An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 147

Year: 2020

Inspection Report

Year:	**2020**
Name of Organisation:	**Kellsgrange Residential Services**
Registered Capacity:	**One young person**
Type of Inspection:	**Announced**
Date of inspection:	**08th, 09th & 10th December 2020**
Registration Status:	**Registered from 31st May 2019 to 31st May 2022**
Inspection Team:	**Joanne Cogley** **Lorna Wogan**
Date Report Issued:	**5th February 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 25th January 2019. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from 31st May 2019 to 31st May 2022.

The centre's purpose and function stated that it provided care for one young person aged between thirteen to seventeen years on admission. Their model of care was described as being built on a relationship based model which re-affirms the importance of working relationships between social care workers and young people within a contemporary perspective.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3

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 via teleconferences 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 on the 4th January 2021 and to the relevant social work departments on the 4th January 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 21st January 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: 147 without attached conditions from the 31st of May 2019 to the 31st of May 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

Inspectors reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a child safeguarding statement that was supported by a letter of compliance issued by the Tusla Child Safeguarding Statement Compliance Unit. The centre also had an anti-bullying policy in place that outlined the potential risk of harm to children when accessing the internet and social media platforms. The organisation had updated their recruitment policy and procedures in February 2020. Whilst the centre had new staff appointed since the last inspection, these staff were not newly recruited to the organisation. The inspectors were satisfied that deficits identified on staffing files in the previous inspection had been addressed. Inspectors saw evidence that there was a quarterly centre manager self-audit report on child protection however there was no evidence to demonstrate the information in these audits had been validated by the registered provider. Inspectors found there were no current mechanisms in place by the registered provider to ensure their governance and oversight of child protection and safeguarding within the centre. The director of services must ensure they implement a formal governance mechanism for oversight of child protection and safeguarding.

Staff received appropriate education and training to recognise and respond to allegations of abuse in line with Children First. Staff training records evidenced that each staff member had completed training in the Tusla E-Learning module: Introduction to Children First, 2017. Staff members also had completed training in the organisation's own child protection policies and procedures as recently as December 2020. During interviews, inspectors found that despite the aforementioned training carried out, not all staff members demonstrated an awareness and understanding of the centre's child safeguarding policies and procedures. One staff member interviewed struggled to communicate an understanding and awareness of the child safeguarding statement and the centres policies relating to child safeguarding and the reporting of concerns. The centre manager must ensure that all staff are aware of the processes around responding to

and reporting issues of concern. Arrangements were in place to inform parents of allegations of abuse where appropriate. The centre manager did not maintain a system for tracking child protection concerns and should as a matter of priority put a system in place to track all child welfare and protection concerns as they relate to the young person in placement. This was an outstanding action from the centres last inspection.

The centre had reported two child protection and welfare concerns since the last inspection, one of which remained open. There was evidence of oversight of this open reported concern by the centre manager. There was evidence that risk assessments were completed, individual work had been completed with the young person and the manager had followed up on this concern with the relevant social worker. Staff members interviewed demonstrated an awareness of who the designated liaison person was, however in their interview with the inspectors they stated that it was the responsibility of the designated person (centre manager) to report on the identified concerns. The centre manager must ensure that all staff understand their obligations to report as mandated person's under Children First, 2017.

The centre completed placement plans for the young person on a quarterly basis. Inspectors reviewed these plans and found there was a standard template in place for placement planning. The inspectors found that the placement plans contained a significant amount of narrative rather than setting out clearly the goals and objectives of the placement plan and the key work for the period ahead. The placement plan, along with the care plan identified individual areas of vulnerability for the young person, risk assessments and individual work that was completed with the young person to address specific vulnerabilities. There was evidence that individual work was completed with the young person in relation to internet safety, boundaries, consent and sexual education. There was also evidence that the centre's psychotherapist provided clinical oversight and guidance to the staff team to assist them in their key work and their care approach to meet the needs of the young person in placement.

