An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 255

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Harmony Residential Care Ltd.**
Registered Capacity:	**Six young people**
Type of Inspection:	**Announced**
Date of inspection:	**26th & 27th November 2024**
Registration Status:	**Registered from the 26th of July 2024 to 26th of July 2025**
Inspection Team:	**Mark McGuire** **Eileen Woods**
Date Report Issued:	**10th February 2025**

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 26th of July 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 without attached conditions from 26th July 2024 to 26th July 2025.

This centre was established under the Temporary Protection Directive, (TPD). The young people living in the centre had originally arrived in Ireland as separated children. Measures introduced under the TPD provided certain rights to young people in these circumstances including permission to reside in Ireland for an initial period of one year (this can be extended), protection and support with child safeguarding, accommodation, education, medical needs and access to the labour market. Young people who present as separated children seeking international protection 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. It provided accommodation for young people between the ages of 16-17 years on admission. The registered capacity was for six young people and two young people shared a room in the centre. The service aims to provide separated young people and those under temporary protection with high-quality care in a safe, nurturing environment. By fostering their wellbeing and promoting education, social integration, and psychological growth, the service ensures individualized support to help each young person achieve their potential, guided by a trauma-informed model of care. 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. 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.

Five of the six young people met directly with inspectors during the inspection visit. As part of the information gathering process all six young people completed ACIMS questionnaires. Inspectors interviewed the centre's manager, two social care workers, the service manager for the organisation along with four social workers.

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 of January 2025. 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 27th of January 2025. 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: 255 without attached conditions from the 26th of July 2024 to the 26th of July 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 12: Provision of Food and Cooking Facilities
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 found that the centre demonstrated a commitment to promoting children's rights, aligned with the United Nations Convention on the Rights of the Child (UNCRC). These rights were clearly documented in the young person's booklet (YPB), referred to in the centre as the welcome pack. The service provider also provided a helpful information brochure for the staff team outlining the rights relating to the centre demographic with regards to the international protection and asylum process.

However, inspectors noted delays in ensuring that all young people received the YPB upon admission, particularly there had been delays in ensuring versions that accounted for their diverse language needs were provided. Although staff had taken steps to mitigate this, inspectors recommend that the YPB be routinely provided in multiple languages at the point of admission. This would ensure all children are fully informed about their rights and expectations of care immediately upon arrival. The service's Head of Care and Operations informed inspectors following the inspection that multi-language YPBs were now available for use with new admissions.

Inspectors also noted that rights-based topics, including the UNCRC, had been discussed with young people through key working sessions and during young person's meetings. This key working had recently been completed following deficits being identified through the service's internal audit process, which noted gaps in the delivery of these rights based key working sessions and the overall key work and placement planning process. Inspectors found this to be an effective use of oversight mechanisms to address identified gaps. Going forward, centre management must ensure that rights-based key work remains an integral part of the staff team's work with young people in their care. Centre and senior management had scheduled a

training session for the team in December 2024 on placement planning and key working to improve standards in this area.

Inspectors observed a generally respectful and inclusive environment where young people were encouraged to express their views and participate in decisions regarding their care. Young people met by inspectors expressed satisfaction with this aspect of the service and outlined how they felt comfortable speaking to the care team and of the positive function of the young person's meeting. Inspectors also reviewed records from young persons' meetings, which demonstrated that their views were listened to and taken into account by the care team. However, inspectors noted that follow-ups to young people's requests were not always well-documented, nor were identified actions consistently addressed in a timely manner. Examples included repeated requests for English language teachers and bedroom items, such as mirrors, which were noted across multiple records over several weeks. Centre and senior management must ensure all requests are responded to and resolved promptly, particularly when related to practical and personal needs, to further enhance the standard of care provided.

Inspectors found that staff were generally aware of and sensitive to the diversity of the young people in their care. However, there was room to further enhance how cultural diversity was actively celebrated within the centre. For example, staff faced challenges in consistently addressing gender-specific cultural expectations. Inspectors observed that the use of shared spaces, such as kitchen facilities and sitting rooms, was sometimes influenced by traditional gender roles that were not aligned with principles of equality. These practices were often driven by the young people themselves. Inspectors noted to centre and senior management the importance of balancing respect for religious and cultural beliefs with the responsibility to promote equality to support the young people in learning about equality norms from an Irish legislative and societal perspective. While inspectors noted that cultural awareness training had been delivered to the care team by an external provider prior to the centre's opening, senior management acknowledged that the team, while eager to learn, lacked experience working with this demographic. To address this, inspectors suggest further staff training on cultural competency and diversity. This additional training would enhance the centre's ability to foster inclusion, promote equality, and effectively challenge stereotypes within the centre environment.

