An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 050

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Home Again**
Registered Capacity:	**Five Young People**
Type of Inspection:	**Announced**
Date of inspection:	**08th & 09th November 2022**
Registration Status:	**Registered from the 28th of February 2023 to the 28th of February 2026**
Inspection Team:	**Lorraine Egan** **Lisa Tobin**
Date Report Issued:	**15th March 2023**

Contents

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 28th February 2002. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered without attached conditions from the 28th of February 2020 to the 28th of February 2023.

The centre was registered as a multi-occupancy service and provided care for up to five young males, aged between thirteen to seventeen years upon admission. The placements were on a medium to long term basis. The centre's model of care was described as based upon a therapeutic and relational child centred approach identifying individual needs and responding to them in a safe and secure environment. There were four children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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 12th December 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 23rd December 2022 which was deemed not to be satisfactory. The service director and centre manager subsequently met with the inspector manager and inspector regarding the outstanding matters. On the 21st February 2023, a final CAPA was submitted by the centre manager and deemed to be satisfactory. The inspection service received evidence of any issues being addressed or in the process of being attended to.

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: 050 without attached conditions from the 28th February 2023 to the 28th February 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

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

The centre was based in a large three storey house very close to a town centre. Overall, it was in need of refurbishment and a number of individual rooms and spaces required redecoration and repair. Despite this, the centre was presented as clean, warm and well ventilated. There were various communal spaces on the ground and first floor for the young people to gather to play pool, game together and generally hang out. Bedrooms were located across two floors for the young people and all had their own bedroom with a bathroom on every level that was shared between two. These had been newly upgraded and modernised to a high standard and were bright and spacious.

The young people had access to two sitting rooms that could be used for family visits and on occasion meeting with allocated social workers. The sofas in the downstairs space were dated and time worn and should be replaced. The kitchen was recently painted and was central to relationship-building between young people and the staff team. Structured food routines were in place and meals were prepared and sometimes eaten together. A back kitchen and hall area contained a washing machine and also a rear exit to the side of the house. This door was in poor condition and was difficult to open hampering the use of this exit. Also, there was a considerable build-up of leaves in the area outside this escape route. When this issue was brought to the attention of the deputy manager as part of the onsite visit, they cleared the leaves and debris without delay. On the second level, part of a double door to an adjoining recreational room was damaged and required repair. Loose wires from an unused TV point were visible and the majority of the internal building needed repainting in addition to the replacement or professional cleaning of carpets, some of which were grubby and contained large stains. The frame and saddle to one of the young people's

bedroom door was damaged and the paint work was dull and faded on the majority of doors. Inspectors did not see inside the young people's rooms but were told by the staff when interviewed that updates were taking place regularly and young people were able to personalise their own space by choosing furniture and paint colours. They said that they had adequate and secure storage facilities for their personal belongings and each young person had their own key to their room for security reasons. Inspectors were told at interview by the deputy manager that the windows of the building did need replacement, however this would require significant cost to the organisation's budget from Tusla and unlikely to be undertaken currently but was being considered. There were good external recreational facilities where an extensive garden to the back of the centre was well maintained and young people could play football or closer to the house could use the picnic bench. The front garden was well cared for with bright flowers and shrubs on entrance to the house.

Some young people stated in their questionnaires that they would like to change a number of things in their room relating to fixtures and fittings. These issues were communicated to the centre manager at the time of this inspection. The service director and centre manager must provide ACIMS with a schedule of repair and upgrade outlining in a time appropriate way the works to be completed in the centre.

A fire officer was in place and fire safety records reviewed by inspectors evidenced appropriate checks were being carried out by the staff team which included daily, weekly and monthly audits on the means of escape, regular testing of the fire alarm system, fire extinguishers and electrical and hazard control. However, inspectors identified that consecutive days were not being logged and these entries must be reviewed for accuracy. In addition, the difficulty with opening the side door had not been documented as an issue on the files and must be added to the records. Fire equipment within the centre was regularly serviced and maintained by an external fire contractor with reports stored on file. Fire drills were entered in the centre's fire register and a total of five were recorded between November '21 and July '22. The majority of staff had received onsite fire safety training and this is scheduled again for March 2023. Those that did not attend were on sick leave.

The centre had an up-to-date health and safety statement signed by the staff team and there were procedures in place for managing risks to the health and safety of staff, young people and visitors. A risk register outlined the centre's current environmental risks along with the control measures in place to mitigate these, despite a review of the register in October 2022, the last updates to the recorded information on the register was 2021 and this must be actioned by the service

director. There were no accidents or injuries recorded on the health and safety files as these were entered on the significant event notification register (SEN) and inspectors recommend that a system is set up for this specific purpose.

