



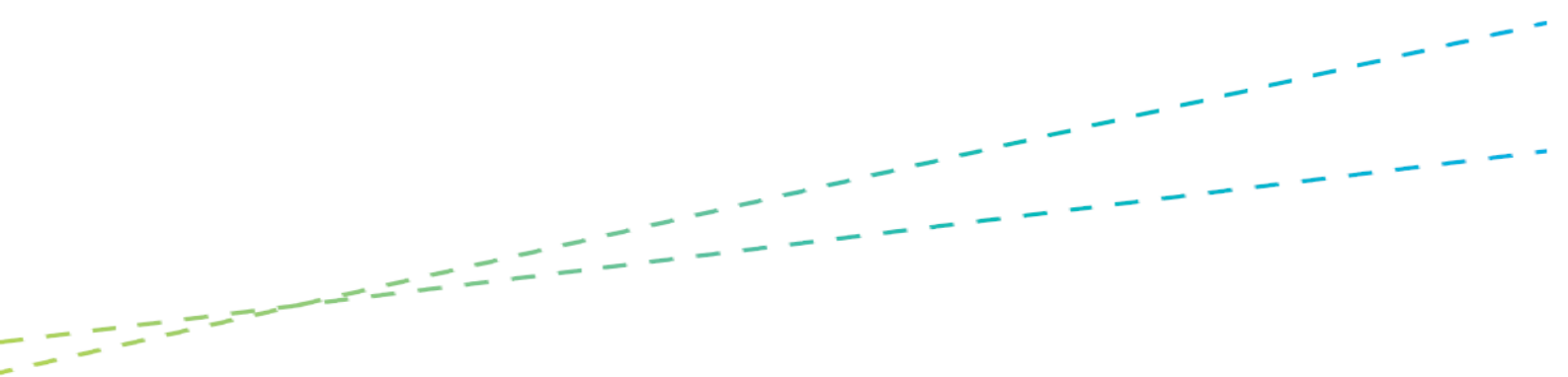
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 076

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	St Bernard's Children's Service
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	22nd, 23rd & 24th February 2021
Registration Status:	Registered from 19th May 2021 to 19th May 2024
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	7th July, 2021

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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 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 on the 19th May 2008. 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 the 19th May 2018 to the 19th May 2021.

The centre's purpose and function was to accommodate five children of both genders from age seven to eleven years on admission. The centre was described as a therapeutic community with practices based primarily on psychodynamic and attachment theory. The primary task of the centre was to provide a consistent high-quality multidisciplinary therapeutic programme that included group living treatment, individual psychotherapy, national curriculum education and family support. The aim of this therapeutic provision was to enable the children to reintegrate back into mainstream family setting, school and community life.

There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.4

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 and centre manager on the 31st March 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 30th April 2021. It was the decision of the registration panel at this point to propose to attach conditions to the registration of the centre for non-compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5. The condition being:

- There must be no further admissions of a young person under the age of 18 to this centre.

The registered providers made representations in response to the proposal to attach the conditions as per Article 61, (12) of the Child Care Act 1991. These representations and supporting documents to evidence progress that had been made in implementing the CAPA were reviewed at Registration Committee meeting on the 18th June 2021 and it was deemed that the proposed condition could be withdrawn. The centre were informed of this decision.

As such it is the decision of the Child and Family Agency to register this centre, ID Number: 076 without attached conditions from the 19th May 2021 to the 19th May 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a number of relevant child protection policies and procedures in place which were compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the National Standards for Children’s Residential Centres, 2018 (HIQA). The centre had an up-to-date child protection policy and a child safeguarding statement with written confirmation that the Tusla Child Safeguarding Statement Compliance Unit had reviewed it. Overall, staff in interview demonstrated an understanding of the relevant legislation, centre policies and standards appropriate to their role. However inspectors suggest that the centre take time to formally link the policies in place with the objective they are there to achieve as staff required prompting to link the policies with the legislation.

The centre had a bullying policy in place which addressed the issue of how to manage bullying both from the perspective of a child who is bullied and from the perspective of a child who is behaving in a bullying manner. Staff in interview were able to identify clear strategies for responding to such behaviour. Inspectors found that there was evidence of targeting from one child in the centre towards another child. Inspectors acknowledge the significant work completed by the staff in ensuring that both children received appropriate intervention regarding the impact of this behaviour, however inspectors expressed concern about the on-going risk this posed to the child who is being targeted. This sentiment was reflected by the guardian ad litem for that child. Inspectors recommend that the centre management conduct a review with the relevant social work department and guardian ad litem to ascertain what, if any, additional interventions need to be implemented.

Risks associated with social media and interventions to manage same were identified in the centre’s internet and social media safety policy. Given the young ages of the children resident in the centre, the children did not have any unsupervised access to social media.

