



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	St Bernard's Children's Service
Registered Capacity:	Five Young People
Type of Inspection:	Announced Inspection
Date of inspection:	08th, 09th, and 12th June 2023
Registration Status:	Registered from 19th May 2021 to 19th May 2024
Inspection Team:	Janice Ryan Linda McGuinness
Date Report Issued:	9th August 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 on the 19th May 2008. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 19th May 2021 to the 19th May 2024.

The centre was registered as a multi-occupancy service. It aimed to provide care to five young people aged seven to eleven years on admission for a period of two years. 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 young people to reintegrate back into mainstream family setting, school and community life. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
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 on the 04th July 2023 and to the relevant social work departments on the same date. 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 18th July 2023 and this was deemed to be satisfactory.

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: 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 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found from a review of documentation that the centre promoted children's rights and ensured that their views and preferences were considered whilst living in the centre. Young people were listened to and encouraged to participate in decisions around their lives.

On admission to the centre the young people were provided with an information booklet which was child centred and tailored to the age cohort of this group of young people. The booklet contained information in relation to their rights, access to their records, information on how to make a complaint within the centre and information on who to contact external to the centre if you were unhappy with the outcome of a complaint. The organisation also had a parents/guardians information booklet available which contained information in relation to the centre, their child's rights and information on the complaints process also. The keyworker completed a checklist for each young person which included individual work to be completed on arrival to the centre. This included work in relation to their rights, complaint processes, how you will be listened to, be involved in decisions and many other areas regarding their care. This was signed by both the young person and the keyworker once completed.

The inspectors found that there was a culture of openness and transparency in the centre where feedback and suggestions were welcomed. Young people were able to make their views and preferences known in a range of different forums for example community meetings, placement planning meetings and monthly child in care reviews. On review of the centre's community meetings the inspectors found that these meetings at times were chaired by the young person and were child led. Discussions took place around upcoming plans, young people's rights and issues that may have arisen previously. The inspectors found that the centre manager attended

these meetings and provided feedback in relation to any concerns or issues raised. As part of these meetings the centre had developed a themed day which was called “Wonderful Wednesday”. This was where each young person received a certificate for completion of a certain achievement for example, washing pots and pans or getting student of the week. These meetings also incorporated a sensory element which included the young people engaging in some sensory activities during the meeting for example breathing exercises or sensory exercises and these were led by the staff team. The inspectors found that this was an effective way to introduce sensory skills in a child friendly manner. All minutes were signed by staff, the young people and management.

It was evident from a review of a range of documentation which included staff team meetings, child in care reviews, placement planning meetings, management meetings and young people’s daily logs that care practices within the centre were aligned to the model of care and ethos of the service. The centre had implemented a child friendly placement plan and routine support plan for the young people which detailed short term and long-term goals and the daily routines and interventions for each young person. These were aligned to the individual needs of each young person and their care plan. A communication passport was also on file for each young person. This book conveyed important information about the child and was available for the adults and the child. This passport contained observations about the child, their voice and what information adults learned about the child. These were very child friendly and relevant for working with young people of this age range.

The centre had a complaints policy in place which was consistent with relevant legislation, regulations and best practice guidelines and was updated in June 2022 following the previous inspection. Governance and oversight of complaints took place in a range of forums for example, community, staff, weekly monitoring and management meetings with ongoing review evident across these forums.

On review of the complaints register the inspectors found that the centre had two complaints recorded for 2023 of which both were closed. The centre had a child centred complaint form in place which included visual images to help the young people complete same. The inspectors reviewed these two complaints and found that they were managed appropriately, in line with policy and all young people were provided with an outcome or compromise to their issue. The centre had a child friendly feedback form which also included colourful images and facial expression images to support the young person to understand the outcome. The inspectors

found that feedback was clearly documented, and discussions had taken place at staff team meetings which informed improvements to practices within the centre.

