



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: 2022

Inspection Report

Year:	2022
Name of Organisation:	Three Steps
Registered Capacity:	Four young people
Type of Inspection:	Themed Announced
Date of inspection:	25th and 26th January 2022
Registration Status:	Registered from the 20th of March 2022 to 20th March 2025
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	25th March 2022

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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 their first registration on 20th March 2013. At the time of this inspection the centre was in its third 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 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. A third young person, who was subject to derogation, had transferred to special care four weeks prior to the inspection with the centre identified as the stepdown placement following their stay.

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, 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 21st of February 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 7th of March 2022. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 096 without attached conditions from the 20th of March 2022 to the 20th of March 2025 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.

The inspectors found from their review of the centre's care and placement planning policy and procedures and paperwork in addition to interviews that efforts were being made by the centre to ensure that the young people were being provided with care and support. Interviews were held with a member of senior management, the centre manager, staff, members of two social work departments and three guardians ad litem. It was evident to the inspectors that some external factors, namely with respect to the responsibilities of social work departments, were somewhat impacting on the centre's ability in providing continuing and measured individual care and support to the young people that would enhance their personal development and growth.

Both young people in placement had resided in the centre for several years, one for three years and the second six years. The timeframes for when statutory care plan reviews are convened in accordance with the Child Care (Placement of Children in Residential Care) Regulations 1995 was outlined in the centre's care and placement planning policy. The statutory requirement for both young people having six monthly reviews was met.

The statutory requirement for up-to-date care plans to be held on young people's file was not met. Neither were minutes of CICR meetings on file. In the absence of care plans and CICR meeting minutes centre records of CICR's were observed on young people files. They were not signed or recorded on headed paper with limited detail further noted. The inspectors suggest agreeing actions with social workers to assist the development of placement plans. For one young person their care plan was received to the centre six months after their CICR was held, when another was due. For the second young person the centre was experiencing a three-month delay in receiving their care plan. The CICR was held in October 2021. Attempts had been made by the centre manager to receive them from the social work department. The care and placement planning policy did not include mechanisms for escalating issues

of this type to senior management, allocated social workers or management within social work departments. The inspectors recommend that procedures are included in the policy. The inspectors found that at the request of An Garda Síochána and consent of social workers the centre had provided An Garda Síochána with individual care plans for one young person in the centre and the child in special care following their CICR's.

Deficits within Tusla, Child and Family Agency social work departments were impacting both young people. One young person did not have an appointed social worker for four months at the time of the inspection, a social work team leader was overseeing their case. Given their current presentation, non-attendance at school, and outstanding complaints and some long standing and more recent child protection and welfare reports, the deficit was having an impact on their ability to engage in their daily routines and progress. For the second young person and longest resident a newly qualified social worker was appointed during the inspection. They had experienced five different social workers within a 21-month period with two being agency social workers. Staffing deficits within Tusla was identified by a social work team leader as the reason for this. It was clear that the young person's experience of social workers was impacting on their ability to engage with staff and professionals. It was not apparent or clear who was advocating on behalf of the young person considering their complex social history, current presentation including possible mental health concerns and planning for their duration of time in the centre. Following the onsite piece of the inspection a CICR meeting had been scheduled to take place in the following weeks.

It was evident that the young people were supported to attend their CICR's and state their views and their parents too. There was no clear process regarding arrangements as to who would inform young people of decisions if they chose to not attend their reviews.

Consistency was found in having individual placement plans in place for young people with social work team leaders/ social workers provided with monthly placement progress reports. The placement plan that covered all relevant areas such as education, health, family, activities and hobbies, was based young people's care plans and other needs identified by staff. Improvement is required regarding the implementation of the placement plans that would assure individual progress and development. It was the inspector's assessment that the placement plans were lengthy documents, and it was hard to track how they were discussed at team meetings in terms of meeting and tracking the various goals set. At the same time,

the minutes of these meetings did not indicate much discussion on the individual placement plans. From the review of a sample of placement plans goals were basic and repetitive for example goals that would ordinarily be general routines in a home for example going to school, supporting school placements, supporting areas of personal hygiene. Whereas focus would be better placed on more robust and immediate needs for example internet safety, self-care, sex education, consent, etc as outlined in the individual placement plans particularly for one young person who had specific areas of vulnerability to be supported with. Sections of the placement plans required review namely the sections 'actions agreed to improve on' and actions assigned to' as the same responses were recorded across those reviewed. The inspectors recommend that this is considered as part of the placement plan review taking place within the organisation. From interviews and paperwork review it wasn't clear how young people were involved in the development of their placement plans and in goal setting.

The day-to-day routines of the young people were having an impact on staff being able to implement goals set out from the placement plans. Coinciding with this, daily plans in place for young people didn't appear to match what was happening for both young people. Current day-to-day routines would benefit from having a more creative approach to encourage young people's engagement with staff. In interview staff members were not so clear of their roles and responsibilities as keyworkers and how the goal setting aspect of placement planning occurred in the centre.