Maintenance checks were in place on a weekly basis and repairs identified for each area in the centre including the young people's bedrooms. It was unclear on this log if issues had been addressed or not as completion dates were not entered. A maintenance log was also stored in the back of the health and safety record up to and including the end of September 2022. Actions were finalised on the majority of issues entered. The standard of recording on a number of centre files required improvements including health and safety and the centre manager must ensure that this is addressed without delay. First aid response (FAR) training had been completed and refreshers were scheduled for every two years.

The centre had one car and records confirmed that the vehicle was appropriately serviced and maintained and had valid tax and insurance.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **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	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard not met**

Actions required

- The centre manager must ensure that young people's individual issues highlighted by them in this report are addressed without delay.
- The service director and centre manager must provide ACIMS with a schedule of repair and upgrade outlining in a time appropriate way the works to be completed in the centre.
- The centre manager must review the fire log entries for accuracy.

- The centre manager must ensure that all maintenance issues that relate to safety deficits are recorded on the relevant files and prioritised as appropriate.
- The service director must ensure that as part of their review of environmental risk in the centre, updates completed are comprehensively recorded in the registers.
- The centre manager must ensure that all maintenance logs contain completion dates of issues identified and actioned.
- The centre manager and the service director must ensure that they review the standard of recording on the health and safety files and address without delay.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The inspectors found that young people received child-centred trauma informed care from a dedicated, committed and experienced staff team. The centre had a positive approach to the management of behaviours that challenged along with a policy in place that guided the intervention techniques in use. The centre's model of care also supported practice in this area and the majority of the staff team were trained in therapeutic crisis intervention (TCI) and where this was not the case, refreshers where scheduled to take place. However, further work was required to ensure a consistent implementation of the behaviour management plans (BMPs) specifically during times of increased challenges in the centre.

Each young person had a placement support plan in place which included absent management plans (AMPs), behaviour management plans and individual crisis management plans (ICMPs). The centre had come through two periods of significant challenging behaviour which included physical violence, verbal threats and frequent bullying and targeting of individual peers and on occasion staff. This occurred over a protracted period of time. Even though the incidents had currently reduced, and relationships had progressed positively between some peers, one young person who spoke to inspectors and another who gave feedback, described how they continued to be impacted. One stated 'I don't feel respected' and there is 'aggression and violence' in the house, another said that while they felt safe in the centre, it was always

'heightened'. They also indicated that making complaints about the behaviour 'didn't change anything'.

From a review of the files by inspectors, there was good evidence on centre records of collective strategy meetings taking place with all young people's social workers to address the escalation of these incidents. In addition, house meetings were arranged with residents and rules of the centre discussed between peers. A positive group environment was promoted including games nights and other activities. One to one sessions and key working was undertaken with young people to understand and learn from the behaviours following an incident. Safety plans remained in place as well as a review of each placement support plan. Shift plans were developed and supervision was increased to include a regular day shift which had not been routinely in place.

Despite these interventions and a current reduction in significant event notifications (SENs), inspectors found that the approaches in place to manage the behaviours were not effective in reducing the high number of incidents until after additional staff were rostered and supervision of young people improved. Inspectors found increased levels of supervision should have been in place at the time the first period of challenges occurred. Records specified that one to one staffing was required on a daily basis for one young person, however this had not been resourced until a number of months after the initial significant events took place. The service director informed inspectors that the centre made every effort to maintain a third staff on the roster but this was not always possible because of reasons out of their control. This included sectorial staff shortages as well as the unavailability of agency staff. Behaviour support plans in place to address the harmful behaviours for each young person were not robust enough and these require improvements. Generally, inspectors found that the strategies contained very little information on how to manage the behaviours at pre-crisis, escalation and outburst phases. In addition, where one young person had disengaged from community living with other peers and had retreated to their room for the majority of the day, this had not been identified as a risk on any of the placement support plans and this must be addressed as a priority. While the staff team were regularly linking in with the young person in their room, a specific plan must be in place to address this. As referred to above, despite incidents of bullying and aggression reducing in the centre currently, young people described he impact it had on them and that for them it remained a risk of reoccurring.

The centre had a policy of no restraint and focused on de-escalation of behaviour, however, staff at interview had difficulty describing the approaches and techniques in use and spoke mainly about additional supervision to reduce incidents. While regular

auditing was in operation by the service director and SENs were reviewed at team meetings and at management meetings, the records did not reflect a clear analysis of the techniques in use or the responses by staff to incidents, particularly at times of crisis. Inspectors could not see evidence of learning being implemented in practice as a consequence of any review or monitoring and this must be reflected more clearly on centre records.