Staff and management in interview demonstrated an understanding of the complaints policy and procedure and were clear on what constitutes a complaint and how complaints can be resolved immediately or how they are formally recorded through the significant event reporting system. The inspectors found from a review of young people's records and from speaking with the young people that they were supported to make a complaint if they were dissatisfied with any aspect of their care.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.6
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- None identified

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

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 large purpose-built detached bungalow situated on the outskirts of a rural town. There was a large kitchen area, conservatory, two sitting rooms, playroom and individual bedrooms with ensembles for all young people along with staff bedrooms and office space. Additionally, the centre had a sensory room containing a range of multi-sensory equipment which provided therapeutic value to the young people residing there. There were lots of books, board games, children's toys and black boards in the centre. It was well maintained, in a good state of repair was child centred and homely. Décor and furnishings were warm and there was a pleasant ambience throughout the centre with pictures and signs being child centred throughout. There were adequate furnishings, light, heating, ventilation, cooking and laundry facilities. The inspectors found that the environment promoted the safety and wellbeing of each young person residing there and there was adequate space for private visits for families, friends, professionals and the young people when required.

Inspectors saw one young person's bedroom and it was evident that young people participated in the decoration of their room and also the centre. The young person had adequate storage facilities and the room was decorated nicely with soft furnishings. Young people contributed to decorating the house and they were proud to show inspectors displays of their artwork and photos in the communal areas.

The centre had a large outdoor space which was safe and secure and contained a large garden. The outdoor area contained a large play area with age-appropriate equipment for the children for example, a trampoline, zip line, climbing frame and music garden. There was a large patio area that was fenced off and allowed staff and young people to sit outside. The outside area also contained a vegetable and fruit garden in which one young person was happy to show the inspectors how they

watered and cared for their crops of vegetables. The centre had an additional building which contained a classroom for young people to use in conjunction with the local school. Social workers, Guardians Ad Litem (GAL) and young people all confirmed that the centre was maintained to a high standard and the facilities available supported a therapeutic and caring environment. The inspectors observed positive interactions between the staff and the young people during the inspection and an environment that was calm and homely.

The centre had a dedicated maintenance person who worked on site Monday to Friday 9am – 5pm and could tend to issues immediately. The inspectors reviewed the centre’s maintenance log and found that maintenance issues were recorded, reported and repaired promptly. The centre manager confirmed that the centre undertook a large project each year to maintain the centre to a high standard and this year they would be painting the kitchen. The inspectors found evidence that external managers routinely discussed the premises and health and safety at weekly management meetings.

The centre had an up-to-date Health and Safety Statement that was dated April 2023 and was signed and reviewed by staff and management. The centre had a designated health and safety officer for the service. The centre had a health and safety risk register in place which contained up to date site specific risk assessments which were signed by management and reviewed where necessary. The inspectors found that the control measures put in place were appropriate, were reviewed and reduced at times. Updates were documented on each risk assessment. The inspectors found that health and safety was discussed at the staff team meetings and weekly management meetings and any action identified was clearly documented and tracked to completion. An annual health and safety audit which was completed by an external manager in the service and was of a good standard.

The inspectors observed that the centre had clear procedures in place to ensure fire safety requirements were being followed. The inspectors found that all fire doors were in working order and fire alarms, fire blankets and extinguishers were clearly identified throughout the building. The inspectors found that the maintenance personnel completed fortnightly fire inspection equipment checks which were signed off by management. Quarterly emergency lightening checks were also completed with no issues being identified. Fire drills took place on a monthly basis or when a new young person was admitted to the service or new staff member joined. All checks were documented and reviewed by management. The centre manager must ensure that a fire drill is carried out during the hours of darkness.

The centre had an external company which completed an appliance testing of equipment, fire alarms checks, maintenance of fire equipment checks and there were up-to-date service and maintenance records on file confirming that all fire equipment was checked regularly. A sample of personnel files were reviewed and found staff had training in manual handling, fire safety and basic first aid. The inspectors found that not all staff had completed the practical component of fire safety, some had not completed training in manual handling and improvement is required in this regard.

