



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 215

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Yeria Ltd T/A Hata Homes
Registered Capacity:	Fifteen Young People
Type of Inspection:	Announced
Date of inspection:	18th & 19th November 2024
Registration Status:	Registered from the 31st of March 2024 to the 31st of March 2025
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	24th January 2025

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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 3rd February 2023. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 31st March 2024 to 31st March 2025.

This centre was established under the Temporary Protection Directive, (TPD), the directive provided a wide range of supports for persons seeking international protection which included permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market. The directive was in place for a minimum of one year but had been extended in response to the ongoing war in the Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people.

This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the EU Temporary Protection Directive (TPD). It initially provided multiple occupancy for ten young people, later decreased to eight young people of any gender aged 16-18 years on admission at its first location. The centre moved to a new premises on the 12th of September 2023 and was visited by an inspector manager from the ACIMS service to determine compliance with the Tusla directive regarding minimum space for young people sharing bedrooms and living areas. Following this the centres capacity was increased to fifteen young people. All of the young people shared bedrooms up to and including four young people per room.

The centres stated model of care was the Welltree model of care for planning and outcomes and was trauma informed and therapeutic in approach. The goal was that all young people are respected, protected and fulfilled and their voices heard as well as supported to achieve the maximum of their potential now and in the future. There were fifteen young people living in the centre at the time of the inspection visit

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1

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 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 December 2024. 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 23rd December 2024. 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: 215 without attached conditions from the 31st March 2024 to 31st March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

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.

This inspection and corrective and preventative actions (CAPA) review was carried out to assess compliance and progress made in the centre specifically under 3.1 of the HIQA National Standards following the inspection undertaken in February 2024. Inspectors found strong evidence overall that senior and centre management had implemented improvements in systems and practices relating to the findings identified in the previous inspection under this standard. While further amendments were required, most of these were already identified by the service manager with plans for addressing them underway. There was a new centre manager in place who was working in the post for the past five months. They were familiar with the content of the CAPA and had a role in the development and completion of the actions within it.

Inspectors found that the staff team were focused on the safety of young people living in the centre and their care and welfare were very well promoted and protected. The young people who spoke to inspectors described how they felt safe and said they could 'talk to any of the staff' if they had a concern or wanted to share an issue with them. They outlined how happy they were and wanted 'to live in the centre for longer'. Some also said how they were very supported by the team with all their needs and described how staff 'check-in with them to see how they are doing a lot'. They found the weekly group meetings with their peers helpful and were able to speak out at this forum and voice any dissatisfactions and make individual requests too. One stated how they were encouraged to develop their interest in music and instruments were sourced for their use. They also gave some details of the safety routines in place as part of their daily living. Inspectors observed warm interactions between staff and the young people in the centre and there was evidence that they encouraged a high level of contact where appropriate between young people and their parents and families. Young people also completed questionnaires provided by inspectors and the responses reflected their positive experiences including consistent support from staff with education, health, independent life skills and community and group activities.

The centre had a child safeguarding policy in place that had been updated in July 2024 as part of the issues requiring action. Inspectors found that while many of the changes had been completed, some were outstanding and should be incorporated into the document. These included an online safety procedure. Inspectors recommend the use of 'Child Safeguarding: A Guide for Policy, Procedure and Practice, 2nd Edition on the Tusla website to satisfy themselves that the centre's policy is fully reflective of the appropriate policies as outlined in Children First 2017 and relevant legislation. The child safeguarding statement (CSS) submitted to inspectors had been reviewed in March 2024 and a letter of compliance had been issued the same month by Tusla's Child Safeguarding Statement Compliance Unit. The CSS had been recently updated to reflect the change of centre manager. Inspectors observed the statement displayed in the centre as well as shared with the young people at weekly meetings and as part of training with staff. An interpreter was availed of for each young person's meeting and at any time they needed and requested it. Staff at interview were aware of the CSS and had good knowledge of the centre's policy on child protection. They were able to describe the mandated reporting procedures to follow where a concern of abuse met the threshold for making a report to Tusla. Inspectors were also told that each staff had a dedicated email address to use when submitting a report on the Tusla portal. There was a policy on protected disclosure and staff were aware of this.

