



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 013

Year: 2024

Inspection Report

| | |
|------------------------------|---|
| Year: | 2024 |
| Name of Organisation: | Orchard Residential Care Limited |
| Registered Capacity: | Four Young People |
| Type of Inspection: | Unannounced Inspection |
| Date of inspection: | 20th, 21st & 23rd May 2024 |
| Registration Status: | Registered from 25th September 2023 to 25th September 2026 |
| Inspection Team: | Lorna Wogan Anne McEvoy |
| Date Report Issued: | 22nd August 2024 |

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 1: Child-centred Care and Support (Standard 1.2 only) | |
| 3.2 Theme 3: Leadership, Governance and Management (Standard 3.2 only) | |
| 3.3 Theme 6: Responsive Workforce (Standard 6.1 & 6.4 only) | |
| 4. Corrective and Preventative Actions | 18 |

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 in 2007. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from 25th of September 2023 to 25th of September 2026.

The centre was registered as a multi-occupancy unit to provide medium to long term residential care for four young people from age thirteen to seventeen years on admission. The centre aimed to help young people recover from adverse life experiences. The model of care was built on the three pillars of trauma informed care. The three pillars being safety, connections, and coping. The approach to working with young people was also informed by attachment and resilience theories. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. There were four 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 | 1.2 |
| 3: Safe Care and Support | 3.2 |
| 6: Responsive Workforce | 6.1, 6.4 |

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

The draft findings of this inspection determined that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing. As a result, it was the decision of the Registration Committee to add the following conditions to the centre's registration on the 31st of May 2024 under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991:

There will be no more admissions to the centre until such time as;

1. *Staffing has been increased to comply with the minimum levels required.*
2. *The team are suitably qualified and experienced to meet the needs of the young people.*

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 22nd July 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 centre manager returned the report with a CAPA on the 6th August 2024. A review of the centre's compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7 Staffing was also undertaken. This review found that the regulatory non-compliance identified in this report had been rectified and the condition was subsequently removed by the Registration Committee on the 13th of August 2024. The CAPA was also 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: 013 without attached conditions from the 25th September 2023 to the 25th September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.2 Each child's dignity and privacy is respected and promoted

Overall, the inspectors found the dignity and privacy of each child was respected regarding their personal space, professional consultations and personal information. Work was completed with the young people to support their specific cultural identity and to maintain connections with their families and communities in line with their care plans. The young person's booklet outlined their right to privacy and confidentiality and stated their bedroom was a private space for them. This was evidenced in individual work with young people. Each young person had their own bedroom and individual spaces within the house where they could spend time alone. They had the facility to lock their bedrooms and there was no evidence that the young people's personal possessions were interfered with or damaged by other young people. The current group of young people were not keen to have photographs taken on activities to display in the communal areas of the centre and this was respected by the care team. They maintained their personal possessions and memorabilia in their individual bedrooms.

While the care team and social workers for some young people told the inspectors the young people oftentimes spend prolonged periods of time in their bedrooms, the inspectors observed they were afforded privacy in line with their age and stage of development. Throughout the days of the inspection the inspectors observed positive engagement of the young people with the team members in the centre's communal areas, and as the young people came and went to school and to other extra-curricular activities. There was evidence that staff encouraged and supported the young people to engage in activities and daily routines.

Room searches were undertaken by staff and the rationale for room searches was outlined in the young person's information booklet. There was evidence that the practice of room searches was explained to the young person where they occurred. One young person was unhappy about an incident where a room search was

undertaken without their prior knowledge. The young person's issue was acknowledged by the manager and team members involved and individual work was completed around this incident with learning outcomes for the team. The procedure to record room searches and circumstances that warranted such searches was discussed and recorded in team meeting minutes. A record of all room searches was maintained by the team and room searches were noted in the handover meeting records. The inspectors found there were reasonable grounds for concern to warrant room searches however it is important that young people are periodically reminded of the circumstances whereby the adults may undertake room searches.