Social workers told inspectors that they found the staff to be committed and proactive and provided them with regular updates and described how they worked collaboratively with social work departments and other professionals. In addition, they generally found that the dynamic between peers had now improved and that there was a good standard of care provision for young people in the centre. Inspectors found that staff were skilled at understanding the potential causes of young people's challenging behaviours and underlying traumas and had a good awareness of the impact of grief, loss and rejection on their lives. Specialist advice and guidance was provided to the team from an external consultant but the interventions in place did not record this direction. Young people were supported by staff to engage with ancillary agencies based on their specific mental health needs. The team were consistent in putting appropriate pressure on social work departments for necessary referrals to be arranged for young people as well as the resourcing and scheduling of assessments that would benefit them. The staff placed strong emphasis on maintaining relationships between young people, their families/guardians and those that were important to them. They facilitated access visits and encouraged reconciliation aligned to the young people's wishes and needs. Regular updates were provided to families and staff also sought their input into the daily care of young people as well as in planning for their future.

Restrictive practices were in place in the centre for safety reasons. These included periodic room searches and night-time access to the kitchen and TV area was prohibited for young people. As noted above, all young people were unhappy about the way this restriction impacted their daily living and said that they would like night-time access to the kitchen to be reinstated. While restrictive practices were discussed, reviewed and recorded by the team at their weekly meetings, further work was required by centre management to ensure that restrictive practices were the least restrictive for the shortest duration. Alternative measures should be considered and any practice in place should monitor the unnecessary impact on each young person in the centre.

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	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Standard not met**

Actions required

- Centre management must review each young person's behaviour management support plan so the interventions and approaches in use contain clear consistent guidance for staff to implement in practice.
- Centre management must ensure that there are individual risk assessments in place for young people when they spend prolonged periods of time away from others in the centre and a specific plan in place to reengage with young people as a matter of priority.
- The service director and centre management must ensure that any review of SENs taking place, reflect and record a clear analysis of the strategies and responses by staff to incidents particularly at times of crisis. Learning from the review should be integrated in practice with the staff team.
- The centre manager must ensure that specialist advice or guidance provided to the staff team is reflected on centre records.
- Centre management must review the practice of locking the kitchen door at night-time and to ensure that where restrictive practices are in place, they are the least restrictive for the shortest duration necessary. Alternative measures should be considered and any practice implemented should consider the impact on each young person individually.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The staff team strongly prioritised and advocated for each young person's right to educational development. Two of the four young people were attending education and training centres and undertaking accredited courses. When attendance at school for two other young people reduced, the staff team ensured replacement timetabling was provided in collaboration with the school and allocated social workers. Where there was full disengagement by one young person, ancillary supports such as alternative learning programmes (ALP) was considered. The aim was for them to return to full time education after completion of the modules.

Home school liaison and education and welfare officers attended regular meetings with the staff team to review further options that were available for young people to connect to. These included iScoil, an online learning service who also visited the centre to set up sessions and deliver induction on the programme. There was evidence of weekly reports and resources on file from this organisation. The staff team also completed one to one sessions and key working with young people with the aim of motivating them to continue with programmes or to reengage where this had occurred. Staff also encouraged weekly planners and morning and night-time routines.

Where educational assessments were not in place, the staff team were proactive in advocating for them to be resourced through the young person's social work department. Some assessments were ongoing at the time of the inspection. Team meetings evidenced very robust oversight and monitoring of educational goals for each young person and in addition, there was a particular emphasis on encouraging young person's interest and individual talents. There was good evidence on centre files that a return to mainstream school for young people struggling to engage currently and maintain any educational placements or programmes was a priority for the staff team.

Compliance with regulations	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.3**
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
2	The centre manager must ensure that young people's individual issues highlighted by them in this report are addressed without delay.	The centre manager and keyworkers spoke with young people the day after the inspection to ensure any issues they raised with the inspectorate were promptly addressed.	Feedback form will commence monthly from February 2023 to provide an additional mechanism for young people to highlight issues or concerns to management. The Director of Service will review these feedback forms as part of the quarterly themed audits.
	The service director and centre manager must provide ACIMS with a schedule of repair and upgrade outlining in a time appropriate way the works to be completed in the centre.	A list of works and a projected schedule will be provided to ACIMS with the CAPA, which will include timelines. ACIMS will be updated with photos of the relevant refurbishments since the inspection.	The Director of service will complete a monthly environmental audit to ensure all necessary maintenance is completed in a timely manner. This audit will be informed by periodic independent assessments completed by relevant health and safety/ Fire safety consultancy services.
	The centre manager must review the fire log entries for accuracy.	Centre Manager reviewed the fire logs weekly in December to address inaccuracies noted during inspection.	Centre Manager / Deputy manager now conduct daily, weekly checks and a monthly governance report as oversight over fire logs. Director audits of fire safety

