



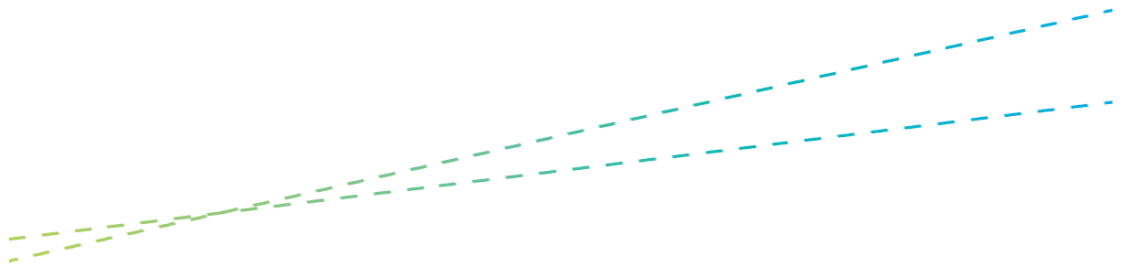
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 130

Year: 2023 (2)



Inspection Report

Year:	2023 (2)
Name of Organisation:	24 Hrs Care Services
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	13th & 14th September 2023
Registration Status:	Registered 14th August 2023 to 14th August 2026
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	19th December 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 3: Safe Care and Support	
4. Corrective and Preventative Actions	11

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 14th August 2017. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 14th August 2023 to 14th August 2026.

The centre was registered as a multi-occupancy service. The centre's purpose was to provide accommodation for four young people of all genders from age thirteen to seventeen years on admission. The centre's model of care was trauma informed care which enable the young people to participate to their full potential in environments, carefully planned to serve individual needs. It aimed to promote positive outcomes through education and building positive family connections. There were three young people registered as living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2 only

This inspection focussed specifically on the plans and responses in place to mitigate the presenting harm to one young person following an escalation sent by the National Private Placement team to ACIMS.

Inspectors look closely at the experience 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. 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 15th November 2023. 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 30th November 2023. This was deemed to be satisfactory.

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: 130 without attached conditions from the 14th August 2023 to 14th August 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors found the centre had policies and procedures in place that promoted the positive management of behaviour that challenged. From the evidence reviewed as part of this inspection, the centre's approaches to the management of the behaviours that challenged for this young person were aligned to these policies.

The centre policy states that they use a recognised framework for the management of behaviour however at the time of inspection, four members of the team, who had recently commenced working in the centre, had not yet completed this training. This had been scheduled for the month following inspection. All staff had been trained in Children's First 2017, and all bar two, had completed all other mandatory trainings.

Inspectors reviewed records in respect of one young person only, and within these records, it was evident to inspectors that staff understood the framework for managing behaviour that challenged and were implementing this in supporting this young person. There was evidence of clinical oversight from the psychologist linked with the organisation in relation to the approaches the staff were taking working with this young person, and this information was communicated through team meetings which were attended by the psychologist. The young person was also linked with an external service to support them in addressing their needs and inspectors saw evidence of collaborative working between the services in the best interest of the young person.

Following significant events inspectors saw evidence of staff completing individual work with the young person to support them to understand their behaviour and the risks they were placing themselves at. The young person was able to articulate to inspectors in interview the changes they needed to make to keep themselves safe and spoke positively about the work the team had completed to help them with this. There was also evidence of key working being completed with the young person around their needs and behaviours. Within audits completed in the centre, areas were

identified where further work was required and this was planned to be completed with the young person.

The young person had a care plan on file, placement plan, positive support plans, individual crisis support plan, absent management plan and there was a risk assessment document in place for all identified areas of risk for this young person. The information contained within these documents was detailed, it was easily accessible to the staff team and it was up to date on current issues present. Throughout team meetings, there was evidence of discussions around the presenting needs and behaviours of the young person and the plans in place to support the young person in relation to these.

An audit under theme three of the National Standards for Children's Residential Centres, 2018 (HIQA) was completed by the organisation in May 2023. Within this audit a comprehensive narrative was included to evidence compliance with the National Standard's for Children's Residential Services, 2018 (HIQA). Actions were identified for follow up and these had been implemented to completion at the time of inspection. Additionally, an audit of the significant events for this young person was completed in June 2023. The purpose of the audit was to ensure that issues and risks were being addressed and appropriate safeguards were in place to safeguard the young people. Actions arising out of this were addressed and recorded within this audit.

Significant Event Review Group (SERG) meetings occurred in line with policy and within these meetings particular significant events were reviewed. The centre manager reported that the significant event to be reviewed during these meetings is selected by the team. These meetings reviewed interventions and approaches to the management of behaviours that challenged. Significant events for the young people were also discussed during team meetings. Additionally, the team completed staff reflections following each shift, and any themes or patterns emerging from these were discussed during team meetings and supervisions which helped review and monitor the supports in place. There was also evidence of management oversight on significant events and documentation held on the care files.

The centre had a number of restrictive practices in place in relation to this young person which had been agreed to ensure their safety e.g. restricted access to areas within the community and restricted movement within the house at times. These were agreed with the social work team and in place to ensure the safety of this young person. The restrictive practices in place were listed in the Identification Assessment

and Management of Risk (IAMR) document held on the young person's file, however, this did not include a risk assessment in relation to each of these to indicate the risk and rationale for the implementation of same. Risk assessments in relation to these restrictive practices are required in line with the National Standards for Residential Centres, 2018 (HIQA). Restrictive practices were reviewed during team meetings and were reviewed during the monthly review by centre management of the IAMR.

Overall, inspectors found that the centre was implementing safety plans and appropriately assessing the risks to this young person. The centre advocated for supports for the young person, completed individual work and were attempting to engage the young person in positive daily plans to support them in addressing the underlying causes of the behaviour to reduce the risk.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that an individual risk assessment is in place for each restrictive practice in place for the young person in line with the National Standards for Children's Residential Centre, 2018 (HIQA)

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that an individual risk assessment is in place for each restrictive practice in place for the young person in line with the National Standards for Children's Residential Centre, 2018 (HIQA)	With immediate effect, the centre manager will ensure that individual risk assessments are completed in the event of a restrictive practice being in place for a young person in line with the National Standards for Children's Residential Centres.	Through the auditing process by the Director of Compliance we will ensure effective oversight and governance and to ensure effective recording of risk assessments for each young person is in place.