



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 065**

**Year: 2021 (2)**

## Inspection Report

<b>Year:</b>	<b>2021 (2)</b>
<b>Name of Organisation:</b>	<b>Curam Nua Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Themed</b>
<b>Date of inspection:</b>	<b>07<sup>th</sup> and 08<sup>th</sup> October 2021</b>
<b>Registration Status:</b>	<b>Registered from 30<sup>th</sup> April 2021 to 30<sup>th</sup> April 2024</b>
<b>Inspection Team:</b>	<b>Ruth Coakley Janice Ryan</b>
<b>Date Report Issued:</b>	<b>19<sup>th</sup> January 2022</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 determine the on-going regulatory compliance of the centre with the standards and regulations and the operation of the centre in line with its registration. The centre was first registered in 2015. At the time of this inspection the centre was in its third registration and in year one of the cycle. The centre was registered without attached conditions from the 11<sup>th</sup> of April 2021 to the 11<sup>th</sup> of April 2024.

The centre was registered to provide medium term residential care for two children of both genders from age twelve to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a '*blended theoretical and best practice approach*'. The engagement of children in outdoor pursuits was also a key component of the therapeutic programme of care in the centre. There were two young people under the age of thirteen years in placement at the time of the inspection. Both young people had been placed under derogation against the purpose and function of the centre by the Alternative Care Inspection and Monitoring Service.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
6: Responsive Workforce	6.1, 6.2

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 report was issued to the centre manager, senior management and the relevant social work departments on the 07<sup>th</sup> November 2021. The registered provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service.

The centre manager returned the report with a completed action plan (CAPA) on the 26<sup>th</sup> November 2021.

The findings of this report and assessment of the submitted CAPA deem the centre not to be in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5, Care Practices and Operational Policies or Article 7, Staffing. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 065 with an attached condition from the 11<sup>th</sup> April 2021 to the 11<sup>th</sup> April 2024 pursuant to Part VIII, 1991 Child Care Act. The attached condition being that; there will be no further admissions until such time that the centre has fully implemented the corrective and preventative action plan and can provide evidence to demonstrate that suitable care practices and operational policies are in place and the number, qualifications, experience, and availability of members of staff in the centre are adequate having regard to the number of children residing in the centre and the nature of their needs. The condition will be reviewed on or before the 15<sup>th</sup> April 2022.

### 3. Inspection Findings

#### Regulation 8 Accommodation

#### 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 a detached rural stone cottage located on a one-acre site approximately one kilometre from a small village. The inspectors found that the centre was adequately lit, heated, and ventilated. On review of the centre's application for registration, it described the property as a four bedroomed bungalow (two double and two single sized rooms). Inspectors found that the fourth bedroom which was a double was used as both an office and a sleeping room for staff with a sofa bed.

The centre had a small living room in which staff and one young person had to walk through to gain entry to their bedroom and the staff office. This room required painting and decorating, soft furnishings and updating of furniture to provide a more homely atmosphere.

The inspectors found the layout and design of the centre was not suitable for providing safe and effective care for these two young people based on their needs. Given the needs of the young people and current additional staffing required the physical space of the centre was inadequate. There was not enough communal space for young people to have time on their own other than in their bedroom. Further, inspectors found that there was not enough space for young people to have friends or family visit the centre in privacy. The kitchen area was long and narrow and was not able to accommodate both young people and staff eating together.

On the day of inspection, it was observed that two young people's bedrooms required immediate cleaning. The standard of cleanliness and tidiness of both young people's bedrooms, the bathrooms and communal areas needed to be immediately addressed. Although one young person had decorated their room, the other young person's room required decoration, and both required soft furnishings.

