



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 074

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Good Shepherd Cork
Registered Capacity:	Four young people aged 16-17 and two adults aged 18+
Type of Inspection:	Announced
Date of inspection:	18th & 19th September 2023
Registration Status:	Registered from 3rd December 2022 to 3rd December 2025
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	19th December 2023

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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 December 2003. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from 03rd December 2022 to the 03rd December 2025.

The centre was registered as a multi-occupancy service. The centre's purpose and function was to provide emergency, short to medium term accommodation for young females who were out of home or were at risk of homelessness. The centre offered six residential placements, two of which were specifically for 18 to 19 year old young women and were allocated on a planned basis. The other four placements were allocated to young people aged 16 to 17 years and could be accessed on a planned or emergency basis. The centre in an emergency situation will offer a placement for 15 year olds under a place of safety order, offering a place of safety until the next working day or to a maximum of three nights if the admission occurred on a Friday evening. The centre's model of care was described as solution focused brief therapy. This method of intervention focused on the young person's present and future circumstances and goals, rather than past experiences. It targeted the young person's default solution patterns and replaced them with problem solving approaches. There were three young people in residence at the time of inspection, two young people were under 18 and one young person was over 18. The inspectors reviewed the files of the two young people under 18 during the inspection process.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	2.2
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult

with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and relevant social work departments on the 27th October 2023. 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 15th November 2023. 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: 074 without attached conditions from the 03rd December 2022 to 03rd December 2025, pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

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 wellbeing and personal development.

At the time of inspection there were three young people resident in the centre. During the inspection the inspectors reviewed the care files of the two residents who were under eighteen and in medium term placements, one of whom was a readmission. Both young people on admission had care plans on file. The centre policy on care planning stated that care plan meetings were held weekly at the start of the placement and monthly thereafter. Inspectors found that care plan reviews had occurred within these time frames for the two young people except on one occasion when there was a two month gap in one young person's care planning meetings due to the unavailability of their social worker. This resulted in the young person making a complaint that they were not satisfied with the level of social work input in their care. The centre supported and facilitated the young person in making this complaint using the Tusla "Tell Us" policy for feedback and complaints process. A social work team leader subsequently met with the young person and the complaint was resolved to the young person's satisfaction.

Young people were invited and encouraged to attend their care plan review meetings to share their views, discuss their needs and provide feedback on their placement. In cases where young people chose not to attend their reviews work was completed with them in advance to ensure their views were represented and they received feedback following the meetings. The inspectors met with one young person during the inspection who confirmed that they had attended care plan meetings and were involved in all aspects of their care. Inspectors also found that there was an ethos of collaborative working in the centre which was inclusive of parents.

There were up to date placement plans on file for both young people that outlined the actions the centre was undertaking to meet the aims and objectives of the care plans. Placement plans were developed by the young people's keyworkers in consultation with the young people and were overseen by the centre managers. The aims and

objectives of the placement plans included education/training, health, relationships, contact with family, social workers and peers. There was also a strong focus on developing young people's independent living skills and on their accommodation needs going forward. The inspectors reviewed key working records and found that young people were involved in setting goals with their key workers. There was a substantial amount of key working on file for both young people in placement.

Throughout the inspection, the centre manager and staff in interview demonstrated a good knowledge and understanding of the needs of the young people in placement. There was evidence on file that staff had linked in and supported the young people in attending appropriate external and specialist supports including mental health and addiction services. The centre had access to a number of professionals attached to the organisation including a psychologist and domestic violence worker which was found to be very beneficial for the young people and supporting the staff team. The service had also funded external counselling services for young people when there was a delay in accessing these services.

The inspectors were satisfied from interviews and a review of care files that there was effective communication with the referring social work departments who were present in the centre on a regular basis to attend care plan meetings. All allocated social workers and professionals stated that there was regular and consistent communication, both via telephone and email in relation to the young people.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.2
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.

The centre had policies in place that supported a positive approach to the management of behaviour that challenges, and these were underpinned by the organisation's model of care. The centres policy "supporting positive behaviour" emphasised the importance of staff building positive relationships with the young people based on trust and respect. There was a consistent management and staff team in place, the majority of whom had worked in the centre for long periods and were highly experienced. It was evident in interviews and across a range of records that they were attuned to the underlying causes of behaviour and were making efforts to assist and support the young people to manage their own behaviour. The young people that completed questionnaires and a young person who spoke with inspectors all stated that they had built positive relationships with the managers and staff team and spoke highly of the care they received.

