



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 045

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Focus Ireland
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	29th & 30th June 2021
Registration Status:	Registered from 31st December 2019 to 31st December 2022
Inspection Team:	Lisa Tobin Lorraine Egan
Date Report Issued:	24th September 2021

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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 on the 31st December 2001. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from 31st December 2019 to 31st December 2022.

The centre was registered to provide accommodation to six young people of both genders from age fifteen to seventeen years on admission. The placements provided were on a short to medium term basis and part of the Child and Family Agency crisis intervention service's residential care provision. Their model of care was described as providing an opportunity for stabilisation utilising a needs-led, relationship-based approach. There were five young people living in the centre at the time of the inspection. One of the young people had recently been admitted and was accessing an emergency placement.

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 was a blended inspection where inspectors spent on site and some interviews were completed off site through teleconferences.

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

At the time of this inspection the centre was registered from the 31st December 2019 to the 31st December 2022. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 17th August 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 1st September 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: 045 without attached conditions from the 31st December 2019 to the 31st December 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.

Inspectors reviewed the young people's files in order to identify that the appropriate documentation was in place. Inspectors found that two young people had up-to-date care plans, one young person had a leaving care plan and another young person did not have an up-to-date care plan. There was a child in care review due to take place in the coming weeks for the young person that did not have a care plan. The inspectors were informed there was a delay in the child in care review due to lack of parental attendance, annual leave and a change-over of social workers. All young people are required to have an up-to-date care plan on file. Inspectors reviewed contact between the project leader, staff and the social worker in addressing the need for a child in care review and the centre had requested a date for this.

The placement plans currently used in the centre were drawn up from the young person's perspective shortly after their admission. The young people would identify what they hoped to achieve from their placement and certain goals to help with this process. Placement plans must link the young people's care plans and subsequently carry through to the individual work or key working carried out by staff with the young people. This process was missing from the centre as there was minimal reference in the young people's placement plans to care plans or leaving care plans. The care plans reviewed by inspectors did outline goals that were relevant to the young people and were comprehensive. Key working was needs led with the young people. Keyworkers had identified goals to address with young people on current presenting issues based on the information received from the young people when working with them. Inspectors reviewed individual work reports and key working reports which were of a good standard and very detailed. The care and attention to the young people was very evident through reviewing the documents and the information given during interviews. The basic needs of the young people were a priority to the team and ensuring these were met.

Inspectors noted that the current placement plan had been reviewed twice for some young people since their admission. There was an absence of oversight and

governance on placement plans as they were not effectively reviewed by management and were not discussed at team meetings or during supervision. The placement plans did not record the progress made by the young people and were not linked to the care plans. The young people had the opportunity to part take in their placement plan and to attend their child in care reviews if they wished.

External supports were readily available to the young people living in the centre which included addiction and substance misuse supports, community juvenile liaison officer, MOST project, PETE project and the local general practitioner were all utilised. Inspectors saw on-going attempts in sourcing mental health services for one young person who was due to turn eighteen soon which caused further issues regarding accessing child or adult mental health support services. One young person was engaging with GSOC and was being supported by the team and the social work department.

When reviewing the contact files of the young people it was evident to see that the communication was frequent and effective with the allocated social workers, family members and professionals involved in the young people's lives. Social workers were well informed by the team on all areas of the young people's lives which included sending relevant documentation with general updates, significant events and missing child from care reports. It would be beneficial if the centre notified the allocated social workers of any new referrals to the centre to ensure the effective working relationship continues. Social workers should be part of any preadmission risk assessment of new residents which would allow for transparency of communication. Family were updated as requested and were part of the care plan reviews for some of the young people. If they could not attend, their views were addressed and they were informed of the outcomes.

Compliance with Regulation	
Regulation met	Regulation 5
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The project leader must ensure that the placement plans are linked to the actions identified in the young people's care plans. The project leader must ensure that the staff team are aware of the link between the care plans, placement plans and the work completed with the young people.
- The project leader must ensure that placement plans are reviewed and that the goals are updated as part of the plan.

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 project leader had overall responsibility for leadership, governance and management of the centre. There were a number of changes within the staff team and the centre manager was without direct support of an assistant project leader for eleven months. During interviews, staff showed their knowledge of the roles and responsibilities of the different people in the organisational structure.

