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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Kellsgrange Residential Services**
Registered Capacity:	**One young person**
Type of Inspection:	**Announced**
Date of inspection:	**07th, 08th & 09th December 2021**
Registration Status:	**Registered from 31st May 2022 to 31st May 2025**
Inspection Team:	**Paschal McMahon** **Joanne Cogley**
Date Report Issued:	**12th April 2022**

Contents

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 three 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 was a special arrangement for single occupancy for a young person aged between thirteen to seventeen years on admission. Their model of care was described as 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.

The centre made an application to the Alternative Care Inspection and Monitoring Service to increase the capacity of the centre to a dual occupancy service in June 2021 and this was approved. In July 2021 following the discharge of a young person the service reverted to a single occupancy service and there was one young person in residence at the time of inspection. This young person was under 13 years of age and derogation had been granted for the placement from the Tusla Alternative Care Inspection and Monitoring service.

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 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, centre manager and to the relevant social work department on the 11th of January 2022. 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 suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 25th of January 2022. 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 2022 to the 31st of May 2025 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 was one young person in placement. The young person was under 13 and there was a derogation in place. The young person had an up-to-date care plan on file and statutory reviews had taken place monthly in accordance with in with the "*National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*". In addition to care plan reviews there was evidence of ongoing professional and strategy meetings taking place between the centre management, social work department, the young person's Guardian Ad Litem and other relevant professionals to put in place the required supports and to progress the child's therapeutic needs.

Inspectors were satisfied that efforts were made to reflect the young person's views in the care planning process. While the young person had chosen not to attend their statutory care plan reviews to date, they had completed consultation forms and there was evidence on file of staff and management consulting with the young person prior to and after their reviews took place.

The young person had a placement plan on file that was updated monthly. Inspectors reviewed the placement plan and found that it focussed on the key areas identified in the care plan on file. Placement plans were developed by keyworkers in consultation with the centre manager and a monthly key working plan was in place. The placement plan outlined the goals for the month, identifying specific pieces of work to be undertaken with the young person. Staff in interview were aware of the young person's placement and care plan goals and outlined their efforts to achieve these goals.

There was evidence in key working records that the placement planning process had been discussed with the young person in an effort to gain their input. Consultation with the young person's family in relation to placement planning was gained through regular contact with the family and they had attended the monthly child in care

statutory reviews. Inspectors reviewed the key working records and found that they were of good quality and linked to the goals of the placement plans. There was evidence in team meeting records that placement planning and key working was consistently reviewed. The social worker and Guardian Ad Litem for the young person informed inspectors that they were satisfied that the goals in the young person's care and placement plans were being addressed.

The young person's social worker and centre management confirmed that the young person had access to a number of specialist support services. At the time of inspection, the young person required additional supports and there was evidence on file and in interviews that the young person's Guardian Ad litem, social worker and centre management were proactively making efforts to access these supports. The centre also had access to the organisation's psychotherapist. They had recently taken up their post and were available to undertake direct work with the young person as well as providing clinical guidance and support to the staff team.

Inspectors found from a review of care files that there was effective communication between the centre, social work department and the young person's Guardian Ad litem. The social worker was provided with a copy of placement plans, progress reports, significant event reports and other relevant documentation. The social worker and the Guardian ad litem confirmed in interview that they were satisfied with the level of communication with the centre.

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

Compliance with standards	
Practices met the required standard	**Standard 2.2**
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.

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.

There was evidence of good leadership in the centre. The centre manager was in post since January 2017. They had worked for the organisation for five years and had relevant experience in residential work and in leadership roles. Staff interviewed stated that the manager was approachable, supportive and held them accountable for their practice. The young person's social worker and Guardian Ad Litem were both satisfied that the centre was well managed and with the quality of care the young person was receiving.

Inspectors found that there was a management structure in place which provided accountability and authority with the centre manager reporting to the director who was the named registered provider. The centre had also recently appointed a deputy manager. The centre manager held a recognised qualification in social care and had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. There was evidence that the centre manager had oversight on young people's care files and registers. The director had regular contact and communication with the centre manager in relation to the operation of the centre. The centre manager provided the director with weekly and monthly governance reports and there were a number of internal and external management meetings taking place on a regular basis.