The following issues were noted by inspectors:

- The furniture in the premises was dated and needed to be replaced

- The entire premises needed to be painted
- The entire premises required a deep clean
- The doors and door frames / architraves needed to be painted
- More soft furnishings were required in the centre to make it feel homely
- Young people's bedroom needed to be cleaned, painted with new storage facilities purchased.
- Old broken furniture needed to be removed.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 8</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified (Not all standards were assessed)</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified (Not all standards were assessed)</b>

### **Actions required**

- The registered proprietor must provide a detailed plan to the Alternative Care Inspection and Monitoring Service to address identified issues of concern regarding the standard of the accommodation.

### **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.**

At the time of inspection, the service was in the process of updating their policies and procedures and it was anticipated that this would be completed by November 2021. The update to policies was an action required from previous inspections in this service but had not been completed. Staff recruitment and retention was the responsibility of the registered provider/director of care in the organisation.

The inspectors found that the service had a policy for staff recruitment; however, details of the arrangements in place for staff retention were not documented by the service. The inspectors examined two handwritten records of senior management meetings for June and August 2021, and they found that staff issues were discussed briefly. The inspectors found these handwritten records difficult to read and noted that they contained limited information and were of poor quality. Inspectors require that the registered provider ensures that all records are legible and that senior management meetings include discussion on staff recruitment and retention. The inspectors found in interview, that staff and management were unclear of any measures in place to ensure staff retention.

Following the onsite inspection, the centre manager provided an updated staff list to inspectors showing the current staff complement. This consisted of a centre manager, deputy manager (part time), three social care leaders, five social care workers, five part time staff and three other staff members comprising of an outdoor pursuit's person and a therapist and counsellor as required.

The inspectors reviewed the centre's application for registration submitted on the 22/04/21. In this document the registered provider stated that there were ten full time staff allocated to the centre. However, from a review of the personnel files, contracts for staff and the rosters in the centre, inspectors found that the application for registration was not consistent with staffing arrangements.

Inspectors found the following:

- Only five of the ten staff listed on the application for registration were working full time in the centre.
- Four of these full-time staff members did not have contracts on file.
- Of the other five staff listed on the application for registration, three had relief contracts and were working relief hours.
- One staff member did not have a contract on file and was working relief hours.
- The final staff member had not worked in the centre since 29/04/21 (seven days after the application for registration was submitted).

Inspectors found it difficult to determine the exact staffing complement in the centre due to inconsistencies found in staff contracts, rosters, and centre records. The centre ran a variety of shift patterns as follows:

- 25 hours - start 10am and finish 11am the following day.
- 12 hours – start 10am and finish at 10pm.

- 14 hours – start 8am and finish at 10pm.
- 49 hours – start 10 am finish 11am two days later.
- 6 hours – start 4pm and finishing at 10pm.

While there was always double cover rostered for the centre and always two staff on site to work with the young people, inspectors found that the centre was not adhering to the rostering arrangements that it had committed to in this dual occupancy arrangement. The centre had specified that the minimum cover provided would be three social care staff to provide care for the two young people. At times this was not the case.

One person was employed to support the young person with their outdoor pursuits activities and was not employed as part of the social care team. This person was supernumerary to the social care staff complement. Inspectors found that despite this person not holding an appropriate social care qualification, they were frequently used as social care staff member on shift. The registered provider had written to the Alternative Care Inspection and Monitoring Service in April 2021 stating that this would not occur. This practice must cease immediately.

Inspectors also noted that a student that was completing a work placement in the service who also had not gained an appropriate qualification was also included as a staff member on shift. This practice must cease immediately.

Inspectors found that the daily logs and handover records did not specify hours or shift patterns and did not provide accurate information of staff who were in the centre. The staff coming on shift were recorded at the top of the handover sheet however, the inspectors found from a review of rosters and through interviews that some staff did not come on shift until later in the evening and start / finish times were not accurately recorded. The daily logbooks and rosters did not record the times that staff were present. This is a safeguarding issue and the start and finish times of staff must be recorded.

