



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 2021**

**Year: 026**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Crosscare</b>
<b>Registered Capacity:</b>	<b>Five young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>23<sup>rd</sup> &amp; 24<sup>th</sup> November 2021</b>
<b>Registration Status:</b>	<b>Registered from the 30<sup>th</sup> of June 2020 to the 30<sup>th</sup> of June 2023</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> February 2022</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
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)	
<b>4. Corrective and Preventative Actions</b>	<b>17</b>

## 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 30<sup>th</sup> June 2002. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from the 30<sup>th</sup> June 2020 to the 30<sup>th</sup> June 2023.

The centre was registered to accommodate five young people from age twelve to eighteen years on a short to medium term basis. The centre accepts referrals through the Tusla Crisis Intervention Service. Their model of care was described as building relationships to support young people utilising a restorative approach and identification of individual needs. The centre maintains a statement of the values of the governing voluntary body of 'love, respect and excellence' as the guiding principles of their purpose and function. There were two 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 on the 23<sup>rd</sup> December 2021 and to the relevant social work departments on the 24<sup>th</sup> December. 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 19<sup>th</sup> January 2022 with an updated one submitted as required by inspectors on the 7<sup>th</sup> February. 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: 026 without attached conditions from the 30<sup>th</sup> June 2020 to 30<sup>th</sup> June 2023 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 personal development.

Inspectors found that the care and support provided to young people by the staff team was child centred and responsive to their individual needs and goals. The experienced and skilled staff worked well with young people, their families, guardians and other professionals to ensure that their best interests were a primary consideration in the decisions being made about their time living in the centre and their future care. Staff interviewed were aware of the needs of each young person and all of the team supported them through key working programmes and interventions that valued their preferences and helped them achieve their goals.

There were two young people living in the centre at the time of the inspection and neither had up-to-date statutory care plans in place despite one young person living there for four months. Both had care plans on file from their previous placements. Inspectors were told by centre management and by the allocated social worker that a child in care review had taken place for one of the young people within the previous month. However, minutes were not provided by the social work department and there was no other record on the young person's file of the date it had occurred, or any actions and decisions agreed from the meeting. The centre had requested the minutes of the meeting from the placing social work department prior to the inspection and inspectors recommend that any deficits in this area of care planning is addressed promptly. The young people had attended the care planning meeting and their views and feelings contributed to their care planning in the centre. The second young person was undergoing an induction programme as they had been admitted to the centre the week previous to the inspection. A date had yet to be decided for their child in care review.

Despite the absence of up-to-date care plans which hinders placement planning, the staff team had accessed relevant information and records from other sources to guide young people's immediate needs when developing placement plans. This included the admission process, the young people's social workers, exploratory meetings and



strategy meetings along with building up a relationship and getting to know them prior to and during their induction process in the centre. This was evident for both young people despite one of the young people having been recently admitted to the centre. Inspectors found that placement planning was regularly taking place and reviewed on a monthly basis. While review meetings involved the case manager and the keyworkers, all members of the staff team had responsibility in carrying out tasks and duties to ensure goals were being achieved.

Placement plans were of a good quality and the template in use was clear, consistent and reflected the needs identified from previous and current information known about the young person and from the aims of their placement. A step-by-step approach to breaking down goals into achievable tasks was outlined and it was evident that some of the actions contained in the plan were being met with others ongoing and progression for the young person within the placement was apparent and could easily be tracked. There was a reference section too which linked goals to the individual work being completed with the young person and reviews and outcomes for individual goals and each associated action was also reflected. Young people were an integral part of the planning process from the onset of their admission to the centre and they provided preferences, ideas and courses of action that would affect them currently and into the future. In general, the voice of the young person was strongly represented on centre records. Where appropriate, families including extended family members were regularly consulted with, and their contributions formed part of the decision making with the staff team and the young person.

