



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: o86

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Streetline CLG
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	22nd and the 23rd of November 2022
Registration Status:	Registered from the 31st of May 2020 to the 31st of May 2023
Inspection Team:	Eileen Woods Sharon McLoughlin
Date Report Issued:	14th March 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 31st of May 2002. 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 the 31st of May 2020 to the 31st of May 2023.

The centre was registered as a multi-occupancy service for up to a maximum of four young people on a medium to long term basis aged 13 to 17 years old. Between April 2020 and September 2021, this centre adapted its purpose and function in response to Tusla requests regarding numbers of young people and accepting referrals through the Tusla national out of hours service. From September 2021, the centre formally changed back to a medium to long-term service and the centre had worked exclusively with two young people, at Tusla's request, since February 2021. The approach to care was set out in guiding principles of psychodynamic, humanistic and trauma informed model of care, creating a safe and secure environment with everyday reparative opportunities for growth and development with a staff team who are trained to understand developmental deficits, trauma and attachment difficulties. There were two young people living in the centre at the time the inspection was announced with one moving from the centre in the days before the onsite inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
2: Effective Care and Support	2.2
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, 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 person, 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 21st of December 2022 and to the relevant social work departments on the 21st of December 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 20th of January 2023 and some further information was requested to evidence the responses. This was received and deemed to be satisfactory, 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: 086 without attached conditions from the 31st of May 2020 to the 31st of May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found that the recognition of rights was integral to the ethos of the service and made apparent explicitly and implicitly in its therapeutic approach and the team's practices. The written commitment to "*placing young people's needs as the basis of all decisions*" and of the "*authentic participation of the young people*" was realised in practice in line with the young people's capacity to do so at any given time. There were clear examples throughout the files and interviews of rights being supported and realised in, for example, accessing education or training and receiving appropriate treatment. The young people were educated on treatment options available to them, the area of consent and use of medications were explained. The notion of rights and to an extent personal responsibilities in self-expression were well represented.

The team meeting records evidenced ongoing education at team level on the direct care needs of the young people. There was work completed to inform staff about equality and rights in disability, gender identity and sexual orientation. In the past and with current residents it was possible to see that race, culture and religion were all given due regard and respect.

There was evidence of connection to families and significant work undertaken to create a living area for a young person at their family home. In this way the team and management worked creatively, utilising new ideas and advocacy in supporting young people's lives and wishes. The lived experience of rights in action was apparent.

The staff team maintained records of the direct work, the meetings and communications completed. The team should continue to add to their portfolio of resources regarding rights and ensure that they add completion of work around rights with any incoming young people as a part of key working or inductions.

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 1.1
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 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There was an up to date care plan on file for one young person and not for the young person who was moved to another setting just prior to the inspection and due to be discharged. The young person in placement did not have an allocated social worker at that time and their case was being managed directly by the principal social worker for their area. They held statutory care plan meeting and multidisciplinary meetings with aftercare, disability, the centre and the young person, where they had capacity, and their family in order to complete essential planning. For the other young person their social worker was moving post and sent feedback to the centre noting their positive and committed practice in support of the young person throughout many difficult and chaotic periods of time. This included latterly doing outreach street work to offer a level of meeting basic health needs.

Where a young person required additional advocacy or support in presenting their views they were linked to Empowering Young People in Care (EPIC) and facilitated to contribute in writing or by form to meetings. Their views and input were reflected on the care plan and on meeting records. The care plan on file addressed social, emotional, physical and mental health needs.

There were placement plans on file and the timeframe in place for placement plan review was three monthly, this was in line with the stated policy and procedure for placement planning. The structure of the placement plans was streamlined and task oriented, the items contained within it related to the care plans. The placement plans contained good information on the structure of day to day life on aftercare, activities, appointments required and completed. Inspectors found that for a young person their placement plans named numbers of tasks as ongoing for periods of time in response to that young person's personal capacity to engage at given times.

Inspectors found that the team should be clear to name who specific professionals were regarding their role and to think about how the placement plans when looked at over a span of time tell the story of the young person's personal progression. Inspectors noted that the records maintained at the centre had improved overall in terms of content, focus and review schedules during this registration cycle. The centre manager had developed the model of care into a case conceptualisation document which functions as the therapeutic plan. There was a section within this to recognise the parallel role of the placement plan. This was a newly implemented document, and the staff must be sure to answer those questions related to the placement plan contained within it, this was not completed on the one on file. How the therapeutic plan connects to the placement plan overall should be kept under consideration when completing the review schedules for both.

Within the case conceptualisation plan there were good quality sections and the identifying of barriers, interventions, harnessing of strengths and protective factors. The plans overall had a good collaborative process and approach that involved the young person.

