



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: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Cottage Home 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>10<sup>th</sup> January 2023</b>
<b>Registration Status:</b>	<b>Registered with an attached condition from the 17<sup>th</sup> of October 2020 to the 17<sup>th</sup> of October 2023</b>
<b>Inspection Team:</b>	<b>Janice Ryan Ciara Nangle</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> June 2023</b>

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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 in August 2000. At the time of this inspection the centre was in its eighth registration and was in year two 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 was registered as a multi-occupancy service. The centre aimed to provide medium to long term care for four young people of both genders from age thirteen to eighteen years of age. The model of care was a relationship-based approach with the provision of a safe, secure and supportive environment to encourage the holistic development of each young person. There were four children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
6: Responsive Workforce	6.1

This inspection activity was conducted as a result of an escalation sent by the National Private Placement Team to ACIMS in relation to the management of high-level risk-taking behaviours by one young person. The focus of this inspection was to determine whether appropriate risk assessments, safety plans and actions were being implemented to support staff in managing or mitigating the serious risks involved with the continuous missing in care and behaviour of one young person in the community.

The inspection was a blended inspection which consisted of a desktop review of documents and an onsite review of care records for all young people including a wide range of centre records relevant to placement planning, clinical supports, key working, risk management and professional meetings.

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. Where possible 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

At the time of this inspection the centre was registered from the 17<sup>th</sup> October 2020 to the 17<sup>th</sup> October 2023. A draft inspection report was issued to the registered provider, senior management, centre manager on the 01<sup>st</sup> February 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 24<sup>th</sup> February 2023. This was deemed to be unsatisfactory and the inspection service required further evidence to address some of the identified issues. The inspectors received the final CAPA on the 01<sup>st</sup> March 2023.

The findings of this report and assessment of the submitted CAPA deem the centre not to be in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5, Care Practices and Operational Policies or Article 7, Staffing. As such it is the decision of the Child and Family Agency to register this centre, ID Number:090 with an attached condition pursuant to Part VIII, 1991 Child Care Act with the condition being:

- There must be no further admissions of a young person to this centre until there is evidence of adequate safeguarding practices and the required staffing numbers and availability of staff having regard to the number of children residing in the centre and the nature of their needs.

The condition will be attached to the registration of the centre from the 05<sup>th</sup> of June 2023 and will be reviewed on or before 05<sup>th</sup> September 2023.



**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 had a child safeguarding statement which was dated March 2022 and this had been approved by the child safeguarding statement compliance unit in April 2022. The centre had a Designated Liaison Person (DLP) and the staff in interview were aware of their role as mandated persons.

Inspectors reviewed the centre's training register and found initially that this register was not up to date and did not contain current information in relation to who had completed child safeguarding training. Following this onsite inspection, the inspectors received an updated register which confirmed that all but two staff members had updated training in Children's First, 2017 and one staff member required training in the organisation's own child safeguarding policy.

The centre had a child protection register in place which captured all notified concerns for the centre. However, improvement was required in this regard. The inspectors found it difficult to ascertain what concerns were open and closed. They also found that where updated information was recorded it did not include updates from the social work department on the outcome of the concern. However, Inspectors found evidence in records of team meeting that social workers would be contacted for updates on the open child protection and welfare concerns.

Inspectors reviewed two serious significant events in relation to one young person in the centre which had been notified to children's residential services. Within both of these events the inspectors found deficits in the responses to safeguarding this young person in these situations. In both incidents the response from the staff team and management was not adequate to safeguard this young person and the measures taken at that time was not robust enough. For example, in one incident the staff team failed to call for an ambulance to attend to the young person despite concerns for their physical health. In the other incident the inspectors found no evidence that staff tried calling the young person during the night, went looking for the young

person or continued to call the Gardai in relation to the concern which resulted in the young person being left at risk for an extended period of time.

In both of these incidents there were issues in the recording of information relating to both events and no evidence of consultation with the on-call person despite serious risks being present. Both incident reports contained no feedback from management and did not identify further learning from this incident or review of same.

Additionally, the inspectors found that a critical review was yet to take place following both events.

The inspectors observed from the staff team meetings that discussions had taken place among the team and management regarding the seriousness of one incident with the centre manager acknowledging improvements should follow. An addendum to that significant event was submitted outlining the seriousness of the incident which had not been reflected in the original significant event submitted.

