



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Focus Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>1<sup>st</sup> &amp; 2<sup>nd</sup> February 2023</b>
<b>Registration Status:</b>	<b>Registered from the 13th of March 2022 to the 13th of March 2025</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> March 2023</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 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 January 2002. At the time of this inspection the centre was in its seventh registration and was in year one of the cycle. The centre was registered without attached conditions from the 13th of March 2022 to the 13th of March 2025.

The centre was registered as a multi-occupancy emergency service. It aimed to provide a short-term placement for up to a maximum of four young people aged sixteen and seventeen years old on admission. Referrals were received through the Tusla National Out of Hours (NOHS) and Crisis Intervention Service (CIS). The length of stay was fourteen nights with re-referral required for longer stays. The centre operated a model of positive youth support and provided a focused service to young people unable to access alternative care arrangements. Their aim was to ensure emotional containment using trauma informed practice. 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	1.3
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2

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. 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

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the on the 22<sup>nd</sup> February 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 8<sup>th</sup> March 2023. 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: 014 without attached conditions from the 13<sup>th</sup> March 2022 to 13<sup>th</sup> March 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

#### Regulation 17: Records

#### Theme 1: Child-centred Care and Support

#### **Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

Young people living in the centre experienced child-centred care where a culture of respect for children's rights was embedded in the ethos and practice. Management and staff were responsive and flexible to young people's unique circumstances where homelessness remained a high risk. An experienced staff team focused strongly on young people's participation and encouraged them to give input to any decisions affecting their daily lives. This began on admission, where they attended planning meetings with staff and social work departments so they could have their views heard. Young people were asked what they wanted from the placement and how they could be helped with their immediate needs and longer-term care. Those who spoke to inspectors and on the completed questionnaires, acknowledged the opportunities they had to contribute to their own care planning. They described how they felt this gave them options and they understood the information shared with them by staff when they moved in. They specifically referenced boundaries, rules and safety within the centre. They described how they were looked after well by the staff team.

There was good evidence on files too that young people's opinions and preferences were listened to and inspectors saw where these were recorded on placement support plans, one to one sessions, house meetings and daily logs. The records reflected their choices in areas of meal planning, activities, accommodation, education, health and wellbeing. Placement plans outlined the support and interventions to be provided by the team with immediate and long-term goals beneficial for their future. When appropriate and in agreement with young people's wishes, families and significant people in their lives were consulted with. This contributed positively to the continuance of meaningful relationships or reengagement where bonds had broken down. Updates were shared with them and their involvement was sought in securing support networks during young people's periods of crisis and while exploring more consistent long-term placements.

The right to advocacy was robustly promoted by the staff team and young people had access to external support services where their views were represented in their best interest. Previously, where one young person had remained in the centre for an extended period of time, there was consistent evidence of the centre escalating the matter to senior management within the organisation as well as to Tusla. There had been deficits for this young person in their right to access a social worker, a statutory review and care plan and the unavailability of move-on placement options. Consequently, support services failed to be provided to the young person as part of any suitable intervention. This greatly increased their vulnerability. Representation was sought from EPIC and the Ombudsman Office so they could act independently of the centre on behalf of the young person. Persistent engagement with these agencies was evidenced across the young person's record in pursuit of them being heard and improving their chance of a better outcome from the care system.

There was a young person's handbook in place and it clearly outlined the right to speak out and how to contact ancillary supports when needed. It also referenced that young people would be facilitated to read their own care records that were held about them at the centre. This was not an option availed of by the current group of residents. In addition, relevant information was passed on to young people either through key working or one to one sessions.

