



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 051

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Home Again
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	5th & 6th May 2021
Registration Status:	Registered without conditions 28th February 2020 to the 28th February 2023
Inspection Team:	Catherine Hanly Cora Kelly Eileen Woods
Date Report Issued:	26th July 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 28th of February 2002. 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 28th February 2020 to the 28th February 2023.

The centre's purpose was to accommodate five males from age thirteen to seventeen on admission. Their model of care was based on a therapeutic and relationship approach derived from the Response Ability Pathways model. This directed that staff would engage in intentional interactions with young people that were expected to support positive outcomes for young people. There were two young people resident in the centre at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2 only
4: Health, Wellbeing and Development	4.1, 4.2, 4.3
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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 and the allocated social workers. 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 24th of June 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 of July 2021. The inspectors sought additional supporting information, including updated policy documents, and these were promptly provided. 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 051: without attached conditions from the 28th February 2020 to the 28th February 2023.

3. Inspection Findings

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.

Inspectors were informed that the centre's entire policy document has been subject to a review process, with some having been signed off and implemented at the time of the inspection. The reviewed behaviour management policy had not been signed off and implemented at the time of the inspection and inspectors recommend that there is a conscious effort to linking the content of this policy with the centre's stated model of care and ensuring it is reflected consistently in practice. There is a plan in place to have one staff member trained as a trainer in the centre's model of care and this should, in time, assist with the integration of the model with the approach to behaviour management. Centre management must ensure in the roll out of training that a positive approach is clearly understood and consistently delivered on by the staff team.

The centre manager described an approach to the management of behaviour that challenges as one that was linked to the therapeutic and relational approach which focused on looking past the behaviours displayed by young people to try and understand the reasons for the behaviour. The centre's care and control and behaviour management policies informed the staff practice in this area of work and did reflect the manager's described approach. The policies described 'behavioural responses' that staff could/should initiative in response to behaviours displayed and based on the records reviewed by inspectors, these were broadly sanctions which were imposed in an effort to get the young person to cease the behaviour. Inspectors found that the records lacked evidence of a considered discussion on identifying the underlying causes of the behaviour. There was evidence across other records, including placement plans and direct work in particular, as well as team meeting minutes and the manager's monthly governance reports, that there was a good understanding amongst the manager and staff team of the individual circumstances of each young person that may influence their behaviours. Inspectors found recorded evidence of efforts undertaken or attempted by staff members to assist the young people to understand their own behaviour and its impact on others. This was an area

of practice that was consistently represented in interview by staff members. The centre had also implemented respite breaks for young people at an activity centre in an effort to break cycles of negative interaction, build relationships and develop positive engagements. The staff team have had two full day training sessions with an external clinical psychotherapist on trauma and attachment. This professional also provided the team with monthly training sessions/briefings targeted at supporting their interventions with young people. One social worker noted, based on their experience, that staff observations of young people's behaviour and how this was relayed to them by staff on occasion could be more positive and supportive of development. Overall, inspectors found that the recording of the delivery of the behaviour management approach and the staff interpretation of it, demonstrated that there was a lack of a cohesively understood and consistently delivered positive approach to behaviour that challenges.

The Director was involved in the monthly reviews of selected samples of significant events. The purpose of this review process was stated as assessing the behaviour and the staff capacity in responding. Inspectors recommend that the Director implement a broader mechanism for auditing and monitoring the centre's approach to managing behaviour which should encompass assessment of adherence to policy.

The centre did not have a specific policy on the use of restrictive practice. Nonetheless there was a good understanding amongst the staff team of what constituted a restrictive practice and there was evidence that where these were utilised, there were clear records of the reasons for their use and regular review of same. Social workers and family members were informed of their use also.

