



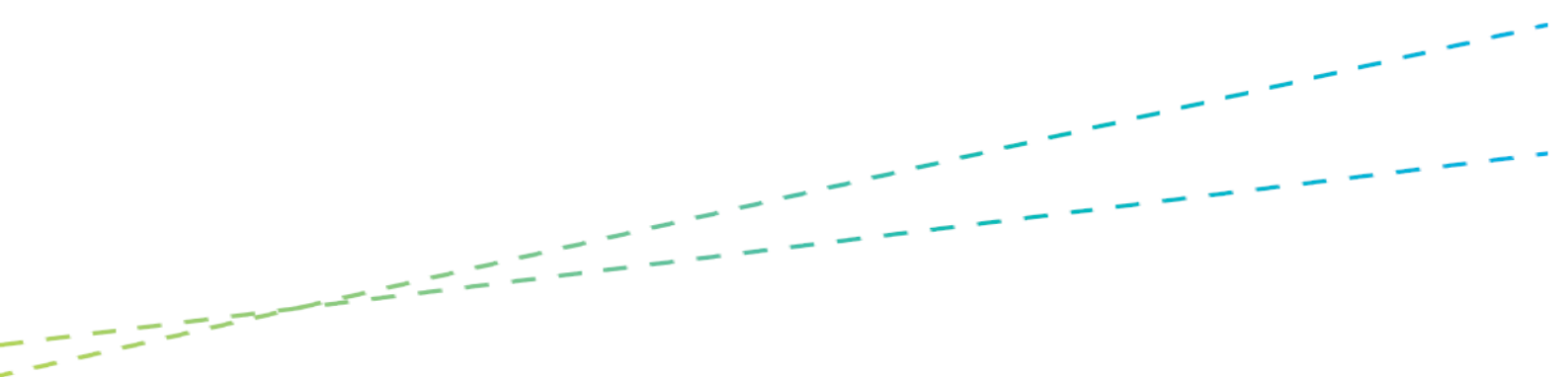
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 021

Year: 2019



Inspection Report

Year:	2019
Name of Organisation:	Three Steps
Registered Capacity:	Four Young People
Date of Inspection:	12th and 13th November 2019
Type of Inspection:	Announced
Registration Status:	Without attached conditions from 28th February 2020 to 28th February 2023
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	25th February 2020

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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 on the 28th February 2014. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 28th February 2017 to 28th February 2020.

The centre was registered to provide medium to long term care for four young people of both genders between the ages of 12 and 18 years. The centre was described as providing care to young people with complex needs who are experiencing emotional, behavioural and family problems. They aim to work together with professionals and families to organise and provide supports necessary to enhance young people's lives. Their model of care focuses on attachment and trauma and was outlined as person centred which places emphasis on the individual and building positive and rewarding relationships with the young person. This model is further described as been informed by neuro-biology and psychodynamic theory. There was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors looked 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 23rd December 2019. 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 10th January 2019. This was deemed to be satisfactory when the inspection service received further evidence on the 23rd January 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: 021 without attached conditions from the 28th February 2020 to the 28th February 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The centre had a child safeguarding policy and procedures in place however, they were in draft format and therefore a full review had not yet been completed by the registered provider. The senior area manager informed inspectors that the timeline for this was December 2019. Inspectors evaluated the draft policies and found that they required further additions of specific procedures in order to be in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. In particular, this included a policy on protected disclosures, a procedure for recording concerns and reporting disclosures, guidance on dealing with reasonable grounds for concern and steps to take for reporting retrospective disclosures of abuse. Further, the policy that was submitted to inspectors to address the various forms of bullying, harassment and allegations of abuse was not in date and in order to be aligned to Children First, 2017, this should form part of the wider suite of procedures contained within the centre's child safeguarding policy. The centre had a child safeguarding statement (CSS) in place together with a letter of compliance to say that the CSS had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit.

Although staff had received appropriate training in safeguarding and in the prevention, detection and response to abuse, at interview they were unable to name individual child protection procedures from the centre's own policy. Staff training records evidenced that each staff member had completed training in Tusla's Children First e-learning programme and care plans for the young person took account of the need to keep them safe. The manager must ensure that child protection training is provided to the staff team based on the centre's child safeguarding policy so that it can be implemented in practice in the centre.

Inspectors saw evidence on centre records that child protection was a standing item at senior management meetings and there was good direction and discussion reflected in the minutes on elements of child protection procedures. However, child safeguarding was not regularly recorded as an agenda item at both team meetings

and staff supervision. Centre management must ensure that it is included as such as a matter of priority.

