



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 236

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Orchard Residential Care Ltd
Registered Capacity:	Six Young People
Type of Inspection:	Announced
Date of inspection:	28th & 29th of May 2024
Registration Status:	Registered from the 15th of December 2023 to the 15th of December 2026
Inspection Team:	Eileen Woods Cora Kelly
Date Report Issued:	25th July 2024

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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 15th of December 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 15th of December 2023 to the 15th of December 2026.

The centre was registered to provide multiple occupancy care for six young people seeking international protection aged between thirteen to seventeen on a medium to long term basis. The objectives of the centre were to provide a place of safety and support for young people unaccompanied by an adult. There were six 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
1: Child-centred Care and Support	1.1 & 1.4
5: Leadership, Governance and Management	5.2

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.

Six young people met directly with inspectors during the onsite centre visit, four choose to use a translator and two chose to speak without one. Young people were

provided with the opportunity to complete questionnaires also. Inspectors interviewed the centre's manager, two staff, the regional director for the organisation along with the two social workers who were allocated to the six young people, three each.

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 21st of June 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 and a factual accuracy form on the 2nd of July 2024. This was deemed to be satisfactory following clarifications 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: 236, without attached conditions from the 15th of December 2023 to 15th of December 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

This was a new centre opened with the specific purpose and function of providing care for young people seeking international protection. Inspectors found that the six young people had moved in over a two-day period in December 2023 with little information shared or available to the centre regarding their experiences in Ireland before this move. The young people had spent varying periods of time in unregistered special emergency arrangements. Inspectors found that the centre manager led their team to work without delay to establish core items for the young people like PPSN's, medical cards and other important documents. The young people had a variety of concerns regarding applications for refugee status and the progress of these applications, some had not commenced fully, others were impacted by their move of address. Inspectors found that the team did a good job in establishing the information for and with the young people and sought to support them emotionally throughout. This was done in collaboration with the separated children seeking international protection (SCSIP) social work department, this work stabilised significantly with the move of all six young people from the duty team to the children in care team with social workers allocated in March and April of 2024. Interim care orders were being sought and child in care reviews being held during the months of April and May 2024.

Inspectors found that the centre manager and team planned for and discussed how to meet the young people's cultural, religious, legal, health and educational needs. There was significant encouragement of education and sporting and other activities to build community and positive experiences. Additional English language support had been sourced locally and had commenced. The matter of supporting the rights

that young people had was discussed at team meetings, during key work and one to one sessions, were planned for on files, at handovers and through the young people's weekly schedules. The centre manager and staff outlined that they have been learning from the young people and continued to do so regarding their needs and how to support their rights.

There were booklets available to the young people related to the centre, the UN Convention on the Rights of the Child, and the Irish refugee process. Following consultation with the young people they were available in English and in the main language of the core group of young people. Some of the six young people inspectors met with said they were not familiar with the written documents but when prompted stated that they had been told information related to their general rights in direct work and at young people meetings. There was evidence to support that work had taken place regarding rights during the admissions process and later somewhat in young people's meetings.

When meeting the six young people individually at the centre inspectors utilised interpreters for those young people who requested it. Four of the young people had significant dissatisfaction regarding changes made to their weekly schedule that had just been shared with them. They were unhappy about the changes and two stated that they felt that staff attitudes had changed towards them. Inspectors spoke with the young people, the management and the staff and found that some adjustments had been made to the weekly travel routines. This resulted in changes for the young people and for the staff team and this was the process that was ongoing at the time of the inspection. The centre manager had planned to meet further with the young people, explored alternatives and formal complaints were opened in response to the stated complaints. The centre manager arranged for contact with their social workers and escalated the matter to their regional director. On further enquires after our inspection visit inspectors were told that the young people who had the issue with the changes had been listened to, alternatives offered and that the process was ongoing. Inspectors issued young peoples questionnaires following the onsite centre visit to support more feedback from the young people. Two young people responded through this mechanism and both were happy overall with the care and support provided and one remained unhappy about a complaint, however this was in relation to a Tusla matter.