The centre's policy document referred to the use of an identified method of physical intervention however the manager informed inspectors that in practice physical intervention was not utilised with any young person. Where situations of extreme risk of safety had arisen, the Gardaí had been called upon to support staff in dealing with the situation. Inspectors found from interviews and records reviewed that the understanding of the rationale for the non-use of physical intervention was varied. It appeared that the decision was one informed by safety of all persons in any given situation and that in the event of an issue of safety to a young person or staff member, the Gardaí would be called to support/assist the situation. Careful consideration must be given to the work required to devise and implement a policy that informs and supports this practice. This should take cognisance of any relevant risk assessments related to individual young people and should be in consultation with supervising social workers. The centre must devise their own policy and practice for

the use of restrictive practices including physical intervention utilised in response to situations where safety is a key consideration.

Compliance with Regulation	
Regulation	Regulation 16 not examined
Compliance with standards	
Practices met the required standard	None identified. Not all standards examined
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	None identified. Not all standards examined.

Actions required

- Centre management must ensure that there is a clear policy and practice implemented and recorded that represents a clearly understood positive approach by staff to the management of behaviour that challenges.
- The Director must implement a broader mechanism for auditing and monitoring the centre's approach to managing behaviour that challenges.
- The centre must devise their own policy and practice for the use of restrictive practices including physical intervention utilised in response to situations where safety is a key consideration.

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

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre manager and staff team described a positive and proactive approach to healthy eating at the centre, including the introduction of individualised healthy snack drawers for young people, which was supported by a recently developed policy on food and nutrition. Inspectors were informed that young people are encouraged to participate in menu planning, food shopping and meal preparation however there was limited engagement across all areas by the young people resident at this time. Staff were conscious of maintaining routines for young people around mealtimes but it was reported that these were not a group event at this time. Staff did continue to

offer this as an opportunity for young people and planned to move to a place where these would occur.

Inspectors found evidence in placement plans and direct work records with individual young people of efforts to promote and support the various health and wellbeing needs of the young people. There was evidence also of liaison with family members and external professionals regarding the identified needs of young people and actions on how to address them. It was evident from these records that some areas of work had had more input/emphasis than others and the manager should ensure that there is a balanced approach to addressing all of the young person's identified needs. Inspectors noted that there had been limited training for staff which would inform targeted work with young people in areas such as the use of illegal substances, self-care, and internet safety for example. It was recorded in a management meeting in early April that training in internet safety would be requested of the external psychotherapist, and inspectors recommend that this be pursued. One staff member was reported to have completed a training programme in sexual education although this was not noted in the staff training record. There was no evidence of any planned programme of work/intervention having been done with either of the current residents and in fact, in one young person's file, it was noted that their social worker should do a piece of work regarding safe relationships and sexual health. It is important that where staff have completed relevant training that they utilise this in planned interventions with young people. The safe and appropriate use of the internet is an area of priority for one young person which had only been responded to by the use of a restrictive practice in the withdrawal of Wi-Fi for specified periods of time. Whilst all parties were in agreement with the implementation of the restrictive practice and it was only imposed for a short period of time and then reviewed, it would be good to see alternative more supportive and educational interventions such as those in a harm-reduction model, that are linked to the centre's relational approach.

One of the young person's resident was sixteen at the time of this inspection and an aftercare needs assessment had been completed although the young person themselves had not engaged in the meeting. There were clear tasks/actions identified within this, some of which had already been commenced by the care team. The staff team must continue with this work to ensure that the young people are adequately equipped with the necessary skillset to prepare them for leaving care.

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

At the time of the inspection there were two young people residing at the centre, only one of whom had an up to date statutory care plan on file. The second young person's care plan had been updated via the child in care review (CICR) mechanism and the minutes of this were on file. The recently allocated social worker informed the inspector that they would oversee that the statutory care plan was signed off and forwarded to the centre without delay. In addition to the review mechanism, there were monthly professional meetings being held for one young person to ensure clarity of respective responsibilities and a strategy meeting had been convened for the second young person with the aim of a similar purpose of clarity. Despite the statutory review processes having recently occurred for both young people resident, and the ongoing review mechanisms referenced here, there was some incongruence between the centre's and respective social workers view/understanding of the need for various assessments and status of referral for same. Both social workers had been allocated within the preceding weeks and both since their respective case had been in placement. In the absence of this clarity, for both young people, it was challenging for the centre to implement focused interventions. Having said this, there was evidence in placement plans and direct work records of specific and targeted interventions by the staff team aimed at addressing the individual needs of the young people as identified in their care plan/CICR meeting minutes. Inspectors have asked centre management and the social workers to clarify the need for and status of relevant assessments for each young person.

There was evidence on individual files of various medical and health appointments in the child's history. The staff at the time of the inspection were trying to address the issue of young people's reluctance/refusal to engage with various services and this had impacted on both young people attending necessary appointments including with medical, psychology, dental and ophthalmic. There were clear records on file of staff efforts to get young people to engage with these appointments and of rescheduling same as necessary.

Both young people had access to a GP and young people were facilitated by the centre to remain with their family GP where at all possible/requested. The young people's respective access to their GP service for the purpose of a general medical assessment was impacted by the Covid-19 pandemic.

The centre had an updated medication management policy in place in line with regulatory requirements and professional practice. The entire staff team had yet to participate in training on the safe administration of medication as they had experienced difficulties accessing the online training.

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

Inspectors found that there was a strong and positive ethos on supporting young people to achieve their educational potential in the centre. The Covid-19 pandemic had had a knock on impact on school attendance for young people and despite the routines put in place and encouragement by the staff team, both young people were not engaging in their respective educational placements at the time of this inspection. Resources were made available to young people, including laptop and desks, to facilitate home-schooling when the schools were closed due to the pandemic restrictions. There was evidence of good and regular liaison between the centre and the relevant professionals in the respective educational placements in an ongoing effort to encourage and support engagement. There was records on file of previous educational assessments and achievements to date by young people. One social worker was of the view that an updated educational assessment was required and the inspector asked that they continue to keep the centre informed of the status of this referral.

The centre has had previous residents that have engaged well and successfully in their respective placements and moved onwards to third level education after leaving the centre. Centre management and staff should continue in their efforts and initiatives to encourage the current residents to re-engage in their educational programmes.

Compliance with Regulation

Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards

Practices met the required standard	Standard 4.1 Standard 4.2 Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

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 was informed by the centre manager's monthly governance reports to the Director who in turn identifies any relevant issue with the Board of Management. Within these governance reports, account is taken of all types of leave including maternity, annual and sick leave, as well as the need for contingencies in the event of emergencies. Workforce planning had also taken consideration on a number of recent occasions, of respite breaks for young people, to ensure that these could be facilitated. The staff team comprised a manager, two social care leaders, and ten social care workers, four of whom work part-time hours. There were additional relief staff to provide cover as necessary. There had been recent strains on the staff team due to various reasons that required relief cover, but in general the main staff team was sufficient to meet the identified purpose of the centre and the needs of the young people therein. The staff team was very stable, was well qualified, mostly in social care with some having additional qualifications, and there was a good level of experience across the team. Retention and continuity of care was not an issue for centre management at this time and instead, inspectors noted that a recently introduced appraisal system was having a renewed focus on skills development.

Inspectors found that there were clear on-call arrangements in place that had been utilised as necessary.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

Inspectors observed that the majority of the staff team had been in post for a number of years and they were found to have the necessary qualifications for the role. The recruitment process assessed the competency and skill base relevant to the role. Staff members had job descriptions and a recent consultative process had been undertaken to renew existing contracts of employment. Inspectors reviewed two personnel files and noted that the verification of references and qualification was not consistently applied. In addition, training completed as documented in the training needs analysis, was not consistently reflected on individual personnel files. The manager, through their oversight of personnel files, should ensure that all documentation is up to date and present. Centre management must ensure that the recruitment process and requirements therein, is stringently adhered to in all cases.

The manager had been in post approximately seventeen months at the time of this inspection and had worked as a staff member in the centre prior to this. The manager held a level 8 qualification in social care but did not have a specific management qualification and although they did have external resources available to them, including Human Resource expertise, inspectors recommend that centre management explore training options that would assist the manager in delivering on all of their duties in accordance with the centre's stated purpose, aims and objectives.

The centre recently revised their employee handbook and there are a number of policies relevant to staff practice including confidentiality, dress code, personal calls and it being an alcohol and drug free workplace. However, there was no specific written code of conduct and this was evident in staff interviews. Centre management must devise and implement a written code of conduct and make this known to the staff team.

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.

Inspectors found that staff in the centre had a clear understanding of their roles and responsibilities, understood the requirement for accountability in their practice and understood the lines of reporting. They described both the centre manager and Director as being approachable and available. The staff team consistently referred to the value of reflective practice in their work and there were audits of this which supported its implementation as well as identifying further learning/development points. The staff members commented on the value of communication forums including the team meeting and handovers and noted that team meetings were much more effective in person and so had been impacted by the onset of the Covid-19 pandemic. Staff members also referenced the development status of the policy and procedure document for the centre and this should be finalised and training commenced so that staff become familiar with its content.

Inspectors noted some changes to centre culture brought about within the last year. These effects included generating a culture of learning and development with practices such as reflective learning and appraisals, and of building on skills such as leadership. This development had been augmented by the Director's efforts to encourage learning across both centres within the organisation. Inspectors found that the social care leaders had a challenging role and reported that they occasionally found it difficult to balance their support and mentoring of the staff team roles with their delivery of oversight responsibilities. Centre management have identified specific areas of focus in terms of the delivery of the social care worker and social care leader roles. These areas of focus will augment the assigning of specific tasks and duties to experienced staff that are capable of taking on the additional responsibilities.

The centre had a supervision policy in place which inspectors found was being realised in practice overall. Oversight of the supervision process was maintained by the manager through the monthly governance reports and had been identified by the Director as a specific area of focus to ensure full compliance with policy. Inspectors reviewed a sample of supervision records and found that those delivering supervision had completed training. There was inconsistency across the quality of samples viewed and inspectors noted that the headings in the template could be better utilised to ensure relevant detail accurately recorded, particularly from oversight and progress perspectives.

Staff reported to inspectors that they felt well supported by their manager and that the Director was also very available to them to discuss any issue of relevance. Risk assessments and safety plans helped to minimise the risk to safety of staff and, as reported earlier, the Gardaí have been called upon in situations where there was a risk to safety. There was no formal policy or identified system of support separate to the supervision mechanism and centre management should develop some such system which would outline to staff the appropriate supports available to them.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors were provided with a clear record of staff training audit which demonstrated training recently completed and other training that was planned. The focus of the audit was primarily on mandatory training including Children First, Fire Safety and First Aid for example, with the inclusion also of training recently provided by the external psychotherapist. The manager should expand this recent focus on training and development to include areas relevant to meet the identified needs of the young people in the centre.

Not all of the training scheduled was completed as the centre had experienced difficulties accessing training made available online by the HSE. Where training is completed, the manager will need to update individual personnel files to reflect this.

There was a brief policy on induction and a sample of personnel files reviewed demonstrated that a thorough induction for staff members had been delivered by the centre manager. The policy should be improved to reflect the practices that are undertaken.

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

Compliance with standards	
Practices met the required standard	Standard 6.1 Standard 6.4
Practices met the required standard in some respects only	Standard 6.2
Practices did not meet the required standard	None identified

