. |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 6.3 |
| 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.