Inspectors observed that young people's religious beliefs and dietary requirements were thoughtfully incorporated into the daily activities of the centre. All young people

spoke positively to inspectors about this aspect of their care. They also highlighted a recent culture day facilitated by the centre, which they described with enthusiasm. During the event, young people were encouraged and supported to share traditional dishes from their countries of origin and showcase other cultural traditions, such as dances, with their peers and staff. Inspectors noted that the young people appeared to take great pride in sharing these aspects of their heritage, and it was evident that the event was both enjoyable and meaningful for those involved.

Inspectors identified confusion among the staff team regarding the allocation and use of resources through the petty cash system. Staff reported that there was often insufficient money available for weekly grocery shopping, activities, or other expenses. This situation impacted the young people's right to adequate care and support. Staff informed inspectors that young people had to pay for their own gym memberships, which staff said they felt was unfair. Inspectors were informed that in some cases, young people had paid for activities themselves and were reimbursed only when the petty cash float was replenished the following week. This practice undermines the young people's right to access necessary services without financial burden. When queried, senior and centre management provided evidence that sufficient funding was allocated each week to meet the centre and young people's needs, including grocery shopping, cultural dietary requirements, and activities. They also advised that gym memberships would be paid for by the centre going forward. However, the confusion among the staff team must be addressed to ensure that young people are not required to pay for activities and await reimbursement. Furthermore, staff must be made fully aware of the procedures for accessing the allocated funds to utilise the resources effectively. Ensuring clarity and efficiency in the use of resources is essential to uphold the young people's rights to receive appropriate care and support without unnecessary financial burdens.

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

As previously mentioned, inspectors found that while young people received some information in their native languages, such as with the YPB, delays occurred during the admissions process. For instance, inspectors observed that only two different language versions of the YPB were available at the time of inspection despite there being four different languages used by young people in the centre. Internal audits, along with inspectors' review of key working and placement planning records, also highlighted delays in providing timely explanations of important information to young people. Furthermore, inspectors noted that the use of translators was inconsistent, particularly for complex topics such as admissions and general

practitioner meetings. Inspectors recommend that the centre establish clear standards for the use of translators to ensure all young people's communication needs are met effectively.

Inspectors identified that staff awareness of the range of languages spoken within the centre required improvement. It was recommended that the YPB be updated to include additional resources, such as information on local places of religious observation and specialised food shops, refugee services, and culturally relevant topics, including sensitive health issues. Inspectors suggested that collaboration with national advocacy groups could support the development of culturally sensitive materials on these health issues for inclusion in the booklet. Once informed of growing national awareness of this and other topics, the service's Head of Care and Operations responded proactively during the inspection process by contacting a relevant advocacy and support group to arrange training for the staff team, which is scheduled for January 2025.

Inspectors acknowledged that the YPB provided comprehensive information about the centre's operations. Inspectors also reviewed key working records, which showed sessions being completed with all young people on the *National Standards for Children's Residential Centres* (HIQA, 2018). However, inspectors observed that these documents had only been translated for two young people. Inspectors recommend that all complex information be provided to young people in both English and their native languages to avoid gaps in understanding.

Inspectors spoke with members of the social work department, who described positive work being carried out with one young person in relation to family reunification and efforts to support others in locating family members.

While inspectors were made aware of a range of information being provided to young people, they found a lack of evidence of different language versions being stored on file for retrieval and review by young people. Inspectors also observed a shortage of accessible information resources throughout the centre, such as on noticeboards or information stands. To address this, inspectors recommend the inclusion of advocacy and rights-related brochures in common areas to enhance accessibility. Establishing a multi-language noticeboard or dedicated information stand would further support the effective sharing of important information to young people.

While inspectors identified several areas requiring improvement, they also observed an eagerness to learn within the team. All young people spoke positively about their

progress and expressed that their rights, needs, and wants were being well supported by the care team. They shared examples of learning achieved on rights-based topics and highlighted the variety of information they had received through the recently renewed focus on key working, mentioned earlier in this report, such as on advocacy groups like EPIC (Empowering People in Care).

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 9** **Regulation 17**
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 1.1** **Standard 1.4**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must establish clear standards for the use of translators and maintain a record of translated materials to support young people's understanding of complex topics, such as key work sessions, admission processes and medical appointments.
- The registered provider must ensure that staff receive additional training in cultural competency and diversity while promoting cultural inclusion and equality in line with Irish legislative and regulatory requirements.
- Centre management must provide clear guidance to staff on accessing petty cash, cease the practice of young people paying for activities, and ensure staff can access allocated funds to meet young people's needs.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge
Regulation 7: Staffing

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.

