



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 028**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Traveller Families Care</b>
<b>Registered Capacity:</b>	<b>6 young people</b>
<b>Type of Inspection:</b>	<b>Unannounced Inspection</b>
<b>Date of inspection:</b>	<b>26<sup>th</sup>, 27<sup>th</sup> February 2024</b>
<b>Registration Status:</b>	<b>Registered from 5<sup>th</sup> of December 2022 to 5<sup>th</sup> of December 2025</b>
<b>Inspection Team:</b>	<b>Linda Mc Guinness Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> April 2024</b>

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# 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 10<sup>th</sup> October 2000. The centre changed its statement of purpose in 2016 and was granted their first registration under the new purpose and function in the same year. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 05<sup>th</sup> December 2022 to 05<sup>th</sup> December 2025.

The centre was registered as a multioccupancy service to accommodate six young people from age thirteen to seventeen years on admission on a short-term basis. At the time of inspection, it was agreed with Tusla that the occupancy would be reduced to four young people due to staffing pressures. The centre provided care and accommodation for separated children seeking international protection in Ireland. The model of care was described as a needs-based model that was implemented through the application of Maslow's Hierarchy of Needs that included psychological, safety and security, belonging and love, self-esteem, and self-actualisation. 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	2.3
4: Health, Wellbeing and Development	4.1
5: Leadership governance and management	5.4

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 13<sup>th</sup> of March 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 13<sup>th</sup> of March 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: 028 without attached conditions from the 5<sup>th</sup> of December 2022 to the 5<sup>th</sup> of December 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

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

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The inspectors found that while it was a relatively old property the layout and design of the centre was suitable for providing effective care. There was significant investment in the property since the last inspection in March 2023. This included a new roof and heating system, insulation of all external walls, all fire doors replaced, new flooring, internal painting, and new furnishings. Initial funding was approved to paint the external walls. This was delayed due to increased costs but the director informed inspectors that it was imminent and planned once the weather improves.

The house was maintained to a good standard was warm, well-lit and ventilated. The kitchen and living rooms had been re-decorated and provided a homely atmosphere where young people gathered. The comfort of the house was a key component in the therapeutic care that was embedded in the ethos of the service. This was an unannounced inspection and inspectors noted that all areas of the house were clean and tidy on the day of the visit. Each of the young people had their own bedroom which they could personalise. There was ample space to store their belongings, and each had a safe for storage of valuables. Inspectors spoke with the social workers for three young people, and they all spoke highly of the therapeutic environment that was created by the team in how the premises was organised and maintained. They reported that the team took pride in the premises, young people were happy with bedrooms and the communal spaces, and it was always warm, welcoming, clean and tidy when they visited.

There were ample bathroom facilities to accommodate all young people and the care team. There were two living rooms and a separate games room/living space available to rest and play, with pool table, games consoles etc. There was a large garden where

there was a basketball hoop, football goals and a swing. Redevelopment of a barbeque space in the garden was planned. Inspectors observed warm and positive interactions between young people and care staff present during the inspection visit. In conversations with inspectors, three of the young people who were available said they liked the house and their bedrooms and had everything they needed.

The centre was registered for short term placements generally of three-to-six-month duration. Due to a shortage of resources and placements young people tended to stay for much longer. Three of them were living there for more than 12 months at the time of inspection. Therefore, they were attending local schools, sports clubs, gyms, and other amenities as they became embedded in the community. Most held part time jobs or completed work experience locally. The premises was located in a very rural location with no easy access to public transport. The care team were happy to drop and collect young people however, as the placements became long term it became more difficult to manage and coordinate daily activities. This was highlighted in the annual review of compliance and the director had addressed this issue with Tusla raising concerns that it would not be possible if the centre returned to registered capacity of six young people. This issue should remain under review.

In general, there was evidence that the centre adhered to fire safety legislation. Staff were appropriately trained with timely refresher training when required. Contracts were in place with an external company for the maintenance of emergency lighting and fire safety equipment including alarms and extinguishers. Regular scheduled quarterly and annual checks took place and the records of these were appropriately maintained.

