



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 090**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Cottage Homes Child and Family Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>22<sup>nd</sup> &amp; 23<sup>rd</sup> June 2021</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> October 2020 to 17<sup>th</sup> October 2023</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Sharon McLoughlin</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> September, 2021</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 2: Effective Care and Support (Standard 2.2 only)	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 only)	
<b>4. Corrective and Preventative Actions</b>	<b>16</b>

# 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 in August 2000. At the time of this inspection the centre was in its eighth registration and was in year one of the cycle. The centre was registered without an attached condition from the 17<sup>th</sup> October 2020 to the 17<sup>th</sup> October 2023.

The centre's purpose was to provide medium to long term care for four young people of both genders from age thirteen to eighteen years of age. Their relationship-based model of care was described as providing a safe, secure and supportive environment which encourages the development of each young person. There were three children registered as living in the centre at the time of the inspection with one of the children not residing there in agreement with the social work department.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 centre 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 carried out onsite through a review of documentation and a centre management interview. Telephone interviews with staff and social workers were conducted remotely.

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.

## 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 12<sup>th</sup> August 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 24<sup>th</sup> August 2021 and received evidence of the issues addressed. This was deemed not to be satisfactory, and the registered provider was required to resubmit a revised CAPA to the inspection service. This was returned on the 9<sup>th</sup> of September 2021 and was accepted as 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: 090 without attached conditions from the 17<sup>th</sup> October 2020 to the 17<sup>th</sup> October 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### 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 personal development.

There were up-to-date care plans on file for two of the three children in the centre. For the child without a current care plan, they had been admitted two months prior to the inspection and their care review had been rescheduled by the social work department. Inspectors saw evidence where the centre had contacted the social work department requesting a confirmation date for the postponed review. However, the child's social worker told inspectors that this had not occurred as the child was transitioning back home to their family. They were subsequently discharged from the centre the day after the inspection took place.

There was evidence on centre files that children were involved in aspects of the care planning process and where they did not wish to attend their reviews, centre staff encouraged participation in alternative ways so that their voice could be heard. This was observed in key working sessions where their current goals and how these could be met was explored and discussed with them. Parents were also informed of the agreed actions from the care plan.

Placements plans had been developed by the allocated key workers for two children only. There were found to be detailed records that reflected the goals and actions of their care plans along with an outline of the supports needed for them to be achieved. Tasks relating to each goal were delegated to various members of the staff team and the plan also contained a comprehensive section which recorded the outcomes of the actions as they were completed. For the third child, where a child in care review had not occurred, a placement plan had not been developed. However, their care needs for the time spent in the centre were contained in ancillary documents such as pre-admission risk assessments, individual risk assessments and safety plans. There was evidence on file of the staff team engaging with children on decisions being made about their lives and preferences that they had, and these were regularly reviewed as part of the placement plan. Although from an interview with one child and two completed questionnaires, they said that they had not seen their placement plans and

were unaware that they had met with key workers about their goals. Centre management must ensure that placement plans are in place for all children and that they understand how their goals and needs can be met as part of the placement planning process.

Parents views and participation were also central to care planning in the centre and in general, there was evidence of robust and appropriate communication with significant people in children's lives. In addition, there was evidence of regular attendance at interdisciplinary meetings and collaborative work was taking place with external agencies who had an input into the care needs of children for example schools and the Gardai.

From a review of the centre files, interviews with staff, social workers and one child, there was evidence of very good progress within the placement for one of the children in particular, who had been living in the centre for over a year. There was evidence from a sample of significant event notifications, that the number of missing from care incidents had decreased. The child was engaging on a consistent basis with the staff team by being present in the centre more frequently and this was also observed in their key working sessions. In addition, centre staff and the allocated social worker informed inspectors that implementation of the individual crisis management plans and safety plans were having a positive impact on the child's reduction in their high-risk behaviours that was a feature for them when they were out of the centre.