There was evidence of clinical input being provided to the staff team to guide their approach to providing care to young people. From recent assessment reports completed by clinicians attached to the organisation the inspectors were informed that recommendations from the assessments would be discussed at the young peoples' next CICR's and incorporated into care plans that would filter through to placement plans for key areas to be implemented with young people.

There was evidence of contact with family, based on the needs and wishes of young people. From the review of documentation, it was evident that there was good communication from the centre to social workers/ social work departments. Interviews with social workers and guardians ad litem expressed their satisfaction with this also.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must review the placement planning system to improve goal setting, review mechanisms, assigning tasks to be completed, better recording of discussions at team meetings and ensure that the views of young people are captured.
- The centre manager must satisfy themselves that keyworkers are fully aware of their role and responsibilities and as advocates for young people.

Regulation 5: Care Practices 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 as the appointed person in charge, was charged with overall responsibility for the running of the centre. In interview staff named that they were supportive and approachable. They held responsibility for conducting supervision, overseeing centre paperwork and young people's files, attending child in care reviews and other professional meetings. The internal management structure was appropriate to the size and structure of the centre. The deputy manager was the appointed person to step up into the centre manager's position during their time off.

Both were present in the centre Monday to Friday completing regular working hours. A written delegation of tasks record was in place. Specific roles and responsibilities for individual staff members were outlined in the record. It would benefit from including the roles and responsibilities of the centre manager that would require follow up by the deputy manager in the centre manager's absence. Three social care leaders completed the internal management structure.

The centre manager reported to the service manager, as their line manager. It was evident that the service manager was providing good support to centre management and was very much aware of the young people and their needs. They were in regular contact with the centre manager with the latter having responsibility for submitting monthly managers reports to them. Information recorded in the report included for example petty cash, centre staff allocation, agency staff usage, training, team meetings, care, therapeutic and placement planning, keyworking, report writing and risk management.

Some improvement was required in terms of the centre manager's oversight of centre documentation including staff accountability for ensuring all paperwork was fully completed and better recording of the regularly held team meetings. The format of the meetings was good. Some of the handwritten team meeting records were illegible and this needs to be improved on so that records are held in a format that enables them to be reviewed. There was limited recording of discussions relating to placement plans as the minutes were action focused. Improvement is required here particularly for those staff not in attendance and for newer staff members/ agency/ relief staff so that they are aware of current circumstances in the centre.

It was found from a review of a sample of notification of significant events (SEN's), specific and robust follow up pieces of work that should have been identified from the review of incidents to minimise these from reoccurring was not consistently happening. Some actions only included completing insight work, where there was poor engagement by young people, and informing relevant personnel. Other expected follow up actions weren't included for example contacting on call for support, implementing a restrictive practice for example storing knives securely. Nor were they connected to behaviour management plans. This finding was identified at a recently held centre managers meeting. The inspectors did not evidence any specific action plan relating to this. For one SEN it was stated that one young person made an allegation against a fellow resident. It was not indicated that this was part of an action for follow up as the single action identified was to inform all relevant personnel. Greater oversight and direction are required here.

It was evident that the centres operational policies and procedures were regularly discussed at some level at team meetings. Training had also been provided to staff members also at different intervals. There was a service level agreement with the funding body Tusla.

All in interview described the centres risk management framework and from this had a good understanding of the system. Centre and organisational risk registers were in place with risks reviewed monthly. Generic risk assessment treatment forms were in place for known risks and were connected to the individual support plans. Individual absent management plans were also in place. The inspectors were not clear of the procedures as to how new or potential risks to young people would be identified, assessed, and managed and how staff are kept updated on risk assessments to be followed particularly for agency and relief staff.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

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

Actions required

- The centre manager must demonstrate greater management and leadership with respect to overall record keeping as highlighted in this report.
- The centre manager must ensure that team meeting minutes are fully legible.
- The centre manager must ensure that responses to incidents fully reflect in practice the systems that are in place for young people including behaviour management plans, to minimise reoccurrence.
- The registered provider must be satisfied that the risk management framework includes procedures for identifying, assessing, and managing new or potential risks to young people and ensure that current, relief and agency staff are fully aware of the risk assessments in place for young people.

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.

Workforce planning mechanisms were evident through, discussions at monthly management meetings, staff rota, provision of ongoing professional supervision and training and development. Staffing related information was also captured through the monthly centre manager reports.

An appropriate number of staff were employed in the centre to meet the needs of the young people. However, some staffing deficits regarding workforce planning were evident. As of January 2022, the staffing complement included a centre manager, deputy manager, three social care leaders, six full-time social care workers and one part-time social care worker. The daily shift ratio was two sleepovers and one day shift. All were suitably qualified in social care or a related field. Both the service manager and centre manager stated in interview that there was one social care worker vacancy and that the recruitment process for the position ongoing. The centre had experienced some staff turnover since the last inspection in March 2021. In interview inspectors were informed that four staff members had amalgamated from another centre mid-2021. A similar situation had occurred in 2020. Further, a total of four staff had left for work in community sector with one having received a promotion within the organisation. Three new social care workers commenced duties in the centre since March 2021. Good practice was found in the recruiting of these staff.