Daily, weekly, and monthly checks were carried out by the care team and overseen by the director during their audits of the service. However, during the inspection visit the self-closing mechanism on two fire doors was not fully operational and this was not noticed on these checks.

There was evidence of fire drills taking place during daylight hours. A risk assessment and mitigating measures were in place, as fire drills were not scheduled during the hours of darkness, as would be the expected norm. This was directly related to the possibility of causing distress to young people who may have experienced previous trauma. Risk assessments and special accommodations were made if young people had specific needs that might impede their response times in an emergency.

A safety statement dated January 2024 was in place. This designated specific roles and responsibilities to individual staff and managers. Care staff who spoke to inspectors were familiar with the statement and all procedures relating to fire and health and safety. There was a centre specific risk assessment and good systems to monitor all aspects of health and safety in the house. Additionally, young people were involved in discussions about safety and participated in training where possible.

There was evidence of monthly audits of health and safety with associated action plans that were followed up during team and management meetings. Inspectors found that any deficits identified and entered onto the maintenance log were addressed promptly by the dedicated maintenance person or external contractor if required.

All members of the care team completed their mandatory training in fire safety and first aid. First aid equipment was accessible and checked regularly.

There were procedures in place for recording and reporting any accidents or injuries. There was evidence that the centres' vehicles were serviced, insured, certified as roadworthy and driven by people who were legally licensed to drive.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>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>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</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 fire doors are fully operational and that routine checks highlight any defects in a timely manner.

## **Regulation 10: Health Care**

## **Regulation 12: Provision of Food and Cooking Facilities**

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.1 The Health, Wellbeing and Development of each child is promoted, protected and improved**

There was a wide range of policies, procedures and programmes designed to promote and protect the life, health, safety, development and welfare of each young person. The care team were acutely aware of the impact of trauma on the development of young people, and this was embedded in the ethos of the service and observed in the day-to-day interactions during the inspection.

All aspects of physical and mental health and wellbeing were addressed through placement planning and evidenced in individual key work and in health promotion programmes devised in response to specific needs. Review of young people's care files showed that the care team facilitated discussions with young people about issues such as healthy diet and nutrition, vaccinations, personal and oral hygiene, self-administering medication, internet safety and sex education/sexual health for example. There were many discussions about cultural differences between Ireland and their home countries and young people were facilitated to learn how to access any supports they required.

The centre manager was trained in a model of holistic healing that has been utilised in conflict situations where there has been trauma and violence. This had been adopted enthusiastically by the care team and many of the young people to promote general healing and wellbeing. Young people confirmed that they were well supported with all aspects of their health and that they had a general practitioner, and attended dental, optical and any specialist appointments arranged for them. One young person was waiting for a necessary appointment but there was evidence that the team and social work department were advocating strongly to ensure that there was no further delay. There was smoking cessation programme to facilitate young people to learn the risks associated with smoking and vaping if it arose as an issue of concern.

Since the Covid 19 pandemic a system to ensure vaccination catch up programme was halted. At the time of inspection, the centre staff were working closely with the supervising social workers to ensure that each young person was afforded the opportunity to receive childhood vaccines in line with world health organisation

(WHO) recommendations. This should be closely monitored and escalated if not resolved in a timely manner.

Inspectors reviewed minutes of team and young people's meetings and found that there was a strong focus on health and wellbeing. Young people were encouraged and facilitated to attend counselling appointments if required. Inspectors found that there was good cooperation with community services, both statutory and non-statutory, to promote the health and development of the young people living there.

Inspectors spoke with the social workers for three young people, and they all reported that the centre had a strong focus on ensuring the physical, mental and sexual health needs of the young people were a priority. They reported that the team were strong advocates where there were any possible delays in service provision. They commended the team who were proactive in implementing keyworking programmes that were more in line with medium to long term care to ensure that all health needs were prioritised and responded to. The allocated Guardians ad litem (GALs) for three young people who spoke with inspectors also reported satisfaction with communication, placement planning and individual work with young people to promote their overall health and wellbeing and address any identified needs in a timely manner.

