



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 034

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Yeria Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	15th & 16th February 2022
Registration Status:	Registered from 31st March 2021 to 31st March 2024
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	14th April 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 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 in November 2004. At the time of this inspection the centre was in its seventh registration and was in year one of the cycle. The centre was registered without attached conditions from 31st of March 2021 to the 31st of March 2024.

The centre was registered to provide care to a maximum of three young people aged between twelve and eighteen years on admission. The centre utilised the Welltree model of care and was described in the statement of purpose as a therapeutic model that promotes and provides highly effective responses to meet the needs and address the risks that may be presented by traumatised young people. There were three young people resident in the centre at the time of this inspection. Two of which had reached the age of eighteen while in placement.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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. Due to a Covid-19 risk assessment completed by inspectors with the centre, it was determined that the inspection would be conducted on a remote and onsite basis.

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 15th March 2022. 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 30th March 2022. 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: 034 without attached conditions from the 31st March 2021 to the 31st March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to, and complaints are acted upon in a timely, supportive and effective manner.

From a review of centre records and interviews with staff, management and social work departments, inspectors found the staff team to be child-centred in the interventions and approaches they used in practice with young people. Good care and consistent support were being provided within an environment of trusting and committed relationship-building. Placing social workers described how centre staff were strong advocates for children's rights and managed any challenges while balancing these rights well. Steady improvements were noted from last year's inspection specifically in the areas of policy development. All policies were in place and aligned to the National Standards including the centre's child safeguarding policy.

One of the strengths within the centre was providing opportunities for young people to voice and discuss their opinions and preferences so that they could contribute to their day-to-day care and future plans. Inspectors saw evidence of this on daily logs, young people's meetings, key working and LSIs. Planning work was also completed with young people specific to their goals and needs and was observed on records relating to child in care review preparation and young people's participation in the centre's Well Tree Model of Care process. The reasons for specific decisions made about their lives was documented across young people's files and their individual contributions and suggestions were evident in daily planning, risk management plans, activities, health and wellbeing and education. While in general the culture in the centre was open and transparent, improvements are required regarding the complaints process including the recording of the steps that are followed to address young people's dissatisfactions, how they are resolved, documented and informed of the outcome. This will be discussed further below.

Young people were given information on the complaints process when they moved into the centre, where they were provided with a booklet outlining who they could talk to including their allocated social worker and how their complaints would be

dealt with. This was also reflected in the parent's/carers leaflets, and they were encouraged to speak to a staff member of their choice if they were dissatisfied with an aspect of care being provided to their child. There was guidance on how complaints could be appealed and escalated externally with options outlined for young people to use should they wish to access independent advocacy services such as the Ombudsman for Children's Office and Tusla's Tell Us.

The centre had a complaints policy in place, however there were some deficits in the procedures outlined and these need to be reviewed. The policy described a formal and informal process which did not correlate with the way complaints were being dealt with in practice in the centre and staff interviewed were unaware of the steps contained in the policy. The point at which a young person's allocated social worker should be contacted about the complaint was not specified and more clarity is required on the stage at which the young person is consulted regarding the resolution as well as the outcome of the complaint. Further, the policy did not contain information on how complaints would be tracked, monitored and reviewed at senior level within the organisation. This was identified in the previous inspection report of January 2021. The policy did not outline a threshold at which a significant event notification (SEN) would be completed for a complaint, and this should be considered within the procedural guidelines. Inspectors found that these policy deficits reflected the gaps in procedures implemented in the centre.

While the centre welcomed complaints from young people and each one was recorded and addressed, it was unclear from the files how issues got resolved. Complaint forms were utilised, but the detail did not contain information that tracked the various stages of the process from beginning through to conclusion. The documentation did not reflect how young people and parents were informed of the outcome of complaints. The service director stated that complaints were escalated to them for review, but this was not evident on the young people's files and there was no differentiation between informal and formal complaints and SENs were not completed. The centre held a complaint's register, and this indicated that all issues were managed promptly by the staff team. Inspectors did not see discussions of complaints taking place at team or management meetings. The centre manager and service director must ensure that the complaints policy is reviewed and updated to reflect the deficits outlined in the report. This must be implemented in practice and the staff team made aware of the changes. All steps of the complaints process must be documented to show how dissatisfactions are managed, resolved and concluded including how young people and parents (where appropriate) are informed of the outcome. The procedures must reflect the monitoring and review of complaints at

senior level and learning should be implemented to improve practice in the centre. Allocated social workers interviewed told inspectors that they were informed of complaints that happened in the centre, however for one young person, their social worker said that they would like to see a more formal procedure documented on the files which reflected the process of resolution and outcomes.