The centre had a range of auditing systems and quality improvement plans in place. Inspectors found in the period reviewed that audits had been undertaken assessing the quality of service provision within the centre and incorporating a review of the centre compliance with the themes of the National Standards for Children's for Children's Residential Centres, 2018 (HIQA).

Internal audits were conducted by the centre managers and staff using a number of self-assessment tools. The centre manager reported that they had responsibility for oversight of these audits and followed up on any actions that needed to be addressed.

These audits were then forwarded to the director for review along with the manager's weekly and monthly reports. The director informed inspectors that they would review and comment on these audits and discuss any issues that arose with the centre manager. The director could also access additional information from the centre manager or from the organisations IT system if required. In addition, the director conducted their own audits of the centre. The two most recent audits took place in June and September 2021 and covered a three month period. As part of their audit process the director met with staff, examined records, observed practice and made recommendations for the centre management to follow up on.

Inspectors found from reviewing both the internal and director audits that a number of follow up actions were identified. However, it was unclear to inspectors as to whether these recommended actions had been completed as there were no clear action plans evident in response to actions identified in these audits. The registered provider must ensure that the auditing process is more robust by ensuring that all audits contain clear action plans identifying actions required, the person responsible, timeframe and date of completion. This process should also include a mechanism for the validation of information received by the director from the centre manager in their weekly and monthly reports and internal audits.

The centre had a service level agreement in place and the registered provider reported that they met with the funding body Tusla on a biannual basis.

The organisation's policies and procedures had been reviewed and updated in September 2021 and inspectors were informed that a training date for staff was scheduled in January 2021. Inspectors reviewed a sample of these polices during the course of the inspection and were satisfied that they were in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA).

There was evidence that there were systems in place for the management of risk, including pre-admission risk assessment, activity risk assessments, and significant event reporting systems. Staff interviewed were aware of the risk management system in place. The centre had an individual absence management plan on file which detailed the centre's response and actions to be taken should the young person be reported missing from care. The template used by the centre did not include all of the information required in the HSE / Gardai Missing Child from Care Report Form. The template did not record the young person's curfew time and individuals that should be contacted if the young person goes missing and needs to be amended to include these details.

The centre had an individual crisis support plan (ICSP) in place to provide direction to staff in managing the young person's behaviour which was based on the organisation's behaviour management model. However, inspectors found at the time of inspection that a number of staff in the centre did not have the required training in the model and the training for the remaining members of the team was out of date. Inspectors were informed by the director that six monthly refresher training in behaviour management had not taken place on schedule in September 2021 due to Covid 19 and training was scheduled for all the team in February 2022. The director of services must ensure that the staff team receive the required mandatory training in behaviour management as soon as possible.

The centre maintained a risk register. This recorded individual risks which were rated along with dates of review. Inspectors found that the training deficit identified above in relation to the staff not having the required mandatory training in behaviour management was not recorded on the register. The registered provider must ensure that this training deficit is recorded on the centre register along with control measures in place to minimise this risk.

The centre had measures in place for the management of the Covid 19 virus and inspectors were told that there had been no outbreaks in the centre. Staff informed inspectors that the centre had adequate supplies of anti-bacterial products, hygiene equipment, personal protective equipment and staff were undergoing regular antigen testing. There was evidence that the risks associated with Covid 19 were reviewed on a regular basis at team meetings.

There was an internal management structure appropriate to the size and purpose of the centre. There was a deputy manager in post to provide adequate managerial cover when the manager took periods of leave. When the centre manager delegated tasks to other staff members a written record was maintained of tasks and decisions made.

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 centre manager must ensure that the young person's individual absence management plan contains all of the information required in the HSE / Gardai Missing Child from Care Report Form.

- The registered provider must ensure that the auditing process is more robust by ensuring that all audits contain clear action plans and there is a mechanism in place for the validation of information received by the director in internal audits and in the managers weekly and monthly reports.

- The registered provider must ensure that the staff team receive the required mandatory training in behaviour management as soon as possible.