While the young person's booklet and policy outlined that a keyworker would be individually assigned, maintaining this role on a consistent basis was challenging because of the emergency nature of the service. Young people were supported by all of the staff team to achieve their goals and help them identify their immediate needs. There was evidence that the team worked collaboratively on tasks and responsibilities for each young person so that a relationship of trust could be built up. Inspectors recommend that the centre's documentation is reviewed to highlight more clearly how the key working role could be effective for each young person's benefit.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

### Actions required

- None identified

## Regulation 5: Care Practices and Operational Policies Regulation 17: Records

### Theme 2: Effective Care and Support

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

There were four young people living in the centre at the time of the inspection. While the maximum stay was fourteen nights, at the time of this inspection all of the young people were outside this time period. Extensions were considered and accepted by the centre where young people were not provided with viable transitions. One young person had been living in the centre for over three months, however, staff had vigorously advocated for an appropriate move-on placement for them. In addition, inspectors found that there were no up-to date care plans on file for any of the young people. This was partially as a result of two being placed directly into the emergency accommodation from home. A further two young people had experienced placement breakdown and were awaiting long term alternatives. However, where statutory child in care reviews had taken place previously, no care plan had been provided by the social work departments, despite centre management and staff following up to obtain them. This impacted the identification of immediate needs for young people as well as more timely provision of specialist services required for their care. Despite the absence of care plans on file, there was good evidence that planning meetings were

organised as soon as young people moved into the centre. The staff team along with young people and social workers came together to identify short term objectives and assign tasks and responsibilities that were achievable for the duration of the placement. Individualised placement support plans (PSP) were developed from these meetings and were reviewed so as to ensure actions and tasks were being realised and positive changes taking place. In general, young people's goals were clearly stated and aligned to key working sessions and various strategies to meet individualised needs. Progress reports were also developed and illustrated a good quality overview of each young person. While discussions were taking place at team meetings regarding the vulnerabilities and crisis young people were experiencing, it was less clear how the PSPs were being discussed, reviewed for effectiveness and updated. Improvements are required in the reflecting of this information on records for tracking purposes. In addition, timelines for updates on plans were not always logged on the documents.

There was good evidence across young people's files that the team were responsive to their individual priorities and changing needs for the duration of their time in the centre. They worked in partnership with statutory agencies to secure move-on placements. Where one young person was approaching eighteen, housing close to their own community was explored. In addition, a dedicated case manager had been resourced by the organisation to support this transition. Staff worked collaboratively with the national out of hours service, NOHS and the crisis intervention service partnership, CISP. They routinely linked with specialist services such as CAMHS and YODA to ensure young people were being provided with appropriate supports which would be responsive to their needs. However, goals were not always achievable as some young people refused supports or were routinely away from the centre for protracted periods or missing in care. Where there was disengagement, staff were committed to rescheduling appointments and facilitating attendance to suit young people's availability.

Social workers at interview described a very communicative and effective staff team where updates on young people were received frequently. Most of the social workers attended planning and strategy meetings with the centre and were informed of incidents and young people's progress through phone calls, texts and significant event notifications. They realised that young people in general were outside their normal length of stay in the centre but highlighted that securing appropriate move-on placements was exceptionally challenging currently.

Compliance with Regulation	
Regulation met	Regulation 5 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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

### Actions required

- Centre management must ensure that discussions taking place relating to placement plan reviews must be more clearly recorded on centre files.

### 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 that there was a positive approach to behaviour management in the centre. Policies on supporting this model were child centred and had been updated in June 2022 by the safeguarding and governance manager and the head of youth services. These reflected international human rights instruments, legislation and regulations. The policy along with the model of care was a guide to the staff team on the importance of understanding factors that contributed to behaviours that challenge so that young people were better supported by them to mitigate risks. Inspectors found that centre management and staff had a strong awareness of how traumas and underlying issues experienced by young people could affect their behaviours. There was evidence in practice that interventions and strategies put in place were considerate of this insight. This was observed on one-to-one sessions, team meetings, strategy and planning meetings and throughout young people's care records. Staff were skilled at developing positive relationships and these relationships had helped young people to make progress. Training in a recognised model of behaviour management had been provided to the team. Where refreshers were due,

these were scheduled to take place and some had already been completed at the time of the inspection.