The inspectors found that over a five-month period eighteen staff members worked in the centre excluding the centre manager, outdoor pursuits instructor, counsellor, therapist and student. The inspectors observed that the centre manager was working shifts in the service outside of their current position. Over a five-month period they found that the centre manager had worked 111 hours in the centre to support the roster and during these occasions was not available to fulfil their management function.

Inspectors found that it was normal practice for staff to work back-to-back sleepover shifts and stay on the premises for up to 50 hours. They found over a five-month period that 75 back-to-back sleepover shifts had been worked. Inspectors noted for two staff members over a two-month period that they did not have the appropriate breaks between shifts and inspectors found that this was not in keeping with best practice and safe care and rosters should be developed to meet the needs of the young people.

The centre had dedicated relief staff to cover annual or other types of leave and to fulfil the gap in the roster due to staff not fulfilling full time hours. The inspectors found that these relief staff members were consistent in the service.

There was a formalised procedure for on-call arrangements at evenings and weekends. Staff and management in interview were clear of this arrangement. The inspectors found that one temporary deputy manager shared this function as part of their working hours in the centre.

The centre's application for registration submitted on the 22<sup>nd</sup> of April 2021 differed significantly from what was found on inspection with many inaccuracies relating to staffing. This was not in keeping with the Child Care Act 1991, Section V111 part 61 (8) as the information supplied in an application for registration must be correct. In total, three staff members held full time contracts, six staff members had relief contracts and one staff member had no contract on file which was in contradiction the information held for the registration of the centre. Inspectors found there were not enough full-time staff to meet the rostering requirements for the service and this was not keeping with the National Standards for Residential Care, 2018 (HIQA) Standard 6.1 or the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5: Care Practices and Operational Policies and Article 7: Staffing. Staff who were listed as full-time employees were not working full time hours and inspectors found that three staff members were working other employment outside of this centre. Inspectors found that registration was granted on a basis that five staff members had relevant qualifications and worked full time hours. However, the inspectors found that this was not the case and these staff were not working full time in the centre.

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

The inspectors reviewed personnel files for 16 staff members including centre management. The inspectors found the following:

- Five files had no curriculum vitae
- Three files had no job description
- Seven files had no contract
- Four files had no application form

In interview, the centre manager they stated that staff contracts were currently under review, and this was further confirmed in a follow up email with the director of care. From a review of these personnel files the inspectors found that only three staff members held full time contracts. This differs from the information provided in the application for registration for this centre submitted in April 2021, which stated that ten full time staff were working in the centre.

The inspectors reviewed the references on file and noted that although references were verified, the following issues were found:

- Three files had only two references
- Two staff had no reference on file
- Three staff had references from within the same organisation
- One staff had a reference from a family member

The inspectors found incidences where references lacked clarity of who provided same, and some references on file were from the current Director of Care/CEO for this centre. The CEO cannot include references that they have written as part of the vetting for employees – this is not safe practice.

On further examination of Garda vetting records the inspectors found that vetting was out of date for two staff members. One staff member was on long term leave and the other was working in the centre. The inspector noted from further information received that follow up of the outstanding vetting for one staff member was being addressed.

Inspectors found that two staff members had been appointed to a shared temporary deputy manager position in March 2021 and this was part of the governance arrangements submitted as part of the application for registration in April 2021.

Inspectors noted that this arrangement had ceased in July 2021 with one staff member maintaining the sole position currently. The inspectors reviewed the two staff members' qualifications and found that both staff members were appropriately qualified with relevant experience however, they found that there were no contracts in place for this position.

The service had appointed a full-time centre manager in April 2021, who was working in the service for a period of three years and was in an acting position previously. The centre manager did not hold a qualification in social care but did hold a qualification in a related field. On review of the personnel file, they found that there was no updated contract or job description for this current post. As noted above, there were issues with the suitability of references provided for this post. Inspectors also found that the service had employed an outdoor pursuits worker for the centre; however, they found no contract on file for this person.

