



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: 2021 (2)

Inspection Report

Year:	2021 (2)
Name of Organisation:	Three Steps
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of Inspection:	27th September 2021
Registration Status:	Registered from the 20th of March 2019 to 20th March 2022
Inspection Team:	Ruth Coakley and Janice Ryan
Date Report Issued:	16th November 2021

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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 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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on 13th March 2013. At the time of this inspection the centre was in its fourth registration and in year three of the cycle. The centre was registered from the 20th of March 2019 to 20th March 2022 without attached conditions.

The centre's statement of purpose set out that it was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as attachment and trauma informed rights-focussed care delivered through the person-centred approach which strived to create a therapeutic alliance in a structured home like environment. There were three young people living in the centre at the time of this inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2 and 3.3 only

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

At the time of this inspection the centre was registered from the 13th March 2019 to 13th March 2022. A draft report was issued to the centre manager, senior management and the relevant social work departments on the 7th of October 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service.

The centre manager returned the report with a completed action plan (CAPA) on the 21st of October 2021. After further communication with the centre manager in respect of the CAPA, it was deemed to be satisfactory, and the inspection service received evidence of the issues addressed

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of Tusla, Child and Family Agency to continue to register this centre, ID 096 without attached conditions from the 11th April 2021 to the 11th April 2024 pursuant to Part VIII, 1991 Child Care Act

3. Inspection Findings

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.

An inspection commenced in the centre on the 27th of September 2021 following receipt of an escalation from the Tusla National Private Placement Team. This escalation raised concerns on the high number of significant events reported in the centre and the impact of challenging behaviours on one young person by another young person, admitted to the service in May 2021. These behaviours included ongoing verbal and physical aggression.

Inspectors found that a positive approach to the management of behaviour that challenged was promoted in the centre. Centre records and interviews with staff members evidenced appropriate knowledge and skills, policies and procedures in line with their role. Staff were positive about the young people, their individual needs and underlying reasons for behaviour. All young people were supported to understand their behaviour on reflection of incidents and through key working sessions. Both young people were encouraged to manage their behaviour through goal charts and direct natural consequences implemented by the staff team.

The number of significant events reported from June to September 2021 increased month on month during this period despite interventions applied to date. The interventions implemented included: 1-to-1 staffing; monitored group activities to encourage positive interactions; separate daily plans and insight work regarding behaviours of concern. As part of the centre team meetings all significant events were reviewed for learning and any recommendations requiring action were completed. This included the updating of individual support plans and placement plans. There was internal clinical input sought on regular basis to provide further support to the staff team in the management of behaviours and incidents. The team were all trained in the centre behaviour management policy, Children First, 2017 and MAPA (model of behaviour management) on-line training with a number of staff to complete the practical application in the weeks following inspection. This practical training had been delayed due to covid-19.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

There were appropriate policies and procedures in place in the centre for the notification, management and review of incidents. On examination of the significant event register, child protection and welfare register and the complaints register, combined with a review of a sample of significant events for each young person the inspectors found that significant events were recorded and reported in line with policy.

The inspectors reviewed a sample of child protection and welfare concerns and they found that these were notified in line with policy. However, inspectors found at times there was a delay between the reporting of the significant event and the child protection and welfare concern on the Tusla Portal. Inspectors noted that delays may have been impacted by the recent cyber-attack.

A review of the child protection register found that for one young person there were three open child protection concerns for 2021. One of which was dated 22nd of June 2021, which identified and categorised verbal and physical aggression towards the young person by another resident. Following this, the young person also made a complaint on the 25th of June regarding the impact these behaviours were having on them in the centre. While this complaint was investigated internally by the centre it was also referred to the social work department, the complaint remained open to the social work department at the time of the inspection.

On the 18th of August 2021 the young person who was subject to the targeting behaviours made an allegation against the other resident young person which led to an escalation of the situation and an increase in incidents. The inspectors noted that although individual safety plan mechanisms were in place, the safety of the young person was still being negatively impacted. They also found that a collaborative and multi-disciplinary meeting had not taken place between all parties involved in the care of the young people. However, the inspectors noted from a review of centre records that a meeting had taken place on the 09th of September between the Director of Care, Service Manager, Centre Manager and the Deputy Centre Manager in which it was agreed that a serious incident review meeting would be convened. This review meeting had not taken place at the time of the inspection and the inspectors recommend that a multi-disciplinary approach is required to ensure the care and safety of all young people in the centre.