The centre did not have a specific behaviour management model in place. All those interviewed stated that their approach to managing the young people's behaviour was guided primarily by the centres model of care, solution focused brief therapy. They described this as a short term goal focused therapeutic approach which was based on helping young people change by constructing solutions rather than focusing on problems, setting out goals and how to achieve them. At the time of inspection seven of the eight staff were trained in the model and refresher training was scheduled for all the team.

On admission young people were supported to understand their rights, the behaviour expected of them and were required to sign a contract agreeing to adhere to the rules of the centre. This was also explained to young people at their admissions meeting and discussed in key work sessions following significant events. The centre had a sanctions policy in place. The sanctions policy involved a three tier written warning system with each warning given to the young person as a result of a serious breach of rules or continuous breach of rules which could result in discharge. Inspectors found that in the year prior to inspection that there were two young people discharged from the centre based on the warning system following serious incidents of misconduct.

Inspectors were satisfied that the centre was flexible in their application of the warning system and made every effort to ensure that discharge was a last option and this was confirmed in interview with allocated social workers. A record of all sanctions including warnings was maintained in a consequence register. Inspectors were satisfied from a review of the register that positive behaviour was also encouraged and rewarded by the staff team.

There were a number of written documents to assist and support the management of challenging behaviour including individual crisis management plans (ICMP), absence management plans and individual risk assessments. ICMP's were in place for the two young people in placement which were developed by the young people and their key workers. These plans contained an analysis of the young person's potential high-risk behaviours and outlined strategies for responding to these behaviours. The centres policy stated that these were subject to monthly review or as required. However, inspectors found in one young person's case that their ICMP was not updated for a three month period despite a number of serious incidents taking place during this time.

It was evident from the centres significant event register that the centre experienced a high level of challenging behaviour in the six months prior to inspection. During this period there was a number of reported incidents of bullying and other challenging behaviours which staff found difficult to manage at times due to the negative group dynamics in the centre. This resulted in two young people being discharged due to violence, threatening behaviour and an assault on another resident in the community. There was evidence that the centre manager and staff made efforts to manage these incidents effectively conducting strategy meetings with the young people and their social workers to address behaviours of concern and group dynamic issues. The centre had a written policy on bullying and staff in interview were clear of their reporting responsibilities under Children First in relation to the reporting of bullying concerns.

Inspectors found that the warning system in operation and the centres model of care were limited in terms of responding to young people's challenging behaviour. Inspectors recommend that centre explores the development of a crisis management tool which includes crisis prevention/de-escalation techniques along with any additional training that may benefit the team as part of a wider approach to the management of behaviour.

There was evidence that staff had an understanding of mental health issues and supported the young people in accessing a range of mental health services. The psychologist attached to the organisation had provided some guidance to the team in relation to the management and understanding of young people's behaviour and had undertaken reflective practice sessions with them. Inspectors were informed that further sessions with the psychologist were planned. The registered provider must ensure that the incidents that occurred in relation to bullying behaviours and negative group dynamics are reviewed for learning purposes to determine if any changes are required in relation to policy, practice or training requirements. At the time of inspection training in trauma informed care was scheduled for the staff team and this may be beneficial in terms of assisting the team in the management of challenging behaviour.

Allocated social workers and other professionals interviewed were satisfied that the centre did their best to manage the young people's behaviour highlighting the quality of the relationships staff and management built with the young people. They confirmed that they were informed off all incidents that occurred in the centre in a prompt manner. Inspectors noted from reviewing the significant events notification forms on file that they did not contain any commentary by the centre manager. The centre manager must ensure that the oversight section on significant event forms is completed to include their commentary on the management of incidents noting if any identified supports or follow up actions are required.

The centre had an auditing system in place and senior management were aware of the issues relating to behaviour management in the centre. Audits were undertaken internally by the centre manager and externally by the organisations Chief Executive Officer. Significant events were also reviewed at team meetings and in staff supervision.

The centre had a policy on restrictive practices and all restrictive practices were recorded in a register. Inspectors were satisfied that that all restrictive practices were risk assessed, monitored, and reviewed on a regular basis. Inspectors noted that young people's curfew times for returning to the centre were also recorded as a restrictive practice. Inspectors recommended that this is removed as this practice is a safety measure.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that individual crisis management plans are subject to review monthly or when required in accordance with centre policy.
- The registered provider must ensure that the centre explores the development of a crisis management tool which includes crisis prevention/de-escalation techniques along with any additional training that may benefit the team as part of a wider approach to the management of behaviour.
- The registered provider must ensure that the incidents that occurred in relation to bullying behaviours and negative group dynamics are reviewed for learning purposes to determine if any changes are required in relation to policy, practice or training requirements.
- The centre manager must ensure that the oversight section on significant event forms is completed to include their commentary on the management of incidents noting if any identified supports or follow up actions are required.