The inspectors found that there were seven staff members who had worked or were currently working in the service in which there were no personnel records on site. The inspector received follow up information confirming all Garda vetting requirements were in date for these staff members.

Inspectors found that hard copy of the personnel files were not up to date. However, the service confirmed that they were in the process of moving all personnel files onto electronic files and additional personnel information was stored on these in which the inspectors did not review at the time of inspection.

Inspectors found that the centre did not meet the requirements with regards to safe staff recruitment and practices were not in keeping with the department of health circular on recruitment, 1994. The centre did not meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5, Care Practices and Operational Policies and Article 7, Staffing

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b> <b>Regulation 5</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified (Not all standards were assessed)</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified (Not all standards were assessed)</b>
<b>Practices did not meet the required standard</b>	<b>6.1</b> <b>6.2</b>

### **Actions required**

- The registered proprietor and centre manager must ensure that all records are legible and that senior management meetings include discussion on staff recruitment and retention.
- The registered proprietor and centre manager to provide the Alternative Care Inspection and Monitoring Service with a plan or guidance note on staff retention.
- The centre manager to notify the inspectors when Garda vetting is in place for two staff members.
- The registered proprietor and centre manager to provide the Alternative Care Inspection and Monitoring Service with written confirmation that all staff members working in the service have a personnel file which contains all relevant information and is in line with the National Standards for Residential Care, 2018 Standard 6.2 and regulation 7 as per the Child Care (Standards in Children's Residential Centres) Regulations, 1996.
- The registered proprietor and centre manager to provide written confirmation to the Alternative Care Inspection and Monitoring Service in writing that an unqualified person who is not part of the social care team, the manager or deputy manager will not be utilised as a staff member on shift.
- The registered proprietor and centre manager to provide written confirmation to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service from immediate effect.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered proprietor must provide a detailed plan to the Alternative Care Inspection and Monitoring Service to address identified issues of concern regarding the standard of the accommodation.	<p>The registered provider plans to address identified issues of concern regarding the standard of the accommodation (see below).</p> <p>Actions completed to date:</p> <p>The premises has been deep cleaned and broken furniture has been removed.</p> <p>The registered provider, in conjunction with the Centre Manager, are continuing to ensure schedule for repair of property and items damaged as follows:</p> <p>New furniture including sofas, soft furnishings has been ordered and will be delivered on 07<sup>th</sup> December 2021 (subject to manufacturer delivery date being</p>	The registered provider, in conjunction with the Centre Manager, and the team at the Centre and the social work department are progressing work with resident young person to minimise the young person's reliance upon property damage as a coping strategy. At the time of writing it can be noted that this work is supporting the young person to develop more positive coping skills and there has been limited occasions of property damage since October 2021.

		<p>supplied).</p> <p>The entire premises will be painted (painter has been identified and appraised of the works required). The house will be completed by the 31/01/2022.</p> <p>The doors and door frames and architraves will be painted by the 31/01/2022.</p> <p>Key work staff have completed the individual work with both young people regarding furniture required for both bedrooms – these items will be delivered on the 07/12/2021.</p>	
<b>6</b>	The registered proprietor and centre manager must ensure that all records are legible and that senior management meetings include discussion on staff recruitment and retention.	The senior management team have composed and agreed a standard proforma for all meetings including senior management meetings, all minutes will be typed with immediate effect. This proforma includes 'Staffing' as a standing agenda item. Please see attached Management Meetings Proforma.	The Quality Assurance and Governance officer will complete centre audits and these will ensure that there is evidence of robust governance at the centre, including the accurate and legible recording of minutes of key meetings including senior management meetings.

