An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 240

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Clover Care Services**
Registered Capacity:	**One young person**
Type of Inspection:	**Announced**
Date of inspection:	**5th, 6th and 7th June 2024**
Registration Status:	**Registered from 13th February 2024 to 13th February 2027**
Inspection Team:	**Cora Kelly** **Lisa Tobin**
Date Report Issued:	**24th July 2024**

Contents

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 13th of February 2024. 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 as a single occupancy service. It aimed to provide medium to long term placement to a young person, aged between 13 to 17 upon admission. The model of care focused on responding to trauma exposure and theories of attachments with the aim of supporting young people in forming positive relationships through the application of attachment theories. There was one child 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
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including the director of services, the centre manager and the young persons appointed guardian ad litem. The inspectors were not successful in speaking with the young person's allocated social worker. They also spoke with a parent of the young person. 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 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 department on the 18th 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 on the 24th of June 2024. This was deemed satisfactory and accepted by the inspection service.

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: 240 without attached conditions from the 13th of February 2024 to the 13th of February 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

The inspectors found that the centre manager and staff were committed to providing care and support to the young person who had been living in the centre two and a half months at the time of this inspection. The staff team were at a rapport stage of building a relationship with them with their overall aim of building a therapeutic relationship with the young person. The initial and only statutory child in care review (CICR) held to date was found to have occurred in line with requirements and a care plan was held on the young person's care file. There was good practice of the centre taking detailed minutes of discussions and decisions made at the CICR. Whilst the young person chose to not attend the CICR there was evidence of staff encouraging the young person to do so and they did have the opportunity to contribute to the development of their care plan. The inspectors did not see evidence of the young person being informed of outcomes of the CICR; but found that arrangements were made about this between the centre and allocated social worker. The inspectors recommend that this occurs. The young person's ongoing needs and supports were discussed at the regularly held multidisciplinary meetings. This forum supported the centre manager in responding effectively to the young person's presenting needs and ensuring appropriate supports were in place. Minutes of these meetings were also held on the young persons care file.

It was the inspectors' findings that the statutory care planning and internal placement planning processes were connected. For the care plan actions that required implementation by the centre the inspectors found that these were accounted for in the placement plans reviewed by them. There was evidence of the young persons allocated keyworkers reviewing the placement plans monthly with the support of the deputy manager as the assigned case manager. Placement plan goals were consistently in place with some in progress since the young person moved to the centre. This was due to a significant escalation in their behaviours for a period at the mid-way point of their placement to date and their lack of engagement with staff together with the slow pace of the rapport building between the young person and staff. The centre manager spoke of their understanding and experience to supporting

the new staff team in responding in a therapeutic and planned manner to the young persons identified needs. There was evidence of their oversight and guidance to keyworkers and staff across placement plans, keyworking and individual work records and at team meetings.

An audit conducted by the organisation's director of services at the end of May 2024 identified a deficit in the young person and their parent having an active contribution to placement plans. This had since been rectified and was evidenced by the inspectors that their views were sought by staff. There was evidence of the young person being supported and facilitated by staff to attending specialist support services available to them.

The young person's care file contained extensive contact records between the centre and the young person's parent and allocated social worker. In conversation with the inspectors the young person's parent spoke very positively of their contact with the centre manager and staff and of their satisfaction of being kept up to date on the overall care provided to the young person. They spoke of their satisfaction too with regards to access arrangements, how it occurred and that they were slowly getting to know staff.

Compliance with regulations	
Regulation met	**Regulation 5**

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

Actions required

- None identified.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

It was the inspectors' findings that staff demonstrated a good knowledge of and understood the centre's policies and procedures that promoted positive behaviour and responded to challenging behaviour. These policies included positive behavioural support, model of care, behaviour management, restorative and natural consequence, and restrictive practice. Some policy updates had occurred in April 2024 in response to an ACIMS inspection of the organisation's sister centre earlier this year. Staff in interview demonstrated well how they incorporated the trauma informed and attachment theory model of care into their daily practices and interactions with the young person with the aim of building a trusting and therapeutic relationship with them.

