



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	Good Shepherd Cork
Registered Capacity:	Four young people aged 16 -17 and two adults aged 18+
Type of Inspection:	CAPA Review
Date of inspection:	15th October 2024
Registration Status:	Registered from 3rd December 2022 to 3rd December 2025
Inspection Team:	Paschal McMahon
Date Report Issued:	4th December 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 a corrective actions and preventative actions (CAPA) review 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 CAPA review the centre was in its sixth registration and was in year two 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 two young people in residence at the time of inspection.

1.2 Methodology

The inspector examined the progress made by the centre with the implementation of the CAPA from the previous inspection in September 2023. For the purposes of this inspection the inspector requested documentation from the centre manager to provide evidence that actions taken in relation to the CAPA had been completed. The inspector also conducted a visit to the centre and interviewed the centre manager and two staff members.

Statements contained under each heading in this report are derived from collated evidence. The inspector 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 31st of October 2024. The findings of the CAPA review was used to inform the registration decision.

The findings of this CAPA review has determined the centre to have fully implemented the required actions and therefore 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 3rd December 2022 to 3rd December 2025 pursuant to Part VIII, and 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Issue Requiring Action:

- 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 and 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

Corrective Actions:

- The centre manager will begin immediately (November 2023) along with the deputy manager monthly reviews of the individual crisis management plans or when required.
- 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.
- 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 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

- The manager has already begun this practise and comments on all SEN's and identifies any follow up decisions or actions required.

Review Findings:

The inspector found that following the last inspection in September 2023, the centre had reviewed their behaviour management approach and introduced a new accredited behaviour management model to complement their solution focussed brief therapy model of care. The team had been trained in the behaviour management model in July 2024 by the deputy manager, who was a certified trainer and was responsible for ensuring that refresher training took place within the required time frames. Training records provided to the inspector at the time of the CAPA review showed that with the exception of one full time and one relief staff, all of the care team had received this training.

Individual crisis management plans were previously used by the centre as a behaviour management tool. These have now been replaced by safety and support plans consistent with the new behaviour management model. The inspector found that there were safety and support plans on file for the current residents which were developed jointly by the young people and their key workers as a proactive measure to manage their behaviour. The inspector confirmed from a review of team meetings and interviews that the safety and support plans were subject to review by the centre manager and the team on a regular basis in line with the behaviour management protocol.

The inspector was satisfied that the centre had taken appropriate measures in response to the action to review the bullying behaviours and negative group dynamics that had occurred in the centre in the period referred to in the last inspection report. The inspector found that a psychologist attached to the service had met with the centre manager, the care team and the organisations CEO on two occasions in February and April 2024 to reflect on these events including a review of the significant event notifications that took place during this period. The inspector reviewed the minutes of these meetings and found that the actions identified had since been implemented. This included the need for additional training which led to the implementation of the new model of behaviour management. Staff interviewed reported that this training had been beneficial in assisting them in understanding and managing the young people's behaviours since its implementation. The psychologist has also made themselves available to the team should they require additional support and direction in terms of managing the young people's behaviour going forward.

The inspector reviewed a sample of significant event notification forms during the CAPA review. All of the significant event forms that were reviewed included a record of the managers' comments and guidance along with a record of any required follow-up actions.

The inspector was satisfied that the corrective actions were implemented as outlined in the CAPA.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
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