On examination of centre records, it was established that over the previous twelve months, this particular young person had been subjected to previous threatening behaviours and a serious physical assault which required the centre to seek alternative safe accommodation for a temporary period. Following this incident, the centre convened two serious incident review meetings on the 05th and 11th November 2020 with all relevant professionals and it was deemed necessary to discharge another young person from the service.

Further review of documentation evidenced that this young person had also reported a serious child protection concern against a different previous resident, in June 2020, who had transitioned out of the service a couple of months previous. This concern was now the subject of a Garda investigation and remained open to the social work department. The young person had experienced both of these incidents during the past year in the centre, prior to the admission of the current resident in May 2021. On examination of the pre-admission risk assessment the inspectors found that behaviours identified in this risk assessment replicated previous behaviours noted above which had already impacted on the overall care and safety of this young person.

The inspectors found that the oversight from the social work department individually, was satisfactory until the end of August. Inspectors spoke to the allocated social worker of the young person recently admitted to the centre and they stated that they were satisfied with the management of the behaviour and spoke highly of the responsiveness and effectiveness of the staff team in managing the care of the young person. The social worker had good oversight of the case and the current issues of concerns.

The young person subject to the behaviour had been allocated a social worker until the end of August who had good engagement with the centre and oversight of the situation. Inspectors spoke to the recently allocated temporary social worker who was not aware of the details of the current and recent situation and had not yet met with the young person.

With the allocation of a temporary social worker combined with the recent allegation of concern, increased notification of events and targeting of this young person, the inspectors found that the centre and social work department lacked the responses necessary to ensure the safety and care of all young people which required a collaborative and multi-disciplinary approach.

Inspectors also spoke with the Guardian Ad Litem for the young person who advised that they were concerned about the safety of the young person in the centre as incidents were still occurring despite mitigating actions taken. He advised that he intended to meet with the social worker to discuss the situation. The inspectors found that a collaborative meeting had taken place on the 06th of August to discuss concerns, however following the recent allegation on the 18th of August a multi-disciplinary approach between all parties had not taken place at the time of this inspection.

Inspectors spoke with all three young people while on-site. Two young people confirmed that they were safe and happy in the centre, they also stated they enjoyed living there and had positive relationships with staff. The other young person stated that they did not currently feel safe in the centre and that although staff try to keep them safe, they still get hurt. The young person advised that they do not feel that there has been any change in the current situation.

There were a number of complicating factors which were a challenge to resolving this issue in the centre to ensure the environment was safe for all young people. The dynamic between both young people was complex and at times the older young person would seek out negative interactions with the other young person, who is new to the care system and is adjusting in this regard. Notwithstanding this, this particular young person presented with significant challenging behaviour, identified in the pre-admission risk assessment which were known to have previously impacted on the other young person's safety in the centre.

The number of incidents where the safety of the young person was compromised in the past twelve months in the centre is an issue for concern and the review and management of same have not led to an improved outcome or experience for the young person living in the centre.

The identification, management and review of incidents did not meet the required standard in all aspects in the effective management and review of the incidents of threatening and abusive behaviour which have continued over the past four months impacting on the provision of safe care for both young people. A multi-disciplinary review with all parties is required to ensure the level of risk is reduced and that the centre can provide safe care and support to both young people.

Compliance with Regulations	
Regulation met	Regulation 16

Compliance with standards assessed.	
Practices met the required standard	None Identified (not all standards were assessed)
Practices met the required standard in some respects only	Standards 3.2 and 3.3
Practices did not meet the required standard	None Identified (not all standards were assessed)