Although the main thing on four of the young people's mind on the day of the inspection related to the schedule changes the six young people acknowledged that they had settled well and were happy with the care and support they received there.

They understood the centres rules and why they were in place. They outlined that the team helped them and encouraged them to be safe and well informed about what is happening in their lives. A culture of mutual respect based on country of origin, faith, gender, and culture was promoted at the centre. There was promotion of good and healthy food habits with regular meals identified by the young people and some shared cooking taking place. During periods of fasting completed by some young people staff got up in the night to provide hot meals.

The staff were holding young people's meetings every fortnight and keeping a record of these. Inspectors found that these minutes needed to improve to record who was there and if there was any feedback or centre manager responses to the young people. Some young people had been raising questions throughout the preceding months related to monies, rules and other items, these had been responded to, but the processes involved were not easy to track on file. The progression from complaints through to notification and resolutions were not fully clear to inspectors. The centre must reflect on this learning on house rules, routines, complaints and feedback processes and utilise the young people's meeting as a key shared forum for exchange of information and feedback for the group.

The young people had placement plans on file and these had been reviewed, they included the young person's goals. The staff were completing key working and individual work sessions with the young people, often with the use of interpreters. Inspectors saw within this a good focus on realising rights, life skills and managing current and future appointments. Inspectors found that key working was an area of development for the team overall and that the centre manager was promoting and overseeing this through supervision and through sourcing of internal training and support from within the company. Inspectors also found that when including the young people's personal goals that it should be recorded in the young person's words to accurately reflect their voice.

In the five months since the opening of the centre the team have completed additional complementary training in trauma informed care and bereavement and loss. They were developing awareness of the impact of the experiences the young people had on their journeys. Requests for counselling and therapeutic care for specific young people had been made to Tusla and through the young people GP's. The team were due to complete training in self-harm and suicide ideation and had sourced counselling following agreement for funding from Tusla. The young people told the inspectors that the staff had been kind to them, and some identified that

although they chose to spend time in their room that the staff always checked in on them and encouraged them.

The social workers for the young people were happy with the care and service provided to the young people. They stated that they were kept informed to a good standard but where that had not been the case that the centre manager responded quickly and effectively. The social workers were preparing care plans and holding child in care reviews, they were taking information from the centre, from schools and from the young people to inform procedures and plans.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

The centre manager organised to have the young people's booklets and information on the UN Convention on the Rights of the Child translated into the preferred language of the current young people. From the outset of their placements and throughout inspectors found that there was very good and regular use of translators. This was both planned and in response to situations arising and it was clear that there was a core number of translators that the young people were familiar and comfortable with. Inspectors found that this use of interpreters continued consistently in line with the young people's needs. The staff also created opportunities to practice and support English language conversation during mealtimes, outings and one to one work.

There was information provided regarding the Empowering People in Care advocacy organisation, (EPIC) with applications made for specific young people requiring advocacy in legal proceedings. There were copies of the young people's version of the HIQA national standards also available. As several of the young people didn't recall going through the booklets and information inspectors requested that these be discussed at young people's meetings again. Information regarding the role of Tusla and the allocation of their social workers had been discussed with them by the social workers and each young person had attended their child in care reviews. The team supported the young people to prepare for their reviews. The social workers were happy that that the young people were listened to by the team, for example where a complaint had been raised at a child in care review a social worker described how it was evidenced as addressed through a rapid response from the centre management.

