



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 081

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Sherrard House
Registered Capacity:	Five Young People
Type of Inspection:	Announced
Date of inspection:	10th & 11th May 2022
Registration Status:	Registered from 31st July 2022 to 31st July 2025
Inspection Team:	Lisa Tobin Linda Mc Guinness
Date Report Issued:	26th July 2022

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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 01st August 2001. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered without attached conditions from 31st July 2019 to 31st July 2022.

The centre was registered as a multi-occupancy service. It aimed to provide short to medium term care for up to four young women, aged 13 to 17, with a fifth bed dedicated for emergency use through referral from the Tusla out of hours' service. The team worked in compliance with the guiding principles of this voluntary body and followed a model of providing a safe, secure and homely environment where young people can begin to build trust and positive life experiences through appropriate adult relationships and role modelling provided by the team. There were five 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
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 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. This was a blended inspection where onsite documentation review occurred, and interviews were held via MS Teams.

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 1st June 2022. 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 14th June 2022. 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: 081 without attached conditions from the 31st July 2022 to 31st July 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

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 saw evidence of how the young people's voices were listened to through the documentation reviewed, which included the young people's daily logs, the minutes for young people's meetings and throughout any complaints that were dealt with. The young people were able to identify who they could speak to if they had an issue, concern or complaint as noted in the questionnaires received. The young people were actively involved in decisions around their care while participating in child in care reviews, placement planning meetings and in identifying any triggers they may have as outlined in their individual crisis support plan (ICSP). The young people were given opportunities to help with any decoration of their bedroom but also highlighted that they would like input into the decoration of the centre in general.

Both management and the staff team spoke of creating an open environment with the young people by building relationships and trust which allowed for open communication if they wished to highlight any issues or complaints. This model was in line with the longstanding purpose and function of the centre in supporting the young people where they were at on their journey. Any issues highlighted by the young people were recorded as expressions of dissatisfaction or as a complaint. The young people were informed it was their right to make a complaint should they wish to and that they would be supported by the staff team and management in addressing those issues.

There was a complaints policy and relevant procedures in place which aligned with Tulsa's suite of policies, the National Standards for Children's Residential Centres, 2018 (HIQA) and the centre's own policies. When interviewed, staff knew the steps and procedures involved for dealing with a complaint, and highlighted the support offered to the young people during the process.

The young people were informed along with their parents, guardians and social workers of the complaints process during their admission. Inspectors saw that complaints, the UN Convention on the Rights of the Child 1992, and access to information were some of the topics discussed during the young people's meetings held in the centre. Inspectors were informed that complaint forms were available to the young people in several areas in the centre. The young people's booklet also outlined the complaints process and gave information about the external agencies available to them should they need them. The booklet for parents/guardians outlined the complaints process for the centre but did not have information about the possible external options to complain through the Tusla complaints portal "Tell Us" or the Ombudsman for Children (OCC). The inspectors recommend that this information should be added to the booklet for parents/guardians.

The staff were very familiar with the procedures involved in the complaints process. During interviews staff were able to give step by step details about the centre's response to a complaint and identified who was responsible for following up. The staff informed inspectors that complaints were discussed at team meetings. The staff spoke of supporting the young people through each stage of the process and even when they didn't wish to continue with a formal complaint, they would link with the young people the following week to check in. The young people were reminded that it was still an option to proceed with a complaint and that staff would support them. The complaints process was discussed with the young people regularly at the young people's meetings and whenever the young people would raise an issue/concern. The young people were also informed of the supports available from Empowering Young People in Care (EPIC).

Inspectors reviewed the complaints register and the relevant sections of the young people's files. There were detailed records of the complaint, follow up individual work and evidence of feedback to the complainant. Currently all complaints were investigated and closed. Inspectors noted that expressions of dissatisfaction had been recorded in circumstances where the young people or parents did not wish to make a formal complaint. In the instance with the parents' dissatisfaction, this was forwarded to the social work department as the issue was related to them.

The social workers involved with the young people stated during interview that any complaints that had been made were now closed and had been documented and investigated as required. One young person stated in their questionnaire that they were happy with how their complaint was managed, felt that their voice had been listened to and that they had the opportunity to give feedback on the outcome.

Compliance with regulations	
Regulation met	Regulation 5 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	None identified
Practices did not meet the required standard	None identified

Actions required

- No actions required.