There was no evidence that individual work was completed with young people about who their personal information was shared with however the staff and managers interviewed were aware that personal information about the young people was only shared on a need-to-know basis. The young people's booklet outlined that young people had the same rights as adults in relation to personal data and confidential information. The booklet outlined that staff members had responsibility to keep information confidential and private personal information was only used to help them and keep them safe. The young people were aware that staff member's kept records about them and two young people who spoke with the inspectors confirmed they were aware they could read their daily logs. In addition, their right to access data was outlined in the booklet.

The house meeting records evidenced that staff members consulted with the young people and provided them with opportunities to be involved in planning around their daily care and planning their routines. The young people had information on advocacy groups and were linked directly with advocates when they had issues about their care plan. Where young people were unhappy with decisions made by the placing authority, team members supported them to submit a complaint through Tusla's complaints procedure 'Tell Us.' Each of the young people were provided with folders that contained information on rights, advocacy groups, user friendly information on the national standards for children's residential centres and information about the centre.

The parents interviewed were satisfied with the care their children received in the centre and felt their children had made progress and that staff treated the children with dignity and respect. The parents interviewed had no complaints about the quality of care their children received.

| Compliance with Regulations | |
|-----------------------------|---|
| Regulation met | Regulation 5 Regulation 9 Regulation 17 |
| Regulation not met | None Identified |

| Compliance with standards | |
|---|--|
| Practices met the required standard | Standard 1.2 |
| 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 required

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.

There was a behaviour management policy in place that promoted a positive and learning approach to managing behaviours that challenged. The inspectors found ample evidence that positive behaviour was promoted and rewarded with praise, recognition and rewards for each of the four young people. There was evidence the young people responded well to this. There was significant work undertaken with one young person to encourage positive interactions with peers, support them to regulate their emotions and understand how to manage themselves around others. Reward systems were implemented and had worked to beneficial effect in this regard.

There were systems in place to guide staff to respond to behaviours that challenged. Individual crisis management plans (ICSPs) were detailed and developed in line with their behaviour management intervention model. There were no physical restraints permitted for any of the young people and this was clearly stated in their ICSP. Absent management plans (AMPs) for each young person guided staff to manage

unauthorised absences from the centre. These plans were updated on a monthly basis by key workers at team meetings. Following a review of the ICSPs and AMPs inspectors advised the manager to revise them again as they identified personal information and family history that was not relevant to the ICMP or the AMP.

The centre risk registers were up to date and individual risk assessments were developed by the team to manage specific high-risk incidents and behaviours. Individual risk assessments were reviewed at team meetings and there was evidence that the status of the risks was reviewed and updated as required and risk assessments were closed out if no longer relevant. Risks associated with child sexual exploitation were appropriately escalated by the director of services to the relevant social work department. Behaviours that challenged were reviewed at team meetings and within the services significant event review group forum with learning outcomes identified.

There was effective oversight and monitoring by external managers of significant events, complaints and child protection and welfare concerns through the centre managers monthly governance reports. These reports were subject to a check and challenge process when the external manager visited the centre on a monthly basis. In one instance the inspectors found that following a serious incident between two of the residents a risk assessment had not been developed to identify control measure to manage the risk associated with the dynamic and interactions between the two young people. The centre manager must ensure that the team develops a risk assessment to address this risk.