			procedures are part of the quarterly themed audits.
	The centre manager must ensure that all maintenance issues that relate to safety deficits are recorded on the relevant files and prioritised as appropriate.	Daily, weekly and monthly health and safety checks which include maintenance issues are in place. All noted safety deficits from inspectorate have been addressed Nov. 2022.	Managers monthly governance report tracks progress of all maintenance schedule and funding requests for maintenance.
	The service director must ensure that as part of their review of environmental risk in the centre, updates completed are comprehensively recorded in the registers.	Environmental risk assessments have been updated from January 2023. The organisation is in the process of identifying appropriate independent environmental consultancy support services to conduct quarterly environmental risk assessments which will commence before end of March 2023.	Director maintains oversight of environmental risks identified by the Centre Manager and recorded in the monthly managers' report. In addition, Director's oversight will be further informed by the quarterly environmental checks.
	The centre manager must ensure that all maintenance logs contain completion dates of issues identified and actioned.	Since January 2023 Health and safety, including maintenance logs are part of every handover. Shift lead is responsible for communicating with the centre manager any outstanding maintenance issues. Manager signs off weekly on maintenance logs.	Monthly Health and Safety Audit will be completed by Deputy Manager and commenced in January 2023.

	The centre manager and the service director must ensure that they review the standard of recording on the health and safety files and address without delay.	Since January 2023, the organisation has enhanced the quarterly Health and Safety meetings to include management and dedicated Health & Safety representatives. These meetings will now be informed by health and safety risks assessments completed by relevant specialists.	Monthly Health and Safety Audit is now being completed by Deputy Manager who will provide feedback to quarterly health and safety meeting group. Director will provide oversight on audits completed monthly.
3	Centre management must review each young person's behaviour management support plan so the interventions and approaches in use contain clear consistent guidance for staff to implement in practice. Centre management must ensure that there are individual risk assessments in place for young people when they spend prolonged periods of time away from others in the centre and a specific plan in place to reengage with young people as a matter of priority.	We are in the process of developing more comprehensive behaviour support plans which provide clearer guidance and will be informed by our clinical specialist. The revised plans will be implemented by end of January 2023. We have a risk management framework in place which is reviewed at least monthly. A risk assessment regarding concerns for this young person's mental health was in place and will be sent to Inspectorate with CAPA. A focused weekly planner was put in place in December 2023 to provide clear evidence of daily approach and plans for this young person.	The Director audits will review the quality of behaviour support plans as a standing performance measure in quarterly themed audits. External peer review audits are planned with other Directors of services as an added quality assurance mechanism. Director and manager will continue to conduct risk management meetings which will inform decision-making and where appropriate escalation measures. Through quarterly themed audits, Director will oversee the planned improvement in SEN Review Groups, Placement Support Plans, Individualised Weekly Plans for all young people.

	The service director and centre management must ensure that any review of SENs taking place, reflect and record a clear analysis of the strategies and responses by staff to incidents particularly at times of crisis. Learning from the review should be integrated in practice with the staff team.	We have re-introduced SEN review groups once a month at team level and quarterly as an organisation. Learning from these meetings will be a fixed agenda item on team meetings and Managers will conduct themed reports in response to patterns of SEN's emerging for young people.	Monthly SEN reviews now form part of the fixed agenda for team meetings. Manager includes meeting dates in monthly governance report. Director will review managers reports and SEN review group minutes to oversee quality and consistency. Director will attend SEN review groups where patterns of concern are noted through risk framework meetings.
	The centre manager must ensure that specialist advice or guidance provided to the staff team is reflected on centre records.	Records of our monthly clinical review meeting is recorded and stored with team meeting minutes / decisions. Starting January 2023 Case Managers are responsible for ensuring Clinical input is included in Placement Support Plans. Management will oversee and audit relevant records to ensure evidence of clinical input is observable.	Monthly clinical guidance will be explicitly evidenced in the behavioural support and placement plans. Oversight is captured in the monthly managers' report provided to the Director of Service. The Director of Service will regularly review samples of behavioural support plans to ensure consistency and quality.
	Centre management must review the practice of locking the kitchen door at night-time and to ensure that where restrictive practices are in place, they are the least restrictive for the shortest	Young people are individually and collectively consulted with regarding the practise of locking the kitchen. Individual risk assessments regarding restrictive practise will be sent to ACIMs with CAPA.	A restrictive practise log has been started which will allow for more clear review on a weekly basis. All ongoing restrictive practices will continue to be recorded in the Centre

	duration necessary. Alternative measures should be considered and any practice implemented should consider the impact on each young person individually.		Manager governance report and forms part of a discussion with the Director.
4	None identified		