Inspectors found that while lines of accountability had been established within the centre, there was confusion among staff regarding governance structures and roles, particularly in the absence of the manager. Recent changes to staff titles and roles within the senior management team had taken place. However, during interviews with inspectors, some staff expressed uncertainty about governance structures, particularly regarding who was in charge when the manager was on unexpected leave during the inspection and their understanding of the senior management team and structure. Inspectors received different responses from all of the team members they spoke to in relation to who was the person in charge while the manager was absent. Inspectors recommend that the delegation of responsibilities be clearly communicated to all staff to ensure clarity in the event of managerial absence. The organisational and clinical governance structure also needs to be revisited with the staff team to ensure a clear and consistent understanding of leadership roles within the organisation.

Inspectors were provided with a management delegation task list template, which is to be used when the centre manager delegates all or some of their duties, and for keeping a written record of when and to whom such duties have been delegated. However, inspectors found no evidence that this template was used in practice. Centre management must ensure that this documented process is consistently implemented to maintain clear records of delegated responsibilities within the centre.

Inspectors found that staff interviewed during the inspection demonstrated a clear understanding of their roles and responsibilities, and all had been provided with detailed job descriptions outlining their duties within the centre. However, inspectors noted instances where staff had been assigned roles and responsibilities for which their qualifications had not been appropriately verified. When queried, centre and senior management provided a qualification comparison framework document used

to assess equivalency for qualifications obtained outside Ireland. However, inspectors identified inconsistencies in how qualifications were assessed using this, and the service's Head of Care and Operations committed to reviewing the matter. Subsequently, inspectors received confirmation that one qualification did not meet the required standard for the assigned role, and immediate steps were taken to realign duties accordingly. The service provider assured inspectors that the qualification verification process had been strengthened to ensure robust and consistent vetting procedures.

The centre manager recently proposed the creation of a deputy manager position to their line manager to strengthen leadership and management within the centre. A deputy manager has been appointed and is scheduled to commence shortly after the inspection. Inspectors were provided with a list of their tasks and duties. However, given the acknowledged inexperience of the team, inspectors recommend ongoing support from the senior management team.

The service's internal audit provided valuable insights, and inspectors saw evidence of findings being shared with the team following this process. However, from interviews with the staff team, it was evident to inspectors that not all staff fully understood the learning from these audits, nor had all action plan items been addressed. Inspectors emphasized the need for robust senior management oversight to support the centre in addressing these deficits, given the acknowledged inexperience within the care team.

Inspectors saw evidence of an appropriate service level agreement in place for the provision of services and there was a quality, practice and risk division as part of the senior management team whose focus was on compliance with relevant legislation and the *National Standards for Children's Residential Centres, HIQA 2018*. This team carried out the internal audit referenced previously in this report.

Inspectors identified areas requiring improvement in safeguarding practices. For example, inspectors found insufficient assessment and planning for managing risks associated with problematic sexualised behaviours. Responses given to inspectors, such as young people using separate sitting rooms, were deemed inadequate. Inspectors reviewed risk assessments and safety plans in place for these but did not evidence that all the outlined control measures were being implemented to safely manage the identified risks by the care team. For example, one control measure required a team member to be consistently present in the immediate area to supervise the young people. However, this was not practical or feasible given that the

staffing-to-young-person ratio was regularly 2:6, and there were times when the ratio was noted as being 1:5 while young people were supported with lifts or appointment attendance by team members. Inspectors noted positive examples of staff addressing risks specific to the centre's demographic, such as discrimination and far-right extremism that could impact the young people. However, inspectors recommend that the centre strengthen its risk management framework to ensure comprehensive and practical plans are in place for all identified risks.

While the staffing ratios noted above aligned in the strictest sense with the regulatory guidelines, inspectors highlighted the need for ongoing monitoring of this as part of the overall risk management process in the centre. Given the team's acknowledged inexperience and gaps in knowledge observed by inspectors on key issues such as risk management, the Separate Children Seeking International Protection (SCSIP) demographic, and policy application, a more detailed risk evaluation is needed to ensure the staffing structure supports young people's needs effectively. The Head of Care and Operations responded proactively to this recommendation during the inspection process and carried out a formal review of the staffing ratio and support levels in the centre. Inspectors were provided with a copy of this review and found that if implemented as documented, this should address the issue of 1:5 ratios occurring in the centre and enhance the levels of staff support and the team's ability to respond effectively to identified risks.

