An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 033

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Yeria Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**28th and 29th September 2021**
Registration Status:	**Registered from 01st November 2019 to 01st November 2022**
Inspection Team:	**Lisa Tobin** **Cora Kelly**
Date Report Issued:	**20th January 2022**

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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 in November 2007. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 01st of November 2019 to the 01st of November 2022.

The centre was registered to provide medium term care to four young people of both genders aged 8-14 years on admission. The model of care incorporated the Welltree model where the values of respect, honesty, consultation, and individuality are promoted and where each individuals' strengths are acknowledged and fostered. There were three 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 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. The inspection undertaken was blended involving both onsite file review and telephone interviews.

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 19th November 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 3rd December 2021. There was further documentation required to satisfy inspectors which was received on the 15th December 2021. 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: = 033 without attached conditions from the 1st November 2019 to the 1st November 2022 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.

There were up to date care plans on file for the three young people in the centre. There was one young person that required monthly care plans due to being under thirteen years of age which was evident from the file review. Inspectors noted evidence of contact from the staff team with social workers about scheduling child in care reviews. There was involvement from families and guardians in the child in care reviews. Inspectors spoke with social workers about the lack of other professionals such as guardians ad litem and external psychologist in attendance at the reviews. Social workers stated that the involvement with the other professionals was so frequent through strategy meetings that all parties were aware of what interventions were in place. There was a delay with the completion of assessments by an external psychologist for two young people due to a legal issue accessing social history documentation. Due to the delay in the release of the psychological reports, this had led to serious delays in sourcing the appropriate intervention services the young people required. Through the file review, the inspectors saw the efforts made by the team, the social work department, and the legal team to address this issue and expect it to be resolved soon. The team and social work department were able to source funding for speech and language therapy for one young person as a matter of urgency due to communication difficulties. Where there were known issues to the social work department and team, these were addressed where possible through child in care reviews and strategy meetings. While the team were awaiting the recommendations from the psychological assessment, the team have the support of external facilitators for guidance in dealing with any of the behaviours shown.

Inspectors found that the placement plans were on file for each young person which were all aligned with the Well Tree model of care. They were very detailed and linked to each area of the young person's development however, the placement plan read like an analysis document rather than a planning document of what work was to be completed with the young people. Inspectors were informed that the placement plan document was being reviewed by the centre manager. The new format was sent to the inspectors after the inspection occurred and was clear in identifying the goals that

had been achieved and what was outstanding for the young people. There was a process in place for oversight of the placement plans as key workers drew up the plan followed by the key working supervisor and the centre manager reviewing it before it was finalised. There was a flow of work evident from the care plan actions to the placement plan and then the key working pieces undertaken with the young people. Key working was completed under the headings within the Well tree model such as hope, safe and nurtured, connected, respected and contribution and filed accordingly into the relevant section in the young people's file. There was evidence of progress made with the young people using the Well tree model. The team spoke of positive changes to two young people that they have witnessed since their placement commenced last year. Where there were areas of progress for the other young person, in particular in attendance in education, there was also concerning behaviours presenting.

The young people were offered the opportunity to participate in their placement planning and engaged in key working where appropriate around their goals. The families of the young people were part of the planning process and were informed of what goals were being addressed. The staff team updated the family on the progress of the young people. Individual, achievable goals were identified with the young people and input into the placement plans.

There were external supports in place for the young people including speech and language therapy, equine therapy, Child Adolescent Mental Health Services (CAMHS), National Inter-agency Prevention Programme (NIAPP) and input from an external psychologist. As mentioned earlier, the completion of assessment was outstanding, and inspectors were informed it was expected that further intervention supports were required to meet the needs of two young people. The other young person had external services available to them, however despite the efforts of the centre staff had not engaged in those services to date.

Inspectors noted during the file review, that there was effective communication between the staff and the social workers. Social workers were sent updates weekly regarding the young people's goals and plans. Other key working documents were sent monthly to the social worker or as required.

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

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

Actions required

- None

Regulation 5: Care Practice s 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 manager was five weeks in post at the time of this. Inspectors saw elements of leadership from the centre manager in the oversight of the paperwork, oversight of the care of the young people and in changes that were made to current systems to better the service. The staff informed inspectors during interviews that they were supported by the new manager and the social workers also reported positive feedback on the current leadership shown in the centre. There were governance arrangements and structures in place in the centre. Inspectors noted during interviews that the staff team were aware of the organisational structure and of their specific responsibilities.

The service director was the direct support and line manager for the centre manager however, supervision was provided by external professionals to the centre manager. The centre manager had daily contact with the service director either by phone, email

or during onsite visits to the centre. The service director completed the annual quality improvement plan in December 2020 in line with requirements in the National Standards for Children's Residential Centre, 2018 (HIQA), which gave the service director oversight of the centre for the previous year and where deficits/gaps presented to focus on in the coming year. Weekly reports were sent by the centre manager to the service director to ensure oversight of the service. The service director reviewed the audits, reports, complaints and SEN's and provided feedback in consultation with the external professionals and the centre manager. Monthly audits were carried out internally by the centre manager which gave an overview of all aspects of the centre including staffing, training, young people and young people's safety. Quarterly audits were carried out externally against the National Standards for Children's Residential Centres, 2018 (HIQA). There were two audits completed to date for 2021, one in June 2021 which was against themes 5,6,7 & 8 and then in September 2021 against themes 1,2 & 5. With each audit came recommendations for the centre that had identified gaps. Inspectors noted that some of the recommendations had been implemented or were in the process of being acted on. There were also outstanding recommendations that required action. The audits were comprehensive and identified practices that would improve the centre. Inspectors were informed that it was the centre manager's responsibility to oversee the actions identified and to implement the recommendations. Some of the recommendations required support from the service director and other senior staff members as they were organisational recommendations.