While suggestions were welcome from young people and parents on the outcome of complaints, this should be incorporated more formally within the procedures so that their contributions can be considered for improving the process already in place.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and service director must ensure that the complaints policy is reviewed and updated to reflect the deficits outlined in the report. This must be implemented in practice and the staff team made aware of the changes.
- The centre manager must ensure that all steps of the complaints process is documented to show how dissatisfactions are managed, resolved and concluded including how young people and parents (where appropriate) are informed of the outcome.
- The service director must ensure that procedures reflect the monitoring and review of complaints at senior level and learning should be implemented to improve practice in the centre

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had reviewed their child safeguarding policies since the requirement from last year's inspection and they were aligned to Children First, National Guidance for the Protection and Welfare of Children 2017 and the Children First Act, 2015. The policy included procedures on protected disclosures along with one that was specific to young people turning 18 years in order to reflect the current cohort mix. While the inspection was ongoing, the centre manager told inspectors that they were incorporating a policy on child sexual exploitation. A procedure outlining the process in place for reasonable grounds for concern was not outlined within the document and must be added to reflect this. A child safeguarding statement had been developed by the centre and a letter of compliance had been received by Tusla's Child Safeguarding Statement Compliance Unit.

All of the staff team had completed Tusla's online child protection modules and were provided with training specific to the centre's child safeguarding policy. The centre manager was the named designated liaison person and had been trained in this specific role. Inspectors found that child protection allegations and concerns were being managed appropriately in the centre and reported through the Tusla portal in a timely way. Allocated social workers stated that they were informed of disclosures promptly and described a staff team who were diligent and available to young people and who listened to their fears and upsets. They believed that as a consequence of the strong relationships formed, it enhanced and promoted young people's safety in the centre. At interview, staff were able to describe in general how to keep young people safe from harm and they had a good knowledge of their safeguarding roles and duties and how to detect and respond to abuse. However, their awareness on the centre's own child protection policy and the specific safeguarding procedures contained within it requires improvement and this must be revisited by the staff team. The staff team had been advised of who to report a protected disclosure to according to the centre's own procedures.

Inspectors found good evidence in general that the centre manager and the team worked in partnership with external agencies including the social work departments

and schools to develop safety plans and risk assessments and to follow recommendations and specialist guidance on individual areas of vulnerability that had been identified for one young person on admission including the preadmission risk assessment. As an ancillary safety measure, additional two to one staffing supervision had also been implemented for them as part of the rota. Robust routines were being followed together and staff assisted parents to promote the protection of the young person through regular contact and updates and inclusion in programme planning and risk strategies were the young person to go missing in care. They were also informed where appropriate of incidents or allegations of abuse. Recurrent meetings were taking place with all professionals and comprehensive direction and guidance being provided by a specialist service had been adhered to. Individual crisis support plans and safety plans were being reviewed and updated consisted with the recommendations prepared. Where an alleged serious child protection incident had taken place external to the centre, inspectors did not see evidence that safety plans or risk assessments had been updated to reflect this additional child safeguarding risk. However, a child protection and welfare report was promptly completed and submitted to Tusla along with good consultation taking place with the allocated social worker. This concern should also be reported by the centre to the Gardai in order to comply with the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012. The centre manager must ensure that safety plans and risk assessments are reviewed and updated where additional safeguarding risks arise for young people. Child protection concerns must be reported to all relevant authorities where appropriate.

Other safeguarding concerns that were ongoing for young people regarding drug and alcohol misuse were being addressed by the staff team and plans were reviewed and regularly updated to manage the incidents and behaviours. One to one sessions were also taking place to support young people with the associated risks for themselves and other peers within the centre and staff were being consistent in their supervision within the daily living arrangements. While young people received frequent key working sessions on awareness and knowledge of self-care and were supported to speak out if they felt unsafe or were being harmed, improvements are required so that safeguarding tools and materials are utilised by staff rather than conversation-based content only. A child protection and welfare register was regularly updated and it evidenced the reporting procedures to Tusla and follow-up with the social work departments. While the significant event report group (SERG) meeting minutes reflected some review of child protection incidents, overall, child safeguarding concerns for all young people were not routinely discussed at team or management meetings and this needs to be put in place so that incidents can be monitored, and

any learning considered by the team. Audits were completed externally and internally, however the deficits outlined during this inspection relating to child safeguarding were not identified. The centre manager must ensure that key working programmes completed with young people on self-care and protection utilises specific safeguarding materials and recourses. Team and management meetings should reflect discussions taking place on child protection and welfare concerns for all young people.