At interview and on questionnaires, staff demonstrated an understanding of their statutory obligations as mandated persons under the Children First Act, 2015 and showed their awareness of how to make a report via the Tusla portal. While inspectors observed key-working and one-to-one sessions conducted by staff that related to boundaries and engaging in appropriate relationships, there was an absence of structured programmes in place to assist one child to develop skills needed for self-care in the area of sexual health and protection. Inspectors recommend that the child in placement is supported by staff to develop knowledge in this area that is appropriate to their age, ability, history and stage of development.

Individual areas of vulnerability for the young people were identified by the centre and targeted safety plans and risk assessments were in place to identify and address recurring issues. There was evidence across centre records that staff worked in partnership with the young person's placing social workers to promote their safety and wellbeing. The social worker for the child in placement told inspectors at interview that the centre regularly forwarded them safety plans and risk assessments for their comments. They were also aware and had received a copy of all child protection and welfare reports referred by them to Tusla. Inspectors reviewed the centre's child protection register and noted that there had been 12 entries from January 2018 to October 2019. A child protection and welfare report form had been completed for each of these and submitted to Tusla Child and Family Agency by using the online portal system. Consideration was given by the centre to how parents and guardians were to be informed of any incident or allegation of abuse.

Standard 3.2

From a review of the personnel files and training schedules, inspectors observed that staff had received training in a recognised model of behaviour management. Refresher training had also been completed for most staff. Where this was not the case, the follow-up sessions had been scheduled to take place immediately after the inspection was completed. The centre's behaviour management policy was child-centred and promoted a positive approach to the management of children's behaviour in the centre. Practice based guidance was provided to staff on acceptable strategies to be followed. When interviewed, inspectors found that staff understood the behaviour management model being implemented and the team had access to

specialist advice and support so as to be competent in their responses to the challenges of one child's specific behaviours.

Inspectors observed evidence that key working had been undertaken with the aim of providing behavioural positive supports to the child to help them to manage the challenges of their own behaviour. Some of these sessions included one-to-one work on building positive relationships with staff, family and the community. There were also themed sessions undertaken, based on appropriate and inappropriate interactions with peers. While these themes were linked clearly to the child's goals, the sessions undertaken by staff members were conversation-based rather than using specific programme tools to achieve the aim of promoting positive behaviour. Inspectors saw evidence that each child had been communicated with in a clear and appropriate way to make them aware of expectations for behaviour. They were assisted to understand how to be respectful of the rights of others. Inspectors recommend that key working undertaken to support the child with challenging behaviour includes the use of targeted materials and resources.

There were individual crisis management plans and behaviour support plans in place. The template for these had been recently reviewed and were now combined in one document. The most recent behaviour support plan for the child in placement included detailed practical prevention strategies on how the staff team were to manage any challenging behaviour and respond to identified risks and triggers. However, there was an absence of inclusion of 2:1 staffing levels to be maintained as part of the prevention strategy. Inspectors observed that this approach had been recommended in the child's most recent care plan. Centre management must ensure that adequate risk assessments are carried out by the staff team in order to determine when 2:1 staffing levels are required in the centre.

The allocated social worker stated that they had noticed an improvement in the behaviour of the child in placement and attributed it to the specific interventions being implemented by the centre staff. In particular, they referred to the regular professional advice being provided on a weekly basis to the staff team. The social worker confirmed that they gave the centre feedback on the safety and crisis management plans submitted to them by the manager. The centre manager confirmed that the social work department had provided sufficient relevant information prior to the child's admission to the centre.

The governance system in place consisted of monthly audit checks by the manager and these included the monitoring of the behaviour management practices operating

in the centre. From a review of a sample of these checks, inspectors noted that while natural consequences were discussed at team meetings by staff and the centre manager, there was an absence of review of consequences in the monthly audits. The senior area manager informed inspectors that a quality assurance officer was employed in the organisation since February 2019, whose role included a provision of a full audit across all new standards for each centre within the agency. While an audit had been undertaken by them in the centre at the end of October 2019 and the monitoring report was very comprehensive including an extensive list of recommendations and actions, it was based on the previous standards which were stood down at the beginning of November 2019. This was despite an imminent inspection having been announced. Inspectors recommend that the registered provider now ensures that the new standards are fully covered by all audit tools in use and they include a review of natural consequences specific to each child in placement in the centre.