There were clear measures in place for managing risks in the centre to staff, young people and visitors. Accidents and injury were documented and reported in line with policy. The inspectors found that where an accident had happened previously that this was discussed at the management meetings and a plan put in place to mitigate this risk in happening again.

The centre had two vehicles to transport the young people. The centre vehicles were found to be roadworthy, insured, taxed and driven by staff who were legally licenced to drive the vehicles. The centre recorded all vehicle maintenance checks and repairs and there were systems in place to complete monthly checks of all vehicles.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
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 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required.

- The centre manager must ensure that all staff have up to date training in Manual Handling and Fire Safety which includes the practical component of fire training.

- The centre manager must ensure that staff complete a fire drill in the hours of darkness in line with the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

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.

The inspectors found from a review of centre records that all young people resident in the centre were supported to achieve their potential in learning and development. In interview with staff and management it was clear that they had built a positive collaborative working relationship with the local school which was adjacent to the centre to ensure that all young people resident were catered for within this mainstream school. All four young people were attending primary school on a daily basis and were making positive progress. The inspectors found a range of evidence that showed how staff encouraged young people to develop their interests and potential while residing in the centre. It was also noted that where a young person had a particular interest that they were facilitated to learn more about this for example, a trip to the museum. The inspectors verified that young people were engaged in a wide range of extracurricular activities and after school clubs in the local community.

The service had a classroom onsite which was used as a resource room for young people in the school and young people in the centre if they required additional supports. This was used on a regular basis and was a great asset to the service. The centre had developed positive rapport with the local school to ensure that all young people were integrated within the normal school setting. The manager confirmed that this was working well to date and all young people were provided with equal opportunities whilst out in the community.

On review of the young people's placement plans and care records it was clear that education was valued within the service. The inspectors found that placement plans focussed on education, and this was supported in key working reports to ensure that young people were reaching their full potential. All young people had good attendance in school.

In interviews staff and management confirmed that they maintained positive links with the school. The inspectors found that the centre held a comprehensive educational record for all young people which included previous educational history, school reports, assessments and achievements. Each young person had an educational support plan on file that identified targeted areas that require support when in school. These plans were also aligned the young person's care plan and placement plan, were of a good standard and individualised and relevant to each young person.

There was regular communication between the centre and the school through phone calls, emails and attendance at meetings and records of same were maintained. Keyworkers ensured that all reports were updated to reflect the young person's progress in the school.

The inspectors found that there was clear structure and routines in the centres which supported the young people to maintain their educational placement. One young person told the inspectors how they got up in the morning, had their breakfast and helped prepare their lunch prior to attending school. Another young person confirmed that when they returned from school that they had something small to eat prior to commencing their homework. These educational routines were clearly documented in the young person's routine support plan. The inspectors found that the centre had appropriate facilities and quiet spaces for all young people to complete their homework. The centre had a broad range of educational resources available to them alongside their onsite classroom facility. Young people, social workers, GALS and one parent confirmed that they were very satisfied with the support the young people were receiving in the centre to develop their education.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
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
1	None		
2	<p>The centre manager must ensure that all staff have up to date training in Manual Handling and Fire Safety which includes the practical component of fire training.</p> <p>The centre manager must ensure that staff complete a fire drill in the hours of darkness in line with the Code of Practice for Fire Safety in new and existing Community Dwelling Houses.</p>	<p>The centre manager has discussed manual handling with the Health and Safety co-ordinator and a date for early September has been requested to enable staff members who require manual handling training to complete same.</p> <p>Fire equipment training was held on June 30th and July 6th, all but 3 staff still require fire equipment training.</p> <p>Centre Manager will ensure this occurs in early autumn.</p>	<p>Training records will be audited to ensure all staff are trained as per requirement, every 3 years for manual handling.</p> <p>Training records will be audited to ensure all staff keep up to date with their fire training. A further training session in the use of fire equipment will be scheduled for September.</p> <p>A fire drill in the hours of darkness will become part of our practice.</p>
4	None		