- The registered provider must ensure that the training deficit in behaviour management is recorded on the centre register along with the control measures in place to minimise this risk.

Regulation 6: Person in Charge
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.

There was evidence in records of management meetings between the centre manager and the director that discussions in relation to workforce planning were taking place to ensure the centre was adequately staffed. The centre manager was supported by a deputy manager who worked full time on the roster along with one social care leader and six social care workers. A panel of four relief staff was available to support the core staff to cover all forms of leave. Inspectors reviewed staff rosters and noted that there were appropriate numbers of staff on shift in the centre to meet the needs of the young person in residence at all times. There was a settled team in place with a good mix of experience and centre had the required number of social care qualified staff. The social worker and the Guardian Ad Liteum for the young person in placement were satisfied at the time of inspection that the staff had the necessary competencies to meet the needs of the young person.
Inspectors reviewed personnel files and identified a number of deficits. In the seven files reviewed verbal references had been obtained for four candidates prior to written references being sought. Inspectors found that there were no contracts of employment on six of the files reviewed. The centres interview process also required improvement. Interviews records reviewed by inspectors were unstructured and were in most cases a synopsis of conversations with interviewees. Inspectors recommend that the organisation should consider a more structured interview process and formal recording system which includes the recording of interview questions, scoring system and interviewers' comments.

Centre management were aware of the importance of continuity of care so that young people benefited from stability. There was good evidence of staff retention in the centre with some of the team working in the centre for a number of years and only one staff had left their post in the year prior to inspection. Arrangements were in place to promote staff retention and these included access to health care, pension scheme, access to an external employee assistance programme and gym membership.

There were formal procedures in place for on-call arrangements for evenings and weekends where staff could access advice and guidance.

Compliance with Regulation	
Regulation met	**Regulation 6** **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	**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 verbal references are obtained for prospective employees following the receipt of written references to validate information and to seek any other additional relevant information to the post.

- The registered provider should ensure that there are contracts of employment on all staff files.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
5	The centre manager must ensure that the young person's individual absence management plan contains all of the information required in the HSE / Gardai Missing Child from Care Report Form. The registered provider must ensure that the auditing process is more robust by ensuring that all audits contain clear action plans and there is a mechanism in place for the validation of information received by the director in internal audits and in the managers weekly and monthly reports.	The individual absence management plan has been updated to include details regarding curfew times and places the young person is likely to frequent. This is now saved as our template and will be used in all Missing Child in Care episodes going forward. Action plans are being completed as per recommendation as a response to directors auditing requests. These will be attached to monthly reporting. Weekly feedback and/or requests as per weekly reporting will be included in these documents and will be subject to review in next monthly report.	No changes will be made to the updated template ensuring all relevant data will be included in Missing Child in Care forms going forward. Action plans will be reviewed monthly to ensure that relevant recommendations are undertaken in a timely fashion. Any outstanding issues can be added to new action plan ensuring accountability.

	The registered provider must ensure that the staff team receive the required mandatory training in behaviour management as soon as possible. The registered provider must ensure that the training deficit in behaviour management is recorded on the centre register along with the control measures in place to minimise this risk.	This is scheduled for February 2022- both Full T.C.I. and refresher training for all staff team. Relevant certification will be provided and placed on personnel files. Risk Assessment undertaken and reviewed by provider. Additionally, this has been included on risk register.	It is planned that a member of the organisations staff will undertake the training in T.C.I. in order to become a T.C.I. trainer. This will eradicate any waiting periods for facilitation of training and will ensure that all team members training will be undertaken in a timely fashion. Review of Training to be completed with planning for controlling deficits in mandatory training prioritised. (Scheduled Feb 22, to include all managers across the organisation)
6	The registered provider must ensure that verbal references are obtained for prospective employees following the receipt of written references to validate information and to seek any other additional relevant information to the post. The registered provider should ensure that there are contracts of employment on all staff files.	Acknowledged- review of the interview process to be undertaken and procedures for references will be reviewed as per action specified. These contracts will all be on file before end of Jan 22.	Going forward all staff contracts can thus be reviewed at the same time on an annual basis ensuring no outdated contracts.