There were defined governance arrangements and structures set out within the organisation which included the appointment of a Standards Officer and a new training officer. There was an audit tool put in place for the service and the standards officers completed audits every quarter. On the back of this, the service manager completed quarterly audits ensuring that the actions from the standards officer's audit had been completed. The centre manager had previously completed internal audits on the young people's files and staff supervisions; however, these had lapsed over the last year due to covid 19, working from home and the lack of support from an assistant project leader. The project leader had identified that further oversight was required for auditing and intended to commence this shortly. Both the project leader and the newly appointed assistant project leader were to oversee any actions identified in the audits and take responsibility for completing them. The project leader was identified as the person in charge of the centre.

The service manager had recently contacted Tusla regarding the service level agreements and are awaiting feedback. The centre's policies and procedures were updated in 2019 and were due to be reviewed annually. Inspectors were informed that the policies were currently being updated and that this process had been delayed due to covid.

The inspectors reviewed the risk management framework in place. There was no policy to guide the framework however there were many structures in place which supported the system. There was an organisational risk register, collective risk assessments, individual risk assessments, absent management plans and individual crisis management plans in place. There was no centre risk register in place. Risks were identified for the young people as required and reviewed by the team daily and at team meetings. Any new concerning/risk behaviour was identified by the team on shift and implemented including how best to manage the new risk. On reviewing the individual crisis management plans, it was noted that a review was required regarding the intervention strategies used as there was not enough detail around how to manage the incidents in this section of the document.

There was an internal management structure consisting of the project leader, assistant project leader and team leaders. Senior team meetings would occur prior to regular team meetings. There are no minutes taken at these meetings. The newly appointed assistant project leader was identified as the person who will deputise when the project leader is absent. There was no current evidence or format for delegation of tasks to other staff members or for when the centre manager is absent.

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 registered proprietor must ensure that there is sufficient staffing in the centre and that vacancies are filled in a timely manner.
- The registered proprietor and project leader must ensure that the policies and procedures are updated in line with the centres policy.
- The project leader must ensure governance accountability in undertaking internal audits required for oversight and review of the centre documents.
- The project leader must ensure there is a centre risk register in place and a policy to guide the risk management framework.
- The project leader must ensure that senior team meeting minutes are recorded for management oversight within the centre.
- The project leader must ensure that there is a delegation of tasks for staff and for when the project leader is absent.
- The project leader must review the individual crisis management plans in particular the intervention strategies used to ensure there was enough information to guide the staff.

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.

Workforce planning around staffing, the mix of staff and abilities was discussed at senior management meetings. It was stated during interview that the roster would include a team leader and project worker on shift each day to balance experience however it was noted that there was a team leader absent on a number of shifts when the roster was reviewed by inspectors. There were also two occasions noted where there was no day shift staff present.

There was a project leader, acting assistant project leader, team leaders and project workers employed in the centre. The current staff team of twelve staff have appropriate experience in social care or a recognised relevant qualification. There were two staff members that required up to date Garda vetting which had been delayed due to a late application and issues with the Garda vetting website. All staff working with the young people in the centre must have up to date Garda vetting. While reviewing staff personnel files, it was noted that there were several gaps in

mandatory training that needed to be addressed. The post for assistant project leader was recently filled but subsequently left a vacancy for a project worker.

There were nine staff that had left the centre since the last inspection due to gaining new employment, returning to education, retirement, sick leave, resigning or joining the relief panel. Inspectors were informed that exit interviews are undertaken with human resources but there was no feedback given to the project leader. This process would help with oversight for management to improve staff retention.

There was a relief panel available to provide cover for annual leave, sick leave and to assist with the covid contingency plan as needed. The project leader stated the last two years had been difficult with keeping a stable staff team in the centre and that the pandemic didn't help the situation with trying to recruit staff.

There were supports in place for staff which included the availability of counselling, support for further education, changes to the sick leave policy and possible progression within the organisation. There was organisational on-call arrangements in place which staff were aware of when asked during interview.