Regulation 5: Care practices and operational policies
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 was operating in line with relevant policies outlined in Children First: National Guidance of the Protection and Welfare of Children, 2017 and relevant legislation. All the staff had completed three Tusla E-Learning modules: Introduction to Children's First, Children's First in Action: Tusla's response to Child Protection and Welfare Concern and Implementing Children First. Child Protection training had been completed with the team by management which incorporated reviewing the centre's own child protection policies. Child Safeguarding policies and procedures were created as an action from a previous inspection and were reviewed in April 2022. The Child Safeguarding Statement was on display in the office which included the purpose and function of the centre, identified relevant risks to the young people and identified the designated liaison person (DLP).

There was a bullying policy in place in the centre which staff were aware of during interview. Inspectors were informed there was currently no issues of bullying with the young people, but staff discussed their awareness of the age difference of the current young people, and they had put in appropriate staff supervision levels for when the young people were together in order to monitor interactions.

During interviews inspectors asked staff about the safeguarding policies which they knew very well, in particular their role as a mandated person and how to use the Tusla portal to report any disclosures made. A suite of policies and procedures regarding child safeguarding was also part of the centre's policies which were easily accessed by staff in the office. Team meeting records showed the team discussed Children First, safeguarding of the young people and they reviewed safety plans. While reviewing documentation, inspectors saw individual work completed with the young people around keeping safe and appropriate relationships.

Child protection welfare report forms (CPWRF) were on a separate audit sheet and were input alongside the significant event notifications on the register. Inspectors reviewed both 2021 and 2022 registers. Relevant information was input on the 2021 register, however there were some gaps as the social work department had not responded to emails sent by the centre. On reviewing the 2022 audit, there were 12 CPWRF's with no update on the audit which had reports entered from January – May 2022. Centre policy outlined that both the centre manager and deputy oversee the follow up of the CPWRFs. When inspectors spoke with allocated social workers, inspectors were informed of only one open CPWRF which the social worker intended on closing that week. This information from the social workers was not reflected in the audit sheet on file in the centre. Given the nature and potential seriousness of disclosures, inspectors recommend that the CPWRFs require follow up in an appropriate timeframe.

Each young person had a behavioural support plan (BSP) and a safeguarding plan in place which was updated weekly. This allowed the staff to have high awareness of the current vulnerabilities of the young people and to respond appropriately to any new concerns. Placement planning meetings occurred every two weeks where parents, guardians, social workers and young people worked together to address their goals/needs and to promote the safety and wellbeing of the young person. Parents and guardians were informed of incidents by staff and management as soon as possible after they occurred.

There was a policy and procedure in place for protected disclosures. Staff were aware of the policy and stated that management had spoken with the team on a number of occasions about the policy during team meetings. Staff were aware of who they could report to if they had to make a disclosure.

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

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

Actions required

- No actions required.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Each young person had an individual medical plan, a healthy living plan and a mental well-being plan in place which outlined any health issues and requirements they had. There was a care plan in place for one young person that was up to date and included their health needs. Two young people had child in care reviews (CICR) in March and May 2022 and the centre was awaiting the updated version of their care plans. Another young person had not had their CICR due to delays with moving from the duty social work team to the child in care team, however there was a responsibility on the social work department to have CICR's within six weeks of a new placement for all young people. In the absence of not receiving updated care plans, monthly placement planning meetings had occurred which guided the care staff in addressing

the goals/needs of the young people. Both families and social workers attended these meetings.

Medical information was received from the Local Tusla Resource Panel as part of the admission process, which included details about the medical history of the young people. Outstanding vaccination records were required from social workers and two young people were currently awaiting medical cards. Specialist services were in place or referrals had been made for the young people including Child Adolescent Mental Health Services (CAMHS), Lucena Clinic, Teen Counselling, Extern and family mediation. Both staff and the social workers worked together to address the specialist services required for the young people to ensure the needs of the young people were met.

All the young people had an allocated general practitioner (GP) and those that wanted to remained registered with their family GP. Some young people requested a new GP and this was facilitated.

There was a medication management policy in place and the care staff received relevant training as required. There were no medication errors noted in the file review. There was a staff member appointed to oversees the medication management in the centre and completed the relevant weekly medication audits. The SCM and the DSCM completed monthly medication audits and attached relevant actions.

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

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- No actions required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No actions required		
3	No actions required		
4	No actions required		