



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 155**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Harmony Residential Care</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>26<sup>th</sup> &amp; 27<sup>th</sup> June 2024</b>
<b>Registration Status:</b>	<b>Registered from the 14<sup>th</sup> May 2023 to 14<sup>th</sup> May 2026</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> July 2024</b>

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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 14<sup>th</sup> of May 2019, initially to accommodate a single occupancy arrangement for a period of one year. A second three-year cycle of registration for single occupancy followed this. In September 2023, the centre requested, and was granted, a change in its registered capacity to accommodate two young people. At the time of this inspection in June 2024, the centre was in its third registration and was in year one of a three-year cycle. The centre was registered without attached conditions from 14<sup>th</sup> of May 2023 to the 14<sup>th</sup> of May 2026.

The centre was registered to provide dual occupancy for two young people from the age of 13 to 17 years old on admission. The model of care was informed by the principles of Cognitive Behaviour Therapy (CBT) and the Applied Behavioural Analysis (ABA) behaviour support approach. 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
2: Effective Care and Support	2.2 & 2.6
6: Responsive Workforce	6.4

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, 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

At the time of this inspection the centre was registered from the 14<sup>th</sup> of May 2023 to the 14<sup>th</sup> May 2026. This is a draft report and the decision regarding the continued registration status of the centre is pending.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 17: Records

#### 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 wellbeing and personal development.**

There were two young people residing in the centre at the time of this inspection and both had statutory care plans on file that were reflective of their current placement and care arrangements. Both plans were adequately detailed and provided a comprehensive overview of the individual young person and an assessment of their respective needs. Neither young person had opted to participate in the statutory child in care review (CICR) meeting that had occurred to review and update their current care plan, nor had they taken the opportunity to complete their form to have their views presented at this. However individual key work sessions had been completed by care staff with each young person and, through this mechanism, their views were sought and well represented on their behalf by the centre staff at the CICRs. As a result of this positive engagement by the staff team with the young people, statutory care plans included important detail on the respective child's own views of what they wanted from their care arrangements. In addition to the CICRs, centre management had advocated for a professionals' meeting to be convened for one young person (longer in placement) to ensure that actions and decisions related to care planning remained live and updated.

Individual placement plans were developed based on their care plan and updated monthly. Inspectors found these to be comprehensive, clearly connected to needs and actions in the care plan and responsive to individual presenting needs. There were key work calendars and individual records of completed key work that was clearly linked to the goals within the placement plans. Unfortunately, neither young person elected to speak with inspectors however their voices were clearly represented within the placement plans, and it was evident that this had been extracted from direct work and consultation with the young people in key work sessions. Inspectors did note that the placement plans were unnecessarily repetitive and would be lengthy documents for young people themselves to read. These would benefit from removing duplication to ensure they are streamlined. Additionally, the consultation form for young people to



contribute to their placement plans would benefit from review. Aside from that, key work records reviewed by inspectors showed proactive and positive work being done with young people, reflective of developing and established relationships.

The centre had access to two external professionals contracted to provide training in the centres model of care – the principles of cognitive behavioural therapy supported by applied behavioural analysis. In addition to that training, these professionals provided written input on weekly reports compiled by the centre giving an overview of each young persons' week. This input often consisted of suggestions or directions in relation to routine, communication styles or work to be undertaken. Staff in interview reported this as beneficial but expressed the view that more interactive support would be of greater benefit to the care teams' work and engagement with the young people. Inspectors noted that recommendations contained within recent separate assessment reports were being pursued through referral to Children's Disability Network Teams. There was a distinct similarity in a recommendation made separately for each young person that related to input from a clinician with experience in trauma-informed and neuro-divergent work. This recommendation must be given due consideration in this ongoing assessment piece for both young people.

The centre manager reported positive and regular communication with the respective social workers thus far. At the time of the inspection, one young person's social worker was on leave but responded to inspectors' queries relating to statutory care planning upon their return. The young persons' case was due to transfer to another social work team and in the interim, the allocated social worker was cognisant of attending to identified social work actions. The second young person's social worker had visited with the young person and supported them in several appointments since the commencement of their placement. They were complimentary of many aspects of the placement stating that it had contributed significantly to their progress and development. They were aware of the need for specific therapeutic input, a matter that had been unnecessarily delayed and protracted but was, at the time of the inspection, being progressed.