Training records reviewed by inspectors showed that all staff had received child protection training provided by the organisation as part of their induction along with training in the Tusla E-Learning module: Introduction to Children First. Staff interviewed were aware of the appropriate responses in responding to a disclosure of abuse and had a good knowledge of reporting and notification procedures. All staff were aware of how to report a concern to Tusla and their obligations under the title of mandated reporter. The centre maintained a register of child protection concerns. The centre manager must ensure that additional columns are added to the child protection register to record the nature of the concern and the date that the concern was responded to and closed. There was evidence that all child protection and welfare reports sent in 2020 had been received and reviewed by the social worker and an outcome provided to the centre.

Supervising social workers informed inspectors that there was good communication between the centre and they were working in partnership in responding to safety risks and the implementation of agreed strategies. Arrangements were in place for parents and guardians to be informed of any incident or allegation of abuse. This was confirmed by the parents in interview.

There was good evidence on care files and key work records of individual work being undertaken with the children regarding their emotional health and self-esteem, with a small number of references to keeping themselves safe around strangers, however inspectors found that additional work is required with the children around developing the knowledge, self-awareness, understanding and skills needed for self-care and protection. The individual crisis management plan (ICMP) for one child noted that they were overly familiar with strangers, however inspectors did not find any corresponding key work around this issue. Upon review of supervision files for the key workers assigned, inspectors found that the supervision documents needed to record more detail regarding key work, including an overview of key work completed and key work to be targeted for the coming month. The centre manager must ensure that key work is undertaken to assist and support each child to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection that is sensitive to age, ability, personal history and stage of development.

Similarly inspectors found that though individual areas of vulnerability were identified, the centre did not have sufficient risk assessments in place to record the interventions to be used to mitigate against these risks. For the child whose ICMP noted that they were overly familiar with strangers, a risk assessment must be implemented for this and similar situations. The centre manager must ensure that

where individual areas of vulnerability are identified, individual safeguards are put in place and recorded in the child's care record.

Inspectors met with one child who stated that they could speak to staff members or to their key worker if they felt unsafe. The guardian ad litem for this child stated that this was an area of improvement for the child. Prior to admission the child was not able to verbalise feeling unsafe and wanting something to change, since admission the child was able to do so and this was significant progress for the child. The guardian attributed this change to the work undertaken in the centre by staff and the key worker. The other two children noted in their questionnaires that they knew who they could speak to if they were unhappy and knew how to make a complaint if they needed to.

The centre had a policy and procedure on whistle blowing. Staff interviewed were aware of who they would report a practice concern to and were confident they could call out poor practices without fear of adverse consequences to themselves.

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

There was evidence of a positive approach to the management of behaviour based on children's rights, best practice and in line with the centre's behaviour management policy and model of care. Given the ages of the children in the centre, there were appropriate child based programmes in place to encourage the children to be respectful in their interactions with each other and with staff. Certificates and acknowledgements for being kind were given to children at the community meetings to promote positive behaviour.

All staff were trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. Staff were familiar with the trauma informed model of care. It was evidenced in team meeting records that training on being trauma informed was a regular feature and upskilling was encouraged.

Each child had an individual crisis management plan (ICMP) on file which had been updated regularly. Inspectors recommend that the centre manager encourage staff to sign updated ICMP's to denote that they were reviewed. In interview staff were familiar with the contents of the ICMP but inspectors did not see evidence that these documents had been signed by staff members.

The ICMP for one child was not agreed by the guardian ad litem. The guardian referenced that this child had been assessed by a psychologist and recommendations regarding behaviour management had been made that were not adhered to by the centre. The psychologist indicated that the use of a particular behaviour management tool could have a negative impact on the child's overall behaviour and well-being. Upon review of the ICMP, this behaviour management tool was still referenced for staff to implement if necessary. The centre manager and director of services must ensure that where specialist advice is provided, that the centre take due consideration of said recommendations and adhere to the recommendations provided.

A review of a sample of community meeting minutes evidenced how the children in the centre were supported to develop their understanding of behaviour that challenges in ways that were respectful of the rights of others. There was evidence of key work that was carried out with each child regarding their behaviour, its impact on others and how to interact with others in a kind and positive way. Inspectors found that consequences were not a regular feature in the management of the children's behaviour. There was good oversight from management on the issuing of consequences and good evidence that positive behaviour was rewarded.

Inspectors found that there was a good handover of information within the centre, both from a review of handover meeting minutes and from a review of team meeting minutes. The centre also had a "communication passport" in operation which gave staff easy and fast access to relevant information for each child.

Inspectors found that there were regular meetings to monitor the centre's approach to managing behaviour that challenges. There was evidence that the centre had taken recommendations from previous inspection reports to inform learning and develop new approaches.

