



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 237

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Glenarm Care t/a Hata Homes Ltd
Registered Capacity:	Twelve Young People
Type of Inspection:	Announced
Date of inspection:	8th 9th & 14th October 2024
Registration Status:	Registered from the 22nd of December 2024 to the 22nd of December 2025.
Inspection Team:	Eileen Woods Lisa Tobin
Date Report Issued:	11th December 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 22nd 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 22nd of December 2023 to the 22nd of December 2024.

This centre was established under the Temporary Protection Directive (TPD), the directive provides a wide range of supports to persons including permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive has been extended until March 2025. 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 TPD.

At the time of this inspection the centre was registered in accordance with the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE02 published in February 2024. This protocol was published by Tusla in response to the EU Temporary Protection Directive/TPD to allow for the registration of TPD centres for young people aged sixteen to eighteen years of age. This centre was registered to provide medium term care for these young people.

The centre was registered to provide multi occupancy care for twelve young people, these young people shared bedrooms. The centre's purpose and function was the provision of medium term care for young people. The stated aims of the centre were to meet the young people's primary care needs, provide emotional support and to assist the young people in accessing and attending education, gaining employment, accessing health care and preparation for moving at eighteen into adult services. There were twelve 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	5.3

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 with the relevant persons including senior management and staff and the allocated Tusla social work department social care worker. 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 4th of November 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 12th of November 2024, additional evidence was provided, upon request by inspectors, on the 13th of November 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. The matter of occupancy levels per bedroom remained under review between the proprietor and the ACIMS.

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: 237 without attached conditions from the 22nd of December 2024 to the 22nd of December 2025 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.

Inspectors spoke to five of the twelve young people living at the centre and all twelve provided completed feedback forms in response to this inspection visit. The young people overall felt safe and happy at the centre saying that everyone was helpful and friendly to each other. During two days at the centre inspectors observed staff and young people going about their days in a good atmosphere of shared living. Some young people were preparing food, assisting with house jobs, completing their laundry, going to and from education and seeking staff help with planning and organising their needs.

Inspectors visited the occupied bedrooms and met some young people in the rooms. The rooms were fresh and clean with good furnishings and ensuite bathrooms. The bathrooms were small and there were additional bathrooms and showers available elsewhere in the property. One room had three sets of bunks and was listed by the centre as being suitable for six young people. The young people in that room, which was currently at five young people, had asked for the numbers and manner in which the room was used to be reconsidered. A complaint was opened at the centre and through Tell Us, the Tusla complaints procedure. The centre management met with the young people to explain the commitment to having that room remain at a high occupancy but agreed to maintain it at five young people. Arrangements were made to move one young person to another room. They also provided lamps for the room that the young people requested, a desk that was requested was due to be provided. Inspectors found that whilst a senior manager had met the young people in this room to respond to this matter that the young people remained somewhat confused as to the ultimate outcome regarding the future capacity of this bedroom.

Inspectors found this particular room to be large, dark and had recently been fitted with privacy curtains per bunk where the young people agreed to it. The shared bathroom was small for six young people and not suitable for numbers of young people to change in as is laid out in the centres safeguarding and risk assessments for shared rooms. Inspectors also found that the room had extension cords in use, this is not in line with health and safety protocols and presents a potential fire risk. Inspectors required the purchase of surge protected extensions in the interim with an urgent review by an electrician to be completed on the sockets and capacity in the room.

A young person had independently researched the load capacity of the bunks and brought this information to the management which led to a young person being more suitably accommodated in a different room. Blinds and curtains were available in all the rooms but it would be positive for privacy and safety if the capacity of the room was reviewed to allow for the beds to be more private internally and from the exterior.

The staff and centre manager interviews displayed good knowledge and awareness of the promotion of rights in the areas of education, safety, health care and access to information and support. The team were clear about the purpose of the centre but less clear about the fact that this was to be a medium term setting to bring young people from sixteen to eighteen in a settled environment and not an emergency or short term placement. Several of the young people were recently turned seventeen and hoped to reside with this centre until eighteen.

Young people have been provided with a copy of the UN Convention on the Rights of the Child and translated copies were available - individually upon admission and as a group in printed versions available within the centre. Some of the young people were more engaged and vocal than others regarding self-advocacy and in participation in the house meetings and one to one work. There was evidence that the group of young people were supportive to each other and helpful in ensuring there was good communication with staff and others. Where discussions had come up about the availability of food, the young people brought it up with staff and the team responded through extra shopping, bigger orders, getting the young people involved even further in daily shopping where needed. Inspectors found that the budget for shopping was not limited and that the young people were opting in the main to eat all meals at the centre and were active partners in menu planning.

The young people gave inspectors a good description of their induction into the centre and the items they were clear about so far. Some were uncertain about the funding of clothing as they may have arrived with less than others and had less current access to additional funds. The centre management had heard this and were researching a method of fair funding of clothing for the young people. The young people said they were happy to be engaged in their courses and areas that they required more support with was the allocation of the rooms, health care involving optical and dental, and regarding what may happen after they turn 18. Inspectors raised these matters separately with the Tusla social care worker and the centre management and both verified that they would attend to the relevant areas with finances being approved for essential orthodontic work. The Tusla social care worker explained that they aimed to provide what information they could regarding current aftercare options to young people.