Young people confirmed when speaking with inspectors that the care team discussed food choices with them. They stated that their individual likes and preferences and special dietary requirements were planned for. At the time of inspection all young people were recently consulted about preparations for Ramadan. Halal food was purchased and prepared according to cultural traditions. There were adequate quantities of nutritious food and drinks prepared with care and inspectors found that food and meals were key to setting a warm and therapeutic environment. There was a large, homely kitchen that was the centre of the house, with space for both young people and care staff to share meals together if they wished. They were encouraged and supported to become involved in the preparation cooking of meals by a key staff member who was there on weekdays. They all spoke highly of this person, and it was evident their role was important and valued. All social workers and Guardians ad Litem who spoke with inspectors reported that the team were sensitive to the cultural needs of young people in respect of diet and nutrition. Some commented on how consultation regarding food and meal preparation was valued almost as part of the model of care and the relationship approach used by the care team.

There was evidence on care files that much work took place with young people to assist them to develop necessary life skills including orientation in the city, road safety, laundry, banking and budgeting, travel, basic repairs, internet safety, medication management, learning to drive and preparing a C.V. amongst others.

With the support of social work departments and specialist services if required, young people were supported to build resilience and deal with past trauma and potential adversity in their lives. They were supported with legal processes relating to their status seeking international protection or family reunification processes.

The staff team reported good communication and positive working relationships with social work departments and external agencies to promote the health, development and aftercare preparation for young people living there.

Inspectors met with three of the young people who confirmed they were very happy living there and that the care team cared for and supported them in all aspects of their lives. They all had an allocated aftercare worker and were engaged in planning for aftercare and independent living when they turned eighteen years of age. All young people were attending fulltime education and future education options were considered in consultation with them as part of aftercare planning.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.1</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 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

It was evident that centre and organisational management strived to build a culture of improvement. Inspectors found that there have been significant improvements in the systems of governance and oversight since previous visits to this centre. The director of service implemented a new auditing process and visited the centre regularly for both announced and unannounced visits to assess practice and care provision to young people. The audits were aligned to the National Standards for Children's Residential Centres. 2018, HIQA, and resulted in detailed reports with clear actions and evidence of follow up and tracking of progress. All young people were familiar with the role of director and who they were.

Monthly Significant Event Review Group (SERG) meetings and management meetings saw detailed analysis of significant events and any learning communicated to the care team to support learning, development and practice improvements, if required.

There was a detailed risk management framework in place that was understood by staff and implemented in practice to ensure safety and quality of care.

Inspectors were satisfied that the system for recording, reporting and management of complaints was effective. The director of service reviewed and compiled a report for each complaint submitted that included headings such as openness and transparency, fairness, equality, process, the young person's voice, documentation, audit, and review of the complaint system. There was evidence that complaints were escalated to the social work team leader for review and response if a young person was not satisfied with the outcome of a complaint. There were no open complaints at the time of this inspection, and none were recorded since November 2023.

An annual review of compliance for 2023 was undertaken by the director of service and a detailed report was made available to inspectors. This was based on document review, audits, overview of recruitment and training, meetings with care staff,

managers, young people, and social work teams. The report reviewed each theme of the national standards and set out a quality improvement plan (QIP) at the end of each section. The report was detailed, provided a thorough analysis of care provision and systems in place to support quality care. There was a detailed action plan with clear timeframes for learnings to be implemented and translated to practice and service improvements. The report was provided to Tusla, the funding body as required.

<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>Standard 5.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

#### **Actions required.**

- None identified.



### 3. Corrective Actions and Preventive Actions (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 fire doors are fully operational and that routine checks highlight any defects in a timely manner.	The two fire doors were repaired immediately following inspection and all are now fully operational.	The management team will check that all fire doors are fully operational in a weekly routine check to ensure any issues are highlighted in a timely manner.
4	None identified.		
5	None identified.		