Additionally, as the young person's behaviour escalated the inspectors found that the centre had not assessed or escalated the need for additional resources to support good safeguarding practices in the centre. For example, they did not advocate for extra staffing or access to another car which had been in place a couple of months previous. Despite staff stating that this was effective. This would have facilitated a quicker response to one incident.

The inspectors reviewed numerous plans and meetings which contributed to the overall safeguarding of this young person for example Absence Management Plans (AMPs), Behaviour Management Plans (BMPs), safety plans, risk assessments and placement plans. The plans contained limited information in relation to the young person's vulnerabilities and risks and the control measures in place were not detailed or descriptive of steps staff members needed to take should the risk present. Where steps were identified the inspectors found that these were not sufficient or robust enough to support good safeguarding practices for this young person.

Moreover, the risk assessments put in place prior to and after these two critical incidents were not robust and the young person was exposed to the potential of further significant harm. There was no evidence of appropriate follow up or review by the Director of these incidences which was not in keeping with the centre's own policy on risk management. The centre had not utilised the risk assessment matrix appropriately to ensure that the risk rating categorised a need for escalation in relation to the viability of this placement. The concerns regarding this placement

increased following an significant incident early November however, the inspectors found that this was formally escalated until the 06<sup>th</sup> January 2023.

The inspectors acknowledge that there were ongoing multi-disciplinary meetings taking place with a range of professionals involved in the young person's care as well as with the Gardaí. However, the minutes reviewed for these meetings did not highlight the seriousness of concerns that were ongoing for this young person, that these risks were increased by the location of centre and the availability of public transport and the impact that the resources available to the centre had on their ability to safeguard the young person. The inspectors found that two identified actions for the social work team in relation to an application for secure care and obtaining a rural placement remained a recurring feature on each meeting that took place over a seven-month period. However, due to the lack of detail contained in the minutes the inspectors were unable to establish what follow up the centre had taken in addressing why these actions had not progressed with the social work team. The minutes did not evidence any follow up to these actions or why these remained outstanding seven months later.

At the time of writing this report the social care manager, social worker and Guardian Ad Litem (GAL) confirmed that an application was due to be submitted to the special care committee on the 24<sup>th</sup> January 2023, seven months after initial meetings had taken place and after the young person had been subjected to significant harm in the community. The GAL confirmed that the young person was not suitably placed in the centre due to the location and there were limited placements available to meet this young person needs. The social worker confirmed that the young person was on a waiting list for a rural placement but this had not materialised in a number of months.

The inspectors met with two young people on site, both of which confirmed that they were not happy in the centre however, they did not state why this was. The inspectors also spoke with the mother for one young person who communicated their concerns in relation to the centre's management of the risk-taking behaviours for their child and how they were unhappy with this.

Overall, from the evidence reviewed the inspectors found that the centre had not taken the appropriate steps to ensure that this young person was safeguarded to the best of their ability in the community. The inspectors acknowledge that resource issues such as staffing and the lack of alternative placements may have increased the risk for this young person however despite this the inspectors found that the centre

did not respond effectively to the high risks that this young person presented with in the community or highlight the implications of their resource deficits within their response plans. The centre had failed in their duties to effectively safeguard this young person while in their care.

As such the inspectors found that the operation of the service was not in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 5: Care practices and Operational policies.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 16</b>
<b>Regulation not met</b>	<b>Regulation 5</b>

  

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

### **Actions required**

- The social care manager must ensure that all staff have up to date training in Children First eLearning on hseland.
- The Director and social care manager must ensure a more comprehensive review takes place of the serious incident in December 2022 to include deficits highlighted during this inspection.
- The Director and social care manager must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.
- The Director and social care manager must take immediate action to ensure there are appropriate and robust safeguarding measures in place to safeguard young people and that these are clearly documented.
- The Director and social care manager must ensure that all minutes from professional meetings are detailed, accurate and reflect the discussions that took place at these meetings. They must ensure that actions identified as part of multidisciplinary meetings are clearly documented, tracked and reviewed to an outcome.

- The Director and social care manager must review the individual risk management planning/policy to ensure it contains the appropriate escalation process when a risk is deemed unmanageable.
- The Director and social care manager must ensure that all staff are trained in the organisations individual risk management planning/policy.