The ability of the centre managers and staff to support the young people with trauma, loss and behaviours that challenged was intrinsically linked to having a stable, cohesive, consistent staff team. The inspectors found the young people in placement had not experienced consistent, cohesive care, despite the efforts of the care staff and managers working in the centre. Three of the four young people in placement had experienced eleven core staff members leave the centre since the last inspection in addition to being cared for by relief staff and staff from other centres that covered the rota when staff had left or were on sick leave. Two of the young people who spoke with the inspectors relayed how this impacted on them in a negative way. They described the impact of losing staff they were close to, inconsistencies in care approaches and expressed a general lack of regard for staff who were new to them or who were on duty and unfamiliar to them. The turnover of staff had also led to frustrations for core staff who worked alongside staff who were not familiar with the young people. This was evident throughout the supervision records and in our

interviews with the staff members. Staff relayed the pressures managing behaviours that challenged within the context of complex dynamics between the young people, inexperienced staff or staff who were not familiar with the young people and occasionally insufficient staffing resources to support each of the four young people's needs. The inspectors found there was a complex group dynamic which created the potential for high-risk behaviours between the young people. The management team recognised this before the inspection and plans were in place to transfer one of the young people to a dual occupancy centre within the wider service.

Despite all the above challenges experienced by the young people and the staff team in relation to staffing, the inspectors found the young people had made progress in several key areas of their lives. The staff worked diligently to ensure two of the young people were reintegrated back into mainstream education, and there were clear expectations that young people engage in education or training. The staff had supported one young person through some particularly challenging experiences in the centre. Individual work undertaken by key staff seemed to have a positive and stabilising impact for one of the young people in terms of settling into their care placement. There was evidence of individual work that recognised and acknowledged for the young people the upset, trauma and struggles they faced in their lives. The individual work records evidenced that key staff members helped them to reflect on incidents and gain insight into understanding their own behaviour that challenged and how it may impact on others. There were several conversations recorded on file that supported the young people to be self-aware and understand the skills for self-care and protection.

Conversely, in respect to one of the young people the inspectors found records of individual work to address behaviours that challenge did not always promote a positive approach to behaviour and were not in line with the centre's attachment/resilience-based approach to care. The centre managers must ensure they have oversight of all individual work reports to ensure they are aligned to the behaviour management policy and the model of care. Centre records in some instances evidenced staff members becoming involved in the conflict cycle with the young people rather than finding ways to negotiate with the young person. This in most cases was down to lack of experience or not having an established relationship with the young person. Additionally, the inspectors found that rules, expectations and consequences that had been implemented with previous residents were being applied to the current group of young people. Staff interviewed by the inspectors were not able to explain the rationale for certain practices other than it was always a rule or expectation in the centre since it commenced operations. The director of

services in conjunction with the centre managers, the team and the young people must set out base line expectations to maintain safety for everyone living in the centre and the young people must be centrally involved in determining the consequences and responses to behaviours that challenge.

Given the complexities of the group dynamics the inspectors recommend that when the team have recruited all the required staff members the service director must ensure the team have regular access to external specialist advice and support to assist them to support the young people in placement.

There was an arrangement in place for audits to be undertaken by personnel external to the centre. An audit on the centres approach to managing behaviour was undertaken and the auditor spoke with the young people and staff members as part of the auditing process. The report provided a good analysis and oversight of high-risk behaviours and how they were managed. The audit report outlined valuable observations and set out recommendations for the management of behaviour and risk. This report was recently forwarded to the centre manager prior to the inspection and the required action plan had not yet been developed.

The implementation of restrictive practices across the organisation was subject to governance and review by the services human rights committee attended by directors and senior managers. There were a number of restrictive practices implemented in the centre such as window restraints, sensor alarms on the young people's bedroom doors, room searches and locks on internal doors. Restrictive practices were evidenced as risk assessed and were subject to regular review by managers. Restrictive practices were also recorded on the centres local risk register. The inspectors found that the restrictive practices identified in the centre were applied unilaterally and were not assessed as required on an individual basis for each young person living in the centre. In addition, the inspectors found that internal doors to recreational spaces were locked during daytime hours however the risk assessment indicated they were locked at 11pm. The practices in the centre must be in line with the risk assessments on file. One of the social workers interviewed by the inspectors was not satisfied the young person they placed in the centre required a sensor alarm on their bedroom door at nighttime. The centre manager must ensure that all restrictive practices are assessed as required for each individual and restrictive practices must not form part of the standard policy position in the centre. Restrictive practices must be discussed with the placing social workers and recorded in the young people's individual care records.