There were agreed restrictive practices in place in the centre to ensure safety. There was evidence to show that these restrictive practices had been assessed and were required due to safety risks to the young people. Restrictive practices were monitored and reviewed as necessary and in keeping with the young people's risk assessments.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Staff in interview stated there was an open culture in the centre where they were encouraged to raise concerns and report incidents. The acting manager had been in place for the previous eight months prior to inspection and staff expressed confidence in their abilities. Staff stated they were able to challenge each other's practice and identify areas for improvement. This process was developed further by introducing a book for staff to record suggestions for improvement and this was brought to senior management meetings for discussion.

In interview parents noted that if they had concerns they would raise these with the staff during telephone calls updating them on the progress of their child. The handbook for parents included a section detailing how to complain if needed. Most of the parents interviewed did not have this booklet to hand, but stated they had received it at the time their child was admitted. The centre subsequently posted out additional copies out to those who requested it.

Inspectors found that there was no formal feedback mechanism in place for social workers and other professionals to inform the centre about areas for improvement. Feedback from social workers was only sought at child in care reviews. During interviews with guardians ad litem and social workers, issues were raised about communication processes with the centre and the ability of staff and management to receive feedback on care planning and behaviour management strategies and implement this. The centre manager and director of services must ensure that a formal mechanism is put in place to seek feedback from social workers and other professionals involved with children resident in the centre and to use this information to inform improvements for the centre.

The centre had a policy on the notification of significant events. The inspectors reviewed a number of significant events on file and found that they had been reported in a timely manner to the relevant persons. There was good evidence of oversight by the manager and director of services. There was an established mechanism for the review of significant events with constructive feedback provided to staff members on areas of good work and areas for improvement. There was evidence of ICMPs being reviewed after incidents, risk assessments being updated and individual work identified to be undertaken with the young people. Incidents were discussed at team meetings, in supervision and learning was communicated to the staff team.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that additional columns are added to the child protection register to record the nature of the concern and the date that the concern was responded to and closed.
- The centre manager must ensure that key work is undertaken to assist and support each child to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection that is sensitive to age, ability, personal history and stage of development.
- The centre manager must ensure that where individual areas of vulnerability are identified, individual safeguards are put in place and recorded in the child's care record.
- The centre manager and director of services must ensure that where specialist advice is provided, that the centre take due consideration of said advice and adhere to the recommendations provided.
- The centre manager and director of services must ensure that a formal mechanism is put in place to seek feedback from social workers and other professionals involved with children resident in the centre and to use this information to inform improvements for the centre.

Regulation 5: Care Practices and Operational Policies

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.

The social workers interviewed during the inspection were very satisfied with the quality of care provided to the young people and the progress they had made in their placements.

A review of centre documentation demonstrated little evidence of oversight from centre management and senior line management. This was noted specifically on a review of the child protection and welfare register, and children's care files. The centre manager and director of services must ensure that their oversight is evidenced on centre documents.

Inspectors found that the centre had introduced an auditing system and this was in its developmental stage. A sample of recent audits were reviewed and while inspectors found that they were focused on qualitative analysis and child centred in their approach, the centre management must ensure that these auditing tools are aligned to the National Standards for Childrens Residential Centres, 2018 (HIQA)

Inspectors reviewed the policies on auditing and noted that some audits were to occur on an annual basis. From the previous inspection report, timeframes for audits were agreed and the director of services must ensure that these timeframes are adhered to in the development of policies around the auditing system. This is to ensure the centre implement a proactive approach to identifying and actioning issues of concern. The director of services must ensure that an overarching policy on audits be developed to ensure that there is a process of oversight built in. Audits reviewed by inspectors were completed by the acting centre manager with no supporting evidence to show this information had been validated or reviewed by the director of services.

The centre had a complaints process in place which was understood by both staff and children. Social workers informed inspectors that they were informed of complaints and were satisfied with the centres responses to complaints made by the young people. The inspectors reviewed the complaint records on file and found that the

centre held a complaints register for children and a separate register form complaints made by the parents. Inspectors recommend that the centre allocate a column within the parents' register for the complainant's response and a column within the children's register for the date when the social worker was notified. Inspectors reviewed the audits on complaints and found that they occurred within the agreed timeframe on the policy of every quarter; however the audits were very generic. The centre manager must ensure that each audit on complaints reads specific to that timeframe and identifies if any trends or patterns were noted.