From a review of the centre's training tracker, child protection training including the mandated persons modules were up-to-date for all staff. The centre had provided child safeguarding policy training also and where two staff had yet to attend, it was scheduled to take place in the coming month. Designated liaison person's (DLP) training was completed by the centre manager and the social care leader, and they were both named in the policy as the DLP and the co DLP.

The centre maintained a child protection and welfare report register and a number of child protection concerns had been reported in line with Children First (2017). There was good evidence of follow-up by the centre with the dedicated social work department on entries in the register that remained open. Where the social work department were unresponsive to this communication, the service manager escalated the issues and consequently meetings took place with the principal social worker and social work team leader. The aim of the meetings was to track the reports submitted to Tusla by the centre, escalate any risks for young people currently living there and to strengthen links so that both agencies could work better in partnership for the benefit of young people. Efforts had also been made by the centre to agree a protocol for informing parents regarding child protection reports. This was agreed to be

facilitated by the social work department. Senior and centre management had also made determined progress to communicate with parents and families where this was acceptable to young people and necessary for the safe delivery of care by the centre. In addition, all young people living in the centre now had an allocated link worker from the social work department to contact and to meet with them regarding their care.

As the young people in the centre continued to share bedrooms, there were risk assessments in place and improvements had been made in practice regarding their supervision and consistent monitoring while they were present in the centre. These included three staff working daily as well as one live-night and one overnight staff on duty. They routinely checked each room twice during the nighttime shift as well as at bedtime. Names of young people in each room were recorded on centre files and alarms were activated on all of the bedroom doors. Young people were made aware of the rules of the house and the do's and don'ts of sharing with peers. They were regularly asked if they felt safe by staff and all information exchanged at induction or at weekly meetings was translated into a language they understood. An information booklet was given to young people when they moved in, and inspectors recommend that guidance on keeping safe is included as well as a signpost to who they can talk to if they have been hurt or harmed. Where individual young people were additionally vulnerable, they were effectively and sensitively responded to by staff and appropriate referrals and specific risks were escalated to the social work department seeking specialist support for them. Auditing systems were in place and review meetings monitored any incidents that occurred.

Some incidents of bullying had arisen between young people in the centre. These were addressed well by staff, and they were swift to respond and seek acceptable resolutions for the young people impacted. Procedures were followed in line with the centre's bullying policy. While some safeguarding work such as self-care and online safety was completed with young people through the weekly meetings and a number of one to one conversations, there was no consistent practice in place in this regard and this must be implemented through a planned system using appropriate recourses.

The social work team leader interviewed told inspectors that interactions between the staff and young people were good and they were well cared for in the centre and supported with independent living skills for when they moved out.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that any outstanding child safeguarding procedures are reviewed and incorporated into the centre's child protection policy.
- The centre manager must ensure that a consistent programme of work with young people is undertaken regarding awareness and understanding of self-care and protection including online safety.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered proprietor must ensure that any outstanding child safeguarding procedures are reviewed and incorporated into the centre's child protection policy.</p> <p>The centre manager must ensure that a consistent programme of work with young people is undertaken regarding awareness and understanding of self-care and protection including online safety.</p>	<p>The child protection policy was reviewed on 12.12.24 and updated accordingly.</p> <p>The service manager will complete a full review of the policies and procedures on the 06.01.25</p> <p>The centre manager reviewed and changed the structure to the case working that is being completed by implementing consistent programmes regarding awareness and understanding of self-care and protection.</p> <p>These pieces will be completed upon admission and every six months thereafter depending on the individual needs as this may increase.</p>	<p>All policies and procedures will be reviewed annually by the service manager and centre manager and or if there our any updates with legislation.</p> <p>All case working will be reviewed bi-weekly at the team meetings, through staff supervision and with the young people through their monthly case working meetings. In addition, the staff team will continue to complete workshops with all young people at the young person's meeting.</p>