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 required standard	Not all standards under this theme were assessed

Actions required

- The registered proprietor must ensure that all staff working with the young people have up to date Garda vetting.
- The registered proprietor must share information with the project leader from exit interviews in order to strengthen staff retention in the centre.
- The project manager must ensure that all staff are up to date with mandatory training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The project leader must ensure that the placement plans are linked to the actions identified in the young people's care plans. The project leader must ensure that the staff team are aware of the link between the care plans, placement plans and the work completed with the young people.</p> <p>The project leader must ensure that placement plans are reviewed and that the goals are updated as part of the plan</p>	<p>The Project Leader and Assistant Project Leader will review the current placement plan template and make any necessary updates required to make stronger links between a young person's care plan and the placement plan in the Project.</p> <p>The Project Leader and Assistant Project Leader will review placement plans every quarter.</p> <p>The Team Leader allocated to each Keyworker for support and oversight will review placement plans each month together with the Keyworkers for each young person.</p> <p>Existing goals and new goals identified for</p>	<p>The Project Leader and Assistant Project Leader will aim where possible to invite a young person's Keyworker to each young person's care plan meeting.</p> <p>The Project Leader and Assistant Project Leader will continue to provide feedback to the team after care plan meetings take place and distribute the care plan once received from Tusla.</p> <p>The reviews and timelines set out will be followed.</p>

		each young person will be discussed at each team meeting; this is currently in place however this process will be strengthened to create stronger links between the care plan and placement plan.	
5	<p>The registered proprietor must ensure that there is sufficient staffing in the centre and that vacancies are filled in a timely manner.</p> <p>The registered proprietor and project leader must ensure that the policies and procedures are updated in line with the centres policy.</p> <p>The project leader must ensure governance accountability in undertaking internal audits required for oversight and review of the centre documents.</p>	<p>The Service Manager has addressed this issue with the HR Director. HR have agreed to prioritise the Under 18's services within the Organisation. The Project Leader and Service Manager will meet with HR to plan for this further.</p> <p>The Project Leader with support from the Assistant Project Leader and registered proprietor will update the policies and procedures.</p> <p>There are audit processes in place that include the Standards Officer and Service Manager carrying out quarterly audits of the Project. The Project Leader will ensure that these audits are responded to and corrective actions are taken.</p>	<p>A meeting is to be held between HR, Service Manager and Project Leader to discuss and structure this process further.</p> <p>The policies and procedures will be updated reviewed annually going forward.</p> <p>Quarterly audits will continue, and the Project Leader will be responsible for the corrective actions.</p>

	<p>The project leader must ensure there is a centre risk register in place and a policy to guide the risk management framework.</p> <p>The project leader must ensure that senior team meeting minutes are recorded for management oversight within the centre.</p> <p>The project leader must ensure that there is a delegation of tasks for staff and for when the project leader is absent.</p> <p>The project leader must review the individual crisis management plans in</p>	<p>The Assistant Project Leader will continue to provide oversight on the daily records at each handover meeting that they participate in and feedback to the Project Leader regarding this.</p> <p>The Service Manager, Project Leader and management team will implement a centre risk register and policy.</p> <p>Senior team meeting minutes will be recorded by a Team Leader at each meeting that takes place.</p> <p>The Project Leader will meet with the Assistant Project Leader to delegate tasks prior to absences. The Project Leader will follow this up by sending an email to the Assistant Project Leader outlining the meeting agreements.</p> <p>The Project Leader and Assistant Project Leader will review the current individual</p>	<p>The Assistant Project Leader will attend daily handovers and provide oversight of the day to day documents in the Centre.</p> <p>Once implemented this will be a new procedure in place in the Project. It will be an active document and reviewed as risks change or further risks are identified.</p> <p>Minutes will be kept weekly.</p> <p>The Project Leader will ensure that meetings are held prior to absences.</p> <p>The individual crisis management plan template will be reviewed annually.</p>
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	particular the intervention strategies used to ensure there was enough information to guide the staff.	crisis management plan templates in place and strengthen the intervention strategies.	The individual crisis management plans will continue to be reviewed daily by the staff team as changes occur for each young person.
6	<p>The registered proprietor must ensure that all staff working with the young people have up to date Garda vetting.</p> <p>The registered proprietor must share information with the project leader from exit interviews in order to strengthen staff retention in the centre.</p> <p>The project manager must ensure that all staff are up to date with mandatory training.</p>	<p>The registered proprietor will ensure that Garda vetting is up to date.</p> <p>The Service Manager and Project Leader will arrange a meeting with HR to discuss this further and put a process in place regarding exit interviews and the sharing of this information.</p> <p>The registered proprietor has released the training calendar for 2021/2022. The Assistant Project Leader oversees the training schedule and feeds back to the Project Leader.</p>	<p>The registered proprietor has a robust structure in place to ensure that Garda vetting is renewed as required.</p> <p>HR and the Project Leader will put a process in place to facilitate this.</p> <p>The Project Leader will ensure that that teams training is booked and up to date.</p>