Actions required

- The centre manager must ensure that a multidisciplinary review with a time limited action plan is implemented to address safeguarding concerns.
- The centre manager must ensure that increased staffing levels are introduced to provide safety and stabilisation to the behaviours of young people.
- The centre manager must ensure that a review of the admission of one young person and the pre-admission risk assessments occurs.
- The centre manager must complete a review of all child protection and welfare concerns for both young people to ensure compliance with Children First, 2017.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that a multidisciplinary review with a time limited action plan is implemented to address safeguarding concerns.	<p>A meeting was held on 6th August 2021 involving centre management and the social work team of the female resident. The meeting reviewed SEN's taking place in the centre and in particular, the impact these SENs were having on the young person concerned. Decisions made at that meeting were incorporated into her Programme of Care.</p> <p>A second meeting was convened on the 9th September 2021 that was chaired by the Director of Care and attended by centre management and the centre's service manager. This meeting was focussed on the impact SENs were having on all residents and on the risk with milieu that was emerging in the centre. It was determined at this meeting that two Serious Incident Reviews (SIR) should be held – the first involving only the</p>	<p>Where it is identified that a centre is under similar pressure in future, the Director of Care will instruct service management to increase their governance of and attendance to that centre.</p> <p>This will be directed with a view to ensuring the team receive the support they need to safely manage the situation and also to make sure that all relevant processes inc. risk review, programme of care review, communications of SEN and CPWR etc. are being carried out in timely manner.</p> <p>Service management will also ensure that where processes are being hindered for any reason, that the issues causing this are addressed and/or escalated to be</p>

4. CAPA

		<p>Social Work team for the youngest male resident and a second, involving all Social Workers and Guardians ad Litem appointed to residents to ensure the emerging dynamic within milieu and the respective experiences of living in the centre were clearly understood by all parties. Joint decisions about next steps were also to be determined.</p> <p>The first SIR took place on 9th October 2021 and the second, on the 14th October 2021 in which a comprehensive plan was agreed to create distance between the younger residents in order to reduce risk and incidents within the centre and also to facilitate necessary clinical interventions with both.</p> <p>Actions to implement this plan commenced on 20th October 2021.</p>	<p>addressed by the Director of Care without delay.</p>
	<p>The centre manager must ensure that increased staffing levels are</p>	<p>In addition to the above plan, the Social Work team for the youngest resident agreed to</p>	<p>Where it is determined that additional staffing resources are needed, this will be</p>

4. CAPA

	<p>introduced to provide safety and stabilisation to the behaviours of young people.</p> <p>The centre manager must ensure that a review of the admission of one young person and the pre-admission risk assessments occurs.</p> <p>The centre manager must complete a review of all child protection and welfare concerns for both young people.</p>	<p>support an application for additional staffing to the National Private Placement Team. This application was made on 21st October 2021.</p> <p>The admission of the youngest resident was reviewed by service management on the 8th October 2021 in which it was determined that greater weight should have been placed on the totality of conditions (diagnosed and indicated) in respect of the young person admitted and also that the trauma history of the female resident should again have been given greater weight in spite of her stability with placement at the time of referral.</p> <p>Child Protection and Welfare concerns were reviewed by Centre Manager and response requested from Social Workers for any open CPWRFs on 21.09.21.</p> <p>Service management in consultation with allocated Social Worker for younger resident</p>	<p>discussed with relevant Social Workers without delay and an application will be made to the NPPT for approval to do so.</p> <p>The service admissions policy will be revised to broaden the number of persons considering referrals. Clinical involvement will also be included in this revision.</p> <p>The above revision will be completed 31st October 2021. No further admissions will take place into the centre before the revision are complete.</p> <p>The centre Child Protection Log is subject to ongoing review at Centre Manger level.</p> <p>A meeting is also chaired on a monthly basis at Director of Care and Service Management to review all open CPWR</p>
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4. CAPA

		<p>reviewed open CPWRF's on 11th October 2021.</p> <p>In this review, it was agreed that all child protection and welfare concerned that needed to be reported had been and that open concerns are being actively examined as part of Social Work Preliminary Screening or through Garda investigation.</p> <p>On 14th October 2021 Social Worker for female resident was consulted on open CPWRF's. Social Worker advised she was moving from her post but would hand over to her line manager to get information on an update on the open CPWRF's.</p>	<p>with a view to ensuring they are addressed without delay.</p> <p>This meeting will now be held fortnightly and together with the first action in the CAPA, which will ensure that SEN that should be reported as CPWR are reported accordingly, this will ensure that all CPWR are made and addressed in a timely manner.</p>
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