There was very strong evidence of promoting a positive relationship with the child's family and very regular feedback and updates were provided to their parent. Where the parent raised concerns or issues, there was evidence that these were listened to and responded to appropriately. The child's allocated social worker said that the staff team were very committed, responsive and nurturing in their provision of care that best suited the child's individual needs. However, they also told inspectors that communication could be improved in some areas for example, information sharing. This related specifically to an issue they had not been made aware of by staff whereby one of the care plan goals regarding access to a specialist service for the child was no longer being met. They also had not been informed of a recent complaint that the child had made, although the child and management had informed inspectors that it had now been resolved internally. However, the child indicated on their questionnaire that they were not happy with the way this complaint was dealt with by the centre. Centre management must ensure that where goals from the care plan regarding external supports are no longer being met, these are communicated to the allocated social worker in a timely way. All appropriate information regarding the

care of children including complaints should be shared with the child's allocated social worker and children should be satisfied with the way in which their complaints are dealt with, and this should be recorded by the centre.

Inspectors noted some deficits on placement plans and on children's files regarding planned activities and daily routines. Social workers interviewed said that they had noted these omissions and one of the children also highlighted this to their social worker and to inspectors in conversation with them. One allocated social worker said that they were not satisfied that the staff team had robust plans in place that promoted consistent engagement between the staff team and the child in placement and that an absence of organised activities on their weekly plans impacted on their wellbeing, personal development and on the relationship the child had with the team. Centre management must ensure that daily plans and routines are developed which outlines the provision of planned and unplanned activities for each child and these are reflected in their placement plans as part of their goals.

In general, social workers told inspectors that the centre communicated well with them and provided regular and prompt updates on the progress of the children through placement plans, monthly reports and significant event notifications. However, as mentioned above, for one social worker, they informed inspectors that they experienced a deficit in regular sharing of information regarding the child's safety when outside the centre along with an absence in the provision of daily plans, routines and activities for the child. From the questionnaire that the child completed as part of the inspection process, they stated that they were content in the centre and well looked after but unhappy with the amount of free time they had outside the centre. Centre management must ensure that the staff team maintain effective communication with all allocated social workers so that continuity of care is provided to all children along with adherence to their care plan and placement plan goals.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2</b>

<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>
---	---

### **Actions required**

- Centre management must ensure that placement plans are in place for all children and that they understand how their goals and needs can be met as part of the placement planning process.
- Centre management must ensure that where goals from the care plan regarding external supports are no longer being met, these are communicated to the allocated social worker in a timely way. All appropriate information regarding the care of children including complaints should be shared with the child's allocated social worker and children should be satisfied with the way in which their complaints are dealt with and recorded by the centre.
- Centre management must ensure that the staff team maintain effective communication with all allocated social workers so that continuity of care is provided to all children along with adherence to their care plan and placement plan goals.

## **Regulation 5: Care Practice s and Operational Policies**

### **Regulation 6: Person in Charge**

## **Theme 5: Leadership, Governance and Management**

**Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

The centre manager had been in their position for nine years and inspectors saw evidence of good leadership which supported the delivery of child-centred, safe and effective care for children. Improvements were noted since that last inspection from August 2020 in the areas of governance, accountability and decision-making. This progress could be observed in the children's care planning systems including collective risk assessments, policy implementation, risk management mechanisms, internal and external oversight arrangements and team meeting minutes. A new director of services had been appointed since the last inspection and there was

evidence of a proactive response to issues that arose previously, including ongoing review and updating of policies, an improved risk management framework, more regularised auditing and the introduction of a local significant event review group. However, the implementation of the aforementioned processes was not fully concluded. For example, a full suite of up-to-date policies and procedures for the centre were not completed in their entirety and the risk management framework had yet to be implemented in full along with updated risk assessment forms. The director of services must ensure that the review of the centre's full suite of policies and procedures are completed as soon as possible and forwarded to the alternative care inspection and monitoring service. All systems as part of the risk management framework should be implemented in full.

The centre manager reported to the director of services and was supported by two social care leaders, one of whom acted up for them in their absence. The staff team was comprised of two social care leaders and seven social care workers, two of whom job shared. This was appropriate to the size and purpose of the centre.