## **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.**

This centre was registered to provide care to four young people. At the time of inspection there were four young people residing in the centre and the centre was providing double overnight cover and the centre did not always have a day shift in place which was not sufficient to meet the current and complex needs of the young people based on the concerning risk taking behaviours and complex needs of two young people in the centre.

The centre had a staff complement of one social care manager, one deputy manager, two full time social care leaders and one part time social care leader, four full time social care workers and one part-time social care worker. The centre had a panel of seven relief staff and also relied on an external agency to provide ongoing staff to fulfil roster requirements. The inspectors found that the staffing number was less than the minimum requirement for registration purposes and was not sufficient with regard to the number and needs of young people and the centre's statement of purpose. This was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. However, the inspectors noted that the organisation had an ongoing recruitment campaign to recruit new staff.

As part of the on-site inspection, inspectors sampled planned and completed rosters and daily logs, between the period of August 2022 to January 2023. The inspectors found that the records were hard to review and were at times illegible and not clear. The inspectors found that the centre had consistent double cover in place however, at times a day shift was not always rostered. The inspectors found the centre had been granted an additional staff member to provide extra cover in September 2022,

however, the centre had found it difficult to find staff to fulfil this extra requirement on the roster.

On review of the staff team meeting minutes for October 2022 the centre decided that this cover was not required at this point. The inspectors found that the additional resources were necessary to support the centre to implement additional safe care practices for the staff and young people. The inspectors found that although the centre struggled to find additional cover, they had not risk assessed or considered utilising the resource more effectively to respond to risks that presented for this young person. For example, the centre had not considered implementing live nights in the centre to support good safeguarding practices.

The inspectors found that the staffing and supervision levels were not sufficient to ensure good safeguarding practices in the centre. The Director confirmed that they had written to the Child and Family Agency asking to review staffing allocation however this remained outstanding. Inspectors did not find reference to the risks arising or the limitations on the centre's ability to safeguard or implement safety plans as a result of the resource issues in any documentation or in any discussions with other professionals about the suitability of this placement to safeguard this vulnerable young person.

The centre had a policy for on call which stated *“that on call is in an unofficial capacity and without remuneration”*. However, the guidance provided and measures in place were not appropriate in supporting or managing incidents of concerns or high risks. During one of the significant incidences discussed above there were two social care leaders working on shift whilst also responsible for providing on call cover to the unit. The policy stated that *“Where a deputy manager or social care leader is on call and on shift, the manager, or in their absence, the Director, will be available for advisory purposes only”*. The inspectors found no evidence that these staff members had sought further advice in managing this incident. The centre's on call policy was not robust or effective and did not provide for good safeguarding practices in the organisation. The staff on shift did not utilise the on call appropriately which may have contributed to unsafe care for this young person.

The inspectors found that there were not enough full-time staff to fulfil the roster pattern in place and provide safe care to the young people living in the centre. Inspectors found that the operation of the service was not in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and the Child Care

(Standards in Children's Residential Centres) Regulations, 1996, Part III Article 7: Staffing.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</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>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 6.1</b>

### **Actions required**

- The Director and social care manager must ensure that all records are accurate, legible, and clear for safeguarding purposes.
- The Director must ensure effective organisational workforce planning is in place to ensure that staff deficits are robustly reviewed and do not impact the continuity of care for all young people in the service.
- The Director and social care manager must review the organisations on call policy to ensure that it is effective to support good safeguarding practices in the service.
- The Director and social care manager must ensure that all staff are trained in the on call policy.
- The Director must ensure that the centre has sufficient staffing levels to meet the needs of the young people in line with the ACIMS Memo dated April 2022.

