



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 017

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Orchard Residential Care
Registered Capacity:	Two young people
Type of Inspection:	Announced Inspection
Date of inspection:	30th September, 1st & 2nd October
Registration Status:	Registered from 18th December 2022 to 18th December 2025
Inspection Team:	Lorna Wogan Anne McEvoy
Date Report Issued:	4th December 2024

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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 on the 18th December 2013. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 18th December 2022 to the 18th December 2025.

The centre was registered as a dual occupancy service to provide medium to long term care for two children from age 13 to 17 years on admission. The centre's model of care was built on a strengths-based approach. The care of the children was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. 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 and belonging. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	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

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 12th November 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 suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 25th November 2024. 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: 017 without attached conditions from the 18th December 2022 to the 18th December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

Overall, the inspectors found that the centre staff were committed to the children in placement and advocated to ensure they received care and support to meet their presenting needs.

At the time of the inspection one of the children's care plan was not up to date following their most recent care plan review. The allocated social worker confirmed they would forward the updated care plan to the centre. The updated care plan for the other child was forwarded to the centre during the inspection process. The centre manager must ensure they request the updated care plan if not forwarded to the centre in a timely manner and maintain evidence of their efforts to secure the care plan. However, the inspectors found this did not compromise the placement planning process. The key workers maintained a record of the decisions taken at the statutory reviews which informed the children's placement plans. The statutory care plan reviews were scheduled in line with the regulations. In addition to the statutory meetings there were regular professionals' meetings scheduled as required to address the children's needs. A record of these meetings was also maintained on file.

The inspectors reviewed the children's placement plans and found they were detailed. The placement plans were set out under key domains to address the presenting needs of the children in their placement. They were updated in line with the centre policy and the statutory care plans. There was evidence the children's placement plans were discussed at team meetings and placement planning was also discussed with staff in supervision. Key working and individual work were set out on a monthly basis on the individual monthly plan. There was evidence this was a live working document and individual and key work completed was evidenced on the plan. There were systems in place to ensure all staff were updated on the individual and key working completed within each month so this could be easily tracked and monitored by the centre managers and the keyworkers. The inspectors recommend that placement plans

could be further enhanced to reflect the voice of the child with input directly from the children in relation to the goals they would like to achieve in specific areas of their lives.

Monthly progress reports were completed and forwarded to the allocated social workers who confirmed to the inspectors they received these reports along with other written documents to inform them about the children's placement. There was evidence the centre manager communicated additional information or emerging needs of the children to the social workers. The inspectors found that communication between children's social workers and the centre staff was not always timely which had the potential to impact on planning for the children. In addition, the social workers highlighted some deficits in communications from the team. The centre managers, staff and the allocated social workers must ensure that communication is effective to ensure adherence to each child's care plan and placement plan.

The children in placement had complex presentations and required significant input from external specialists. The inspectors found that staff supported and encouraged the children to attend scheduled specialist appointments. At the time of the inspection one of the children required an educational assessment and additional therapies. The social worker stated they were continuing to explore the most appropriate therapeutic assessments and supports for the child and would address these needs within the statutory care planning forum.

There was evidence of plans in place to safeguard both children in placement and mitigate any potential negative impact of both children living together. The managers, keyworkers and allocated social workers must continue to monitor closely any potential impact to the wellbeing of either child in placement through the care and placement planning forums.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required	Not all standards under this theme

standard in some respects only	were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None required

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The inspectors found the centre manager and staff team supported both children to achieve their potential in learning and development. The placement plans and other centre records identified their individual interests, strengths and abilities. Efforts were made to facilitate and support the children to engage in activities to promote their strengths and abilities and there was evidence of planned routines after school hours. The team promoted the children's right to education and their educational needs were actively addressed as required by the centre managers and the care team. Each child was encouraged and supported to maintain their school placements and the care staff were actively engaged with school personnel to support current school placements. The team facilitated reduced hours in school for the children as required. They also maintained the school placement for one of the children when they were admitted to the centre to minimise any additional disruption to their education. At the time of the inspection the children's educational needs were being actively addressed and each child was encouraged and supported to attain their full potential.

There was regular communication and liaison with the allocated social workers, school principals, teaching staff and the local education welfare officer in relation to planning the children's education. The care plans on file outlined the children's educational needs and how these needs would be met. School personnel were consulted and participated in the statutory care plan review process. Communications between the care staff, school personnel and the local education welfare officer was recorded on the children's individual care records. School progress reports were also maintained on file.

There was evidence the care team encouraged and supported the children to complete homework. There were suitable areas within the house where homework

could be undertaken. Where deficits in educational attainment was identified the team actively addressed these through the provision of additional assistance with homework. The care staff purchased suitable educational resources to provide additional learning support in the centre.

Individual work and key working evidenced that the centre staff helped the children to reflect on particular behaviour that challenged and led to school disruption. This work was completed in a supportive and reflective manner. Disruption in schooling was minimised as far as possible and when one child was excluded from school the team promptly sourced an alternative educational placement. There was consultation with the allocated social worker in relation to the suitability of alternative educational placements with regard to the child's abilities and aspirations. The child was encouraged to engage in discussions in relation to training and their educational goals. There was a plan in place to ensure a smooth transition for this child to their new educational placement. Where children were excluded from their school placement there were alternative plans in place to support learning throughout school hours.

Compliance with standards	
Practices met the required standard	Standard 4.3
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 required

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

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

The inspectors found there was an experienced and stable team in place and all care staff had a recognised qualification in social care practice. The inspectors found there

was an effective ongoing staff development and training programme for care and education of the staff. All staff members received induction training when they commenced employment and this was evidenced on the personnel files reviewed by the inspectors. Staff spoke confidently of a comprehensive induction training programme which is now extended over a 6-month probationary period. Initial induction training for newly recruited staff included Children First, behaviour management training and manual handling. The centre manager had systems in place to record staff training and monitor refresher training requirements. Mandatory training was set out on the training calendar to facilitate staff and managers to undertake refresher training as required. All care staff had participated in their mandatory training as required and training certificates were evidenced on file. Individual training needs were evidenced as discussed in staff supervision.

Staff interviewed were satisfied that there was a culture of learning and reflective practice within the centre. Staff learning following incident reviews, internal audits and regulatory inspections was evident on the centre records and confirmed by staff and managers interviewed by the inspectors. The centre manager was facilitated to attend conferences to enhance their own learning. The inspectors found that the team required additional training to enhance learning and responses to the specialised needs of the children to include youth mental health training/mood disorders. In addition, where specialist reports recommend self-directed learning by the staff team the centre manager must ensure this is undertaken.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that additional training is provided to respond to the specific needs of the children in placement and ensure that self-directed learning specified in specialist reports is undertaken by the care team.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
4	N/A		
6	The centre manager must ensure that additional training is provided to respond to the specific needs of the children in placement and ensure that self-directed learning specified in specialist reports is undertaken by the care team.	<p>Specialist training on youth mental health training/mood disorders will be facilitated for the staff team. This will be done through a recognised youth mental health agency. They can facilitate this training at the end of January 2025.</p> <p>Where self-directed learning is required as noted in specialists' reports, this will be completed through the supervision process. This process will commence in December 2024.</p>	<p>The centre manager will be sure to read all any recommendations as noted in specialist reports and engage the staff in training where required.</p> <p>Self-directed learning through podcasts, articles, books and discussions will be encouraged and promoted within the staff teams. This will become part of the staffs' monthly tasks.</p>