The centre manager was present in the centre Monday to Friday and attended handovers, team meetings, child in care reviews and was part of the on-call system. While inspectors saw evidence of social care leader's meeting with the director of services regarding the updated governance systems, there were no minutes observed of internal meetings between the centre manager and the social care leader's despite being told they were occurring. Further, from interviews, social care leaders did not demonstrate good awareness of their specific roles and responsibilities in their capacity as team leaders. They could describe their delegated tasks when the manager was on leave but could not outline their management and other assigned duties. The centre manager must ensure that minutes are recorded of any internal management meetings taking place. Social care leaders should be made aware of their specific role and function in the governance structure within the centre and become familiar with their duties appropriate to their position.

A written record was kept by the centre manager of duties delegated to appropriately qualified members of the staff team, however any key decisions made were not contained on the document and inspectors recommend that this is included for transparency and accountability purposes. A service level agreement was in place for the provision of services and was submitted through Tusla's commissioning portal in January 2021. The director of services reported to Tusla regarding compliance with the agreement.

As referred to above, since the last inspection the risk management framework had been strengthened and inspectors could see evidence of an improved system for risk identification, assessment and management processes. This structure included the introduction of a risk matrix to assess the likelihood and impact of identified risk, preadmission risk assessments, individual risk assessments, safety plans and individual crisis management plans. A significant event notification review group was also in place along with a risk register catalogue. However, this catalogue did not include the children's individual risks as outlined in their risk assessments and a specific register of risk should be developed in this regard. Senior management meetings showed evidence of policy implementation, audits, and some discussion on risk. The centre manager informed inspectors that risks were escalated to the director of services by them.

The risk management plans were generally of good quality and contained concrete actions and practical responses for the elimination and management of risk. Inspectors recommend that staff become more aware of the language they use to reflect the abuse and criminal aspect to some of the individual risks for children within these risk assessments. This pertains specifically in the context of sexual abuse and sexual exploitation of children in care. Inspectors found that there was good consultation ongoing with staff regarding the changes planned for the centre and the organisation as a whole.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The director of services must ensure that the review of the centre's full suite of policies and procedures are completed as soon as possible and forwarded to

the alternative care inspection and monitoring service. All systems as part of the risk management framework should be implemented in full.

- The centre manager must ensure that minutes are recorded of internal management meetings taking place. Social care leaders should be made aware of their specific role and function in the governance structure within the centre and become familiar with their duties appropriate to their position.
- The director of services and centre manager must develop a specific risk register for children in the centre.

#### **Regulation 6: Person in Charge**

#### **Regulation 7: Staffing**

### **Theme 6: Responsive Workforce**

#### **Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

There were appropriate staff quotas employed in the centre with regard to the number and needs of the children and their statement of purpose. The centre manager maintained a staff team of two social care leaders and seven social care workers, two of whom job shared. This was supported by a relief panel that was shared between the two centres within the organisation and catered for sick leave, Covid emergencies and other types of leave. The team were very experienced, and all had the necessary qualifications, skill set and competencies to provide child-centred, safe and nurturing care to the children living in the centre.

There was some evidence on external management records of work force planning taking place with regards to training, supervision and the organisation's on call system along with the implementation of new changes being developed and introduced by the director of services. Inspectors observed that in general there was positive retention of staff in the centre with half of the team being in their position for nine years. The remainder of staff had been employed in the last four years, so the continuity of care was good for children placed there. The centre manager stated that retention of relief staff was becoming problematic. There was no record of any discussion in this area noted on the sample of team meeting minutes or senior management meetings reviewed by inspectors and inspectors recommend that any discussions taking place should outline the approach been undertaken to address

these specific areas of need. However, the centre manager informed inspectors that there are adequate numbers of suitable relief staff currently available for the necessary sick leave, annual leave and other emergencies.

There was a personal development plan recently developed by the service to capture and review staff needs in areas such as study, experience, strengths and learning requirements. This was yet to be implemented with the team. Staff at interview indicated that they were supported in their roles, and they had access to the on-call system along with regular external facilitation which was being provided for the purpose of team building. An employee assistance programme was also available to the team and debriefing sessions were in place when needed.