The approach to respect was taken as mutual and the team were clear on the environment in the house as being a safe place where education relating to gender, race, sexual orientation, disability, mental health and culture can take place, open conversations were encouraged. There was evidence in the individual works of positive conversations and information sharing taking place.

All twelve young people had a shared allocated Tusla social care worker assigned by the separated children seeking international protection social work team. They reported to a social work team leader and principal social worker. There was evidence of the social care worker visiting the centre and talking with young people by phone and talking to the staff. Some records were maintained of the contact. The social care worker identified that they were aware that a complaint had been made through Tell Us and that this was being responded to through the relevant Tusla channels. They were happy overall with the communication from the centre bar a need to increase communication regarding incidents where they arise and they had spoken to the centre manager regarding this. The social care worker told inspectors that they had just sent all twelve, Tusla created, placement plans to the centre.

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

The young people told inspectors through their meetings with us and through their completed questionnaires that they had easy access to an interpreter and that one had been available, for example when they went to the doctors, when they moved in and for young people's meetings. The young people's meetings were held weekly and

when important information or topics were being discussed an interpreter was booked and present throughout. The minutes of meetings were also translated and available in the common areas for the young people to read. Inspectors found an overall positive set of practices in communication.

Inspectors noted though that where discussions were had with young people related to incidents or complaints that a translator was not recorded as being present. It should be standard practice, when discussing a sanction, consequence or outcome, to ensure that a young person understands and that this is recorded for them. For example, when it was being explained to a young person that repeated breaking of house rules could affect their placement a translator should be involved. The centre manager could add this to the list of times when a translator should be present.

There was a teacher available once a week who spoke the core language and english, they provided lessons and english language support for the young people. All documents were available in a format and language best suited to the group of young people. There was information provided by the youth advocacy body EPIC also in both English and the native language of the young people. Each young person had been introduced to the National Standards for Children's Residential Centres, HIQA 2018 and a copy made available for them.

The young people described that their families knew where they were living and in the past some had visited or called to the centre. There was no direct line of formal communication from the centre to the families, this was the responsibility of the relevant Tusla social work department. The young people understood, they told inspectors, that their family members could talk to the centre manager if they needed to.

The young people's individual care records as well as the young people's meetings contained evidence of information on location, education, employment and the practical steps towards accessing all. There were group sessions on wider topics related to Irish law, personal development and any other areas of community living and sharing with large numbers.

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 1.1, 1.4
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 and Operational Practices

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 current centre manager was acting up for the specified statutory leave of the centre manager. They were qualified and experienced and had prepared for the role over a number of weeks with the management team. They had also completed specific training on the role of designated liaison person and in leadership, both were reflective of the designated duties they were taking on in acting up. All relevant parties were aware of the change and the young people knew who the centre manager was. There was evidence of the new centre manager engaging with staff and young people along with overseeing and responding to written records and young people's requests and queries. There were two team leaders to support the centre manager and an operations and service manager completing visits, audits and were holding and attending managers meetings. The centre manager completed a weekly governance report to their service manager who was also the person completing their supervision which was monthly.

The centre manager post was covered by a senior manager for their annual leave and there was a process of re-organising delegation of tasks following the change in

manager. A list was maintained of these changes with assignment of fire, health and safety, internal audit and similar allocated to named persons

There were three types of auditing in place – internal at the centre and external by two senior managers. The audits were regular and recorded and included meeting and spending time with young people and staff as part of visits. The process and outcomes from these different audits and clarity about roles and responsibilities was somewhat of a challenge for inspectors to track. Inspectors advised that the senior managers clarify and liaise further with each other to ensure there is clarity on areas of focus, dates, responses and closing of audit action plans.

The young people had assigned case workers from the team, and the young people told inspectors that their centre assigned case workers helped them and were someone they would go to if they had a question or a concern. They told inspectors that they were happy with the support they received overall, they were aware for example that the team were attempting to improve the internet connections throughout the house, reviewing clothing monies and the overall allowances based on fairness and need. They liked the location of the house, the staff team and had regular outings and activities available should they wish to join them.

There was a development programme in place for staff wanting to move into more senior roles. The staff team, excluding the centre manager, numbered eleven which was inclusive of two night staff, there were an additional four relief staff. Staff from other centres within the company also covered shifts at the centre. The team were in the majority qualified in social care. There was a commitment to provide three staff daily with one staff sleeping over while a night staff was on duty and this staffing level was achieved in the main according to the evidence of the rosters and the daily records.

Inspectors found a low level of frequency of supervision for the night staff who are key players in the direct care of the young people, engaged in critical support and remaining working there into the morning to engage and advise the day planning. The centre manager committed to increasing the frequency of this in line with the role of the night staff. The night staff attended the fortnightly team meetings on a regular basis. Inspectors found that there was good overall attendance levels at team meetings and at monthly consultation sessions held with a psychotherapist during which the needs of specific young people could receive additional attention to ensure best care. Inspectors found that an area of focus for the management team needs to be roster management. In a snapshot over four recent weeks seventeen different staff

names were noted on the records. It was positive that the team, the relief staff and staff from other centres provided cover for training, annual leave and on boarding but inspectors recommend that the management keep a track of staffing to ensure that they have the necessary resources for the centre and that they report on this to their senior management to allow for strategic planning.