Inspectors found that the centre manager and staff had been through a significant period of learning and adjustment to needs of the young people, who had less rules in their previous Irish placements and the centre manager recognised that these were

changes that were taking time for some to adjust to. Overall, the young people told inspectors that the rules were there for their safety and that for example they understood why the team called them from time to time when they were out in the community or on trips further afield. They appreciated this and were keen at the same time for some later curfews. The centre manager stated that these were risk assessed and discussed with the young people and their social workers on a case by case basis to support their safety and welfare. Each of the young people had a student leap card that was topped up weekly, inspectors requested that the top up be reviewed to ensure it covered the travel options presented as part of the proposed schedule changes.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.4
Practices met the required standard in some respects only	Standard 1.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and staff team must ensure that the young people's meetings records are improved to include details of who was present, what their input was and responses to requests and feedback from the centre manager.
- The centre manager and registered proprietor must satisfy themselves as to the recording, categorising, oversight and outcomes of complaints of all types. They must ensure that good records are kept of young people's views of outcomes and options offered to them.

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.

The centre manager was the named person in charge, and they had been in their role since the centre opened in December 2023. Their transition into the management role had been supported by induction within the company and additional management training had been sourced for them. The centre manager was found to have implemented their leadership role in a clear, recorded, and defined approach. This had been complicated by a lack of experienced staff and several changes in core staffing had taken place in the months since the centre had opened. There were three staff vacancies at the time of the inspection with a number of staff having left. Inspectors found that where concerns in practice were identified either by young people or by staff that the centre manager addressed these directly and supportively through performance improvement plans and other support mechanisms. Staff and young people were listened to, and action taken to support changes in roles and responsibilities so that the centres ethos of fairness, respect, safety and therapeutic support were upheld.

Inspectors found that there was effective leadership demonstrated in the day to day operation of the centre, this was observed through the daily handovers, the fortnightly team meetings and the three staff on duty. There was preparation of plans and schedules with a focus on education, personal development and health and welfare of the young people. The centre manager had oversight of all records and evidenced feedback to the staff in their recording and reporting.

The centre manager reported to a regional director, this was through a monthly governance report that was then put through a process called ‘check and challenge’ by the regional director. They did this through spot checks both online and at the centre. This company operated a digital recording system and aimed for a paper free approach to young people’s files. The regional director supervised the centre manager on a monthly basis, and both were present at monthly managers meetings.

Whilst acknowledging the current and previous difficulties for some young people and the staffing issues the regional director identified the positive key role of the centre manager in effectively identifying and responding to matters arising. The regional director provided access to support and advice through the company HR specialist and for support with the young peoples emerging mental health and emotional needs to the company therapeutic specialist for advice and training. The social workers also named that the centre manager displayed good care practices and leadership, providing a stable base for the six young people.

Inspectors found that due to the initial changes in staffing that it would be important that the recruitment and selection processes be informed by any learning taken from that. A deputy centre manager had been recruited and was starting at the centre at the time of this inspection, along with two social care leaders this completed the senior team at the centre. There was a service level agreement in place with the relevant Tusla department, a discussion and clarification process was ongoing at the time of this draft report regarding the detail of the staffing deployment taking account of the contract, the ACIMS regulatory notice on staffing and the needs of the age group.

The staff interviewed stated that they were well supported by the centre manager who provided them with daily guidance, regular supervision, booking and provision of time for training and development. They stated that the centre manager aimed to empower them in their direct work with the young people and decision making on duty. The staff also outlined that the initial months had been challenging with changes required for all parties, staff and young people, and that they were happy with how all were supported in this.

During interview and from file review inspectors found that roles and responsibilities were not always clear and understood by staff, the centre manager placed significant focus on improvements in this area. Tasks had been delegated to staff members, the role of designated liaison person (DLP) had been delegated incorrectly and this was changed following the inspection when the centre manager and the deputy centre manager completed DLP training.

There had been no audits completed as yet for the centre and one was planned to take place after the inspection process. The regional director had visited the centre on many occasions and met the young people at various times. Inspectors found that the young people could not identify what the regional directors role would be in addressing complaints if and when young people were unhappy with outcomes at the

centre. It is recommended that where complaints are arising that the young people be aware of who, within the organisation, would review appeals made. Inspectors found that the staff did not have a good awareness as yet of the organisational significant event review group and the centre manager and regional manager must ensure that the staff receive feedback from it and should consider a team based significant event review process to build skills and track interventions.