| Compliance with Regulation | |
|-----------------------------------|---------------------------------------|
| Regulation met | Regulation 5 Regulation 16 |
| 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 3.2 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- The centre manager must ensure a risk assessment is developed to address the specific dynamic between two of the young people living in the centre.
- The centre manager must ensure they have oversight of all individual work reports and be satisfied that individual work with young people is aligned to the behaviour management policy and the model of care.
- The director of services in conjunction with the centre managers must ensure the young people are centrally involved in determining the expectations to maintain safety for everyone in the centre and the subsequent consequences/responses to behaviours that challenge.
- The director of services must ensure the team have regular access to external specialist advice and support to assist them to support the young people in placement.
- The centre manager must ensure that restrictive practices are assessed as required for each individual young person and are discussed with the placing social workers and recorded in the young people's individual care records.

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 staff team and managers interviewed by the inspectors' displayed competencies and knowledge to meet the needs of the young people. They were familiar with the care approach and the management plans in place to support the young people's care. There were however insufficient staffing resources with regards to the number and needs of the young people living at the centre. In addition, the staffing levels were not in line with the centres statement of purpose which outlined a staffing complement of ten care staff. At the time of the inspection the staffing levels were particularly depleted for a variety of reasons. The deputy manager, relief staff and staff from other centre's worked across the roster to ensure the required number of staff were on each shift. There were only six core staff members available to work the rota with one of these staff members on transfer from another centre within the service. The inspectors also found that the centre had experienced a high turnover of staff over the previous twelve months. Thus, the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7, Staffing and a condition was attached to the centre's registration.

There was evidence that the director of services was working in conjunction with the HR department to recruit staff for the centre. There was evidence of workforce planning at management meetings. In addition, staffing requirements and planning for leave and absences were discussed and planned for in team meetings. The centre manager was due to go on planned extended leave in the coming months and there was a plan in place to cover the post during this period of leave. Recruitment of suitable qualified and experienced staff was an ongoing challenge for the service. Recruitment and retention strategies were a focus of the senior managers within the wider service and initiatives were identified and implemented to attempt to address this issue.

There were formalised procedures for on-call arrangements at evenings and weekends and staff were satisfied it was a responsive and reliable arrangement. Staff utilised the on-call system effectively and records of all on-call activity was maintained by the service.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There was a training and development programme in place for staff and managers. The service had a dedicated training officer. Staff received an induction training programme that included behaviour management training and training in child safeguarding and Children First online e-learning training. This training was undertaken prior to staff working at the centre. A staff member recently recruited told the inspectors that the induction training was beneficial to them when they commenced working with the young people and the behaviour management training was referenced as of particular benefit. Staff were also facilitated to attend training on the model of care and were able to describe the model and the care approach.

Staff training was discussed in supervision and in team meetings and induction training was evidenced on the staff personnel files reviewed by the inspectors. All staff members had completed Tusla's e-learning training on the role of mandated persons. The centre's team leaders were trained as first aid responders and all other team members undertook basic first aid training. Staff were facilitated to attend additional training in suicide intervention skills and understanding self-harm training however depleted staffing resources impacted on staff undertaking additional training outside of their mandatory training.

There were systems in place to monitor staff training and ensure refresher training was undertaken as required. The manager maintained a training database. There was also evidence on the training database that Garda vetting for staff was undertaken every three years. For a number of staff their behaviour management refresher training was not in line with the requirements of refresher training, every six months, however overall, the inspectors found there was regular refresher training scheduled for the team. Staff indicated that there were times staff were unable to attend scheduled training due to staffing constraints however they confirmed there was a strong emphasis on training and development within the organisation.