While a placement plan was not yet developed for the second young person, who had recently moved into the centre, there was good evidence that individual work had already begun with them which identified immediate goals and tasks to be achieved such as referral to specialist services, links made to educational centres, medical and wellbeing needs being responded to. Reference to young people's placement plans and review of their specific needs were consistently evident at team meetings. Discussions were child centred and focused on the practical work that was been completed with young people to help them reach their goals and improve outcomes. Keyworkers completed monthly reports that were forwarded to social workers which reflected a summary of the progress for young people and any of their current issues or concerns and achievements. Individual work was comprehensive and in general was aligned to their needs and goals.

Young People were facilitated to access specialist services and any advice and guidance provided by these supports was clearly integrated into individual planning for them and discussed and considered by staff. Robust advocacy on behalf of young people by the staff team was evident on centre records. Social workers for the two young people described a centre that was well managed and a staff team that communicated effectively and provided a high level of care to young people. They stated that staff were responsive to the needs of young people, were skilled and well informed and worked together with social work departments to achieve the best outcomes they could for each young person. At interview and through observations on centre records, the dedication and commitment of the team was evident in their work practices and in providing safe and supportive care. The team were alert to young people's changing complex needs and these were addressed promptly. The young person interviewed said they liked the staff team and thought he was going to benefit from the placement there. Feedback from previous residents and family members gathered from exit interviews described how their experience of living in the centre was very happy and young people felt they were listened to.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

**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.**

The centre was managed by an experienced management team. The manager was the person in charge and had many years working in that post and had committed to further studies to enhance and support them in their role. They had overall responsibility and authority for the delivery of care to young people in the centre and their leadership was evident across the centre records including team meetings, internal meetings, professionals' meetings and young people's files. Social workers described good working relationships with the manager and stated that the centre management team was consistently available to them on the phone or in person, attended planning meetings, and provided timely updates on all issues relating to the care of young people. They said that it was their experience that management and the staff team were particularly strong at advocating for all young people placed there and prioritised building relationships of trust with them from the onset. Staff at interview told inspectors that the manager was approachable and supportive in their leadership style. The centre manager was present in the centre from Monday to Friday and at other times when required.

There were systems of governance in place to ensure the internal management team had oversight of the delivery of care to young people. The lines of authority in the centre were clearly set out and accountability was shared by the whole staff team who had a good understanding of their specific roles and duties. The internal management structure was appropriate to the size and structure of the centre and the centre manager was supported by the deputy manager and three social care leaders. The deputy manager was the appointed person to step into the centre manager's position during their absences. There was a record in place for the various responsibilities undertaken by staff, however, a written delegation of tasks was not yet implemented within the organisation following this requirement from the previous inspection and this needs to be developed. Oversight was provided by the senior service manager who supervised the centre manager and visited the centre regularly to monitor how the service was operating and to meet with young people and staff. The centre

manager provided monthly reports to the senior service manager and stated that they spoke on a routine basis. They also attended monthly meetings chaired by the CEO, however these meetings were not recorded, and inspectors recommend that this takes place. In general, centre and senior management had a good awareness of young people's progress through the systems in operation in the centre.

An up-to-date service level agreement was in place with the funding body, Tusla, the Child and Family Agency and the organisation complied with the requirements for this process.

One of the actions completed from the previous inspection was the development and implementation of an audit tool by the senior management team that was aligned to the National Standards for Children's Residential Centres, 2018 (HIQA). Two audits had been conducted at the time of this inspection for 2021 on Themes one, two, three and four. From a review of the audits, inspectors found that these were not fully concluded. The sections on the template did not indicate if the actions required were completed or not and, in some instances, the improvement plan was not finalised. An annual review had taken place which summarised the deficits found in the audits, and this reflected in a clearer way the actions from the various themes that had been addressed and which were still outstanding. Overall, the monitoring system in place requires consistency of application across all themes of the standards. Internal audits should be completed in full and external oversight by senior management must be finalised as part of this process to ensure that service improvement for the centre can be measured appropriately. A child centred audit tool had been developed also which measured outcomes for young people. This focused on their individual experience of the care being provided to them in the centre and was to be completed jointly with their keyworker.

