



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 040

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Orchard Residential Care
Registered Capacity:	Two Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	20th, 21st & 22nd January
Registration Status:	Registered from 13th January 2025 to 13th January 2028
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	16th April 2025

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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 13th January 2013. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from 13th January 2025 to the 13th January 2028.

The centre was registered as a multi occupancy centre to provide medium term care for two young people aged thirteen to seventeen on admission. The model of care was built on a strengths-based approach. The approach to working with young people was informed by attachment theory and resilience theory. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was trauma informed, and staff received training to understand the impact of trauma on child development. There were two young people living in the centre at the time of the inspection. The centre was granted a derogation to accommodate one of the children as they were under thirteen years of age which was outside the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1, 6.3

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 10th March 2025. 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 20th March 2025. 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: 040 without attached conditions from the 13th January 2025 to the 13th January 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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.

The centre had a complaints policy that was reviewed and updated in 2024. Overall, the inspectors found there was a culture of openness and transparency in the centre where both the children and the staff could raise issues of concern with managers. The inspectors found that the children living in the home were able to express their unhappiness or complain about aspects of their care in an open and confident manner. This view was confirmed by the children's social workers who spoke with the inspectors. The centre managers and team members interviewed by the inspectors displayed a good understanding of the importance of having a robust complaints policy for the children. The complaints policy was evidenced as reviewed periodically at team meetings. There was evidence that the care staff took time to explain the complaint's process to the children and supported them to use the procedure effectively to resolve their issues. The staff team also advocated for the children and facilitated them to articulate their complaint. The children had easy access to complaint forms if they wished to write down their complaint however complaints were responded to whether they were written down or not by the child. Child friendly information on the children's complaints procedure was set out in the children's booklet however it was not fully aligned to the centre's updated complaint procedure. The inspectors advise that the manager review the booklet to ensure the information is congruent with the updated complaints procedure as set out in the centre policy document.

Social workers confirmed they were informed about serious or unresolved complaints through the significant event notification system. In addition, there was open and transparent sharing of information between the centre managers and the social workers to ensure they were notified of all complaints, including those resolved within the centre. Complaints were appropriately identified and there were clear systems in place to track and pattern complaints. The inspectors reviewed the complaints recorded on the centre's register and found all information relating to their resolution and outcome was recorded on the children's individual care records

and on their individualised register logs. There was evidence that complaints were promptly and appropriately investigated. They were discussed at team meetings and identified learning outcomes were shared with the wider team where active complaints were noted and reviewed. Learning outcomes were also noted in the handover records and daily logs. The two children who met with the inspectors relayed complaints they had raised and how the staff team helped them resolve their issues. The children were aware of the placing authority's complaints procedure 'Tell Us' and one of the children was supported by the staff to access this procedure as appropriate. The social work manager met with the child following the complaint which resulted in a satisfactory and positive outcome for the child concerned. There was evidence that the centre manager followed up with social workers to ensure that complaints were evidenced as concluded on the care records.

The inspectors found the practice in the centre was child-centred and there was an evident focus on listening to the voice of the child. This was evidenced in the centre records, in staff interviews and in meetings with the children. Individual in-house meetings were conducted regularly with them where they were invited to identify issues they wished to have discussed at team meetings and feedback was subsequently provided to them. The children's views were taken into account in relation to choice of schools, practice of their religion, menu planning, weekly routines and recreation activities they pursued. There was good attention paid to explain decisions taken by the adults and the rationale for such decisions outlined to them in a child-centred manner.

There were systems in place to provide external oversight of complaints and the implementation of the centres complaints procedure through the monthly centre managers governance reports and the subsequent checking process by the regional director. The implementation of the centre's complaints process was also subject to external auditing by the quality assurance co-ordinator in November 2024. There was evidence they assessed staffs' knowledge about the centre's complaints procedure and checked with them whether they were confident in how complaints were managed within the centre. The quality assurance co-ordinator also spoke with one of the children to ascertain their understanding of the centre's complaints process and enquired if they were satisfied with the outcome of their complaint. The staff interviewed confirmed that gaps and deficits identified by the quality assurance co-ordinator were shared at team meetings.

There was an effective mechanism in place for the children to provide feedback on the complaints procedure with specific questions related to them making complaints and whether they were satisfied with the outcome. Feedback forms reviewed by the

inspectors indicated the children were satisfied with the outcomes of complaints they brought to the attention of staff or social workers. External professionals interviewed by the inspectors were satisfied that communication with the centre managers and staff was open and transparent.

