



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 105**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>National Childcare Residential Services</b>
<b>Registered Capacity:</b>	<b>Four Young People</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>12<sup>th</sup>, 13<sup>th</sup> &amp; 14<sup>th</sup> June 2023</b>
<b>Registration Status:</b>	<b>Registered from 15<sup>th</sup> August 2023 to 15<sup>th</sup> August 2026</b>
<b>Inspection Team:</b>	<b>Sinead Tierney Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>8<sup>th</sup> August 2023</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.2 Theme 5: Leadership, Governance and management (Standard 5.2, 5.4 only)	
<b>4. Corrective and Preventative Actions</b>	<b>16</b>

## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 15<sup>th</sup> of August 2008. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from the 15<sup>th</sup> of August 2020 to the 15<sup>th</sup> of August 2023.

The centre was registered as a multi-occupancy centre to provide medium to long term care for four young people aged thirteen to seventeen years on admission. The model of care was described as being tailored to the individual needs and characteristics of each young person. It was a '*whole person*' holistic approach and aimed to assist young people in developing physically, socially, morally, emotionally, cognitively, and educationally. There were four young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
5: Leadership, Governance and management	5.2, 5.4

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 6<sup>th</sup> of July 2023. 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 20<sup>th</sup> of July. 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: 105 without attached conditions from the 15<sup>th</sup> of August 2023 to 15<sup>th</sup> of August 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care practices and operations policies**

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The inspectors found that the layout and design of the centre was suitable for providing effective care, supported by policies and procedures. The house was warm, adequately lit and recently re-decorated. There was space for rest and relaxation with two sitting rooms and a dining area. Young people's artwork and photographs were on display and there were board games, age-appropriate books and arts and crafts available to them. Inspectors experienced a relaxed environment in which team members and young people interacted positively during shared mealtimes. The outside of the premises was very well kept and included a gym area for the young people. The gym was well maintained, and all exercise equipment was in excellent condition.

Three of the four young people met with inspectors. One young person accompanied an inspector on a walk about of the premises and was able to discuss the emergency evacuation procedure including the point of assembly in the event of a fire. The three young people showed inspectors their bedrooms which had been recently re-decorated including new flooring of the young person's choice. Their bedrooms had plenty of storage and the young people were involved in choosing the décor. The needs of one young person required the team to provide additional health and safety supports in managing their personal space. A review of records and interviews with the team and allocated social worker for this young person evidenced that a range of supports and incentives had been put in place over several months in supporting the young person and encouraging their independence. However, some plans and team meeting minutes did not align in terms of agreed procedures.



On the day of inspection, the level of support required was not provided nor was mentioned in the handover attended by an inspector. Thus, the centre manager must ensure that at all times the additional support required is delivered.

Social workers interviewed confirmed they found the centre clean and comfortable on their visits. One social worker recounted that they had provided feedback on how the centre could be made more homely and this feedback was actioned upon by the manager.

A walk about of the centre by inspectors evidenced that some minor repairs were required. The intercom at the entrance to the grounds was found to be broken on arrival by inspectors which could cause delay in entry if emergency services required access. A review of the maintenance record revealed that these repairs were not entered. Furthermore, the record was reactive and was updated when the maintenance personnel attended the house rather than proactive to document when team members identified that repairs were required. Therefore, inspectors could not assess if maintenance was carried out in a timely manner.

In adhering to fire safety legislation, contracts were in place with an external fire company for the maintenance of fire equipment and the fire alarm system. Certificates were on file that the alarm system and extinguishers had been regularly checked however there was no evidence on file that the emergency lighting was subject to service checks as required and there was a fault with one of the lights. Additionally, the inspectors found that four fire doors did not fully close, and two exit doors were fitted with locks that did not allow ease of egress if required. The centre manager was informed of this on the first day of inspection and the issues were rectified on day two of the inspection. However, given that these issues and the general repairs required in the centre were not identified in any monthly health and safety audits or the maintenance register, the registered provider must ensure that health and safety audits are fit for purpose.

There was evidence of frequent fire drills during daylight and during the hours of darkness. The records showed that all young people had participated in a recent fire drill however did not record the names of team members that participated or if any difficulties were encountered. The fire safety logbook in place was not fully complete and requires updating.

An up-to-date centre specific safety statement and risk assessments were in place that named persons with additional responsibility for health and safety. Whilst inspectors found that the laundry area of the house was reviewed as part of the risk assessment it did not account for the lack of ventilation in the room and thus the increased risk of fire. Several members of the team were trained as First Aid Responders with upcoming training dates in place for others. Other mandatory health and safety training such as fire safety and manual handling were completed by the majority of team, with dates planned for one newly recruited staff.