There was a requirement from the inspection of 2020 to ensure that the centre's policies and procedures were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). From the policies and procedures reviewed as part of this inspection this remains outstanding. The centre manager confirmed it was not fully achieved and a full amendment of the suite of policies had not occurred. However, reviews had begun with involvement from the staff team taking place alongside management. A full update of the centre's policies and procedures must be completed as an immediate priority.

A risk management framework was in place supported by a working policy and staff had a good awareness of the identification, assessment and management of risk in

practice. Risk management and intervention scales were an agenda item at team meetings and but not evidenced as being discussed at senior management meetings and this deficit must be addressed. Collective risk assessments, individual risk assessments and individual crisis management plans were all elements of the framework for one young person but had not yet been fully implemented for the second young person who was undergoing their induction programme. Risk assessments were guided by a risk rating matrix and support plans identified current risks, issues, triggers, interventions and management protocols to mitigate the risks for young people. However, in relation to a specific safety issue for one young person regarding a child protection concern, the plans in place did not include a response to address risks for other young people in the centre and these must be revised to consider this. Significant event review groups (SERG) had taken place for the first two quarters of the year, however there was no analysis or actions recorded regarding the discussions that had taken place and in addition, there was an absence of learning from these incidents shared with staff at team or internal management meetings. Centre management must ensure that the supporting plans in place to manage the impact of young people's specific risks within the centre are strengthened and that learning, and actions determined at SERG are shared with the staff team for use in practice.

A risk register was in place, however, the risks recorded related to the period from March 2020. No update or review had taken place since that time. Timeframes for removal of risks were not identified on the template so that it was not clear how risks were being tracked by the centre. Senior and centre management must ensure that the current risk register is reviewed and updated so that it adequately facilitates tracking and management of risk.

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

## **Actions required**

- The centre manager must ensure that a written record must be kept of delegated tasks assigned to staff members along with the key decisions made.
- The senior manager and centre manager must ensure that internal auditing is completed in full and external oversight must be finalised as part of the process to ensure that service improvement for the centre can be measured appropriately.
- The senior manager and centre manager must ensure that the centre's policies and procedures are fully updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA) as a matter of priority.
- Risk management must be an agenda item for discussion at senior management meetings.
- Centre management must ensure that the supporting plans in place to manage the impact of young people's specific risks within the centre are strengthened and that learning, and actions determined at SERG are shared with the staff team for use in practice.
- Senior and centre management must ensure that the current risk register is reviewed and updated so that it adequately facilitates tracking and management of risk.

### **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.**

There was evidence that senior and centre management had planned, organised and managed the workforce to deliver child-centred, safe and effective care and support. Discussions took place at internal meetings relating to staffing requirements, team supports, rotas and training. While some workforce planning was evident at senior management meetings, inspectors recommend that this is strengthened to demonstrate the discussions in more detail. Reports to senior management from the centre manager reflected supervision of the staff team, various types of leave and any health and safety issues. The rate of staff turnover was low so that the team was stable and settled in their roles. Inspectors found that staff were committed and engaging with young people and shared a good mix of skills and competencies for

working with the cohort of young people living in the centre. The full complement of staff comprised of the centre manager, deputy manager, three social care leaders and seven social care workers. In addition, the centre had a panel of five relief staff to provide cover for the periods of leave when needed. From a review of personnel records, inspectors were satisfied that the centre had the required number of social care qualified staff. There was a dedicated HR department in place supported by staffing policies and procedures.

At interviews during the inspection, the staff demonstrated that their focus was meeting the individual needs of the young people within the context of a trusting and committed relationship. The rota consisted of two sleepovers and one day shift and it had been devised in a child centred way so that staff were consistently available to young people over an extended period of time on each shift. One staff interviewed told inspectors that this particular schedule worked well for them also and it was a motivating factor in terms of remaining with the service. The centre had a number of measures in place to promote stability in the workforce including an employee assistance programme, group supervision, the promotion of selfcare through 'selfcare baskets' and check-ins at team meetings. The roster was the responsibility of the centre manager and deputy manager.