The centre had recently developed a protected disclosure policy. As the registered provider was involved in the day to day operations of the centre, the centre had an identified external complaints officer that staff could go to if they were concerned about any wrongdoing within the organisation. Through interview staff members were aware of this appointed individual and were confident they could approach them if required. Staff members interviewed appeared confused between the

protected disclosure policy and the policy for managing a disclosure, although when this was explored further by inspectors it was clear staff members knew the process for each but were confused by the terminology in the names. The inspectors recommend the centre manager supports the staff to distinguish the terminology in both policies.

Standard 3.2: Each child experiences care and support that promotes positive behaviour.

Staff were trained in a recognised model of behaviour management and there was evidence that regular refresher training was completed. The centre had a behaviour management policy in place that provided guidance on the management and approaches to behaviours that challenge. During interviews with staff, inspectors found that they understood the approaches to behaviour management and were able to implement this on a day-to-day basis. The centre had moved away from behaviour modification charts that they had previously used and instead focused on newly implemented behaviour management plans. The centre had a policy on sanctions in place and it highlighted that the aim was to promote natural consequences linked to behaviour. This was confirmed in interview with the centre manager and staff members. There was evidence of the use of both sanctions and rewards in place with clear rationale and a linkage to behaviours.

Inspectors found from the majority of staff interviews that there was an awareness of mental health issues and bullying. There was evidence that individual work with clear learning outcomes had been undertaken to support and promote positive mental health. Inspectors found in some instances there appeared to be a lack of understanding about the impact neglect and abuse could have on behaviours and this should be explored further through significant event review groups and team meetings. There was evidence that key work and life space interviews were undertaken with the young person to assist them to understand their behaviours, the risks associated with their behaviour and equip them with skills to assist them in their own growth and development. The young person had external supports in the form of child and adolescent mental health services and support services. The organisation's psychotherapist was also available to meet with the young person on a weekly basis and provided additional support around behaviour management.

The young person in placement had an individual crisis management plan and there was evidence to show this plan was updated in response to the young person's current presenting needs and staff responses to crisis behaviour. However,

inspectors found that the date the plans were reviewed was not recorded. The centre manager subsequently forwarded the ICMPs which were amended to evidence the date of review. Inspectors were informed that a copy of this crisis management plan had been shared with the young person's school and were concerned about the data protection implications and best practice in relation to sharing personal information. This practice of sharing centre documentation must be reviewed by the centre manager and notified to the young person's social worker. The social worker for the young person had provided sufficient pre-admission referral information to the centre to enable the staff team to adequately support the young person with behaviour that challenges.

Inspectors did not find evidence that the registered provider had sufficient systems in place to ensure regular auditing and monitoring of the centres approach to managing behaviours that challenge. The centre manager completed a self-audit tool on a monthly basis on all eight themes of the National Standards for Children's Residential Centres, (2018) HIQA. This document was mainly a quantitative audit of practices with very little qualitative analysis. Inspectors reviewed an audit tool developed by the registered provider to assess and monitor the centres approach to managing behaviour that challenges. Inspectors found this audit tool required further development to ensure there was a clear analysis of the teams approach to managing behaviour and identification of areas for improvement and/or learning outcomes. This was an outstanding action from the centres last inspection.

The centre had recently developed a policy on restrictive procedures. The centre manager and staff members interviewed demonstrated an awareness of this policy and outlined to the inspectors that the young person in placement was not subjected to any restrictive procedure. However, the inspectors found that the practice of withdrawal of the young person's phone was a restrictive practice. While the manager and staff had not recognised this as a restrictive practice in itself there was evidence in place that demonstrated that this practice was fully risk assessed in conjunction with the young person's social worker and guardian ad litem and was regularly reviewed and discussed through team meetings, management meetings and discussion with the centre's psychotherapist. There was evidence to show that restrictions had been loosened in recent weeks with the aim of helping the young person manage their mobile phone more appropriately and in a safe manner.

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

Inspectors found that young person's meetings were held daily in the centre which allowed the young person the opportunity to provide feedback on the day-to-day operations of the centre and the care that they were receiving. The young person had recently been allocated a new social worker however had not yet met them at the time of the inspection. It is important the young person and their social worker begin to build a relationship to allow for further safeguarding.

Parents and social worker feedback was evident through care plan reviews. The centre also had its own mechanisms in place for parents and social workers to provide feedback directly to them outside of statutory review meetings for the purpose of learning and service improvement.