Inspectors observed on the care files that there had been a reduction in restrictive practices in place in the centre. Where they had been operating, they related primarily to a child who was no longer in placement. There was a cessation of using alarms on bedrooms and exit doors along with twenty-four-hour staff supervision which had been implemented in response to the monitoring of peer interactions. There was evidence to show that these restrictive practices had been assessed and were required at that specific period in time due to safety risks to the child and to their peer. Practices were monitored and reviewed as necessary and in keeping with the child's risk assessments.

Standard 3.3

The centre held regular children's meetings and there was a keyworker in place for each child. Inspectors observed from a review of children's meeting minutes and key working records for 2019, that an opportunity was provided to them should they wish to raise concerns or report incidents. Input was also given by children on areas for improvement in the care they were receiving at these meetings.

There was a complaints' system in operation and a booklet provided to each child on admission which contained a section informing them of how to make a complaint to staff. It also made them aware that they could speak to their social worker should they not want to talk to a member of the team. The inspectors reviewed the complaints register for the centre, however there were no entries for 2019 and there was no evidence of oversight by the senior area manager in the register. Complaints

were not a standing item on the staff team meeting or the manager's meetings. Senior area management must ensure they provide oversight on the centre's complaints register. Inspectors recommend that complaints are a standing item at the staff team meetings and managers' meetings.

Inspectors did not see mechanisms in place where significant people in children's lives were consulted on their views of the care provided to children. Inspectors recommend that this is implemented in the centre. However, the social worker stated at interview, that there were opportunities open to them to link with the centre manager and the staff team regarding improvements in care practices.

There was a system in place for the notification of significant events and from a review of a sample of the reports onsite, inspectors found that they were notified promptly, and contained the required information. In relation to one SEN, where a serious incident took place, this had not been subject to a serious incident review and the notification completed by centre staff, indicated that supporting plans had not been revised and updated as a consequence of the incident. Centre management must ensure that serious incidents are reviewed and learning is used to inform the development of best practice. All supporting plans for the child should be updated according to the findings of the incident review.

The centre does not have a significant event review group in place, but terms of reference had been developed for a system change in this regard along with an introduction of a serious incident review group. The centre manager and senior regional manager told inspectors that this would be implemented in the week post inspection and would take place every six weeks thereafter. Learning from this would then be shared by the centre manager and discussed with staff members at team meetings. External management must implement the significant event review group as a matter of priority.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The manager must ensure that child protection training is provided to the staff team based on the centre's child safeguarding policy so that it can be implemented in practice in the centre. Child safeguarding must be a regular agenda item at both team meetings and staff supervision.
- Centre management must ensure that adequate risk assessments are carried out by the staff team in order to determine when 2:1 staffing levels are required in the centre.
- The senior area manager must ensure they provide oversight on the centre's complaints register.
- Centre management must ensure that serious incidents are reviewed and learning is used to inform the development of best practice. All supporting plans for the child should be updated according to the findings of the incident review.
- External management must implement the significant event review group as a matter of priority.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

Inspectors saw evidence on management meeting records of preparation for the introduction of the new National Standards for Children’s Residential Centres, 2018 (HIQA). New systems were being introduced by the centre to meet their responsibilities in this regard. Management and staff were aware of relevant legislation, regulations and national standards and at interview, they had an understanding of how to report concerns of harm under Children First: National Guidance for the Protection and Welfare of Children (2017) and accompanying legislation. As stated above, a number of policies and procedures were in the process of being updated, however, some were out of date by three years and did not reflect current national standards. The registered provider must provide inspection and monitoring with up-to-date policies as soon as their review is completed.

Standard 5.2

Inspectors found that there was a management structure in place which provided accountability and authority within the centre. Roles and responsibility of the staff team were observed across the centre records, from interviews with members of the team and from questionnaires submitted to inspectors. The manager had been in position for six weeks at the time of inspection and had worked in the centre for three years prior to taking up the post, both as a social care worker and a deputy manager. They worked Monday to Friday and had overall responsibility for management of the centre. There was evidence that the centre manager had oversight on children’s care files and registers. This was proportionate to the amount of time the manager had been in their new role. The centre manager attended senior management meetings which was chaired by the CEO. They also chaired team meetings and attended handover meetings and undertook supervision of all staff. Arrangements were in place to provide cover when they were on leave. However, inspectors did not see evidence of a written record being kept of when, and to whom, delegated duties had been assigned and any key decisions made in this respect. Centre management must ensure that this is put in place. The centre manager stated that recruitment had begun to fill the vacancy of deputy manager.

