



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 024

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Cottage Homes Child and Family Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	10th, 12th & 30th August 2021
Registration Status:	Registered from 31st October 2021 to 31st October 2024
Inspection Team:	Sinead Tierney Joanne Cogley
Date Report Issued:	29th October 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.2 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.5 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.6 Theme 6: Responsive Workforce (Standard 6.1 only)	
4. Corrective and Preventative Actions	15

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 2009 at this address. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 31st of October 2018 to the 31st of October 2021.

The centre was registered to provide care for four young people of both genders from age thirteen to seventeen years on admission. The model of care was described as relationship based. 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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 on the 1st of October 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 centre manager returned the report with a CAPA on the 14th of October 2021. The CAPA was reviewed and all non-compliance with regulatory matters identified in the report have now been addressed to the satisfaction of the inspectorate and the relevant regulations now deemed to be met.

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:024 without attached conditions from the 31st of October 2021 to the 31st of October 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 personal development.

At the time of inspection, there were four young people living in the centre. All young people had up to date care plans. One young person's care plan was handwritten by their social worker and had not been signed by the social work team leader as a result of the HSE cyber-attack. There was evidence that the centre had taken steps to receive a full care plan from the social worker. Records demonstrated that young people were supported in preparing for their child in care review meetings and parents were also involved. Inspectors met with one young person who felt that the staff team and their social worker supported them in planning for their care.

The centre had up to date placement plans on file for each young person. Placement plans were drawn up after young people's initial child in care review meetings and updated every 5 weeks in team meetings as evidenced in the meeting minutes. The placement plan review examined what outcomes were achieved, what key working tasks were completed and new goals for the upcoming period. Inspectors found the placement plans to be of mixed quality. Two placement plans were detailed and aligned with care plans. Goals were clear and achievable and provided a clear focus on what supports the young people required. One young person's placement plan was found not to reference important decisions made at a child in care review meeting. Goals were broad with no clear tangible actions included. For example, one young person's goal was to work on aftercare skills. There was no detail as to which skill would be the focus of the upcoming 5 weeks and what resources may be required to achieve it. The centre manager must ensure that all placement plans are in line with care plans, detail young people's needs, and the supports required to achieve the best outcomes for young people.

There was good practice within the centre of involving young people in the planning process. Individual placement planning notes evidenced discussion with young people regarding their goals and included their opinions and wishes. Placement plans were signed by young people and families were provided with opportunities to inform the placement plan.

Young people were being supported to access a range of external supports and specialist services. Some young people chose not to engage with these supports and there was evidence of the team encouraging them to re-engage. Recent child in care review meeting minutes taken by the centre referred to the need for additional external supports for one young person however neither the placement plan nor the handwritten care plan referenced this need. The centre manager must ensure that external supports identified are included in placement plans and young people are supported and facilitated to access these.

Records evidenced effective communication between the centre and allocated social workers. In interviews, staff spoke of the additional challenges that the HSE cyber-attack posed and how this impacted of receiving a care plan for one young person. There were evidence of placements plans and other relevant records sent to and signed by social workers. Supervising social workers interviewed by inspectors stated that communication with the centre was efficient, regular and young people had received recent visits.

Compliance with Regulation	
Regulation met	Regulation 5
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

- The centre manager must ensure that all placement plans are in line with care plans, detail young people's needs, and the supports required to achieve the best outcomes.
- The centre manager must ensure that external supports identified are included in placement plans and young people are supported and facilitated to access these.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

Inspectors found that leadership within the centre was evident by both the centre management and the director of services. Management had good oversight of care practices and structures were in place to support the team. The centre manager had been in post since December 2020 and the director of services had previously been in the role of centre manager prior to their promotion. During interview staff stated that the management were supportive, provided feedback and empowered the team in their decision-making skills. From interview with allocated social workers, they stated that they had good regular contact with the centre manager. A review of team and management meeting minutes evidenced a focus on quality care of young people, learning, accountability, support and development of staff.

There were clearly defined governance arrangements and structures in place with clear lines of authority and individual accountability within the management structure. The centre manager who had overall responsibility for the centre reported to the director of services. There was evidence that the director of services kept in regular contact with the centre manager and demonstrated a good understanding of young people's needs during interview.