### 3. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The social care manager must ensure that all staff have up to date training in Children First eLearning on HSEland.</p> <p>The Director and social care manager must ensure a more comprehensive review takes place of the serious incident in December 2022 to include deficits highlighted during this inspection.</p> <p>The Director and social care manager must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and</p>	<p>All staff are up to date with E learning in Children's First, 2017.</p> <p>This incident was reviewed by the manager and the Director and one of the staff members that was involved in the incident, it was also reviewed as part of our internal SEN review group in Jan 23 and feedback and learning was given to the staff team. Learning from SEN's is discussed on a weekly basis in the team meeting.</p> <p>The learning from the review of this incident was discussed with team and has informed how we approach incidents and the recording of same.</p>	<p>The Deputy Manager has been assigned the task of reviewing the excel on a monthly basis to ensure we are alerted to when training needs to be completed.</p> <p>This is a standalone incident. A similar review will take for any other serious incident going forward. We are in the process of creating an incident review form.</p> <p>We are in the process of reviewing the recording of information, the on-call system and recording of same. This will be completed by April 2023.</p>



	<p>manage risk.</p> <p>The Director and social care manager must take immediate action to ensure there are appropriate and robust safeguarding measures in place to safeguard young people and that these are clearly documented.</p> <p>The Director and social care manager must ensure that all minutes from professional meetings are detailed, accurate and reflect the discussions that took place at these meetings. They must ensure that actions identified as part of multidisciplinary meetings are clearly documented, tracked and reviewed to an outcome.</p> <p>The Director and social care manager must review the individual risk management planning/policy to ensure it contains the appropriate escalation process when a risk is deemed</p>	<p>We have reviewed and updated of all of the safety plans and have had them reviewed externally by Tusla and the manager of our other residential centre.</p> <p>We will ensure the meeting minutes, are detailed, accurate and reflect the discussions that took place at these meetings. We will also ask for copies of meeting minutes from the social work department and other professionals going forward.</p> <p>We are in the process of reviewing the individual risk management policy and it will a give more detailed description of the escalation process when a risk is deemed unmanageable. This will include what</p>	<p>We will continually regularly review our safety plans and we will continue to send them to be reviewed by the social work department and will send them to the manager of our other service and to the Tusla Dublin Mid Leinster (DML) Deputy Regional Manager as required.</p> <p>Minutes will be circulated to the other attendees for their approval.</p> <p>This will be reviewed on a regular basis as part of the policy review process.</p>
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	<p>unmanageable.</p> <p>The Director and social care manager must ensure that all staff are trained in the organisations individual risk management planning/policy.</p>	<p>needs to be raised and recorded in multidisciplinary meeting. This review will be completed by April 2023</p> <p>New training will be provided on the updated policy.</p>	<p>Staff will be informed of any changes to updated policy and training provided where required.</p>
6	<p>The Director and social care manager must ensure that all records are accurate, legible, and clear for safeguarding purposes.</p> <p>The Director must ensure effective organisational workforce planning is in place to ensure that staff deficits are robustly reviewed and do not impact the continuity of care for all young people in the service.</p>	<p>Staff will be provided with report writing training and we are in the process in sourcing a paperless filing system, which should help with clearer report writing. We will review the roster layout in the centre to ensure that it is easy to understand.</p> <p>We continually review the work force planning; this has been hampered by a national crisis in the recruitment of staff. We have engaged with agencies to source replacement staff on a permanent basis and have ongoing recruitment drives to fill vacancies and to recruit relief staff.</p>	<p>The updated system will be reviewed by management for its effectiveness. The updated roster will be complete by the April 2023.</p> <p>This will be reviewed by on-going basis as part of manager meeting on a bimonthly basis.</p>

	<p>The Director and social care manager must review the organisations on call policy to ensure that it is effective to support good safeguarding practices in the service.</p>	<p>The on-call policy will be reviewed and amended. In particular removing the practice of Social Care Leader's being on call while on shift.</p>	<p>Changes to the on-call policy will need to be made in consultation with Tusla DML. It will be important to establish the expectations of on call and secure remuneration for those who take on the role as we are currently not funded for on-call provision. We will meet with Tusla on the 16<sup>th</sup> of March and raise this as an issue.</p>
	<p>The Director and social care manager must ensure that all staff are trained in the on-call policy.</p>	<p>New training will be provided on the updated policy.</p>	<p>Staff will be informed of any changes to updated policy and training provided where required.</p>
	<p>The Director must ensure that the centre has sufficient staffing levels to meet the needs of the young people in line with the ACIMS Memo dated April 2022.</p>	<p>The permanent line that was vacant during the inspection was filled on 1/2/23.</p>	<p>We have an ongoing recruitment drive to bolster our relief panel. We are also in negotiation with Tusla in relation to pay restoration and funding for European Working Time Directive compliant rosters.</p>