



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: 2024

Inspection Report

Year:	2024
Name of Organisation:	St. Bernard's Children's Services
Registered Capacity:	Five young people
Type of Inspection:	Announced inspection
Date of inspection:	7th, 11th & 12th March 2024
Registration Status:	Registered from 19th May 2024 to 19th May 2027
Inspection Team:	Joanne Cogley Linda McGuinness
Date Report Issued:	13th May 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 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 three 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 children 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 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
1: Child Centred Care and Support	1.3
3: Safe Care and Support	3.2
6: Responsive Workforce	6.3

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 to the relevant social work departments on the 4th April 2024. 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 April 2024. 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: 076 without attached conditions from the 19th May 2024 to 19th May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

At the time of inspection there were three children living in the centre. Inspectors met with all three and they were clear that they felt they had a say in their placement, they felt safe, happy and well cared for by the team. The manager informed inspectors that the children's choices and decision making started prior to them moving into the service. They met their key worker, went through their likes and dislikes, were involved in meal planning and picked out colours and soft furnishings for their bedrooms.

An integral part of the culture and ethos of the centre was community meetings. These occurred on a daily basis and where appropriate were led by the young people. They contributed to the agenda and discussions and signed off on minutes after the meeting. Community meetings were utilised to discuss issues arising from group living, planning for important occasions such as Christmas, communions and confirmations, along with meal planning and activity planning. All three young people had a religious celebration occurring in the coming months and community meetings were used to plan for this along with them being supported in attending mass in preparation. Meetings were also utilised for the children to negotiate later bedtimes, extra pocket money, extra games time for example. It was clear from review of the minutes and speaking with the children and staff that these meetings were used to empower the children in their placement. Inspectors spoke with allocated social workers and appointed Guardians ad litem (GAL) and those interviewed were of the opinion children's voices were heard and acted on where possible within the placement.

Careful consideration was given to the appointment of key workers. When the child's referral was received by the centre, the manager and staff team reviewed and decided who would be best placed on the team to support the child, taking into account

personalities, skill set and the child's history of trauma and needs. Whilst the children did not have an initial say in who the key worker was, inspectors were assured that if they raised an issue, key workers would be reviewed. All three children stated they were happy with their key workers and had built positive relationships with them. One key worker took a period of planned leave in December 2023 / January 2024, in advance of this a transitional piece was completed between the child and key worker to prepare them for the period of leave. This key worker was particularly praised for the work they completed with their key child by the social worker and GAL interviewed.

Each child had a placement plan developed by their key worker. Alongside this, a child friendly placement plan had been developed which the children had input into. One child showed inspectors their placement plan folder and went through the pictures and plans that were in it and spoke about the input they had. Children were encouraged to attend their statutory review meetings on a monthly basis. Whilst not all attended, they completed 'me and my care plan' review forms and preparatory work was completed through key work sessions to ensure the child's voice was heard in their absence. Where they did not attend, key workers ensured the discussions and outcomes of the meeting were explained to them.

An age-appropriate children's booklet was provided to all informing them of their rights, the rules of the home and what information was maintained in relation to their care. Alongside this it outlined who would have access to this information and how the child themselves could access the information. It was evident from a review of records that children accessed files where they wanted. They had signed their name to a range of documents including community meetings, placement planning, keywork records and daily logs. In one instance a child had asked for corrections to a document where they noted an error, this was immediately rectified.

All three children had a GAL appointed to advocate for them. They visited the centre regularly and met with the children. One child, who was getting ready to move on from the service, informed inspectors that they 'trusted' their GAL to let people know what they wanted. Given the age profile of the children, it may be difficult for them to fully understand advocacy services such as EPIC (Empowering Young People in Care) or the Ombudsman for Children however posters for same were on the noticeboard in the hallway. One child had engagement with EPIC through a previous placement and they led an information session through a community meeting with the other children in the house about the role of EPIC and their experience of working with them.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.3
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

- No action required

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.

The centre promoted a positive approach to the management of behaviour that challenges supported by a range of policies and procedures. From reviewing documents and interviews it was evident that the staff viewed challenging behaviour through the environment and did not solely focus on the behaviour itself. There was evidence to show the team were having active discussions about the impact of screen time on behaviour and they also completed a workshop in the ACES programme (adverse childhood experience) with a particular focus on the nutritional element and how this can impact on the adrenal glands and stress/ trauma responses of children.