Where possible risks were assessed prior to young people moving into the centre. The staff team worked with referrers and previous placements to obtain relevant information on unknown vulnerabilities that contributed to these assessments. Where this was not achievable, they were completed soon after the young person's admission and harm reducing strategies were developed for each identified risk. Individual crisis support plans (ICSPs) were on file and found to be reviewed routinely. These included suitable, timely and responsive measures to reduce risks, such as managing the environment and providing emotional support to young people. There was evidence on centre records that staff were consistent in implementing interventions for incidents such as problematic peer relationships, threats of assault and substance misuse. Where the incidents such as missing from care was not reducing, the staff team linked with statutory services such as OHS and the Gardai as well as family and juvenile liaison officers to increase young people's safety when out of the centre. Protection within the centre was prioritised and the team were considerate of the impact young people's behaviour had on each other while sharing a living space. Where incidents arose, restorative pieces of work to address the issues were either completed or planned to take place between young people. There was evidence on file that young people were supported through individual pieces of work to understand and take responsibility for how their behaviours were affecting others. In addition, live-night shift patterns enabled staff to respond swiftly to specific crisis and behaviours that occurred at this time. When required, safety plans were reviewed quickly, and additional control measures put in place to mitigate presenting risks.

Significant event notifications (SENs) were completed and shared appropriately with agencies and families. Safeguarding concerns were identified early and child protection and welfare reports (CPWR) were made to Tusla and to the Gardai and recorded appropriately on centre registers. Inspectors recommend that the CPWR register is adapted to capture any additional or new information relevant to reports already made or that might be made in the future. There was evidence of a good tracking system on centre files which outlined an absence, response, and risk assessment chronology. These were completed for each young person's incidents of missing from care. Where young people were attending mental health services, there was positive collaboration with clinical agencies and with social work departments in how best to support their emotional wellbeing and continue engagement.

While auditing was taking place that was aligned with the National Standards and completed by personnel external to the centre, monitoring of the centre's approach to

managing behaviours had yet to be undertaken. It wasn't clear to inspectors from the audits already commenced if recommendations from this process was being actioned by the staff team. However, a detailed review and tracker of the CAPA from the centre's most recent inspection of 2022 had been on file. This showed that most actions had been responded to and those outstanding were identified for completion.

The centre had a comprehensive restrictive practice policy which identified any restrictive procedures in place in the centre. It was underpinned by the centre's behaviour management policy and risk management support systems. At interview staff were familiar with the policy and were able to describe each restriction and the reasons for their use. However, there was no record of monitoring and review of individual restrictions evident on young people's files or at team meetings and this must be put in place by centre management.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

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

### **Actions required**

- The centre must ensure that audits taking place include regular monitoring of the centre's approach to managing behaviour that challenges.
- Senior and centre management must ensure that all restrictive practices in use in the centre are recorded on young people's files, are in line with individual risk assessments and reviewed regularly.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
2	Centre management must ensure that discussions taking place relating to placement plan reviews must be more clearly recorded on centre files.	Weekly review of individual placement plans takes place (IPP) at team meetings. (weekly every Wednesday) IPP will also reflect change or no change and target dates to be monitored. Placement Planning Meetings to also trigger a formal review of IPP. Timescale: Immediate.	One social care leader will lead on ensuring all IPPs are being reviewed and are up to date. Young Persons Update at Managers meeting will keep this item live until embedded in practice (review at 6 months) As part of Audit Cycle a request has been made to review a random sample of IPPs of young people who are/have been in the centre within the 12 weeks prior to the audit.
3	The centre must ensure that audits taking place include regular monitoring of the centre's approach to managing behaviour that challenges.	As part of the external quarterly audits led by the safeguarding & governance manager a new section has been added whereby a sampled review of significant event notifications will occur by the agency's therapeutic crisis intervention (TCI) lead. The TCI lead has agreed to join for a part of the audits.	Recommendations from the audits are actioned as part of the centre's overall quality assurance programme and are tracked at CAPA review within the manager's meeting. CAPA review also occurs formally following quarterly audits



	Senior and centre management must ensure that all restrictive practices in use in the centre are recorded on young people's files, are in line with individual risk assessments and reviewed regularly.	The centre's restrictive practice assessment document has been adapted and personalised to each young person and is recorded in their file within the Risk Support section. Timescale: Immediate.	Local management file audits will ensure that the restrictive practice assessment is on file and actively up to date and will form part of the safeguarding and risk support item at manager's meetings and weekly team meetings.
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