		<p>The Director of Services will ensure that Monthly Senior Management meetings are accurately recorded using this structured proforma. The meeting chair, at each monthly meeting, will ensure that meetings are accurately recorded to reflect issues discussed and decisions agreed, using the structured proforma (attached). These minutes will also be read and signed off by all attendees and relevant decisions will be communicated to the staff team. Effective immediately.</p> <p>A Quality Assurance and Governance Officer appointed on the 01.11.21. This role will initially focus on completing an evaluation of inspection findings and ensure compliance with the National Standards, including review of records including senior management meetings.</p>	
	The registered proprietor and centre manager to provide the	The registered proprietor and centre manager will provide the Alternative Care	<p>The Quality Assurance and Governance officer will complete Centre Audits and these will ensure that there is evidence of robust governance at the centre, including the accurate and legible recording of minutes of key meetings including senior management meetings.</p> <p>The Quality Assurance and Governance officer will complete centre audits and these</p>

	<p>Alternative Care Inspection and Monitoring Service with a plan or guidance note on staff retention.</p> <p>The centre manager to notify the inspectors when Garda vetting is in place for two staff members.</p> <p>The registered proprietor and centre manager to provide the Alternative Care Inspection and Monitoring Service with written confirmation that all staff members working in the service have a personnel file which contains all relevant information and is in line with the National Standards for</p>	<p>Inspection and Monitoring Service with the agreed Staff Retention Policy upon its completion by 31<sup>st</sup> December 2021.</p> <p>The centre manager includes notification to the inspectors relating to the Garda vetting regarding two staff members. Letter dated 13<sup>th</sup> November 2021. Garda Vetting for one staff member continues to be on long term sick leave and Garda Vetting will be renewed prior to his return to employment and other staff member 15.11.2021.</p> <p>The centre manager and newly appointed full time deputy manager (appointed 8<sup>th</sup> November 2021) will review all personnel documentation both electronic and hard copies. A system where both electronic and physical files will be developed by the 31/12/2021. The manager and Deputy manager will ensure the centre contains all relevant information and is in line with the National Standards for Residential</p>	<p>will ensure that all necessary policies are in place and updated to ensure compliance with National Standards for Residential Care, 2018.</p> <p>The Quality Assurance and Governance officer will complete centre audits and these will ensure that all Garda Vetting is in place prior to renewal dates, to ensure compliance with National Standards for Residential Care, 2018.</p> <p>A Quality Assurance and Governance Officer has been appointed on the 01.11.21. The role will provide oversight and governance of this process and the maintenance of personnel files moving forward – both hard copy and electronic files.</p>
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	<p>Residential Care, 2018 Standard 6.2 and regulation 7 as per the Child Care (Standards in Children's Residential Centres) Regulations, 1996.</p> <p>The registered proprietor and centre manager to provide written confirmation to the Alternative Care Inspection and Monitoring Service in writing that an unqualified person who is not part of the social care team, the manager or deputy manager will not be utilised as a staff member on shift.</p>	<p>Care, 2018 Standard 6.2 and regulation 7 as per the Child Care (Standards in Children's Residential Centres) Regulations, 1996.</p> <p>This will be completed by 31<sup>st</sup> December 2021.</p> <p>The unqualified person is employed as the centre's Outdoor Pursuits and Activity Instructor. They are additional to the staff accompaniment since 01/11/2021.</p> <p>The Centre Manager and Deputy have only contributed to covering emergency gaps in shift patterns in response to Covid 19 staffing issues. Centre manager and deputy managers do not cover Social Care shifts. The service continue to actively recruit additional staff via job advertisements on Indeed.com and Irishjobs.ie.</p>	
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	<p>The registered proprietor and centre manager to provide written confirmation to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service from immediate effect.</p>	<p>The registered proprietor and centre manager have provided written confirmation to the Alternative Care Inspection and Monitoring Service in writing that the practice of back-to-back sleepover shifts has ceased in the service with immediate effect. Please see attached letter dated 31<sup>st</sup> October 2021.</p>	<p>The registered proprietor and centre manager completed review of all employee's contract of employment to reflect the permanent ceasing of back-to-back shift patterns at the centre.</p>
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