Monthly governance and board of management reports were developed by the centre manager and sent to the director of services. These reports were detailed and set out under the 8 themes of the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of the director of services responding to issues raised within reports. Monthly records relating to young people such as placement plans, and progress reports were also sent to the director of services. The director of services undertook thematic audits of the centre. Audits were undertaken in March and June this year relating to themes 2, 3, 5 & 6 of the national standards. A significant event review group (SERG) was in place. Attendance at the SERG meeting included the director of services, centre manager and a staff representative. Meeting minutes demonstrated good reflection on the quality of reports, a review of

interventions and the ongoing needs of young people. Team meeting minutes evidenced that feedback was provided to the team following SERG meetings.

There was a service level agreement in place with the Child and Family Agency and meetings took place as required.

There was an internal management structure appropriate to the size and purpose of the centre. At the time of inspection, the centre manager was on extended leave. A social care leader with deputy manager responsibility was acting as manager with support from the director of services. A delegation record was in place however the template did not allow for a record of key decisions made. The centre manager must update the delegation record to record the key decisions made.

The centre policies and procedures were dated November 2020; however, were not in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). The director of services was aware of this and at the time of inspection, the centre's policies and procedures were being updated on a phased basis by the director of services with support from an external consultant. The centre had updated five policies, and these had been circulated to the staff team and discussed at team meetings. The director of services provided inspectors with an outline of the new policy document which was set out under the themes of the National Standards for Children's Residential Centre, 2018 (HIQA). A new employee handbook was also in development. The director of services informed inspectors that they aimed for full implementation by November 2021. The registered provider must ensure the ongoing development and implementation of the centres policies and procedures.

A risk management framework was in place for the identification, assessment and management of risk. The frameworks supporting structures consisted of an organisational and a centre risk catalogue and individual risk assessment templates for young people. Management meetings evidenced ongoing review of the risk catalogues. The individual risk assessment template for the identification and management of risk pertaining to young people had recently been updated and utilised a likelihood/impact matrix. Staff in interview demonstrated a good understanding of the new format however could not name risks contained within the centre risk catalogue. The centre manager must ensure that staff are familiar with the centre risk catalogue and its operation in practice.

Pre-admission and collective risk assessments were not on file for all young people however were provided post inspection. Pre-admission risk assessments were

completed by the young person's social worker and collective risks assessments by the centre management. The collective risk assessments reviewed were not robust enough in identifying risks and naming control measures. For example, high supervision is named as a control measure for an identified risk, however there are periods of lone working within the centre. In this instance, additional control measures must be considered. During interview with social workers, some stated that they had received a copy of the collective risk assessments. One social worker stated that they had been verbally informed of the risks relating to the admission of a young person but had not received a written record. The director of services had developed a new collective risk assessment template however this had not been used at the time of inspection. The director of services and the centre manager must ensure that all pre-admission and collective risks assessment effectively identify and manage risks and are communicated to all relevant parties.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must update the delegation record to record the key decisions made.
- The registered provider must ensure the ongoing development and implementation of the centres policies and procedures.
- The centre manager must ensure that staff are familiar with the centre risk catalogue and its operation in practice.
- The director of services and the centre manager must ensure that all pre-admission and collective risks assessment effectively identify and manage risks and are communicated to all relevant parties.

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.

Workforce planning to deliver effective care and support was undertaken by the director of services and the centre management. Recruitment had taken place led by the director of services to fill vacant roles throughout the year. There was evidence in monthly governance and board of management reports provided by the centre manager to the director of services of planning, organising and managing the workforce. Team meeting minutes recorded discussions on annual leave, learning & development and recruitment.

The staffing team consisted of the centre manager, three social care leaders, four social care workers and a job-sharing post. At the time of inspection, one of the job-sharing roles had been vacant since the 5th of July 2021. This resulted in the staffing team consisting of 7.5 full time staff. The director of services had advertised the post and was awaiting a new staff member to commence in the role.