The centre manager placed good attention to ensuring that the staff team had up to date behaviour management training and were provided with supplementary training in line with the young person's presenting needs for example training in drugs and alcohol, child sexual exploitation, and becoming trauma aware. A Tusla support service, whom the young person was linked to, had also provided a workshop to the staff team. The centre's training needs analysis was being maintained appropriately and a training schedule was in place where some gaps existed for new staff members.

The centre manager and staff spoke confidently of their approach to establishing routines for the young person to manage their behaviour. This included the development of behaviour support management plans that staff were expected to follow. The inspectors found that staff team were consistent in adhering to these. Other individual plans in place included individual absence management plans (IAMP), risk assessments and individual crisis support plans (ICSP). It was evident to the inspectors that they were reviewed and updated as and when required and in particular the ICSP's. For this individual plan too, consent had yet to be approved by the young person's general practitioner regarding the physical intervention aspect of the plan. The inspectors recommend that staff continue their efforts in securing this. To assist staff several individual risk assessments were in place to manage challenging and very high risk behaviours presented by the young person. Whilst they were observed to be lengthy staff demonstrated their familiarity with those in

interview that was further evidence by the inspectors during their review of the young person's care files. Detailed discussions about risk assessments also occurred at team meetings. There was evidence of staff promoting positive reinforcement and applying consequences appropriately in responding to the young person's behaviour.

The inspectors found that staff had made some efforts to engage with the young person following incidents where they presented with behaviours that challenged. However, it was minimal and not evident from that time where there was a prolonged escalation in their behaviour. This deficit was identified by the director of services during their audit in late May with the resulting action being that staff are to ensure that they record all efforts in trying to engage with the young person through life spaced interviews and individual work to help them understand and learn from their behaviours and to take responsibility for their behaviour too.

Two restrictive practices and physical restrictive procedures were in place that staff were familiar with to keep the young person safe. A restrictive practices register was being maintained appropriately with risk assessments held too. There was evidence of both being monitored and reviewed regularly and as required.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**

Compliance with standards	
Practices met the required standard	**Standard 3.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None identified.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The experienced centre manager, as the appointed person in charge of the centre, held overall accountability and responsibility for the operational running of the centre and ensuring that the young person was being provided with effective care and support. In interview and from the inspectors review of centre records and the young person's care file they were very aware of their role and responsibilities and very attuned to meeting the needs of the young person in a therapeutic and supportive manner. Their oversight of all records was evident with direction and guidance for follow up by staff noted by them. Their weekday presence in the centre allowed them to monitor staff practices and provide ongoing leadership to the new staff team. Their direction at team meetings was key to the development of the staff team too. Supervision arrangements were in place in addition to daily handovers, case management meetings and team meetings. Staff in interview stated that the centre manager provided with them with good support, was consistently available to them, was kind and focused on their professional development. A parent of the young person informed the inspectors that centre manager was understanding, supportive and respectful.

The experienced deputy manager acted up in the centre managers absence and supported their work with a delegation of tasks records in place that also accounted for the specific roles staff had been assigned for example first aid officer, fire officer and case manager. Delegation of tasks records were regularly monitored and updated. In addition to the centre and deputy managers two social care leaders completed the internal management structure which was appropriate to the purpose of the centre.

The centre manager reported to the director of services (DOS) as their line manager. They were in regular contact with the centre manager submitting weekly governance reports to them. There was evidence of the DOS providing direction to the centre manager on foot of these and of their oversight of records on their visits to the centre.

The DOS conducted regular audits of centre practices that focused on improving outcomes for the young person and the centre and held responsibility for ensuring that the centre's operating policies and procedures complied with regulatory requirements. The current set of policies and procedures had last been reviewed in April 2024 following a recent ACIMS inspection.

The centre's risk management framework was guided by a risk assessment policy and procedure. This included guidance on the identification, assessment, management, and ongoing review of risks at corporate and individual levels. The company risk register was maintained by the DOS and the organisation's chief executive officer with the centre manager having responsibility for maintaining the centre risk register. From their review of the company risk register the inspectors found some inconsistencies in how risks were being managed and recommend that the DOS reviews these to effectively manage similar risks. These were discussed with the DOS during the inspection.