As mentioned previously, inspectors noted good initial external training delivered on the centre demographic, but further training on specific risks, including child sexual exploitation (CSE), trafficking, and other sensitive health issues, is recommended. Inspectors were again advised post-inspection that this recommendation was being proactively addressed, with dates provided for training on these sensitive health issues and CSE that had been sourced by the Head of Care and Operations. The implementation of a clear training schedule and a review of the six-weekly supervision timeframe may also support team upskilling, given the acknowledged need for support.

Inspectors acknowledged recent updates to policies, including governance, child safeguarding, and significant event notifications (SENs). Inspectors were also made aware that these had been distributed to the team by centre management and were reviewed at recent team meetings. However, centre management had not taken part in the initial review of the policies, nor had they been involved in the previously mentioned recruitment procedure for the newly appointed deputy manager.

Inspectors recommend that centre management be actively involved in policy reviews and recruitment processes to ensure alignment with the centre's operational needs.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6** **Regulation 7**
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

- Centre management must clearly communicate delegation responsibilities to all staff, ensure leadership roles are clear during the centre managers absence, and consistently use the management delegation task list to document assigned duties.
- The registered provider must implement robust oversight to address action plan items identified during internal audits and ensure timely resolution of deficits.
- Centre management must ensure that all control measures outlined in risk management plans are feasible, consistently implemented, and adequately supported by appropriate staffing ratios.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre management must establish clear standards for the use of translators and maintain a record of translated materials to support young people's understanding of complex topics, such as key work sessions, admission processes and medical appointments.	At a team meeting on 10.01.2025, the team were provided with guidance on the use of translators by the centre manager. The admission keyworking checklist was updated on 02.01.2025 to include using translator services for admission keyworking. A copy of all translated keyworking sessions will be maintained on file and the centre manager is responsible for the oversight of this.	A policy for the use of translators will be developed by the centre manager in conjunction with senior management by 07.02.2025. This will be shared with the centre team on completion. The centre manager will be responsible for oversight and governance in relation to the use of translators.
	The registered provider must ensure that staff receive additional training in cultural competency and diversity while promoting cultural inclusion and equality in line with Irish legislative and regulatory requirements.	The team completed additional training in cultural diversity on 21.01.2025. A keyworking session for young people on Irish societal norms will be developed with the external trainer to ensure young people understand cultural inclusion and equality in line with Irish legislative and regulatory requirements. This will be	The additional training course on cultural diversity will form part of mandatory training for this centre. The centre manager will maintain the centre training needs analysis to ensure all required training is completed in a timely manner.

	Centre management must provide clear guidance to staff on accessing petty cash, cease the practice of young people paying for activities, and ensure staff can access allocated funds to meet young people's needs.	completed by 14.02.2025 by the external trainer and will be completed with all young people by the second quarter of 2025. On 23.12.24, guidance on petty cash was discussed with the team within a team meeting led by the centre manager to ensure that the team had a clear understanding of the petty cash available to the centre. With immediate effect, the centre will pay for gym membership for young people. An additional bank card has been issued to the centre to ensure the team can access allocated funds.	A policy on petty cash will be developed for the centre by the deputy manager in conjunction with senior management by 14.02.2025 and will be reviewed with the team by the centre manager on implementation. This policy will form part of team members inductions to ensure an issue like this does not arise again.
5	Centre management must clearly communicate delegation responsibilities to all staff, ensure leadership roles are clear during the centre managers absence, and consistently use the management delegation task list to document assigned duties.	On 10.01.25, the team were provided a full overview of delegation responsibilities and leadership roles during a centre managers absence by the centre manager within the team meeting. The centre manager with immediate effect will ensure to use the delegation task list to document assigned duties.	The induction for team members on roles and responsibilities within the organisation will be updated by the senior management team by 14.02.25 to include delegation duties to ensure leadership roles are clear. In the event of unexpected leave of the centre manager and deputy manager, the senior manager will link directly with the team to provide guidance

			as to the reporting structure in the management teams absence.
	The registered provider must implement robust oversight to address action plan items identified during internal audits and ensure timely resolution of deficits.	Following receipt of an internal audit, the senior manager and centre management team will plan an action plan meeting at the earliest time to ensure there is a planned response in place to address all identified actions. Senior management will be responsible for ensuring this takes place.	The Head of Quality, Risk and Practice will update the organisational policy to include clear procedures and timeframes for internal audits by 31.01.2025 and ensure this is communicated to the centre management and senior management team.
	Centre management must ensure that all control measures outlined in risk management plans are feasible, consistently implemented, and adequately supported by appropriate staffing ratios.	The centre manager and the Head of Care conducted a full review and update of all risk assessments completed by 24.12.2024 to ensure that all risk management plans in place are feasible and consistently implemented.	Senior management will ensure more robust reviews of control measures are being conducted each month during regional governance reviews.