Compliance with Regulations	
Regulations met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.6
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

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 inspectors found there were clear reporting structures within the centre and clearly defined governance arrangements in place to ensure accountability, good practice and service improvement. There were arrangements in place to oversee the management of the centres care practices and the operational policies and procedures. There was evidence of regular team meetings, monthly management meetings, monthly governance reports completed by the centre manager and regular oversight of these reports by the regional director. External audits were completed through the quality assurance department and a centre quality improvement plan was developed, reviewed and monitored by the centre manager and the regional

director. There was evidence that managers actively worked on the centre's quality improvement plan to address deficits and achieve compliance. In addition, an annual compliance report was completed by the centre manager at the end of the year and discussed at managers meetings.

Managers and staff were clear on their specific roles and responsibilities in the centre. Roles and responsibilities were outlined in the induction training programme. Staff at all grades were provided with a job description that were accessible on their individual personnel files. Staff who were assigned additional responsibilities in the centre discussed these roles in their supervision and these duties were set out on the centres task delegation logbook. There were systems in place to record the delegation of management duties to the deputy manager and/or the social care leaders. Staff interviewed confirmed that there were alternative management arrangements in place for when the centre manager was absent.

There were meetings on a six-monthly basis between the contracting and funding body and the organisations registered provider, chief financial officer and the regional director. The inspectors found there was effective and regular communication with the national placement team in relation to any emerging concerns about individual placements within the centre. To date no concerns were identified by the national contracting body in relation to the quality of care or the operation of the centre.

The centre manager was seconded on an interim basis to a wider management role within the organisation. The deputy manager who was appropriately qualified and had worked in the centre for two years was appointed as the centre manager in an acting capacity while the centre manager was on secondment. This appointment ensured consistency of care and consistency in the management of the centre at this time. The inspectors found the acting manager to be confident and competent with the required skills and ability to undertake the role. Staff interviewed indicated that both managers were supportive and accessible to them. There was evidence in the supervision records that the internal managers supported staff learning and facilitated staff to develop skills and learn within the work environment. Additionally, there was evidence that managers both internally and externally held staff to account for their work.

Policies and procedures were updated in mid-2024 and were evidenced as discussed at team meetings and in management meetings. Managers across the service were fully involved in the process to review the suite of policies and procedures. There was

an expectation that staff keep up to date with policies and procedures and this was evidenced in team meetings and staff supervision records.

There was a risk management framework in place. Key workers and managers developed the individual risk assessments and shared them with the staff team. Staff interviewed outlined to the inspectors the risk management framework and were familiar with the risk rating system. New activities the children engaged in were risk assessed as required and the centre maintained a risk register. There was evidence that the staffing levels were not in line with their statement of purpose at periods throughout the past twelve months and at the time of the inspection. The risk of inadequate and insufficient staffing levels in line with the regulatory and contracting requirements was identified on the organisations corporate risk. The inspectors found that on a number of occasions agency staff who were scheduled to cover waking night duty had cancelled their availability at short notice. There was a plan in place to provide the required supervision throughout the night in such circumstances. This was evidenced as discussed at a team meeting. The centre manager informed the inspectors that they had recently drafted a live night protocol specific to the centre to ensure that the safeguarding measures identified in such circumstances were documented and clearly communicated and understood by all staff.

At the time of the inspection the internal management structure was not in line with the centres statement of purpose. The deputy manager post was not back filled and there was a vacancy for one team leader since the end of November 2024. The inspectors did not find any deficits in the acting managers ability to fulfil the role however they found it would not be possible to sustain all the management duties in the long term with the current deficits in the internal management structure. The regional director stated they were currently working on filling the vacancies within the internal management structure.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional director must ensure the internal management structure is in line with the statement of purpose of the centre.

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.

A review of the staffing complement demonstrated that the centre was not in compliance with the Regulations as outlined by Tusla Alternative Care Inspection and Monitoring Service (ACIMS) staffing regulatory notice, Minimal Staffing Level & Qualifications for Registration Children's Residential Centres, dated August 2024. At the time of the inspection the centre was operating below the minimum numbers set out in the regulatory notice. At the time of the inspection there were 6.5 whole time equivalent staff available to work in the centre. A review of staffing rosters evidenced that the required staffing levels were maintained through a variety of measures such as staff undertaking additional hours, utilization of agency staff and staff from other centres operated by the organisation. The registered proprietor must ensure they notify the ACIMS in writing when they have achieved compliance with the above-named regulatory notice.

There was evidence that maintaining the full complement of staff was an on-going challenge over the past year. Exit interviews completed with staff indicated that

people left for a variety of reasons such as other job opportunities, travel or remuneration. However, the inspectors found that senior managers were responding on an on-going basis to the challenges associated with staff recruitment and retention with the introduction of many initiatives to improve retention including improved pay scales from January 2025. There was evidence that senior managers had completed an analysis of staffing across the service and identified staff retention issues. The organisation's HR manager attended the managers meeting and appraised them in relation to on-going recruitment drives and recruitment initiatives. There was evidence the registered proprietor attended a management meeting in September 2024 to inform managers on the ground of the strategic plans being developed and introduced to retain staff.