The service director had oversight of the service level agreement (SLA) in place with Tusla. The contracts were recently signed with Tusla. The service director provided Tusla with updates on the service and young people the centre supports as part of the agreement. While the SLA was in place, inspectors found that the centre was offered placements that were outside the purpose and function of the centre and the impact of these placement on the current young people would have been identified as high risk.

The centre manager was identified as the person in charge with overall executive accountability for the delivery of service. The centre manager was appropriately experienced for the role and was currently undertaking a degree course in Leadership and Management. The policies and procedures were reviewed, and some were updated by the senior management team and by external professionals in March 2021. Inspectors noted that policies were discussed at all levels during team meetings, supervisions, and senior management meetings. The policies and

procedures were now aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).

There was a risk management policy in place which looked at risk identification and risk assessment. Inspectors noted several risk documents used by the centre including preadmission risk assessment, individual risk assessment books, individual crisis support plans (ICSP's) and individual absent management plans (IAMP's). The risk register in place incorporated operational risk, organisational risk, environmental risk and young person's risk. A review was required of the risk register and risk assessment forms as there was duplication of risk noted. The risk register must identify what the actual risk was and not identify a behaviour. There were plans in place to merge the risk escalation process within the risk management framework, this had not commenced yet. Inspectors were informed that a risk review group was being set up in conjunction with the risk escalation process. Inspectors discussed the review process of risk assessments and how learning occurs with the centre manager. Inspectors were informed that the risk assessments were reviewed regularly by management, key workers and at team meetings. It was evident to inspectors that risk identification was a priority in the centre and that management, along with the team were working towards service improvement in this area.

There was an on-call system in place across the organisation where the staff team could contact a nominated person in the case of an emergency.

The internal management structure was appropriate to the size and the purpose and function of the organisation. There was a deputy centre manager in post who was in charge when the centre manager was absent. There was a record of roles/duties given to staff identified in the weekly managers' report. There was a delegation of task for the deputy centre manager when the centre manager was absent however, this had not occurred to date.

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 5.2**

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

Actions required

- The centre manager must ensure that the recommendations from the external audits are actioned.
- The centre manager must review the risk register to ensure there are no duplication and that risks are identified as opposed to behaviours.

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 of workforce planning with oversight of rosters, staffing and training. Supports were made available to the staff which helped improve with their personal development plan. The individual strengths of the staff were looked at and utilised to support the young people such as art therapy and mindfulness.

There was a centre manager, deputy manager, one social care leader and nine social care workers currently on the team with one vacancy for another social care leader. Interviews were due to take place for the vacancy the following week. There was one relief staff with another onboarding. There were other relief staff available across the organisation if required.

Inspectors noted during the file review and from interviews the number of changes that had occurred in the centre for the role of centre manager. The current centre manager was the third manager this year. There was the centre manager, an acting manager and now the new manager in place. Concerns were raised about the frequency of changes and the possible impact this had on the young people. There were another 7 staff members that left the centre since the last inspection and gained employment with other agencies. Exit interviews were carried out by the centre manager and service director. The details from the exit interviews were used to inform the organisation about changes that were required. A wellbeing initiative was

included in staff wages in order to promote staff retention. The registered provider must ensure the young people are provided with a stable team.

Inspectors reviewed a medical concern that occurred with a young person, how the medical advice was received and discussed the actions that were undertaken by the staff team. From interviews with the team and social worker, it was evident there was conflict around how the matter was addressed regarding the medical advice given and the responsibilities and awareness of the staff team in their duty of care to the young person. The learnings from this incident were addressed at team meetings and agreed how the team would respond in future in ensuring the young people's medical needs were met while also ensuring staff had the opportunity to have their voices heard around practices expected of them.

Training deficits were observed in relation to a suitable model for behaviour management. Staff were trained in the theory aspect, however required training in the physical interventions. Fire safety had been completed online and there wasn't a practical element involved. Fire safety training must be completed onsite. Child protection training was required by 4 staff members and updates to Children's First was required by 5 staff members. All mandatory training must be up to date.

Staff retention arrangements were in place which included EAP, group counselling for team and individually, competitive salary, training and support for further education. There were noted improvements in staff retention since these supports were introduced.

On call procedures were in place across the organisation for evenings and weekends. Staff identified this process as effective and utilised it when needed.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

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

required standard	were assessed

Actions required

- The registered provider must ensure the continuance of a stable staff team to give stability to the young people.
- The centre manager must ensure all mandatory training was completed by all staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None		
5	The centre manager must ensure that the recommendations from the external audits are actioned. The centre manager must review the risk register to ensure there are no duplications and that risks are identified as opposed to behaviours.	Ensure that they are actioned within 1 month of audit. Centre Manager to amend the risk register and update it when necessary. To be amended before the end of 2021	Centre manager to take ownership of ensuring these actions are met. Risk registered to be reviewed regularly within the management team.
6	The registered provider must ensure the continuance of a stable staff team to give stability to the young people. The centre manager must ensure all mandatory training was completed by	To continue with staff incentives, good recruitment processes, competitive salaries, health and wellbeing allowances. Provide regular supervision to staff members in order to ensure their work satisfaction. This is an ongoing action. Staff to complete all necessary training before the end of 2021. 2 staff members	As per corrective action. Also including professional counselling, clinical consultations Training matrix to be checked monthly and ongoing training to be put in place in

	all staff.	have already successfully completed TXT TCI within the organisation.	advance of it becoming out of date.