There was an on-call service in place which was divided between the director of services and the two centre managers.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 6.1</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions Required**

None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that placement plans are in place for all children and that they understand how their goals and needs can be met as part of the placement planning process.	These are developed as part of the young person's admission process and are reviewed at the six-week child in care review in line with updated care plan. Key worker's will ensure that the young people understand how their goals and needs are met as part of their placement plan. This will be noted in placement plan notes in the young person's file. Key worker will return to those young people who were unsure of their placement plan goals. This will happen in the next month.	Placement plans are reviewed on a five weekly basis along with the young people's other paperwork. This is part of a new monthly checklist for key workers. This is reviewed as part of the Manager's monthly governance audit.
	Centre management must ensure that where goals from the care plan regarding external supports are no longer being met, these are communicated to the allocated social worker in a timely way. All appropriate information regarding the care of	Going forward the Social Workers will be updated by email where goals from the care plan that are identified are no longer being met and this will also be noted in the young person's placement plan and monthly paperwork. This will happen as soon as an issue is identified and as part of	Social workers are updated after each weekly team meeting, Agendas are being amended currently to ensure this happens. This will also be included in the young person's paperwork monthly paperwork and noted on the placement plan. Young people will be asked if they were

	<p>children including complaints should be shared with the child's allocated social worker and children should be satisfied with the way in which their complaints are dealt with and recorded by the centre.</p> <p>Centre management must ensure that the staff team maintain effective communication with all allocated social workers so that continuity of care is provided to all children along with adherence to their care plan and placement plan goals</p>	<p>the monthly paperwork review.</p> <p>The Social Worker will be update by email of all complaints and any outcomes from complaints.</p> <p>Young person will be updated regularly of the status of the complaint and feedback will be sought from young person around how they found the process.</p> <p>The Social Worker will continue to receive updates by email and verbal feedback will be given on a regular basis. In cases where there is a high volume of information to be communicated a designated staff member will be allocated to ensure continuity of care, ideally the key worker.</p>	<p>satisfied with the complaints process at the end of this process and they will be reminded about their right to contact the Ombudsman for Children and Tusla's Tell Us complaints process. This will be reviewed as part of the team meeting, young people's monthly paperwork and as part of the Managers monthly governance audit.</p> <p>This will be reviewed as part of the manager's governance audit and as part of the Director's audit.</p>
5	<p>The director of services must ensure that the review of the centre's full suite of policies and procedures are completed as soon as possible and forwarded to the alternative care inspection and monitoring service. All systems as part of the risk management</p>	<p>These are in the process of being rolled out and we employed an external policy writer to ensure that we have a comprehensive suite of policies. This process should be completed over the next number of months. The updated policies will be forwarded to the registration and</p>	<p>We will soon have a complete suite of policies and they will be reviewed on a biennial basis, and we have a schedule for their review.</p> <p>This will be reviewed as part of the young person's monthly paperwork and the risk catalogue will be updated.</p>

	<p>framework should be implemented in full.</p> <p>The centre manager must ensure that minutes are recorded of internal management meetings taking place. Social care leaders should be made aware of their specific role and function in the governance structure within the centre and become familiar with their duties appropriate to their position.</p> <p>The director of services and centre manager must develop a specific risk register for children in the centre.</p>	<p>inspection service as they are implemented.</p> <p>Each young person's risk assessments are being transferred to the new risk assessment forms and will be added to the young people risk catalogue. This process will be completed by the end of September 2021.</p> <p>Minutes are now taken at these meetings. The role of the Social Care Leader will be discussed with those involved through supervision and as part of the management meetings.</p> <p>We are in the process of developing this and a separate risk catalogue will be developed for the young people. This should be completed by the end of September.</p>	<p>The role of the social care leader will be discussed as part of the induction and probation process for new Social Care Leaders.</p> <p>This was a new process introduced in July 2021 and this will be reviewed as part of the young people monthly paperwork meeting which take place every five weeks. This will also be review as part the auditing process.</p>
6	None identified		