



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 057

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Orchard Residential Care Ltd
Registered Capacity:	Four Young People
Type of Inspection:	Announced Inspection
Date of inspection:	19th, 20th and 21st March 2024
Registration Status:	Registered from the 19th August 2022 to the 19th August 2025
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	6th June 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in November 2014. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 19th August 2022 to the 19th August 2025.

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

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 2nd May 2024. 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 17th May 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 057 without attached conditions from the 19th August 2022 to the 19th August 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 inspectors found this standard was well met. There was evidence the children's health, wellbeing and development was promoted, protected and that the quality of their lives had improved significantly since their admission to the centre. This was a view expressed by the social workers interviewed by the inspectors.

A review of the young people's house meetings evidenced open and transparent communication between the children and the care team. Actions taken by the team members in response to matters arising from the house meetings was evidenced. The meeting records and the daily logs showed the children's voice was heard and they had input into their care. This was confirmed by three of the children who met with the inspectors and was outlined in the inspection questionnaires completed by all four children. The children indicated they received positive support from the managers and team members. The centre's complaints process was explained to the children at the house meetings and was outlined in the children's information booklet. Additionally, there was child friendly information available in the communal areas of the centre and in an information folder for the children about their rights, bullying and advocacy services for children in care. The records of house meetings showed that children's rights, national standards for children living in care, child safeguarding and restrictive practices were explained to the children.

The inspectors found that the children were consulted in relation to grocery shopping and menu planning. There was evidence in the house meeting records of their input to menu planning and menu plans were set out for the week ahead. There were systems in place to monitor dietary needs for children as required and children were supported and encouraged to develop healthy eating habits. Placement plans and individual work evidenced that staff encouraged the children to participate in food preparation and develop healthy eating habits. The children had easy access to the kitchen where they could prepare food for themselves or access healthy snacks. One

of the children interviewed was highly complimentary of the meals prepared for them by the team members. There was a culture in the home of sharing meals together and mealtimes were a positive social event as experienced by the inspectors throughout the course of the inspection. The kitchen and food preparation areas were clean and well maintained.

The individual work undertaken with the children, by the key workers and members of the care team, provided the children with educative information about their health and wellbeing and guidance to assist them to make decisions that improved their overall wellbeing and development. Additionally, the children were provided with information and guidance to promote self-care. There was an evident focus to teach life skills and engage the children in daily/weekly chores and they engaged well in this learning.

The placement plans on file were comprehensive and covered all aspects of the children's health, wellbeing and development. These plans were child centred and identified the children's likes, dislikes and their personal goals. There was a strong focus on promoting self-care, promoting self-esteem, resilience and wellbeing. The placement plans outlined guidance for the children on topics such as smoking, alcohol, relationships, consent, sexual health and development and use of illegal substances in line with the statutory care plans, and appropriate to their age and stage of development. Inspectors found that team members encouraged the children to engage in hobbies and interests in their school community and in the local community.

The team supported the children to use their own voice and provided the older children with opportunities to be independent and responsible. Strategies were put in place to support the older children with their mental health such as journalling and meditation. Referrals to Tusla aftercare services were made for the three older children and they were at varying stages in their aftercare programmes.

The centre had a policy on diversity and anti-discrimination and the inspectors found they operated this in their daily practice. The inspectors found that the children living in the home were facilitated as they wished to have the same opportunities as their peers and were not subjected to any form of discrimination. The manager and team members promoted a culture of respect, fairness, equality, dignity and autonomy. Keyworkers and team members helped them to understand the nature of discrimination, which one of the children had experienced, and worked with them to find appropriate ways to deal with this. The staff team recognised the importance of

family as a source of identity and belonging and encouraged, supported and facilitated family contact in line with the children's care plans.

There was evidence that a range of external professionals supported the children and the team to meet the range of complex needs of the individual children. There was evidence that the centre managers were strong advocates for the children and championed their needs. There was evidence on file of effective communication with external professionals and that staff implemented advice and guidance of specialists and implemented the goals set out in the care plans. There was evidence of regular meetings to review and plan for the children's needs.

The inspectors found that the children were supported in their educational placements and managers and key workers were strong advocates to ensure the children's educational needs were met. All possible educational supports were explored for children who were unable to engage in mainstream education or who had chosen not to return to formal education. Where appropriate children were encouraged to think about future careers, learn to complete curriculum vitae and seek part time work. Overall, the inspectors found that the managers and staff team promoted the children's health, educational development, life skills to support their wellbeing and development.

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
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 required

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Overall, the inspectors found there were effective systems in place to ensure the centre continuously strived to improve the safety and quality for care to achieve better outcomes for the children. Governance and oversight reports were completed by the centre manager on a monthly basis. The governance reports captured a wide range of information about the operation of the centre to include information for example on incidents, complaints, risk management, internal audits, inspections and quality improvement plans. They were subject to a monthly check and challenge process by the regional director who was the external line manager for the centre. There was evidence of written guidance, direction and learning outcomes identified by the regional director in their oversight of these governance reports.

