



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 014**

**Year: 2021**



## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Focus Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people under 18</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>09<sup>th</sup> &amp; 10<sup>th</sup> February 2021</b>
<b>Registration Status:</b>	<b>Registered from 13<sup>th</sup> March 2019 to 13<sup>th</sup> March 2022</b>
<b>Inspection Team:</b>	<b>Sharon Mc Loughlin Eileen Woods</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> April 2021</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance 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 January 2002. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from 13<sup>th</sup> March 2019 to the 13<sup>th</sup> March 2022

The centre was registered to provide short term evening and night emergency accommodation to nine young people aged 16 to 21 who were out of home or between placements. Four beds were specifically assigned to under 18 year olds.

In response to the Covid -19 pandemic Tusla requested the service to operate on a 24-hr basis, so from March 2020 the centre has been providing four short term (1-3 days) emergency beds to young people aged 16 to 18 on a 24-hour basis.

There were two children living in the centre at the time of the inspection (one other young person had moved the day prior to the inspection commencing).

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4
6: Responsive Workforce	6.1, 6.2, 6.3, 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.

Due to the emergence of Covid-19 this review inspection was carried out with a blend of an onsite visit and through a review of documentation and a number of online interviews.

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 on the 11th of March 2021. 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 team leader returned the report with a CAPA on the 1<sup>st</sup> April 2021. 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 ID Number 014 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 continue to register this centre, without attached conditions from 13<sup>th</sup> March 2019 to the 13<sup>th</sup> March 2022 the pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.**

Inspectors found that a full review of all policies and procedures had taken place since the last inspection conducted in October 2019. The most recent suite of policies and procedures were all signed off by the organisation in June 2020 with a review date for July 2021. The policies and procedures were aligned with the themes in the National Standards for Children’s Residential Centres, 2018 (HIQA).

While the policies had been reviewed and updated it was identified by inspectors that the child safeguarding policy was not fully in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. The policy stated that the mandated persons were only the project leader and team leader when in fact there were social care staff who were also mandated persons. The agency had sought and guidance advice from Tusla regarding the policy and were advised that it was sufficient to have only the project leader and team leader named as mandated persons. To be fully compliant with Children First all social care qualified staff must be named as mandated persons. The inspectors found that in practice all social care staff were registered to report concerns on the Tusla portal. The staff in interview confirmed this and records also demonstrated that staff had appropriately reported child protection concerns independent of the project manager and team leader.

There was evidence that the management had consulted with the staff team about the updated policies and relevant regulations and standards. However, the inspectors found in interview that the staff did not demonstrate familiarity with the National Standards for Children’s Residential Centres, 2018 (HIQA) as a document but could reflect they implement practices that are in-line with the expectations of the standards. Management must ensure that all staff are fully aware of how standards influence and relate to policy and procedures and practices in the centre.

**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 inspection found that the centre had clear leadership and management arrangements in place for the effective running of the centre. It was noted that since the previous inspection in 2019 the governance structure had been strengthened and was much more evident in the centre. There were records of regular and routine audits that fed in into an overall service improvement plan. The centre was overseen by a project leader and day to day practices were overseen by a team leader. The staff team in interview and through questionnaires were clear on the management structure and reported that they felt very supported by the management. The project leader, team leader and senior services manager took responsibility for the review of all the policies and procedures and that audits were carried out aligned to the National Standards for Children's Residential Centres, 2018 (HIQA). The team were reviewing and revising the policies and procedures on an on-going basis to determine how they were being implemented in practice and whether any changes or amendments need to be made to them. This process will be completed in July 2021.

The centre have a risk management policy and framework in place that incorporates the overall agency risk management register. The risks are reviewed regularly, and control measures are in place to mitigate against and manage any risks identified. There was evidence of adequate oversight of the risk register by senior management within the Board. The centre have a clearly defined on call system and all staff are aware of who to call in an emergency and what response to expect. Given the nature of the service and the high risk taking behaviour that some of the young people living there can present with, inspectors found that the staff with their experience and knowledge of the structures were able to identify and threshold appropriate responses to risk taking behaviours and to escalate the risks when necessary.

The day to day management structure was found to be appropriate to the size and purpose and function of the service and was effective in managing the operation of the centre. There was clarity about who was in charge and staff reported being supported by management. The project leader and team leader had well established arrangements in place and have clearly defined roles and responsibilities. The person in charge has delegated tasks to the team leader and this is clearly recorded and understood by the staff.

The agency has a service level agreement with Tusla the Child and Family Agency for the provision of the service and had regular and routine meeting with them to discuss service provision and on-going development of the service.

**Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.**

The centre has a written statement of purpose and function that was in compliance with requirements of the National Standards for Children's Residential Centres, 2018 (HIQA). The statement was reviewed recently to reflect the revised and agreed purpose and function and is due again for review in August 2021.