#### **Standard 2.6 Each child is supported in the transition from childhood to adulthood.**

One of the young people residing in the centre was seventeen years old. Prior to the second young person's admission, a previous resident had lived in the centre for several years and had turned eighteen before moving on. Their move on to a newly opened dedicated aftercare service operated by the same company was successfully planned and delivered. That young person had been an active participant in the

preparation and planning for the move throughout the latter months of their placement in this centre. A review of records from the time they had resided in this centre showed evidence of a significant focus by the care team on ensuring they were actively involved in their own aftercare goal planning and preparation. That young person had experienced significant stability throughout their placement with the same manager and some team members in place during that time. The deputy manager of this centre was promoted to the position of manager in the newly opened aftercare service, further contributing to this stability and familiarity for them. The centre manager reported that they received positive feedback from the young person on their experience in the centre and it was clear from information received by inspectors that they progressed significantly during their time in the centre. Upon discharge, the young person had been provided with copies of their important documents and records.

The seventeen-year-old current resident had been living in the centre approximately eight months at the time of this inspection. There was clear evidence of their involvement in their own preparation for leaving care and skills acquisition. A positive, strengths-based approach was evident in the work being undertaken and ownership and engagement in this by the young person themselves was apparent. There were a range of resources in the young persons dedicated aftercare file providing them with information on various services and how to access them, as well as educating them on housing options post-eighteen. Unfortunately, as stated earlier, this young person declined to speak with inspectors, however it was evident from information gathered that leaving care and preparation for this was a central focus to their placement planning.

This young person had been appointed an aftercare worker at sixteen and had, with them, completed a leaving care needs assessment. Since that time, this young person had experienced a placement breakdown and multiple moves before coming to live in this centre. They had also been recently allocated a new aftercare worker. There was no updated leaving care needs assessment and associated leaving care plan on the young person's file at the centre to reflect these changes. The centre and social worker both thought the leaving care needs assessment had been updated and the social worker speculated this may not have been circulated. Inspectors had requested that clarity be sought on this as a priority. In response to the findings detailed in the draft inspection report, the centre manager stated that dates were set for the young person to meet with their aftercare worker and supportive contingency measures were being implemented to optimise aftercare planning for them.

There was a focused approach using a document/plan entitled ‘Aftercare and Lifeskills Review’ to assessing the young person’s areas of strengths and capabilities alongside areas of skill development and for tracking the progress made. Records showed that there had been substantial progress in the young person’s overall presentation, as well as life skills development since their admission to the centre eight months prior. There was evidence that the plan in place for this young person would be reviewed at regular intervals to ensure planning was progressing accordingly.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2 Standard 2.6</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified.

**Regulation 6: Person in Charge**  
**Regulation 7: Staffing**

#### **Theme 6: Responsive Workforce**

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

A formal induction programme, that had recently been reviewed and amended, was in place for all new employees coming to work in the centre. This consisted of a two-day induction period during which staff were to familiarise themselves with various aspects of the operation of the centre, as well as the young people in residence, getting to know staff team members, and provided with guiding policies and procedures. The induction programme, supported by a written policy, enabled staff to observe the

routine of the centre also. A list of mandatory training was to be completed by staff in advance of the commencement of their employment and as part of their induction. These consisted of various online trainings including health and safety, the eLearning module of introduction of Children First, first aid awareness, and handling violence and aggression, amongst others. The centre manager, or deputy manager was responsible for overseeing induction of new employees.

Following the recent review of the induction programme through an employee survey mechanism, an employee development programme was introduced to build on the initial information provided through the induction process, and to provide opportunities for growth and development throughout their employment. This development programme was delivered through the formal supervision process with the competencies and knowledge of the staff team tracked through the supervision records. Inspectors made some suggestions for the improved oversight of this development programme including consistent supervisors and refresher training for all supervisors as a group. Inspectors noted an emphasis on developing and progressing staff and advised the manager to satisfy themselves that staff are meeting all expectations around their current dedicated role before assigning additional responsibilities.

The centre manager maintained a training matrix that identified the ongoing training status and needs of the staff team. This included mandatory and supplementary training available to the staff team, as well as a wide range of continuous professional development learnings developed and delivered by company personnel at various management levels. Included in the training available was – training in the model of care, a behaviour management and crisis de-escalation technique programme, Children First, and first aid, including first aid responder training at centre management level. Staff were facilitated to attend training and education, through scheduling on their work roster, and the centre manager had been facilitative towards staff in any necessary accommodations.

At the time of this inspection, the staff team with one exception, and the centre manager, all had a social care or social studies qualification, many to an honours level. The centre manager and a social care leader had independently pursued their own learning and professional development through ongoing academic and practical studies. There was no formal or structured system of supporting employees in the pursuit of their own professional development, through financial support or dedicated time off for study or work placement. The regional manager interviewed by inspectors informed them that this deficit had been identified by the company's newly

appointed CEO and was being prioritised for attention. In lieu of a structured programme of support being implemented, the regional manager stated that there would be an openness by the CEO to engaging in discussions of this nature with individuals.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified.