



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 052**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Sorcha Homes</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>21<sup>st</sup> &amp; 22<sup>nd</sup> September 2021</b>
<b>Registration Status:</b>	<b>Registered from the 6<sup>th</sup> December 2021 to the 6<sup>th</sup> December 2024</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> December 2021</b>

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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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on 6th of December 2009. At the time of this inspection the centre was in its fourth registration and in year three of the cycle. The centre was registered without attached conditions from the 6<sup>th</sup> of December 2021 to the 6<sup>th</sup> of December 2024.

The centre was registered to provide medium to long term care for four young people of both genders from age thirteen to seventeen years on admission. The organisation worked from the Well Tree model of care, whose goal was that each young person is protected, respected and fulfilled. The national outcomes framework had also been incorporated into this model which was trauma informed and had encompassed attachment theories along with a focus on challenge and support. There were three young people 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	2.2
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 and the allocated social workers. Inspectors also consulted 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 some time onsite and also completed some of the interviews via MS Teams.

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.

## 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 26<sup>th</sup> October 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 27<sup>th</sup> October. This was deemed to be satisfactory. The inspection service received evidence of the issues addressed and regulatory noncompliance identified during the inspection are now being addressed by the centre.

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: 052 without attached conditions from the 6<sup>th</sup> December 2021 to the 6<sup>th</sup> December 2024 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 8: Accommodation**

**Regulation 17: Records**

**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 found that children in the centre received child-centred care and support from the staff team based on what best suited their individual needs and interests. They were encouraged to have a good quality of life and were facilitated to have a strong role in guiding care decisions that affected their own welfare, safety and potential.

Care plans for two out of three children were not up to date at the time of the inspection. However, a child in care review had taken place within the previous month for one child and a care plan had yet to be forwarded to the centre. For one child, the most recent care plan on their file was from February 2019. This deficiency in the provision of the up-to-date care plan impacts the effectiveness of placement planning for children. Correspondence was in place between the centre and the social work departments requesting copies of all plans including from the most recent child in care reviews. In response, one plan was forwarded during the inspection process. While currently, each child had an allocated social worker, the turnover of social workers for most children was high. Some children on their questionnaires stated that they did not get to see their social workers as much as they would like.

There was evidence to show that the care planning process was inclusive of children, their families, the staff team and other professionals who were part of children's lives. A number of parents and some of the children told inspectors that they had attended child in care reviews and had been consulted with prior to these meetings. Parents said that they felt actively involved in supporting their own children to achieve their individual goals. In general, the staff team had close contact with social work departments and ancillary agencies and inspectors found that they worked very collaboratively to ensure tasks and interventions were effective for the children in their care.



Placement plans were current for all children and were of good quality and they strongly reflected the goals outlined in their most recent care plans or the child in care review minutes. Actions were set out in detail with strategies, supports and programmes identified to show how individual needs were going to be met. In addition to comprehensive key working taking place, interventions were also linked to the centre's risk management framework which included safety plans, absent management plans, risk assessments and individual crisis support plans. Placement plans were reviewed monthly by key workers at a dedicated meeting with centre management. Amendments were then made to the plans based on the changing needs of each child. These updates were shared with the staff team at the team meetings and the whole team had responsibility for ensuring each child's goals were being met. In addition, placement plan outcomes were reviewed every three months in line with the centre's Well Tree model of care which rated the progress that children had made. Placement planning in the centre showed inclusivity of parents and of children's needs and wishes following admission.

There was a strong ethos in the centre of supporting children to maintain relationships with family and significant others in their lives. They phoned their families when they wished and by arrangement, they visited family/guardian's homes and stayed overnight. Some parents and extended family members also visited the centre. Logs were kept of all contacts with families and the social work departments. Parents told inspectors that they were happy with the centre as a home for their child and observed the staff team being dedicated and kind in how they responded to them and in the way they provided them with the day-to-day care that they needed. One placing social worker said that it was clear to see where improvements had been made for the child in how some of their goals were being met and they had observed staff building good relationships and completing regular and targeted key working programmes with them. The social worker said they consistently received placement plans, monthly reports, risk assessments and significant event notifications from the centre. Children described positive relationships with the staff team and said they were able to talk to them if they had any problems or issues. They also said they liked the décor in the centre and described it as cosy with space to have time on their own and it was fun to live there. Inspectors observed very strong continuity of care across the centre files and the centre records were well maintained by the staff team with good oversight by centre management.

Where identified in their care plan, children had access to external supports and specialist services that were required in achieving their individual goals. These included equine therapy, addiction counselling and mental health services. In

addition, input and direction was also provided by professionals supporting the centre's model of care and guidance was given by a dedicated clinical psychologist funded by the organisation. Inspectors saw evidence that referrals to ancillary agencies had been made promptly by the centre manager when needed and where children disengaged from appointments by choice, the staff team completed direct work to help them reconnect to beneficial supports.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 8 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

Inspectors found that there was evidence of very good leadership and management demonstrated at all levels in the centre. The centre manager had been in position for nine years and was well experienced and qualified for their role. They ensured that care practices were child-centred, effective and safe and they promoted a learning environment for the staff team through clear communication and team cohesion. This was noted across centre records such as management meetings, audits, contingency planning reports, placement planning and team meetings. In addition, there was good oversight on children's files and records were reviewed and updated in a timely way and were well co-ordinated and maintained. Staff at interview said that the centre manager was approachable and encouraging and children said they were available to them if needed. Parents told inspectors that the centre manager and staff team were very easy to talk to and were contactable under any circumstances. The centre manager was supported in their role by a deputy manager and there were two social care leader posts, one of which had recently become vacant. In interview, staff were clear on structures within the centre and the wider organisation and of their roles and responsibilities along with any specific tasks that had been delegated to them by the centre manager.

Governance arrangements and management levels were explicit and there was evidence how authority and accountability operated within the centre and the overall organisation. Oversight of the leadership in the centre was undertaken by the registered provider who expressed confidence and were supportive of the centre manager. The registered provider was in daily contact with the centre manager and received monthly reports and audits and held monthly meetings with them. The centre manager was the person in charge with overall executive accountability and responsibility for the delivery of service in the centre and was provided with regular external professional supervision appropriate to their role. The internal management structure was appropriate to the purpose and size of the centre.

A service level agreement was about to be signed off between Tusla and the registered provider and they had responsibility for providing evidence that the service was compliant with relevant legislation and standards.

Since the previous inspection, the centre was required to update all operational policies and procedures and ensure they complied with regulations and the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors found that the centre's suite of policies had been updated in April 2021 in order to meet this requirement. Although the policy review had been conducted by an external consultancy agency, the centre manager informed inspectors that they contributed to the development of policies and were involved in their implementation with the staff team. There was evidence on team meeting minutes and staff interviews that procedures were being discussed and staff had signed the suite of policies indicating that they had read them.

A risk management policy was in place to support practices that identified, assessed and managed risk. These included pre-admission risk assessments, impact risk assessments, individual risk assessments, individual crisis support plans, behaviour management plans, safety plans and absence management plans. Strategies were clear on how risks were to be managed and interventions reflected the guidance from professionals and the centre's evidence-based decision-making. Parents and social workers also contributed to the development of the support plans.

The centre maintained a risk register along with a risk assessment log for each child. The organisational risk register was reviewed by the centre manager and the registered proprietor on a bimonthly basis. However, some of the information in the individual logs were not fully completed for each identified risk. While staff interviewed had a good understanding of the centre's risk assessment framework and there was evidence that children's risks were being regularly reviewed, minutes at team meetings, senior management meetings and significant event review groups were not reflective of the discussions taking place regarding risk. Senior and centre management must ensure that individual risk assessment logs are fully completed and the recording of discussions taking place at team meetings and senior management meetings and significant event review group meetings in relation to risk are strengthened.

A written record was kept of the duties and tasks assigned to the deputy manager and social care leaders. Alternative management arrangements were in place and the

deputy manager was the named person to act-up for the centre manager when they were absent.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

#### **Actions required**

- The Senior and centre management must ensure that individual risk assessment logs are fully completed and the recording of discussions taking place at team meetings, senior management meetings and significant event review group meetings in relation to risk are strengthened.

**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.**

Policies were in place regarding workforce planning in the centre including staff induction, training and continuous professional development. Centre and senior management had systems implemented to undertake a review of staffing levels, training and skills mix and there was evidence of staffing requirements being discussed at internal management meetings, senior management meetings and team meetings. In addition, there was a contingency planning report completed which identified the actions to be taken regarding specific staffing issues. Monthly and six-

monthly manager reports reflected information on staffing deficits, quotas, qualifications, references and garda vetting. The centre manager delegated the roster planning responsibility to the deputy social care manager.

While the staff team cohort consisted of the centre manager, deputy manager, two social care leader positions and five social care workers, there had been changes to the staffing complement prior to the inspection taking place and consequently there were no longer sufficient numbers of staff employed regarding the number of children living there. One social care worker had recently resigned their position and one social care leader was on maternity leave. However, these shortfalls were currently being filled from the relief panel by two dedicated whole-time equivalents. In addition, the centre management informed inspectors that the recruitment process had already begun so as to replace the fulltime social care worker vacancy. The maternity leave role was being covered by a relief worker who, although had the necessary experience of working with children in a residential care setting, they were not suitably qualified.

While the centre had sufficient numbers of relief staff to cover gaps in the roster, of the five on the panel, none were social care qualified and one did not hold an equivalent qualification in a related field. The registered provider and centre manager must aim to have all staff working in the centre social care qualified and if this is not the case, the staff team must be qualified in a related field as per the staffing memo and the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors found that despite the current staffing requirements, there was low level staff turnover in the centre which promoted continuity of care for children living there. Staff interviewed said they were well supported through the provision of training, study leave, career progression opportunities, access to an employee assistance programme and regular supervision. There was a formal procedure in place for the on-call system in use in the centre. It included support and guidance for the team in the evenings and weekends and was staffed by the centre manager, the deputy manager and one social care leader on a three-weekly cycle.

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

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

### **Actions required**

- The registered provider and centre manager must aim to have all staff working in the centre social care qualified and if this is not the case, the staff team must be qualified in a related field as per the staffing memo and the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA).

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
5	Senior and centre management must ensure that individual risk assessment logs are fully completed and the recording of discussions taking place at team meetings, senior management meetings and significant event review group meetings in relation to risk are strengthened.	<p>From 1<sup>st</sup> November 2021 all young people's risk assessment logs will be fully completed on a daily basis by staff team.</p> <p>From November onwards, biweekly team meetings will review the young person's risk assessments.</p> <p>Monthly management meetings from November 2021, will review individual risk assessment logs and these will be included in minutes.</p>	<p>Management will arrange to review and sign-off on all risk assessment logs each week.</p> <p>All risks will be discussed at biweekly team meetings, monthly management meetings and reviewed robustly at the significant review group meetings each month.</p> <p>Arising from the monthly SERG minutes, the centre manager will review the outcomes at team meetings for the purpose of both learning and behaviour management.</p>
6	The registered provider and centre manager must aim to have all staff working in the centre social care qualified and if this is not the case, the staff team must be qualified in a related	The registered provider and centre manager will aim to have the staff team qualified in social care or a related field as per the staffing memo and criteria outlined in the National Standards for Children's	When interviewing staff for social care positions, Management will ensure that staff are suitably qualified or qualified in a related field prior to commencing work.



	field as per the staffing memo and the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA).	Residential Centres, 2018 (HIQA). One staff member has agreed to return to college next year to complete a BA in Social Care.	
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