Within the child safeguarding policies there were procedures to address bullying and harassment including possible child sexual exploitation on the internet and social media. From a sample of significant event notifications (SENs) reviewed by inspectors, there were a number of incidents that related to intimidation and disruptive behaviour within the group of peers living in the centre. The staff team had interventions in place to protect young people such as individual daily and weekly planners and safety and behaviour support plans to address the behaviours so as to prevent and minimise its effect. In addition, staff completed key working and life space interviews (LSIs) with young people and were unified and consistent in how they challenged their behaviour. However, while the behaviours had reduced at various times, the accumulative impact of these incidents on individual young people remained high when it reoccurred. Inspectors found that the formal warning system outlined in the centre's own policy could have been considered more promptly regarding these behaviours. At the time of this inspection, centre and senior management had reviewed the most recent disruptive incidents and along with the allocated social work department plans were under way to respond to this issue. Centre and senior management must ensure that where challenging and intimidating behaviour persists by young people, it is managed in line with the centre's own policies and procedures in a timely way.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.1

Practices did not meet the required standard	Not all standards under this theme were assessed
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Actions required

- The centre manager must ensure that the child protection reporting procedures are updated to include a process on reasonable grounds for concern.
- The registered provider must ensure that the staff team are made fully aware of all of the safeguarding procedures within the centre's child protection policy.
- The centre manager must ensure that safety plans and risk assessments are reviewed and updated where additional safeguarding risks arise for young people. Child protection concerns must be reported to all relevant authorities where appropriate.
- The centre manager must ensure that key working programmes completed with young people on self-care and protection utilises specific safeguarding materials and recourses. Team and management meetings should reflect discussions taking place on child protection and welfare concerns for all young people.
- Centre and senior management must ensure that where challenging and intimidating behaviour persists by young people, it is managed in line with the centre's own policies and procedures in a timely way.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The health and wellbeing needs of young people were observed across each of their files and evidence that it was promoted by the staff team was noted in individual work, daily and weekly planners, young people's meetings, weekly reports and updates, daily logs and professional's meetings. Placement plan records identified specific goals to meet each individual health need as outlined in the young people's care plans and recommendations from their various assessments informed interventions and supports put in place by the centre to address the particular health

and wellbeing requirements. These were reviewed regularly with guidance and input from social workers, guardian ad litem (GALs) and professionals from specialist treatment programmes incorporated in the approaches put in place. The centre had access to a psychologist who met with the staff team on a monthly basis and their clinical input was somewhat represented on centre records. Inspectors recommend that the recording of this guidance is strengthened in the team meeting minutes.

Social workers described a staff team that were attentive to the medical needs of young people with supports and expertise resourced and accessed where necessary. Psychological, educational and therapeutic assessments had been completed and reports maintained on young people's medical files. Referrals were made to services which supported their emotional and psychological wellbeing including neurotherapy, mental wellbeing agencies such as Pieta House, child and adolescent mental health services (CAMHS), drug treatment programmes and other appropriate alternative therapies. Regular exercise, frequent activities and good eating and sleeping habits were encouraged, and one young person was attending consistent appointments with a dietician in order to support their goal progression in this area and establish positive healthy patterns in their life. Young people were registered with a doctor, and each had a medical card and consent forms on file. Young people had access to dental, audiology and optical care services when required and a schedule of all appointments were recorded. Where possible young people remained with their original GP in order to preserve continuity of care and trusting relationships that were already in place. The staff team had a good awareness of young people's health and wellbeing needs and linked well with families and professionals in its promotion.