A service level agreement was in place for this centre and a signed copy was pending from Tusla at the time of this inspection.

Training was organised and attended by staff, the centre manager confirmed the remaining training for new starters in fire safety, first aid and therapeutic crisis intervention were booked and being completed. The personnel files for new staff were reviewed and there was good compliance found with standards of vetting and recruitment procedures. The policies and procedures had been reviewed in 2024 and there was a programme of policy review at team meetings as well as policy training which was delivered in August 2024 to the team.

Inspectors found that an area for development was found in the standards of recording and reporting, in the use of full names and clearer recording in the areas that have been identified as important such as incidents, risk taking behaviours, and complaints. Inspectors also recommended separation of documents related to other centres the young people may have resided in prior to admission, if their admission had taken place through another centre in the company a section should be completed regarding same. These areas were found to require ongoing oversight and guidance through audit, supervision and team meetings.

There was a risk management framework in place governed by a policy and set of procedures. There was a centre register reviewed monthly by the centre manager and an organisational risk register. There were shared risk assessments completed and repeated across all the young people's care records, for example regarding safety in the community following recent negative anti-immigration events. Inspectors found some gaps in the risk assessments related to the sharing of bedrooms and related to some specific matters for individual young people, for example injury/illness, use of alcohol, load capacity of the bunks and use of extension leads. These gaps were addressed without delay by the centre manager supported by the social care leaders. Further work was ongoing related to the availability of sockets and need for review of load capacity per bedroom for same.

Inspectors found that there was safety planning completed, and good quality response and support related to mental health concerns. It was found that it would be beneficial for accuracy purposes for closed risk assessments to be archived within the file and identified as such. Current risk assessment and management plans could then be more easily highlighted. The risk assessments were a topic on team meetings and the centre manager reviewed the register monthly as stated.

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 they provide regular supervision to the night staff in line with their role and supervision policy.
- The centre manager must oversee that the risk assessments section of the young people's care records are reviewed to ensure that the required risk assessments are present, that they are reviewed and that those closed are identified as such.
- The registered proprietor must arrange for an urgent review of electrical sockets in large shared room.
- The centre management must provide guidance and support in the ongoing development in recording and reporting standards at the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
5	<p>The centre manager must ensure that they provide regular supervision to the night staff in line with their role and responsibilities.</p> <p>The centre manager must oversee that the risk assessments section of the young people's files are reviewed to ensure that the required risk assessments are present, that they are reviewed and that those closed are identified as such.</p>	<p>The Centre Manager has allocated the role of supervising the night staff to one of the Social Care Leaders as their working hours align with that of the night staff. The Centre Manager revised and updated the supervision schedule and notified all staff members.</p> <p>The centre manager completed a review of the risk register 4.11.2024 and identified areas where risk assessments can be closed off. The operations manager edited the risk assessment template to include a section to record the status of the risk assessment. This was distributed to all centres on the 7.11.2024.</p>	<p>The centre manager will review the supervision planner monthly. The centre manager will audit the completion of supervision sessions as a function of the monthly internal audit.</p> <p>The centre manager will continue to monitor risk assessments and the risk register on a monthly or as needed basis. The service manager and operations manager will review same as a function of their external audits.</p>

	<p>The registered proprietor must arrange for an urgent review of electrical sockets in large shared room.</p>	<p>A Risk Assessment was completed 18.10.2024 with the following additional safety measures implemented:</p> <ul style="list-style-type: none"> • New surge protected extension leads were purchased for the room. • Case working to be completed young people around use of extension leads in that they are not to be left unattended or used for a prolonged period of time. • Staff to increase in person checks in the room. • This is a temporary measure pending completion of works <p>On the 07.11.2024, the proprietor submitted a request to the owners of the property to install additional outlets in the bedrooms.</p>	<p>The Health and Safety Officer will complete their monthly H&S checks and report any changes to the centre manager. The centre manager will continue to monitor the situation in the large bedroom via the monthly manager's audit. The centre manager will maintain this item on the risk register at an increased level of risk pending the completion of the works. The centre will be moving to a purpose built property in 2025 where young people will be accommodated at 2/3 per room with appropriate access to outlets, floor space and bathroom facilitated. This is anticipated to be around March 25.</p>
	<p>The centre management must provide guidance and support in the ongoing development in recording and reporting standards at the centre.</p>	<p>The centre manager will schedule external report writing training. The service manager and operations manager will begin designing a bespoke training based</p>	<p>Report writing training will be added to the training matrix and overseen by the centre manager and service manager monthly. The centre manager will include report</p>

		<p>on the Hata Homes paperwork systems and report writing. The initial meeting to plan the development of this training has been scheduled for 18.11.2024.</p> <p>Once completed, the centre manager and service manager will agree a date to train the staff.</p>	<p>writing in discussion at supervision with staff as a function of professional development.</p>
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