The staff members interviewed demonstrated a clear understanding of approaches to behaviour management along with an awareness of the impact of neglect and abuse. Inspectors met with one key worker who spoke about work that had been completed with the child's school to support their educational placement. Following the

collaborative work, incidents appeared to decrease in both the school and home setting. Inspectors reviewed a sample of significant event notifications. These had all been appropriately recorded, reported and responded to. The majority of significant event notifications for the period reviewed were safeguarding and child protection concerns. These had been reported through the appropriate procedures and staff members demonstrated a clear understanding of their roles as mandated persons. Allocated social workers and GAL's interviewed confirmed they received notifications within a timely manner and there was prompt, positive communication from the centre manager. They were also of the opinion behaviour was well managed within the house. Age-appropriate discussions occurred post incident to help the child understand what had occurred. These discussions happened either through the course of community meetings or through individual sessions, whichever was deemed the more appropriate forum.

Inspectors reviewed training certificates and found four staff members did not have training in a recognised model of behaviour management. Three of these had been in employment since September 2023. All four were due to attend a full training course the week of inspection. This deficit in training had not been accounted for in individual crisis support plans nor in the centre risk register. The organisation should make every effort to ensure that mandatory training is completed closer to the time of employment and where delays occur that there are mitigating measures in place.

There was a system in place whereby the director of services, deputy director, centre manager, deputy manager and behaviour management trainer, along with other managers within the organisation attended a weekly monitoring meeting. These meetings reviewed incidents and responses to same. They also contributed to a quarterly statistical analysis of significant events. Whilst all those interviewed could attest to the discussions that occurred, inspectors noted a lack of recording on the minutes in relation to trends, approaches, changes to practice requirements and recommend that the recording of these minutes be strengthened to ensure those not present at meetings could review minutes and gain an understanding of the discussion and actions. A twice yearly audit report was completed by the director of services that examined all themes of the National Standards including behaviour management.

Restrictive practice was not a feature within the centre. The centre manager did maintain a log of permitted restrictive practices should it be required.

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 organisation must make every effort to ensure that mandatory training is completed closer to the time of employment and where delays occur that there are mitigating measures in place.

Regulation 6: Person in Charge Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Those interviewed demonstrated a clear understanding of their roles and responsibilities and were aware of policies and procedures. A culture of learning and development was promoted within the centre through weekly team meetings, weekly monitoring meetings and professional development plans (PDPs). There were members on the team who had completed a train the trainer course, presented at social care conferences, and provided workshops to the team around areas of interest.

In addition to weekly team meetings, the team met with an organisational consultant on a monthly basis. This meeting was separated into three areas. The first looked at team dynamics, the second looked at approaches with the children, both were attended by all team members and management. The third area focused on key workers and the impact of the key working relationships for both the person and the child. Support was offered for all three areas via the consultant and staff reported

this to be an invaluable resource to support both planning for the children and managing the impact of the work. In addition to this, staff members could avail of external counselling services funded by the organisation should the need arise. There were procedures in place to minimise any risk to staff safety. This included training in behaviour management, fire safety and health & safety, along with safety planning for children.

There was a supervision policy in place and all staff had completed a workshop in making the most of supervision in February 2023. A number of deficits in the provision and recording of supervision was noted by inspectors throughout 2023 records. The director of services had completed an audit of supervision records in December 2023 and identified similar deficits. There were noted improvements in the 2024 records reviewed and the centre manager should strive to continue these improvements in line with the organisation policy. Both the centre manager and deputy manager had completed supervision training with an accredited institution. In addition to supervision, staff members participated in an annual PDP. These plans were clear and concise. Staff interviewed spoke about how they found supervision and the PDP process to be beneficial and supportive of their practice. It was noted that the plans were to be reviewed at six-month intervals, inspectors found that whilst the plans were robust, the policy was not being followed in relation to the six-month review and the centre manager must ensure this is completed.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.3
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

- No action required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No action required		
3	The organisation should make every effort to ensure that mandatory training is completed closer to the time of employment and where delays occur that there are mitigating measures in place.	<p>During 2023 mandatory training took place in the following areas: Children First, Implementing Children First in the organisation, TCI, First Aid Responder Training, Fire Training and Basic First Aid. All staff are scheduled to participate in mandatory training but on occasion unexpected leave. e.g., sick leave etc can mean that 100% participation is not achieved.</p> <p>Since the Inspection a full course in TCI has commenced for new staff members and this will be fully completed by the week ending April 28th.</p> <p>Fire training for new staff members is scheduled for April 18th and refresher training in the use of fire equipment is scheduled for April 17th and 18th.</p>	The organisation will make every effort to ensure that mandatory training is completed closer to the time of employment. If we are not able to run a training group internally, we will do our best to source places externally in the relevant training.
6	No action required		