



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 096

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Three Steps
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	12th & 13th September 2023
Registration Status:	Registered from the 20th of March 2022 to 20th of March 2025
Inspection Team:	Lorraine Egan Sharon McLoughlin
Date Report Issued:	2nd November 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 20th March 2013. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from 20th of March 2022 to the 20th of March 2025.

The centre was registered to accommodate four young people of all genders from age thirteen to seventeen years on admission. However, they were currently operating under dual occupancy status. Their model of care was described as attachment and trauma informed and right focussed care delivered through the person-centred approach, and which strived to create a therapeutic alliance in a structured home like environment. There were two young people living in the centre at the time of this inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the on the 28th September 2023. As there were no actions identified in the draft report, there was no requirement for the organisation to submit a corrective and preventive action plan (CAPA) to the inspection and monitoring service. The registered provider was given the opportunity to identify any factual inaccuracies in the draft report. Centre management informed the Alternative Care Inspection and Monitoring Service on the 9th October 2023 that there were no factual inaccuracies in the draft report.

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: 096 without attached conditions from the 20th March 2022 to 20th March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The two young people had been living in the centre for a significant period of time and were settled there. One spoke with inspectors and told them they felt happy and safe and had a good relationship with the staff who cared for them. They liked baking and culture nights and helped choose menus and prepared their own food too. They were encouraged to tidy their room and manage their spending money and picked out colours they liked for redecorating their bedroom. They said they also enjoyed the individual pamper evenings with the staff. They gave suggestions to inspectors on improvements for the sensory room which was fed back to centre management.

Inspectors found that the voice of the child was evident across all the care records and was captured in a meaningful way so that it was interwoven into systems and practice within the centre. Young people were given many opportunities to contribute to decisions being made about their daily care and plans being made about their future. House meetings were taking place and young people raised issues and talked about their likes and dislikes of everyday living in the centre. Themes such as planning for activities, trips away and weekly meals were discussed. Feedback was also given to young people at this time on their achievements and areas of strength. In addition they were introduced to new staff members who had joined the team and explained why others were moving on. One young person chose not to attend these meetings but staff were respectful of this and made efforts to find alternative ways for them to give their input and make requests at this forum.

Two keyworkers were assigned to each young person and there was good evidence of positive attachments formed for one and for the second young person, a trusting and caring relationship had been long established. Key working and individual work was of a good standard and was consistently taking place. It supported young people in areas of learning and special interests, self-reflection, wellbeing as well as helping them to reach their short and long-term goals.

Young people's contributions towards their specific needs was gathered as part of child in care reviews and placement planning. Staff talked to them about their wishes when identifying goals and clearly explained the steps that would be taken to achieve these and who would be responsible for each task. Parents where appropriate were regularly contacted for their input and reconnections were encouraged with family members where young people may not have seen for some time.

The manager and staff advocated for young people for the specialist supports they needed as well as additional resources for education and learning. Young people were informed of advocacy groups such as Empowering People In Care (EPIC) and an EPIC worker had previously been supporting one young person. They had visited the centre and attended child in care reviews with them. Additionally, one young person had been supported by staff to make a complaint through Tusla's Tell Us process, when they had not been allocated a social worker. While this complaint remains open, a dedicated social worker has now been assigned. A young person's booklet had been developed and contained information which outlined the care they would receive while living in the centre as well as their rights how to make a complaint. Inspectors recommend that this document is reviewed at the time of the next update to enhance its presentation and content.

Young people were provided with information about why staff maintained records about their care, and were encouraged to access these when they wanted to. They were considerate and reassuring with one young person who showed dissatisfaction when some documents from their care file was shared with the clinical team.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had behaviour management policies in place that guided the staff team to manage challenging and unsafe behaviours in the centre. These were reflective of children's rights and based on regulations and national policy. Staff who were interviewed had a strong knowledge base of how the centre's procedures and supporting framework was implemented in practice. They could describe young peoples' individual risks, potential causes and the interventions in place to mitigate these. The staff team were trained in a recognised model of behaviour management and there was evidence of refresher training being scheduled.