The centre manager and staff demonstrated a good understanding of and implementation of the risk management framework. This included the maintaining of a centre risk register, day to day risk assessments for new activities, a corporate risk register was also in place with the regional director having oversight of all. Inspectors found that the policies and procedures did not contain related policies on rights, anti-discrimination or diversity for example and that the policies must be reviewed to take account of this.

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 regional director and senior management team must ensure that the learning to date regarding suitable recruitment and retention inform recruitment and selection processes for this centre.
- The regional director must ensure that the young people are aware of their formal role in complaint appeals and how to contact them in this regard should that be required.
- The centre manager and regional director must review the policies and procedures to ensure that the purpose and function of the centre is reflected and supported.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager and staff team must ensure that the young people's meetings records are improved to include details of who was present, what their input was and responses to requests and feedback from the centre manager.</p> <p>The centre manager and registered proprietor must satisfy themselves as to the recording, categorising, oversight and outcomes of complaints of all types. They must ensure that good records are kept of young people's views of outcomes and options offered to them.</p>	<p>The young person's meeting will be discussed at length in July at team meetings held on 03/07/24, 16/07/24 and the 30/07/24. The team will be brought through the correct steps and best practice is followed. This issue will be discussed in the individual supervision's sessions, individual supports will be provided.</p> <p>Regarding the recording, categorising, oversight and outcomes of complaints, this will be managed in the daily approvals on our ClearCare system and oversight from the PIC and Deputy Manager effective immediately.</p> <p>The 2024 audit schedule is being rolled out. Compliance reports are completed by the regional director and monthly quality meetings are held. Quality improvement plans are developed following audits. There are quarterly senior management</p>	<p>Orchard Care Group will facilitate a report writing seminar in August that will address the importance of accurate report writing. PIC and Deputy Manager will ensure effective governance of the young person's meetings and ensure the standard of recordings and responses are in line with Orchard Care Groups policies.</p> <p>Orchard Care Group will facilitate a report writing seminar in August that will address the importance of recording, responding and documenting accurate outcomes of complaints.</p> <p>The complaints policy will be discussed in depth to ensure effective understanding of this procedure.</p>

		team meetings and the regional director meets the CEO fortnightly. As needed, complaints can be discussed at these various forums and any issues addressed. There is a quality governance policy in place.	
5	<p>The regional director and senior management team must ensure that the learning to date regarding suitable recruitment and retention must inform recruitment and selection processes for this centre.</p> <p>The regional director must ensure that the young people know who they are, how to contact them and their role including in complaints and concerns.</p> <p>The centre manager and regional director must review the policies and procedures to ensure that the purpose</p>	<p>The recruitment process is ongoing within Orchard Care Group. Possible candidates are interviewed within the scope of having elements of experience in the sector of social care.</p> <p>A young persons' meeting to be held and focus on the complaints procedure to be explained. All young people to be aware that should they have a complaint where they are not satisfied with the outcome the Regional Director can be contacted and will come to Lurgan View and speak with them regarding the complaint.</p> <p>New policies will be explored in relation to cultural awareness. The Orchard Care Group Human Rights Committee are due</p>	<p>PIC and deputy manager will be completing all future interviews for the service. More experienced staff will be sought to help bolster this team and future teams.</p> <p>Any new young people coming to the service will be made aware of the full complaint's procedure in Lurgan View. This will include knowledge of whom the Quality Director is and the Regional Director and how they can be contacted should their be an on-going complaint that they are unsatisfied with the outcome.</p> <p>PIC and deputy manager will implement the new policies inhouse. The time scale for this will be September – October 2024.</p>

	and function of the centre is reflected and supported.	to meet in August. New written policies will be reviewed by the committee and implemented by the end of August / beginning of September 2024.	
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