The centre has in response to the Covid 19 pandemic adapted their purpose and function on the request of, and in consultation with Tusla, the Child and Family Agency as the funding body and with the approval of the Alternative Care Inspection and Monitoring Service as the regulator. The current purpose and function is to provide emergency accommodation to a maximum of four young people aged 16 to 18 who are experiencing homelessness or between placements. The statement of purpose and function and the manner in which care is provided is underpinned by a model of care identified as Positive Youth Development. This model identifies past traumas a young person may have experienced or poor attachments and looks at building on the young person's current resilience and strengths. The inspectors found that the model of care was reflected in day to day operation of the centre and in the staff reflection of how they engage with the young people. It was also evidenced in the records and young people's plans.

While the purpose and function of the centre is short term emergency care for young people the centre do have young people staying beyond the agreed 1- 3 nights emergency placement. The centre management and staff actively follow up with social work to try and move the young people on as soon as possible but this is not always possible. At the time of the inspection in February 2021 one young person has already been a month living in the centre, the second young person was only there a few days and did move on within a week. However, a young person who had just moved the day prior to the inspection was in the centre for just over four months. The management acknowledge that it is not ideal for young people to remain in short term emergency placements for long periods however they will continue to provide the placement until the young person can move on appropriately.

**Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

This inspection found that the centre has made significant progress in improving the governance and oversight of the day to day operation of the centre since the last inspection in 2019. This oversight has extended right up to the oversight by the CEO of the Board on the service improvement plan and the corrective and preventative action plan response to the last inspection report. Minutes of the board meetings document that an update on the plan was a standard item on the meeting agenda. The agency has introduced a formal auditing of the service delivery with monthly audits taking place against specific themes of the National Standards for Children’s Residential Centres, 2018 (HIQA). There is also a quarterly audit carried out and recommendation from these audits are compiled for review and to ensure that they are being addressed. All the information gathered is then used to inform a review of compliance.

The learning outcomes from complaints, incidents or concerns take place through the forum of the team meeting. This was recently introduced in a structured manner and the inspector observed a team meeting whereby the project leader facilitated a robust discussion with staff reflecting on what they had learned from specific incidents during a young person’s placement. All the staff engaged and gave their views and actions were identified for follow up.

**Compliance with Regulation**

<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

**Compliance with standards**

<b>Practices met the required standard</b>	<b>Standard 5.2 Standard 5.3 Standard 5.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## **Actions required**

- The centre management must ensure that the policy on child safeguarding is altered to fully comply with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre management must make sure that all staff are familiar with national standards, regulations and legislation in theory as well as in practice.

**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 inspection found that the staff working in the centre had a range of skills, experience and knowledge needed for the delivery of the service. There were 11 staff listed as working in the centre and 8 out of the 11 had a qualification in social care or a related field. Three staff did not have any a related or relevant qualification, the agency have offered them the opportunity to attend college, but they have not done so. They have been provided with internal training and development over the years but the agency must address this and maintain going forward that all staff have the relevant qualification to work in the centre in order to be fully compliant with their registration and the regulation on staffing.

One of the challenges that the centre management have been dealing with since the change to the purpose and function in March 2020 is the provision of a 24-hour service from an emergency night service whereby staff only worked nights and the centre was closed during the day. The agency responded to the request to have 24-hour service by re-deploying social care staff from their day projects to this service. While there is on-going work taking place with the team and all the policies and practices refer to the team, inspectors found that there was still very much a day team and a night team ethos and culture among the staff. It was identified in interviews that the day staff do the direct work or key working with the young people and the night staff take care of more of the primary care needs. There was some evidence of the staff working at night doing elements of key working they described their tasks as mostly chatting to the young people and taking care of their primary needs.

The team leader was identified as responsible for rostering and the records show that they planned the rota appropriately taking into consideration leave and the fact that staff are awake all night when on shift. There was adequate numbers of staff to meet the needs of the young people both during the day and in the evenings, with three staff on in the evening up to 3 am and two throughout the night. There was also two staff rostered during the day plus the team leader working during the day.

There was an established on- call system for evening and weeks that staff were familiar with and utilised appropriately. The inspector spoke with two of the young people as part of the inspection and both said they felt supported by the staff in the centre. They did not distinguish between the day and night staff and referred to all the staff as the team.

**Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

The agency had a recruitment policy and all staff are recruited for the posts in the centre in line with this policy. There is a dedicated HR department that is responsible for all recruitment. Staff personnel files are maintained on all staff and contain all the relevant information as required by legalisation. The project leader had carried out an audit of staff personnel files and identified some information that was missing prior to the inspection. During the inspection it was confirmed that all personnel files now contained all the relevant and required information.

As the centre has been in operation since 2003 some of the staff have been working in the centre over 10 years, they have built up extensive knowledge and experience of working in an emergency service. The agency has recruited staff who have been suitable for the role and have been able to retain staff although the nature of emergency provision can be challenging.

The person in charge has a relevant qualification for the role and experience in management, they are closely supported by the team leader who also has relevant qualification and experience to fulfil the role.

**Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

The centre has policies and procedures in place to support the staff team in delivering a safe service to young people. The staff were aware of the policies and procedures but could identify more readily in practice how they work with the young people and keep them safe. As already identified inspectors found that on-going work needs to be done with the team on the overall roles and responsibilities and ensuring that there is no distinction between the day staff and the night staff, all of the staff working in the centre have a role and are equally responsible for the carrying individual work with the young people and implementation of the placement plans. It is acknowledged that due to most appointments taking place during day time hours the staff who only work at night don't get to participate in these appointments so don't get the opportunity to learn from these experiences. As the 24 hour service becomes more established the management may need to consider reviewing the staff rota so that all staff work both day and night shifts.

The staff are supported in their roles by having a weekly team meeting. This meeting is an integral part of communication in the centre and a forum for decision making and reviewing practices. A team meeting was observed as part of the inspection and it was found to be well organised and structured. It was chaired by the project leader and was space for staff to reflect and discuss the operation of the centre and the placement plans for the young people. There were systems and policies in place to minimise the risk to the staffs own safety. Mechanisms in place included health and safety procedures, risk assessments, debriefing, on call systems, training and supervision.

The centre has a supervision policy and all staff are to receive supervision from the team leader, they in turn receive it from the project leader. There have been on-going issues with supervision occurring in line with the stated policy i.e. each staff attending on average 10 supervisions a year. Some of these deficits has occurred due to staff working nights. The management have identified this in their audits of the service and have looked at ways making the scheduled supervision times as part of the night shift rather than asking staff to come in one hour before their shift started. This will need to be constantly reviewed to ensure that staff are receiving supervision in line with the stated policy.

The supervision policy does not state that staff must receive supervision training so therefore this has not been part of the staff training to date. This must be added to the policy and the relevant training provided for staff.

The agency in the past have carried out appraisal of staff but due to Covid 19 the agency had taken a decision to pause these for the year 2020 /2021. All staff are provided with information on employment assistance programmes and can access support if they need it.

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

The HR department maintain a record of all staff training and professional development. Due to Covid 19 some of the training was delayed or postponed for 2020 therefore some of the staff require updated or refresher training in the recognised model of physical intervention. The staff have completed training in children first and GDPR.

The staff discussed at interview and identified in their questionnaires that they would like training in areas such as addiction, mental health, trauma and conflict resolution. A common theme among the staff records and team meeting was the need to do further work on understanding trauma informed practice. The project manager was actively seeking out this training for the staff team.

The centre has a policy on induction and all staff are provided with formal induction when they commence employment in the centre. Staff at interview confirmed that they had received induction and that they had found it helpful and that the team leader was available to them to support them with any questions or queries they had.



### Compliance with Regulation

<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

### Compliance with standards

<b>Practices met the required standard</b>	<b>Standard 6.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1 Standard 6.3 Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>none</b>

### Actions required

- The registered provider must maintain and ensure going forward that all staff are qualified for the role and provide staff who do not have the relevant or related qualification with on-going professional development.
- The supervision policy must be updated to state that staff must receive supervision training and the relevant training provided for staff.
- All outstanding certified training must be completed as soon as practicable and a schedule of this training provided to the inspectorate.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre management must ensure that the policy on child safeguarding is altered to fully comply with Children First: National Guidance for the Protection and Welfare of Children 2017.</p> <p>The centre management must make sure that all staff are familiar with national standards, regulations and legislation in theory as well as in practice.</p>	<p>Policy will be reviewed in Quarter 2 2021 and amended in line with feedback.</p> <p>Staff Team will review P&amp;P with Centre Management using the National Standards for Children’s Residential Centres in Ireland as a guide to ensure theoretical knowledge i.e. embedded within team.</p>	<p>Policy will be reviewed annually and will include any changes to legislation and Children First National Guidance for the Protection and Welfare of Children 2017 to ensure full alignment.</p> <p>Induction process will now include the HIQA National Standards for Children’s Residential Centres in Ireland to be read and understood alongside the Centre P&amp;P. The Team meetings will now include a standing item every 6 weeks where staff bring an example of the Standard in Practice.</p>

<p>6</p>	<p>The registered provider must maintain and ensure going forward that all staff are qualified for the role and provide staff who do not have the relevant or related qualification with ongoing professional development.</p> <p>The supervision policy must be updated to state that staff must receive supervision training and the relevant training provided for staff.</p> <p>All outstanding certified training must be completed as soon as practicable, and a schedule of this training provided to the inspectorate.</p>	<p>All recruitment now requires only those with qualifications as per Memo Re: Children Residential Centre’s Staffing Levels and Staff Qualification Requirements (26/02/2020) to be hired. Those existing staff members that are without a relevant formal qualification will be offered ongoing development opportunities.</p> <p>All staff will undertake a supervision training developed by Focus Ireland within next 6-12 months.</p> <p>All outstanding certified training will be completed by end of 2021. A list of training will be forwarded to Inspectorate in April 2021</p>	<p>Standard jobs descriptions with qualifications for U18’s services will be used and will be accordance with the Children Residential Centre’s Staffing Levels and Staff Qualification Requirement</p> <p>All new staff will undergo Supervision training as part of their induction.</p> <p>Staff training tracker log will reflect all training undertaken and will alert Centre Management to required refresher training.</p>
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