A service level agreement with the funding body Tusla, was in place on a yearly basis and the senior area manager told inspectors that the CEO negotiated this in consultation with the senior management team within the organisation. The senior area manager was new to their role and had taken up their post in the past three months. They had line management responsibility for the centre manager which included providing them with supervision. These sessions had not begun at the time of inspection despite the centre manager having being recently recruited. External management must ensure that supervision is provided to the centre manager in line with centre policy and as a matter of priority so that clear lines of accountability are set out.

As referred to above, despite inspectors seeing evidence that risk management processes were in operation in the centre along with supporting structures to identify, monitor and manage risks, for one specific significant event, centre procedures had not been followed. However, in general, management of risk was observed on children's risk assessment plans, safety plans and clinical oversight records that were linked directly to the framework in place. Details were recorded and any actions taken to address the risks and outcomes were also indicated.

Standard 5.3

There was a statement of purpose and function in place for the centre that was updated in November 2019. It described the model of service provision including the aims and objectives, the range of services being provided to meet the needs of the children placed at the centre and the organisational structure. Inspectors saw evidence that the child currently in placement in the centre was being provided with access to individualised services and resources to meet their complex needs and staff were given professional support and consultation in this regard. The statement did not provide detailed information in respect of the management and staff employed in the centre or the model of care in operation. This was detailed in a separate document and should be combined in the stated purpose of the centre. Furthermore, the arrangements for children's wellbeing and safety were not accurately outlined as such. At interview, staff were able to describe the model of care to inspectors, along with the centre's overall aims and the outcomes it set out to achieve for children through the use of this model. External management must ensure that its statement of purpose is fully compliant with the new National Standards.

Standard 5.4

There were some processes in place such as monthly audit checks undertaken by the manager to monitor the service and ensure that delivery of care was safe and effective. However, as mentioned above, a full audit, based on the new National Standards had yet to be undertaken. Inspectors recommend that the registered provider ensures that auditing of the quality of service provision within the centre, incorporates a review of implementation of the National Standards for Children's Residential Centres along with legislation and national policy.

Incidents were recorded and acted upon but they were not regularly reviewed to enable learning as referred to above. There was an absence of complaints and safeguarding concerns as a standing item for discussion with staff on team meetings and staff supervision records. The centre did not have a dedicated file for the recording of child safeguarding concerns relating to each child so as to be aware of patterns of risk that may emerge. This must be addressed by centre management as part of their child safeguarding procedures. There was an absence of an annual review of compliance on the centre's objectives conducted by the registered provider and inspectors recommend that this is completed so as to highlight improvements to be made in work practices so as to achieve better outcomes for children.

Compliance with Regulation

Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
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Compliance with standards

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

Actions required

- The registered provider must provide inspection and monitoring with up-to-date policies as soon as their review is completed.

- Centre management must ensure that where they delegate some or all of their duties, there is a written record kept of when, and to whom they have been assigned and any key decisions made.
- External management must ensure that supervision is provided to the centre manager in line with centre policy and as a matter of priority so that clear lines of accountability are set out.
- External management must ensure that its statement of purpose is fully compliant with national standards.
- The centre manager must ensure that there is a dedicated file for the recording of child safeguarding concerns relating to each child so as to be aware of patterns of risk that may emerge.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The manager must ensure that child protection training is provided to the staff team based on the centre's child safeguarding policy so that it can be implemented in practice in the centre. Child safeguarding must be a regular agenda item at both team meetings and staff supervision.</p>	<p>All care team members have now received child protection training, which is sourced externally. This training will reflect the centre's own policy in the future. Those identified by the inspector as not having the training attended training on the 19/12/2019 as part of the organisational training plan. Prior to commencing their role all care team members are required to complete online child protection e-learning. The centre manager, with immediate effect is including child protection training on the agendas of both team meetings and supervision. Children First and the revised child protection policy will form part of centre induction to be delivered by centre management. Training will be provided on the revised safeguarding policy by the end of January 2020.</p>	<p>As part of a comprehensive training schedule for all care team members for the year, externally sourced child protection training will be planned at regular intervals throughout the year and new care team members will attend at the earliest availability.</p>