As discussed in standard 5.2, the centre manager was on extended leave at the time of inspection. As the social care leader with deputy manager responsibility was acting in the managers absence, they were not working as part of the rostered staff. This caused additional pressure on fulfilling the rostering requirements. Furthermore, in meeting the needs of the young people, the centre operated a daily shift pattern of two sleep over shifts and one day shift. This shift pattern could not be met by the current numbers of staff (7.5) or when the team had 8 staff. In order to meet the roster requirements, the centre required the ongoing support of relief workers. On review of the roster, there were days when no relief staff were available to work the day shift resulting in 2 staff and four young people. One young person was collected in the evening on most days, leaving one staff member with three young people. A panel of qualified and experienced relief staff were in place to meet this need and support the core staff team during various types of leave however these persons were not always available. The director of services acknowledged that additional staffing was required and had made efforts to address this with the funding body.

All staff were suitably qualified and had a range of skills and experience. The team had a mix of staff working in the centre for several years and newly appointed staff. The majority of the personnel files reviewed by inspectors were found to have the required documentation. Copies and verification of qualifications was required for two new relief staff and risk assessments were not on file for garda vetting disclosures. The centre manager must complete a full audit of personnel files and obtain all outstanding documents.

The centre had arrangements in place to promote staff retention. Supports available to staff included access to an employee assistance programme, salary increments and good will gestures. A policy led on-call system that included procedures for on-call at evenings and weekends was in place. There was evidence that on-call was regularly reviewed at managers meetings.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider should ensure that there are sufficient numbers of staff in the centre having regard to the number of children residing there and the nature of their needs.
- The centre manager must complete a full audit of personnel files and obtain all outstanding documents.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that all placement plans are in line with care plans, detail young people's needs, and the supports required to achieve the best outcomes.	The centre manager along with key workers reviewed all placement plans and updated these in line with outcomes from child in care reviews and care plans. An education piece has occurred with key workers around improving skills in placement planning and setting more detailed achievable goals.	Placement plans to be closely reviewed by the centre manager to ensure that placement plans are linked with care plans and contain detailed achievable goals.
	The centre manager must ensure that external supports identified are included in placement plans and young people are supported and facilitated to access these.	Direction has been given to key workers to ensure identified external supports are detailed in placement plans and supports are put in place to facilitate these.	Placement plans to be closely reviewed by the centre manager to ensure identified external supports are detailed in placement plans and supports are put in place to facilitate these.

5	The centre manager must update the delegation record to record the key decisions made.	The delegation log was updated between when the paperwork was submitted for review as part of the inspection and the onsite inspection as it had been a recommendation in our sister service's most recent inspection report.	Task completed and enacted.
	The registered provider must ensure the ongoing development and implementation of the centres policies and procedures.	The organisation is still in the process of implementing new policies and procedures and these will be completed by February 2022.	We will soon have a completed suite of policies. They will be reviewed on a biennial basis, and a schedule is in place for this review.
	The centre manager must ensure that staff are familiar with the centre risk catalogue and its operation in practice.	The centre manager has completed a piece of work with the staff team detailing how to complete risk assessments and the function of the risk catalogue.	The risk management framework will be included as part of staff induction.
	The director of services and the centre manager must ensure that all pre-admission and	Since July 2021 we have enhanced our collective risk assessments which will be shared with all relevant parties. This will	This will be used for any future admissions to the centre.

	collective risks assessment effectively identify and manage risks and are communicated to all relevant parties.	be used with our next referral.	
6	<p>The registered provider should ensure that there are sufficient numbers of staff in the centre having regard to the number of children residing there and the nature of their needs.</p> <p>The centre manager must complete a full audit of personnel files and obtain all outstanding documents.</p>	<p>After a number of rounds of interviews were carried out and all vacancies have now been filled. The centre manager has returned from extended leave. We have secured the necessary resources to ensure we have dayshifts at weekends for the next six months.</p> <p>Outstanding items have been printed and the audit has been completed.</p>	<p>Increased staff retention measures put in place. Funding Requests will be made to TUSLA where we identify that the young people's presenting needs require additional staffing.</p> <p>A full audit of personal files will be carried out by the manager twice a year.</p>