The service had an external quality assurance coordinator who assessed the centre's practice against the Regulations and the National Standards for Children's Residential Centres HIQA, 2018. The initial quality audit for 2024 was reviewed by the inspectors. This was a well-structured quality audit report. The quality audit report assessed compliance with identified regulations and themes that were clearly set out in the report. The report outlined a range of positive practices within the centre that met the requirements of the regulations and the standards with areas for improvement identified in specific areas. An action plan was set out on the quality audit report and the period for completion identified.

The inspectors found that all required actions and recommendations from inspections and quality audits were input on the centre's quality improvement plan which was reviewed monthly by the regional director and the centre manager to ensure identified actions were addressed. The inspectors reviewed the quality improvement plans for 2023 and 2024 to date and were assured that these plans were effective tools to ensure the continuous improvement in the safety and quality of care and support provided and to achieve better outcomes for the children.

Actions identified on the quality improvement plans were in most instances evidenced as met with a couple of actions in progress. In cases where actions were not met barriers to this were identified.

There was a centre complaint policy in place and a complaints process flow chart. The managers and team members interviewed were familiar with the stages of the complaint's procedure. There was evidence that the complaints procedure was discussed with staff in their supervision. The children interviewed were aware of their right to make a complaint and aware of how to raise concerns about their care. They were aware of who was the named complaints officer. There was evidence the children were supported by staff and other external professionals to raise issues of concern. There were systems in place to monitor and track complaints to identify any patterns or trends. Complaints were input on a live log database and there were robust systems in place to track outcomes and complaints records through the governance reports, team meetings and senior management meetings. Children's complaints records were maintained on their care records. The records evidenced the outcome of the complaint investigation and whether the child was satisfied or not with the outcome. The individual and key working notes evidenced that follow-up work was completed with the children if required in relation to a complaint they made. Social workers interviewed were satisfied they were informed in a timely manner of any complaint made by the children about their care.

The annual compliance report for the period February 2023 to February 2024 was completed by the regional director. The compliance report outlined progress achieved throughout the year and areas of need identified for the coming year. An overview of key areas such as management of significant events, governance, staff recruitment, staff supervision and staff training were addressed within the report. Strategies were set out in the report to manage identified deficits such as staff retention, supervision schedules, solution-focused approach and needs based training for staff as required.

Staff interviewed by the inspectors were familiar with the internal and external systems in place to assess compliance and the quality of care the children received.

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

Compliance with standards	
Practices met the required standard	Standard 5.4
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

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

Staff interviewed understood their roles and responsibilities and were provided with written job descriptions. There was a defined line management structure with clear accountability and reporting lines. There was evidence that managers supported the staff team to use their professional judgement and equally expected staff to be accountable for their practice. While the team were newly formed with six of the eight team members recruited in 2023 the inspectors found they were cohesive in their practice and approach to caring for the children and the input from the management team to their development was evident.

There were a range of supports in place for the team members to ensure the children experienced consistent care. Staff felt they were well supported by their manager who described to the inspectors their 'open-door' policy to the staff and the children. The manager was attuned to the staff needs, strengths and areas for future development. The supervision records reviewed by the inspectors evidenced a culture of learning and professional development. The centre had a supervision policy and staff received supervision in line with the policy. The supervision records evidenced a good standard of supervision practice. Staff received training in supervision practice. Annual appraisals and probation reviews were completed as required and evidenced on file. The centre manager maintained a database to monitor and track when appraisals and probation reviews were due and completed.

Team meetings were undertaken on a fortnightly basis and staff reported good engagement of the team members in these meetings. One meeting each month focused specifically on the children's placement plans and behavioural support plans and the second team meeting each month had a structured wider agenda in relation to the operation of the centre.

The team were facilitated to attend mandatory training and refresher training as required and the service maintained a comprehensive database of all staff training. The staff also received training in the centres model of care earlier in the year and additional training in the area of mental health and wellbeing was provided for the team. Staff informed the inspectors the training provided to them was beneficial to them in their work. Staff were aware of the employee assistance programme available to them and how to access relevant additional support as required. Debriefing was provided to team members where they were involved in a critical incident. At the time of the inspection, it was evident that the team members were happy and well-motivated in their work and a positive work environment prevailed.

While the team staff complement consisted of the deputy manager, three team leaders and five social care practitioners the manager must monitor the adequacy of staffing numbers to care for four children. There were three staff members on duty each day however there was evidence that team members were at times required to undertake additional shifts to provide the required numbers of staff on the roster each day. The manager must ensure there are appropriate numbers of staff employed in the residential centre with regard to the number and needs of the children in the centre.

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

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

Actions required

- The manager must ensure there are appropriate numbers of staff employed in the residential centre with regard to the number and needs of the children in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	N/A		
5	N/A		
6	The manager must ensure there are appropriate numbers of staff employed in the residential centre with regard to the number and needs of the children in the centre.	Since the time of inspection, a new full time Social Care Worker has commenced their role in the centre. This has ensured a full staff team rota, with no additional cover required by staff to meet the number and needs of the children in the centre.	The manager will monitor staffing levels alongside the regional director according to service need. The manager will liaise with the HR department at the earliest convenience of staff shortages during the rolling recruitment campaign. There is a relief panel in formulation to amend any unforeseen shortages of staffing. The centre has secured a relief member of staff for the future to ensure this issue does not arise again.