Inspectors found records kept of regular rates of individual work completed with both young people, the team should consider naming key working sessions more clearly and noting these on the placement plan as a means for tracking specific work. The records confirmed that there was significant time spent with the young people including outreach. The daily logs evidenced the young people's direct voice, the

daily work completed, that the young people's needs were central and diet, medications, education and general daily life were captured.

Inspectors found though that the placement plans themselves don't feature as an agenda item at team meetings and although many aspects relate to it there was no obvious updating or reviewing captured of the placement plans. Overall, the team meeting minutes must improve to notes discussion and decisions related to items and actions for key working.

Compliance with Regulation	
Regulation met	Regulation 5
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management must ensure that the tracking, review and discussion of the placement plans and associated plans are clearly recorded.

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.

The physical and health care needs for the young person in placement were outlined in their care plan and in their placement plan. For the previous young person health and well being had been a significant and ongoing area of action related to substance misuse and treatment for same. There was evidence on file of the social care manager and staff advocating for and seeing through to delivery on the strands of much needed and suitable additional professional services. The staff during interview were well informed about the young people's health and care needs and evidenced examples of how this was supported day to day. The young people had

evidence on file of their GP service and both had optical and dental appointments completed. Where required or requested the GP made onward referral for medical services for example dermatology and audiology. There were medical contact records maintained on file and records of meetings related to health with reports on file and actions generated from them were identified for completion. Advice from assessments and specialists was known by the team and integrated into the plans, the affected young person was provided with information also.

The team had a cohesive and well informed approach to mental health and addiction issues inclusive of individualised phrases and approaches. There had been presentations of suicidal ideation and self-harm which were addressed through team practice and reflected in risk assessments, safety plans and the individual crisis management plans on file. Inspectors found that the team and the social workers advocated effectively for additional specialist services inclusive of the involvement of the Tusla national ACTS team and social work area therapeutic hub and drug rehab services. There were extensive communications with the local CAMHS team seeking services for a young person and where a service was refused there was ongoing advocacy and work to seek the alternative options. A GAL informed inspectors that the centre supported a young person to a high standard to access the specialist services they required. There were records on file of actions taken to obtain a GAL and onwards to private funding for a Psychiatrist to provide assessment and treatment.

The staff team had completed training in the safe administration of medication and there were records maintained of the administration of medication. Inspectors found that the records as were currently completed displayed room for improvement regarding the attention to detail in the completion of the forms in place. The system of medication management that the team trained in contained a monthly medication audit tool and this must be implemented to inform ongoing medication management practices. Newly prescribed medications had been entered onto the system of recording and the team were supporting the administration of that in a safe manner, the team must ensure to update the individual crisis management plan to reflect these as a new risk factor.

A number of staff had previously trained in the national applied suicide intervention skills/ASIST programme and there was also evidence of sexual health and development work completed with young people. There was evidence that the team were seeking to support the young people to understand and be educated in their own health needs and how to potentially access health care independently in the future.

Inspectors found that the training records did not contain the date of completion or date of expiry of the basic first aid training completed by the team, there were dates of first aid response training as having been completed in 2019 and 2020 for five staff with no date of completion and expiry recorded either. The centre must clarify dates of renewal that may be due and the intended level and schedule of first aid training that will be completed in 2023.

Compliance with regulations	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management must identify who has completed first aid training, to what level and what the expiry dates are. They must verify the 2023 training plan will be for first aid.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified		
2	The centre management must ensure that the tracking, review and discussion of the placement plans and associated plans are clearly recorded.	Placement plans will be logged as an active part of clinical practice discussion at staff meetings in conjunction with key working reports, reviews and strategic planning. This was initiated in January 2023.	Placement plans and associated plans will be incorporated into team meetings and reviewed prior to placement plan review at 3-month intervals. This will be monitored and implemented by the social care leader and overseen by the social care manager.
4	The centre management must identify who has completed first aid training, to what level and what the expiry dates are. They must verify the 2023 training plan will be for first aid.	All staff have completed first-aid training under various formats. It has been decided that there will be an onsite-full-team first-aid training in February 2023, valid for 3 years, so that all staff are confident and comfortable that each of them hold the same first-aid proficiencies. We will also aim for the manager and/or deputy to update or complete first-aid responder training over the next 12 months.	Health & Safety training (first-aid, medication management, fire, ligature, etc.) will be reviewed on a continuous basis to ensure that all staff have the necessary training to meet the needs of the project at any point in time. This will be monitored and overseen for delivery by the governance officer and the social care leader.