Actions required

- Centre management must ensure that the recruitment process and requirements therein, is stringently adhered to in all cases.
- Centre management must devise and implement a written code of conduct and make this known to the staff team.
- Centre management must prioritise the completion of the centre's policy and procedure document and ensure that all staff are familiar with its content.
- Centre management must implement a policy on and systems of supports for staff.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>Centre management must ensure that there is a clear policy and practice implemented and recorded that represents a clearly understood positive approach by staff to the management of behaviour that challenges.</p> <p>The Director must implement a broader mechanism for auditing and monitoring the centre's approach to managing behaviour that challenges.</p>	<p>As outlined in the report, the organisation is undergoing a year long process of updating and implementing a comprehensive set of policies and procedures consistent with the (HIQA, 2108) Standards. This process was delayed due to the impact of Covid. Since the time of the inspection, a detailed 'Promoting Positive Behaviour' policy and procedure has been developed and circulated amongst the team.</p> <p>At the time of inspection, the Director was and continues to be involved in the Chairing of monthly SEN Review meetings, the oversight of manager monthly reports and associated emerging themes related to the Promoting Positive Behaviours. Prior to the inspection, the organisation had a robust policy</p>	<p>The practice and procedures outlined in this policy will be enabled and guided by the monthly attachment and trauma informed consultations and training and reviewed on an ongoing basis. A monthly SEN review chaired by the Director of Services will continue review our practice and engagement with challenging behaviours against our model of care and Promoting Positive Behaviour Policy.</p> <p>With the implementation of the Promoting Positive Behaviours policy and procedure, enhanced attention will be given to evidence of the policy in practice, and this will feed into the Director's global risk register for ongoing monitoring. Management including the Director are continuously reviewing and improving the</p>

	<p>The centre must devise their own policy and practice for the use of restrictive practices including physical intervention utilised in response to situations where safety is a key consideration.</p>	<p>established to respond to challenging behaviours. This policy outlines situations where the Director will take an active role in strategy and/or professional meetings to discuss therapeutic interventions to stabilise the young person's behaviours.</p> <p>The organisation has established and implemented a robust child centred policy on the use of restrictive practices. The organisation will continue to utilise TCI techniques to safely manage physical interventions. The young people's Behavioural Support Plan outlines what appropriate action to take in relation to restrictive practice and/or physical intervention.</p>	<p>auditing frameworks used by the Centre Manager and Director track performance.</p> <p>Through daily review of active restrictive practices, monthly audits of wider care practices and participation in the monthly SENR group, chaired by the Director of Services, the Manager will on an ongoing basis assess the appropriateness of any restrictive practice against the organisation's restrictive practice policy.</p>
6	<p>Centre management must ensure that the recruitment process and requirements therein, is stringently adhered to in all cases.</p>	<p>The organisation follows a strict recruitment process and audit all personnel files on an ongoing basis. The Centre Manager has reviewed the relevant files and updated records consistent with the findings of the report.</p>	<p>The organisation has a stringent recruitment policy laid out in our employee handbook and practice is monitored on an ongoing basis.</p>

	<p>Centre management must devise and implement a written code of conduct and make this known to the staff team.</p> <p>Centre management must prioritise the completion of the centre’s policy and procedure document and ensure that all staff are familiar with its content.</p> <p>Centre management must implement a policy on and systems of supports for staff.</p>	<p>As part of a wider update of all policies and procedures, the organisation updated a comprehensive Employee handbook that details the code of conduct. In line with the recommendations of the inspection, a separate Code of Conduct was developed and is displayed in the staff office with all staff having read and understood the policy.</p> <p>The organisation has developed a comprehensive set of policies and procedures in the first half of 2021, with the intention to use the second half of the year to establish a consistent and informed knowledge across the team.</p> <p>At the time of inspection, the organisation operated an individual and team based de-brief practice following difficult periods or incidents. As noted in the report, the organisation is currently reviewing wider</p>	<p>The Code of Conduct will continue to be reviewed in line with our wider workforce management policies and procedures.</p> <p>Management are currently rolling out the new policies, they are reviewed in both supervision and team meetings with staff individually accountable for familiarising themselves with the content of each of the policies and procedures. As part of ongoing auditing processes, the Director will have oversight of evidence of policies in practice.</p> <p>The Director is in position since March 2020 and the priority during this period was to ensure the safety of both staff and young people. Following the vaccination roll out to staff in March, we are now in a better position to focus on developing our</p>
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		workforce planning and will take into consideration relevant staff supports.	workforce planning from recruitment to induction and upskilling. Part of this process of change is reviewing all aspects of our workforce planning including staff supports, this involves a consultation process with staff with a timeline for implementation no later than the end of 2021.
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