Regulation 10 Health Care

Theme 4: Health, Wellbeing and Development

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

Inspectors were satisfied that the centre was making every effort to support the young people to achieve their potential in learning and development. It was evident in interviews that there was an excellent culture of recognising the importance of

education. On admission each young person's educational status, attainment, targets, goals and any supports required were identified. At the time of inspection both young people were engaged in educational programmes. Education was a standing agenda item in all care plan meetings.

Efforts were made to maintain young people in their school placements where possible. There was evidence in placement planning and key working records of discussions and consultation with the young people in relation to supporting them in their education and training. Interviews and records viewed by inspectors showed that the centre worked collaboratively with social workers and where appropriate parents to support young people in maintaining and accessing educational opportunities. The key workers were linking in with schools/educational settings on a regular basis to support the young people and to advocate for them.

The organisation had a number of structures in place to support the young people in their education that proved to be effective. This included a school completion officer who worked closely with the young people and staff in the centre when required to support them in accessing and maintaining educational placements. In addition, the centre had access to the organisation's community based training programme for young people who for a variety of reasons were unable to access mainstream education.

Inspectors found that the amount of information on file in relation to education was limited due to the short term nature of the placements. Records of educational progress were recorded in care plan meetings and monthly progress reports. There was also evidence of the centre celebrating the educational achievements of the young people, some of whom have done very well.

Educational resources were made available to the young people when required. One young person had recently commenced a third level course and the centre had assisted them in obtaining a student grant, laptop ,equipment and travel passes to facilitate their attendance. Within the centre there was adequate space for the young people to study in their rooms and resources including grinds were made available to the young people if required.

Young people are made aware on admission that there is an expectation for them to attend an educational or training programme. In circumstances where young people choose to not to attend or attendance issues arose meetings were arranged with the

allocated social workers and all relevant people with a bona fide interest in the education of the young person.

Young people were supported in transitioning to new schools, third-level education or training programmes, as required. The centre had developed strong relationships with the local homeless services and other agencies in relation to education/training housing, and support services for young people moving on from the service.

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

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	N/A		
3	<p>The centre manager must ensure that individual crisis management plans are subject to review monthly or when required in accordance with centre policy.</p> <p>The registered provider must ensure that the centre explores the development of a crisis management tool which includes crisis prevention / de-escalation techniques along with any additional training that may benefit the team as part of a wider approach to the management of behaviour.</p> <p>The registered provider must ensure that the incidents that occurred in relation to bullying behaviours and negative group dynamics are reviewed</p>	<p>The centre manager will begin immediately (November 2023) along with the Deputy Manager monthly reviews of the individual crisis management plans or when required.</p> <p>The centre is currently in talks with Tusla Children's Residential Services to see if behaviour management training can be provided by their training personnel. If this is not available. The centre will privately source behaviour management training. Endeavour to have this training completed by February 2024.</p> <p>The manager and CEO have arranged for the psychologist that works within Good Shepherd Cork to facilitate a morning with staff and management to review the</p>	<p>This review will become part of the dedicated management oversight within the centre. Our CEO will also ensure such reviews are occurring when she is conducting her oversight of resident's files.</p> <p>Behaviour management training will become part of the mandatory training schedule for all staff in the centre and will be monitored by management through our yearly training needs analysis.</p> <p>The manager and CEO will ensure that should such challenging or difficult behaviours arise again that we review these behaviours as a staff team with</p>

	<p>for learning purposes and to determine if any changes are required in relation to policy, practice or training requirements.</p> <p>The centre manager must ensure that the oversight section on significant event forms is completed to include their commentary on the management of incidents noting if any identified supports or follow up actions are required</p>	<p>bullying behaviours for the purposes of learning and to determine if any changes to policy, practice or training needs to be made. This is planned for early December 2023</p> <p>The manager has already begun this practise and comments on all SEN's and identifies any follow up decisions or actions required.</p>	<p>management and CEO in relation to policy, practise and training. Through regular monitoring and oversight by management and CEO we will ensure that this occurs.</p> <p>All SENs are currently overseen by management, a particular Social Care Leader and the CEO. Commentary from Management will become part of this oversight process.</p>
4	N/A		