There was a medicines management policy in place in the centre and strong medication recording systems were maintained. All records in relation to medication administration were complete and up to date. Each young person had an individual medication management plan outlining clear procedures for specific drug dispensing including across the counter medication and a record of prescriptions. A log was kept of unused medication which was returned to the pharmacy. Medication was reviewed by young people's GP's or specialist services and was stored securely in line with centre policy. From a review of training records, medical management was completed by all staff along with training on the centre's policy and procedures. Training on safe administration of medicines was scheduled for all staff on 21st March 2022.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
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 identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager and service director must ensure that the complaints policy is reviewed and updated to reflect the deficits outlined in the report. This must be implemented in practice and the staff team made aware of the changes.</p> <p>The centre manager must ensure that all steps of the complaints process is documented to show how dissatisfactions are managed, resolved and concluded including how young people and parents (where appropriate) are informed of the outcome.</p>	<p>The Complaints policy has been updated on the 22/2/2022 to include the point that complaints will be reported to the allocated social worker in writing once received by the centre manager.</p> <p>The complaints template will be updated to include the following: Date Parents notified: Method of Notification: Details of discussion: Date Service Director notified: Method of Notification: Details of discussion: Date young Person Notified of outcome: Details of Discussion: Outcomes of overall complaint:</p>	<p>Overall policy review and rollout training with the staff team is scheduled for April 2022 as part of an annual review. This will continue to be an ongoing training piece. All amendments to policy will be brought to staff meetings and discussed in supervision.</p> <p>The complaints template will be amended to include pathways of information sharing by April 2022.</p>

	The service director must ensure that procedures reflect the monitoring and review of complaints at senior level and learning should be implemented to improve practice in the centre.	The service director will review the complaints register on a monthly basis and will give formal feedback as a means of promoting improved practice and learning in the centre.	Complaints and feedback to parents and relevant professionals will be discussed as a standing item at monthly senior management meetings to ensure that the appropriate information is being disseminated in a timely manner.
3	<p>The centre manager must ensure that the child protection reporting procedures are updated to include a process on reasonable grounds for concern.</p> <p>The registered provider must ensure that the staff team are made fully aware of all of the safeguarding procedures within the centre's child protection policy.</p> <p>The centre manager must ensure that safety plans and risk assessments are</p>	<p>Policy & procedures on the protection & welfare of the vulnerable children child protection and safe practice has been amended on the 29/3/2022 to encompass reasonable grounds for concerns. The SEN template will also be amended to consider this.</p> <p>With the amended policies on the 29/3/2022 all safeguarding procedures will be reviewed with the staff team and will take place within both staff meeting and individual supervisions to ensure all staff are fully aware of where their responsibility lies in the safeguarding of young people.</p> <p>Safety management plans and risk assessments will be added as a standing</p>	<p>All amendments to policies and procedure will be highlighted to the staff team both in the staff meeting and in individual supervision sessions. Annual P&P training is also carried out to complement this or as need may arise.</p> <p>Safeguarding procedures will be reviewed on a regular basis in team meetings, supervisions and as part of CPD for all staff.</p> <p>The procedure around the review of safety plans and risk assessments will change to</p>

	<p>reviewed and updated where additional safeguarding risks arise for young people. Child protection concerns must be reported to all relevant authorities where appropriate.</p> <p>The centre manager must ensure that key working programmes completed with young people on self-care and protection utilises specific safeguarding materials and recourses. Team and management meetings should reflect discussions taking place on child protection and welfare concerns for all young people.</p> <p>Centre and senior management must ensure that where challenging and intimidating behaviour persists by young people, it is managed in line with the centre's own policies and procedures in a timely way.</p>	<p>item to bi-weekly staff meetings agenda for review but will also be dealt with in real time as risks arise. Gardai will be notified by the centre manager of child protection and welfare reports in consultation with the allocated social worker.</p> <p>This has also been added to the policy on the 29/3/2022</p> <p>Specific key working regarding self-care and protection will be rolled out with each young person as a matter of urgency. Key working supervision will occur with keyworkers prior to this and will be further discussed in the staff meeting.</p> <p>A review of the formal warning system is to occur, and the policy is to be updated accordingly. Any changes following review will be brought to the team through team meetings and supervision. If retraining in the policies and procedures is warranted this will be scheduled as soon as possible.</p>	<p>reflect this during the annual review of the policies and procedures</p> <p>Specific key working will be completed with each young person by the end of April 2022.</p> <p>The annual review of policies and procedures will be completed by April 2022.</p>
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4	None identified		
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