In line with policy staff in interview spoke clearly of their role and responsibility in the risk assessment process and explained how the risk matrix worked. For one risk assessment that was in place in response to serious high risk behaviours that the young person had presented the inspectors found that the risk management plan needs to be more robust with respect to staff being able to respond effectively should the behaviour reoccur. A control measure included staff being first aid trained. The centre and deputy manager had been provided with First Aid Responder (FAR) training with the five staff having completed emergency first aid training – dates were scheduled for the two remaining staff to complete this training in August. The inspectors reviewed the risk assessment for first aid that was developed in December 2023 and found that it did not account for the young person's high risk behaviours. The risk assessment requires review, and the centre manager must satisfy themselves that staff are equipped with the skills and expertise to respond effectively and safely to the young person's known risks.

A service level agreement was in place between the centre and the Tusla National Private Placement Team (NPPT) with reports required to be submitted on a six-monthly basis.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 6**

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 registered provider and centre manager must satisfy themselves that staff are equipped with the skills and expertise to respond effectively and safely to the young person's known risks.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The DOS and centre manager were adhering to the policies on recruitment, induction, training, supervision and on call in their planning, organising and management of the centres workforce. In line with the centres statement of purpose and it being a single occupancy centre there was an appropriate number of staff employed in the centre place. The centre manager was committed to ensuring that staff were progressing in their competencies and abilities in delivering child-centred care. The centre was operating in compliance with the Tusla ACIMS regulatory notice, June 2023, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. The centre manager was supported by a deputy manager, who was completing shift work, two full-time social care leaders, four full-time social care workers and a part-time social care worker. Two relief staff were available to support the staff team during times of leave. To ensure appropriate cover was in place for summer months two social care workers were recruited and were onboarding at the time of the inspection in addition to two relief staff who would be part of the organisations relief panel. Agency staff had not been accessed to

date. Two staff left the centre since it opened with them having moved to Tusla run centres.

The centre manager and staff in interview spoke of an external HR support service and cycle to work scheme being available to them with maternity leave and pension being long term goals of the organisation.

Staff in interview were familiar with the on call policy and procedures in place. There was no issue about the support system identified to the inspectors.

Compliance with regulations	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 6.1**
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.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	The registered provider and centre manager must satisfy themselves that staff are equipped with the skills and expertise to respond effectively and safely to the young person's known risks.	Three additional team members in the centre have been scheduled to complete First Aid Responder (FAR) training on the 10th, 11th & 12th July 2024. Following the training, there will be 5 employees within the centre that are FAR trained. All other employees working in the centre will be emergency first aid trained. Three additional team members in the centre have been scheduled to complete First Aid Responder (FAR) training on the 10th, 11th & 12th July 2024. Following the training, there will be 5 employees within the centre that are FAR trained. All other employees working in the centre will be emergency first aid trained. The centre manager will ensure that there is one team member trained in FAR on every shift.	The Director of Services (DOS) will ensure that in all centres, there is sufficient team members trained in FAR so that on each shift, there is a team member on duty trained in FAR. The DOS will regularly review the centres rosters to ensure that an employee is scheduled on shift who is trained in FAR. The DOS will complete regular audits of the young persons, staff teams and environmental risk assessments to ensure that the risk management plan appropriate to managing the identified risk and to ensure that the risk assessment is being reviewed by the centre staff team & management in line with our policies and procedures.

		The risk assessment for first aid has been reviewed and updated as of the 19th of June 2024 to ensure the safety risk management plan outlines that there must be one employee trained in FAR training on every shift. The risk assessment will be reviewed at a minimum once a month at team meetings or as and when required. The young person's risk assessment for known risks has been reviewed and updated following the inspection. This Risk assessment will continue to be reviewed at team meetings or as and when required. If the risk rating changes at any point or the action plan, SCW's and management of the centre will outline same in the communication book. All staff will be required to read and sign the risk assessment to ensure they adhere to the interventions outlined to mitigate the risk from occurring.	