The inspectors found that staff supervision and annual appraisals were completed. Records indicated that staff members were open and honest in their discussions with their supervisors about the challenges they faced in their work however the records did not sufficiently evidence the advice, direction or actions discussed and agreed to address the matters raised. There were two staff members whose supervision was

significantly outside the timeframes set out in the policy and the reason for this must be noted on the supervision records.

Overall, the inspectors found that staff morale was low due to the staff turnover, depleted staffing resources and the complexities and challenges presented by current group of young people. The centre required significant supports to stabilise the team, guide them in their practice and restore confidence in their skills and in the leadership team. The inspectors recommend that members of the senior management team consult with the team to identify the supports they require to further support them in their work.

| Compliance with Regulation | |
|-----------------------------------|---------------------|
| Regulation met | Regulation 6 |
| Regulation not met | Regulation 7 |

| 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 6.4 |
| Practices did not meet the required standard | Standard 6.1 |

Actions required

- The registered proprietor must ensure ongoing compliance in terms of staffing numbers and experience in line with the regulatory requirements.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|--|---|---|
| 1 | N/A | | |
| 3 | <p>The centre manage must ensure a risk assessment is developed to address the specific dynamic between two of the young people living in the centre.</p> <p>The centre manager must ensure they have oversight of all individual work reports and be satisfied that individual work with young people is aligned to the behaviour management policy and the model of care.</p> <p>The director of services in conjunction with the centre managers must ensure the young people are centrally involved in determining the expectations to maintain safety for everyone in the centre and the subsequent</p> | <p>Risk assessment is currently being completed by the centre manager in consultation with the team, this will be completed 8.8.24.</p> <p>The centre manager will ensure thorough review of all completed individual works to ensure that this is aligned to the behaviour management and model of care. The staff team have all received model of care training and attended 2-day attachment training in June 2024.</p> <p>The director of services and centre manager will complete young person's meeting in August 2024 to discuss young people's expectations with regards to maintaining safety for everyone and subsequent consequences.</p> | <p>Risk assessments are reviewed monthly as a standing item on the centre's agenda. This will be reviewed and updated as part of this process.</p> <p>This will be reviewed as part of the centre managers monthly supervision. Individual works will also be reviewed as part of the centre's audits completed by the organisation's quality co-ordinator.</p> <p>Review of this will be added to the agenda for the centre's monthly young person's meetings.</p> |

| | | | |
|----------|--|---|---|
| | <p>consequences/responses to behaviours that challenge.</p> <p>The director of services must ensure the team have regular access to external specialist advice and support to assist them to support the young people in placement.</p> <p>The centre manager must ensure that restrictive practices are assessed as required for each individual young person and are discussed with the placing social workers and recorded in the young people's individual care records.</p> | <p>The director of services has secured a trauma and attachment specialist to complete regular sessions with the time with regards how best to support and respond to young people's needs. These sessions commenced June 2024.</p> <p>The centre manager will continue to monitor and review restrictive practices, evidence of same will be recorded in the young person's care records as opposed to centre records. The centre manager will also ensure to that these are discussed with the young persons allocated social worker. This has commenced.</p> | <p>This is a mandatory training and training attendance is monitored by the training manager and centre manager using a training matrix.</p> <p>Restrictive practices will be reviewed monthly as part of the centres team meeting. All restrictive practices approved at local level will be reviewed at the organisation's Human Rights Committee meeting. This will also be reviewed during the centre managers monthly supervision. Restrictive practices are also reviewed as part of the centre's audits.</p> |
| 6 | <p>The registered proprietor must ensure ongoing compliance in terms of staffing numbers and experience in line with the regulatory requirements.</p> | <p>Following a number of resignations a recruitment strategy was devised to target the vacancies in the centre. This strategy was successful and there is now a full team in place in the centre. Information of same was forwarded to ACIMS for review.</p> | <p>HR & recruitment team has been established. Weekly recruitment meetings are in place with HR director, recruiter and regional director to discuss upcoming centre requirements.</p> |