Inspectors found good evidence that all incidents and concerns were recorded, acted on, monitored and analysed within the centre with learning communicated back to staff to promote improvement.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard. A copy of the template being used to complete the first annual review was forwarded to inspectors and this was to a satisfactory standard. Inspectors were advised that this report focused on the year January to December 2020 and the centre aimed to have it completed by the end of quarter one 2021.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The centre manager and director of services must ensure that their oversight is evidenced on documents.
- The centre management must ensure that the newly developed auditing tools are aligned to the National Standards for Childrens Residential Centres 2018 (HIQA)

- The director of services must ensure that in the development of policies around the auditing system, the timeframes for audits adhere to the agreed actions in the previous inspection report.
- The director of services must ensure that an overarching policy on audits be developed to ensure that there is a process of oversight built in.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure that additional columns are added to the child protection register to record the nature of the concern and the date that the concern was responded to and closed.</p> <p>The centre manager must ensure that key work is undertaken to assist and support each child to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection that is sensitive to age, ability, personal history and stage of development.</p> <p>The centre manager must ensure that where individual areas of vulnerability are identified, individual safeguards are</p>	<p>Columns will be added to the register with immediate effect. The register has been digitalised to accommodate this update.</p> <p>Key workers will be advised to complete age-appropriate self-care and protection work with each child placed in the centre. The key workers will ensure these sessions are recorded and placed on the child's file. These sessions will be completed by 31st May 2021</p> <p>Individual areas of vulnerability identified will have a risk assessment completed and placed on the child's file.</p>	<p>Matter addressed.</p> <p>Supervision sessions with key workers will have a checklist incorporated to include self-care and protection and resilience matters pertaining to their key child. Specific areas of concern will be addressed on an ongoing basis through the review of ICSP/ICMP, the internal review process adopted by the centre and in respect of any issues raised at a monthly CICR meeting.</p> <p>This will be adopted as a standard procedure. Interventions to address the risk will be implemented, recorded and</p>

	<p>put in place and recorded in the child's care record.</p> <p>The centre manager and director of services must ensure that where specialist advice is provided, that the centre take due consideration of said advice and adhere to the recommendations provided.</p> <p>The centre manager and director of services must ensure that a formal mechanism is put in place to seek feedback from social workers and other professionals involved with children resident in the centre and to use this information to inform improvements for the centre.</p>	<p>Immediate effect.</p> <p>The centre strives to give specialist advice due consideration for all the children placed in its care. ICMP's are reviewed by the Social Worker and/or the Social Work Team Leaders. The centre will ensure ICMP's reflect the specialist advice and clearly stipulate specific circumstances e.g. safety concerns, which may preclude such advice being adhered to.</p> <p>A formal mechanism for feedback will be devised and implemented to ensure we receive feedback from relevant stakeholders, parents and professionals. This will be implemented by 30th June 2021.</p> <p>We will incorporate a mechanism for</p>	<p>placed on file. These will be reviewed in key worker supervision and/or at staff meetings. The review process will be recorded.</p> <p>Future discussion in respect of ICMP's will be minuted. The ICMP format will be changed to accommodate signatures by all parties who have reviewed and agreed the document.</p> <p>Risk assessments will be completed as standard practice in the event specialist advice has not been adhered to.</p> <p>Formal mechanism for feedback will be sought after the first three months of a child's placement and then on a bi-annual basis.</p> <p>Professional stakeholders will be requested</p>
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		feedback to be reciprocated with the other professionals involved. We think this will further enhance the improvements for centre and the experience of the care system for children.	to provide feedback mechanisms in respect of their practice to improve care experiences for the children.
5	<p>The centre manager and director of services must ensure that their oversight is evidenced on documents.</p> <p>The centre management must ensure that the newly developed auditing tools are aligned to the National Standards for Childrens Residential Centres 2018 (HIQA)</p> <p>The director of services must ensure that in the development of policies around the auditing system, the</p>	<p>The centre manager will ensure they have signed off on the documentation to evidence they have been read.</p> <p>Current procedures include quarterly audits are completed by the centre manager. The audits are submitted to the senior line management for review.</p> <p>Completed with immediate effect.</p> <p>The director will ensure the auditing policies timeframes adhere to the agreed actions.</p>	<p>We are hopeful that the current auditing procedures will address this matter. Governance is incorporated into the monthly management meeting agenda; internal reviews are held quarterly chaired by the senior line manager Deputy Director. The Deputy Director attends monthly CIC reviews.</p> <p>We are currently developing a policy which will include quality assurance review of the ICMPS/ISPs. Our quality improvement action plan outlines auditing compliance tasks and goals.</p> <p>Newly developed audit tools will be amended to accommodate the changes. The audits will be reviewed in the</p>

	<p>timeframes for audits adhere to the agreed actions in the previous inspection report.</p> <p>The director of services must ensure that an overarching policy on audits be developed to ensure that there is a process of oversight built in.</p>	<p>An audit policy will be devised and adopted by 31st May 2021.</p>	<p>governance agenda at senior management meetings</p> <p>Commitment by senior management to maintain the auditing system implemented.</p> <p>Any discrepancies between policy and procedure will be amended with immediate effect.</p> <p>Commitment by senior management to maintain the auditing system implemented.</p>
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