The centre had a policy for the notification and management of incidents and inspectors were informed by the allocated guardian ad litem that all incidents were reported in a prompt manner both by phone and email. The inspectors found the written policy did not outline the procedures in place to monitor and review incidents and should be updated to reflect these processes.

A review of team and management meeting records evidenced that significant events were discussed in these forums and the records demonstrated oversight and analysis of these events. The records evidenced discussions around behaviour management, complaints and the management of risk. There was also evidence of guidance from the psychotherapist and their input into therapeutic approaches being utilised. Inspectors reviewed a sample of the psychotherapist's feedback notes and found there to be open, transparent discussions. There was evidence of staff challenging practices and raising concerns in an appropriate manner.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 3.1** **Standard 3.2** **Standard 3.3**
Practices did not meet the required standard	**None identified**

Actions required

- The director of services must ensure they implement a formal governance mechanism for oversight of child protection and safeguarding.
- The centre manager should as a matter of priority put a system in place to track all child welfare and protection concerns as they relate to the young person in placement.
- The centre manager must ensure that all staff understand their obligations to report as mandated person's under Children First, 2017.
- The director of services must ensure an audit tool is developed and implemented to regularly audit the centres approach to managing behaviours that challenge.
- The centre manager must ensure they review the practice of sharing centre documentation with third parties.
- The director of services must review the policies in place to reflect the procedure for the monitoring and review of incidents.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The director of services must ensure they implement a formal governance mechanism for oversight of child protection and safeguarding.	Further to current governance systems (quarterly Child Protection Self-Assessment)- a more robust tool will be considered to ensure formal oversight is evidenced by DOS- this will be completed by Feb 2021	DOS will ensure that this is evidenced in Quality Improvement Document and that physical checks are completed on visits to centre.
	The centre manager must ensure that all staff understand their obligations to report as mandated person's under Children First, 2017.	Child Protection and Safe Care Practices will continue to be prioritised as an area of on-going training. Regular in- house discussions and subsequent Q&A's will be undertaken and documented. This will be conducted by centre manager on a quarterly basis and written evidence will be kept. It will also be discussed in supervision going forward as a matter of urgency. eLearning and in house training will	Continued in house discussion in team meetings and supervision. Any deficits in knowledge will be passed onto DOS within management meetings and further training sought if deemed necessary.

		continue as required, with emphasis on team discussion. Time frame on-going.	
	The centre manager should as a matter of priority put a system in place to track all child welfare and protection concerns as they relate to the young person in placement.	Logbook now in place to track all CPWRF in one location as recommended on day of inspection. Immediate- centre manager/DLP will ensure that this is audited at same time as CP audits for verification purposes.	System in place and visual checks will be undertaken in DOS house visits to ensure this is up to date. DOS visits occur monthly with different areas audited as per governance plan. This logbook will be verified as up to date by DOS on specific visits.
	The director of services must ensure an audit tool is developed and implemented to regularly audit the centres approach to managing behaviours that challenge.	There are mechanisms in place in relation to auditing behaviours and this are further discussed in SERG and management meetings on a monthly basis. There continues to be ongoing changes in terms of auditing and recording of same as the process progresses organically within centre. Further development will be undertaken in reference to ascertaining qualitative rather that quantitative analysis of behaviour. The centre manager, together with the	DOS will endeavour to make the audit more reflective of qualitative outcomes and ensure centre manager is provided with adequate feedback to ensure Quality Improvement.

		DOS will work together in order to ensure relevant information is captured in this auditing tool. Strive for completion of same by March 21.	
	The centre manager must ensure they review the practice of sharing centre documentation with third parties.	Complete. no further information will be provided unless written consent from SW or author of report is received and associated requests/discussion recorded. Immediate	No information to be shared with third party unless permission sought.
	The director of services must review the policies in place to reflect the procedure for the monitoring and review of incidents.	Policy Review scheduled Feb 2021- this area will be reviewed, and changes made as per required action. Management team- across the company will strive to streamline policies and ensure that the process of reading, understanding and flow of same is effectively portrayed and communicated. This process will begin in Feb 21 and the monitoring and review of incidents will be prioritised. DOS is responsible with the	

		input and support of management team.	