The centre was experiencing a very settled period at the time of this inspection and the number of significant event notifications (SENs) had reduced since the last inspection in January 2022. Where issues arose, young people were helped by the team to de-escalate quickly. One of the young people had greatly progressed in their placement, the second chose not to engage in the programmes and supports offered. However, good efforts had been made by staff to link them to structured daily plans including an educational programme. Some advances had also been made towards the young person's preparation for independent living and moving on from the centre as well as taking part in a joint trip away with their co resident during the summer. Monthly meetings were taking place too with the young person's social worker to support transition planning. The centre manager worked closely with the organisation's clinical team who provided therapeutic guidance and evaluation as well as developing psychological support plans for each young person. The specialist advice was shared with staff and adapted into each young person's individual plans.

Risk assessments and behaviour support plans were of a high standard and were appropriately put in place when behaviours posed risks to young people. These plans were regularly reviewed and provided clear strategies for staff to follow. They included suitable and responsive measures to manage concerns around suicidal ideation, online safety and protecting themselves against bullying. Staff recognised the potential risks regarding mental health and accessing social media. They were emotionally responsive to young people in helping them understand their own

vulnerabilities in these areas and acted swiftly on any nonverbal communication from them that indicated issues that were concerning. In addition, there was good evidence that staff spent time to explain and listen to young people after incidents occurred. They encouraged them to reflect so that they became aware of the expectations for their behaviour as well as exploring what was making them upset or unhappy. One to one work was clearly planned and linked to individual goals and any improvements and gaps in their progression was tracked by keyworkers and case managers.

Significant events were well recorded by staff and they included evidence of each young person's voice and were promptly notified to all appropriate professionals. Post incident reviews were occurring too where the quality of the interventions and approaches used were considered with staff and learning outcomes were decided. The centre manager and senior manager had oversight of all incidents. Further internal and external auditing systems were in place and this also incorporated the monitoring of the centre's approach to managing behaviour with young people. Social workers told inspectors that centre management worked collaboratively with them and communication was maintained regularly. Documents were also uploaded onto a shared drive for their oversight.

The centre had a policy on the use of restrictive practices and there were a number in place in the centre to ensure young people's safety. These were in line with their individual risk assessments. There was evidence that these restrictive practices were monitored and reviewed on a regular basis and removed when no longer necessary in consultation with the young people and their allocated social workers.

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

Compliance with standards	
Practices met the required standard	Standard 3.2
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 10: Health Care**Regulation 12: Provision of Food and Cooking Facilities****Theme 4: Health, Wellbeing and Development****Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The staff team supported the two young people to achieve their potential in learning and development. At the time of the inspection both were linked in with educational programmes and learning needs were prioritised in each of their placement plans. One young person was attending post primary school and preparing to complete their leaving certificate exams. The second young person had found mainstream education challenging and an alternative option with iScoil was resourced for them so that they could take part in online education. The co-ordinator had visited the centre to meet with the young person and devised a personalised learning course with them that suited their interest and ability.

Good attention was given by staff in facilitating young people with their respective programmes. There was a quiet area in the house with a study desk for both to use if needed and one young person was receiving extra resources in school and had recently been provided with a laptop. Staff worked with teachers to address any issues of concern such as bullying and online safety and these challenges were overcome well for the young person. Staff also recognised young people's achievements at education and these were praised and encouraged when they completed projects or maintained their attendance. Careful planning was in place in advance of the new school term for one young person so that they were motivated to return. This included positive care practices by staff such as good morning and nighttime routines, uniform and shoes ready, books organised and packed, a favourite lunch chosen as well as their preferred music picked for their car journey. This support had helped the young person to make steady progress at school and where their previous attendance had been more irregular, it had now become consistent. Individual work was also undertaken with young people to explore choices for further education and apprenticeship opportunities. Hobbies and interests were encouraged with young people and one young person had joined various activities in the community.

Compliance with regulations	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
3	None identified.		
4	None identified.		