	<p>Centre management must ensure that adequate risk assessments are carried out by the staff team in order to determine when 2:1 staffing levels are required in the centre.</p> <p>The senior area manager must ensure they provide oversight on the centre's complaints register.</p>	<p>2:1 support is in place at all times for the team to support one young person (YP). Daily risk assessments will be completed as and when required to determine whether 2:1 staffing is necessary throughout the day. From experience it is understood that the young person is often more comfortable having one person support him during the day. The second care team member is continuously available for additional support if required. There are also times when the care team member may need the second person for either added support or to allow them to remove themselves for a time due to specific targeted behaviours.</p> <p>Since the inspection the senior area manager has completed a review of all centre registers. Monthly reviews of all registers will be included as part of governance checks completed by the senior area manager.</p>	<p>Centre management will liaise with the young person's social worker at the child in care review on the 22/01/2020 to ensure that the care plan accurately reflects the expectations regarding 2:1 support for this young person.</p> <p>The senior area manager is to provide ongoing oversight to all centre registers. The senior area manager must sign off on same on a monthly basis.</p>
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	<p>Centre management must ensure that serious incidents are reviewed and learning is used to inform the development of best practice. All supporting plans for the child should be updated according to the findings of the incident review.</p>	<p>Currently serious incidents are subject to a 'Post Incident Review' to reflect on the approach and management of incidents and promote learning and best practice. With immediate effect significant events and post incident reviews have been added to the agenda for the centre team meeting to ensure collective learning for the whole team.</p>	<p>A serious incident review group has been introduced. The aims of which are as follows:</p> <ul style="list-style-type: none"> To review one or more serious incidents that have occurred within the service. To identify opportunities for learning about the causes of that / those incidents To identify opportunities for learning about care practice in the centre concerned and in the service as a whole. To ensure that learning is operationalised in respect of the above and that risk is managed, underlying issues are addressed and future occurrences of same are prevented where possible. An active document folder is in the process of being finalised and once agreed upon will be introduced for all young people. This will include individual support plans. The senior area manager and centre manager will review these plans on a monthly basis and more often as required to ensure they are adequate and appropriate.
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	External management must implement the significant event review group as a matter of priority.	A serious incident review group has been set up and can be formed as required to review incidents. Support plans and any other plans for the child will be updated as required. The first sitting of the significant event review group will be held in January 2020.	A significant event review group will commence every 6 weeks to review all significant event notifications during that period. Learning from the above group meeting will be a standing agenda item for senior management meetings.
5	<p>The registered provider must provide inspection and monitoring with up-to-date policies as soon as their review is completed.</p> <p>Centre management must ensure that where they delegate some or all of their duties, there is a written record kept of when, and to whom they have been assigned and any key decisions made.</p>	<p>New policies and procedures are in the process of being developed and will be sent to inspection and monitoring upon completion. This scheduled to be completed by the end of the first quarter of 2020.</p> <p>We will establish a register to record the delegation of tasks. This will be implemented by the Manager overseen by the Senior Area Manager following approval by the Director of Care to ensure that the delegation of tasks is appropriate and fair. To be completed by the end of February 2020.</p>	<p>Policy review group have commenced a review and update of all policies and procedures.</p> <p>Senior Area Manager will conduct audits to ensure this action is followed through consistently.</p>

	<p>External management must ensure that supervision is provided to the centre manager in line with centre policy and as a matter of priority so that clear lines of accountability are set out.</p> <p>External management must ensure that its statement of purpose is fully compliant with national standards.</p> <p>The centre manager must ensure that there is a dedicated file for the recording of child safeguarding concerns relating to each child so as to be aware of patterns of risk that may emerge.</p>	<p>The senior area manager has begun the process of supervising the centre manager. Supervision history and supervision contact were completed on the 11/12/19.</p> <p>The senior area manager is to review and update The Statement of Purpose so as to ensure full compliance with the National Standards. This will be actioned before the end of January 2020.</p> <p>A new filing system is currently being developed and a suspension file system will replace the existing folder system. Within this system there will be a dedicated file for child safeguarding concerns. This is planned for introduction in February 2020.</p>	<p>The senior area manager has completed the supervision schedule for the first half of 2020 to ensure supervision occurs within required timeframes. The introduction of a centre manager report, which is completed on a monthly basis covering all aspects of care is provided to the senior area manager for review and discussion in supervision.</p> <p>The Statement of Purpose is to be reviewed at senior management meetings.</p> <p>As referenced above a centre manager report has been introduced and is submitted to senior area manager for review on a monthly basis. This governs all elements of care and it is the responsibility of the centre manager and senior area manager to ensure that all paperwork is filed accordingly when the new active document folder system is introduced.</p>
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