The changes in staffing were preventing the centre in providing a continuity of care to the young people in placement and had impacted on the standard of care being provided. This was evident from the young people's lack of engagement with their daily plans, with staff and other professionals involved in their care. Inspectors were informed through interviews with staff and guardian ad litem that the young people had expressed to them that they did not like all the changes to staff and social workers.

There were five relief social care workers identified as being available to support the core team. They were also assigned to the six other centres within the organisation. They did complete shifts regularly in the centre. In situations when relief workers were not available agency staff were sought through the organisations HR department. From the review of centre paperwork, it was evident that agency staff were covering shifts in the centre on a continuing basis. During December 2021 eight overnights and three-day shifts were covered by agency staff. Similar patterns existed for previous months. There was some consistency in the same agency workers completing shifts. Staff turnover and agency staff usage was a difficulty recognised by an ex-staff member during their exit interview. From a service improvement point the exit interview form lacked focus on receiving feedback on how aspects of the organisation can be improved to retain staff, especially experienced staff.

There were several arrangements in place that promoted staff retention. The procedures that staff described in interview for on-call support aligned to the centres operational policy.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

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

Actions required

- Senior management must ensure that a consistent and stable staff team is always employed in the centre to provide a continuity of care to the young people.
- A review of the relief panel must take place to ensure that regular staff are assigned and available to support the staff team when required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must review the placement planning system to improve goal setting, review mechanisms, assigning tasks to be completed, better recording of discussions at team meetings and ensure that the views of young people are captured.	A new process and form have been developed to support the effective implementation of programme of care (POC) goals. They will be routinely reviewed at team meetings and in professional supervision. Training is scheduled to take place in the coming weeks to support full implementation of the above by 1 st April 2022.	A new CEO led, Internal Care Review process has been developed to ensure that all POC are informed, understood, and implemented effectively by care team members daily. Service managers will ensure that monthly audits will pay particular attention to POC implementation and goal setting.
	The centre manager must satisfy themselves that keyworkers are aware of their role and responsibilities.	The developments described above have been designed to ensure that keyworkers are clearer about their roles and responsibilities and are better supported to implement them moving forward.	Service managers will link in with keyworkers monthly to ensure they fully understand and are supported to carry out their key working duties.
5	The centre manager must demonstrate greater management and leadership with respect to overall record keeping as highlighted in this report.	The centre manager will ensure that the required standard of record keeping is always maintained, including throughout placement crisis. Implementation date: 1 st March 2022	Service managers will carry out an audit of care and case files in relation to one young person each month. The service manager for QA will also incorporate a specific focus on this area in relevant audits moving

	<p>The centre manager must ensure that team meeting minutes are fully legible.</p>	<p>A team meeting decisions and actions form has been devised and will be used going forward to ensure key decisions points are clear and legible for those not in attendance and future inspections. A minute taker will also be assigned in each meeting. Implementation date: 1st March 2022</p>	<p>forward.</p> <p>Service managers will carry out an audit of team meeting minutes each month to ensure POC implementation is reviewed appropriately and that this is clearly evidenced in the decisions and actions form arising from each meeting. Service manager for QA will also incorporate a specific focus on this area in relevant audits moving forward.</p>
	<p>The centre manager must ensure that responses to incidents fully reflect in practice the systems that are in place for young people including behaviour management plans, to minimise reoccurrence.</p>	<p>Centre manager will carry out a monthly audit of actions identified to ensure they have been addressed and/or cancelled and that this is recorded on the hard copy SENs concerned. Implementation date: 1st March 2022</p>	<p>Service managers will carry out monthly reviews of hardcopy SEN to ensure proposed actions have been addressed and/or cancelled as appropriate and that POC elements have been reviewed and revised where this is indicated. Service manager for QA will also incorporate a specific focus on this area in relevant audits moving forward.</p>
	<p>The registered provider must be satisfied that the risk management framework includes procedures for</p>	<p>Moving forward, to ensure relief and agency personnel are fully aware of the risk assessments in place for young people,</p>	<p>Service manager for QA will provide additional training in the management of risk to centre management and the care</p>

	identifying, assessing, and managing new or potential risks to young people and ensure that current, relief and agency staff are fully aware of the risk assessments in place for young people.	they will not be permitted on the floor until such time as they have had an opportunity to review all Individual Support Plans and have had any questions raised answered by a social care leader or centre management. Implementation date: 14 th March 2022.	team.
6	<p>Senior management must ensure that a consistent and stable staff team is always employed in the centre to provide a continuity of care to the young people.</p> <p>A review of the relief panel must take place to ensure that regular staff are assigned and available to support the staff team when required.</p>	<p>The organisations HR Dept will continue to advertise for and recruit relief care team members for the centre. Implementation Date: Ongoing.</p> <p>A review of the relief panel, including how it is managed, will take place to ensure arrangements are in place such that the centre care team are supported by regular agency as required. Implementation Date: 18th April 2022</p>	<p>The HR Department will carry out a review of care team recruitment and retention strategies within the service with a view to ensuring the organisation takes full advantage of every opportunity available to attract suitably qualified and experienced social care workers to work in the centre and thereafter, to retain them within the service.</p> <p>Completion Date: 18th April 2022</p>