The inspectors found that when staff submitted their resignation this was carefully, sensitively and respectfully explained to the children.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed displayed an understanding of their roles and responsibilities and there was evidence they had read the organisations written code of conduct as part of the induction training. Staff told inspectors they reviewed policies and procedures at team meetings and were notified by their managers when specific policies or procedures were updated. In addition, they displayed an awareness of safe care practices in the centre.

Staff who spoke with the inspectors were aware of reporting lines and were familiar with the external managers and confirmed they were accessible to them if required. Staff interviewed stated they were supported by managers to use their professional judgement. There were formalised procedures for on-call arrangements at evenings and weekends and staff benefitted from this level of support. There was evidence that less experienced staff relied on additional support through the on-call service and from managers, but overall staff members interviewed felt that as they became more experienced and familiar with the children, they were more confident to use their professional judgement.

The inspectors were satisfied that a culture of learning prevailed within the organisation. Learning from statutory inspections was shared across the organisation at management meetings. Learning from significant events was identified at

significant event review group (SERG) meetings that were attended by the services behaviour management trainer and the regional director. The quality assurance co-ordinator questioned staff on policies and procedures on their visits.

There were systems in place to ensure mandatory training for staff was scheduled, completed and updated as required in a timely manner. Staff were also encouraged and facilitated to attend additional training to support them in their work with the children. In addition, the social work department aligned to one of the children had provided access for the team to an external professional to support them in their work and this was planned for at the time of the inspection. The social workers and external professional interviewed stated they found the manager was open to advice and guidance to further support the children. The organisation also provided diversity training for staff across the service in late 2024. Professional development plans and annual appraisals were undertaken with staff in line with policy and newly recruited staff were subject to formal probation reviews that were recorded and placed on the staff records.

A review of team meeting records evidenced they were held regularly, were effectively structured and well attended by all team members. There was a comprehensive agenda covering all key areas relating to care and organisational issues.

The centre had a clear up to date supervision policy in place. The inspectors reviewed staff supervision records. Supervision was conducted in line with centre policy and was found to be well structured to achieve its aims. Managers undertaking staff supervision were appropriately trained. Staff supervision contracts were on file and were reviewed annually. Staff interviewed were aware of the supervision policy and the purpose and function of supervision. The expectations of both the supervisor and the supervisee were outlined in their co-signed supervision contracts. Supervision meetings were scheduled in advance to facilitate preparation for the meeting. Goals and tasks were identified for staff within the supervision process. Following a review of the supervision records the inspectors found some improvements were required to evidence the advice or action agreed to address matters raised by staff and to evidence that matters raised were addressed and resolved.

In light of the recent change in the internal management structure the inspectors advised the regional director to provide additional supports for the acting manager to ensure the standard of staff supervision could be maintained in the months ahead.

Supervision records were subject to external oversight and service improvement recommendations relating to the supervision process were made by the quality assurance co-ordinator.

Staff stated they were supported by their managers in their work. At periods where staff morale was low the regional director responded to this through attendance at team meetings and listening to the views of the staff team. Staff interviewed stated that they were satisfied that the external managers were aware of the risks and challenges they faced in their work. Staff were informed about additional supports they could access to manage the impact of working in the centre and were encouraged to access these additional supports if required. Wellness check -ins were undertaken by the managers with staff and structured debriefing was undertaken and recorded on the staff records following serious incidents.

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

Compliance with standards	
Practices met the required standard	Standard 6.3
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure they notify the ACIMS in writing when they have achieved compliance with the staffing requirements set out in the regulatory notice August 2024.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
5	The regional director must ensure the internal management structure is in line with the statement of purpose of the centre.	Since the inspection new staff members have been recruited one of which is an experienced team leader. To secure an interim deputy manager, an internal recruitment drive will commence on 21.03.25. Failing to find an interim deputy manager in this way an external recruitment drive will commence on 27.03.25.	Where a person moves into a more senior position. Plans to fill their vacancy will be completed before the promotion takes place.
6	The registered proprietor must ensure they notify the ACIMS in writing when they have achieved compliance with the staffing requirements set out in the regulatory notice August 2024.	Since the inspection we have recruited a number of new staff members. The centre has additional staff onboarding and it will be a completed team by 03.04.25. The registered proprietor will notify ACIMS on that date.	A new retention focus group has been established to generate ideas in order for us to maintain our full teams. A rolling advertisement has been placed for various positions both internally and externally by recruitment.