A training log was maintained by the centre, however, core training that was completed, out of date or required rescheduling was not recorded in full on the register and this should be reviewed and updated to reflect the current training needs of the staff team. From a review of a sample of the personnel files, inspectors found that there were training deficits regarding, first aid, fire safety and there was no record of ancillary child safeguarding training conducted with staff.

On call arrangements were in place and was supported by centre manager, deputy manager and one of the social care leaders on a monthly basis. It was utilised by the team, when necessary, mainly for support and direction.

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 6.1

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

### **Actions required**

- The centre manager must ensure that all outstanding training deficits are addressed promptly, and that the centre's training log is revised and updated to reflect the current training needs of the staff team.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	<p>The centre manager must ensure that a written record must be kept of delegated tasks assigned to staff members along with the key decisions made.</p> <p>The senior manager and centre manager must ensure that internal auditing is completed in full and external oversight must be finalised as part of the process to ensure that service improvement for the centre can be measured appropriately.</p> <p>The senior manager and centre manager must ensure that the centre's policies and procedures are fully updated in line with the National</p>	<p>A delegated task list will be finalised by February 2022 and circulated to the staff team. A copy will be forwarded to ACIMS as soon as it is completed.</p> <p>Audits on specific themes are completed quarterly. All improvement plans will be completed in full by the centre manager within one month of feedback from external audits and returned to senior management for their review and oversight. Will be completed by February 2022.</p> <p>The centre's policies and procedures are currently under review to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA) policy</p>	<p>Additional tasks are reviewed and rotated annually at management meetings. Centre Manager will review these to ensure accountability and it will be updated as required. Copy to be forwarded to ACIMS.</p> <p>Improvement plans will be discussed at management meetings and team meetings as needed to ensure all team members are aware of any changes. Regular internal and external monitoring will identify gaps to be addressed.</p> <p>Centre Policies will be reviewed annually. Senior Manager will sign off on centre policies and procedures and will ensure the board of management is made aware that these are in place.</p>

	<p>Standards for Children's Residential Centres, 2018 (HIQA) as a matter of priority.</p> <p>Risk management must be an agenda item for discussion at senior management meetings.</p> <p>Centre management must ensure that the supporting plans in place to manage the impact of young people's specific risks within the centre are strengthened and that learning, and actions determined at SERG are shared with the staff team for use in practice.</p> <p>Senior and centre management must ensure that the current risk register is reviewed and updated so that it adequately facilitates tracking and management of risk.</p>	<p>document. New policies and procedures will be in place by end of first quarter, 31<sup>st</sup> March 2022. This will be completed by the internal management team.</p> <p>The senior manager will ensure risk management is on the agenda at senior management level.</p> <p>Risk management plans have been completed for behaviours of concern following a collective risk assessment and a placement being offered since December 2021.</p> <p>Feedback from SERG will be given to the team at team meeting.</p> <p>Risk register has been reviewed and changes made.</p>	<p>Risk management will be clearly minuted at the significant event review group (SERG) with the centre manager, the senior manager for youth work services and the Designated Liaison Person (DLP).</p> <p>Feedback from the SERG will be given at the team meetings and in supervisions if appropriate.</p> <p>The risk register will be discussed quarterly at SERG by centre manager, senior manager and DLP in light of review of all significant events in the service. The centre manager will update as needed. All updates will be brought to the team meeting.</p>
--	--	--	--

6	The centre manager must ensure that all outstanding training deficits are addressed promptly, and that the centre's training log is revised and updated to reflect the current training needs of the staff team.	Child protection training was arranged for 7 <sup>th</sup> December 2021 and was cancelled, awaiting due to unforeseen circumstances. Awaiting new date. First aid has been arranged for 4 <sup>th</sup> March 2022. Fire training will be on 8 <sup>th</sup> March 2022.	The centre manager will review training needs on a yearly basis in line with training budget.
---	--	--	---