The manager provided evidence of adequate insurance and maintained a record of accidents. One accident that a young person reported had occurred outside the centre was recorded on an individual conversation record. The centre manager must ensure that the accident record is utilised in such eventualities. The centre's vehicles were serviced, insured, and certified as roadworthy, and a review of personnel files evidenced that team members provided a copy of their full driver's licence.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required:**

- The centre manager must ensure that the additional health and safety supports required by one young person are planned for and take place.
- The centre manager must ensure that maintenance required is completed and future repairs are recorded in a timely manner including the date of notification and completion.
- The registered provider must ensure that monthly health and safety audits are fit for purpose and adequately identify all issues.
- The centre manager must ensure full details of all those who participate in fire drills are recorded.
- The centre manager must ensure that all sections of the fire safety logbook are complete, and oversight demonstrated.
- The centre manager must ensure that the laundry area is adequately ventilated and update the risk assessment for this area as part of the safety statement.

### **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 inspection highlighted the continued leadership and management of the centre by the manager and directors. Young people described the manager as easy to talk to and supportive. Social workers interviewed described the manager as a good advocate for the young people and open to suggestions. Inspectors found the manager to be committed to their role and to building a culture of support and accountability amongst the team.

There were defined governance arrangements and structures in place with clear lines of authority and accountability within the management structure. The two directors who were also the registered providers kept in regular contact with the centre manager and demonstrated a good understanding of young people's needs during

interview. The registered providers had commenced a structured auditing function which will be discussed further in standard 5.4. The centre manager was supported in their leadership and management role internally by three social care leaders. Several unsuccessful attempts had been made to employ a deputy manager and the advertisement for this post remained open at the time of inspection.

Monthly management meetings were held with the directors, the centre manager and social care leaders. The minutes of these meetings evidenced discussion in relation to care practices, staffing, risk management, governance, child safeguarding, complaints and health and safety. The registered provider confirmed there was a service level agreement in place with the Child and Family Agency and meetings took place as required.

A number of policies and procedures had been updated this year and discussions on these changes were evident from both team and management meeting minutes. The previous inspection had identified a number of shortfalls in the risk management framework in place. It was evident during this inspection that the registered providers and the centre manager had improved their understanding of the framework. Improvements were evident in how risks were being assessed and rated. However, some assessments were still reactive i.e., were completed after an incident happened and recorded what steps that staff took during the incident rather than looking at the bigger picture and identifying what additional controls could be put in place to reduce the likelihood and impact of further harm. Other known risks were not in young people's care records or the risk register. This finding was shared by a social worker who felt that the team sometimes struggled to assess the potential harm and identify measures that could be put in place should the risk arise. Improvements were also required in how risks were regularly monitored to ensure that the full cycle of risk management was in practice and effective.

The on-call arrangements were shared between the centre manager and three social care leaders with a record maintained of contact made by the team. These contacts did not specify if the on-call person was being notified of a significant event as per policy or if guidance and support was being sought. It is recommended for monitoring purposes that the record differentiate between these. Where the centre manager took leave, a delegation record was in place.

**Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

The registered providers and the centre manager had made steady progress in addressing deficits that were identified in the 2022 inspection. These improvements directly related to reviewing the quality, safety and continuity of the care provided. As agreed in the 2022 inspection corrective action plan, the registered providers had commenced structured bi-monthly audits to assess the safety and quality of care against the *National Standards for Children's Residential Centres, 2018 (HIQA)*. The audits covered a range of standards and were written and shared with the centre manager in a timely manner. The centre manager in turn completed a corrective action plan. Inspectors found some gaps in the child protection and welfare referral register and with mandatory Children First e-learning training for team members. Whilst not all deficits identified by inspectors were found in the audits, the registered providers were making progress in understanding this function and the benefits of same. The audits were also shared with the team in building a culture of learning and accountability.

Improvements were also found in how significant events were reviewed and analysed for learning purposes. Previously the reviews provided a summary of the young person's current circumstances. Records sampled during this inspection evidenced that reviews focused on the needs of young people, action taken by the team during significant events and learning outcomes. This analysis could be further enhanced by looking for patterns and trends to ensure that incidents are not examined in isolation and in conjunction with the risk management framework. The significant event notification template should also be updated to allow for the managers timely oversight and comments.

The management of complaints formed part of the current improvement plan and inspectors found that the policy had been updated and discussed with the team to ensure application. Eight complaints had been made by young people since the previous inspection. Seven of these were correctly categorised as informal and recorded on the complaint register. One formal complaint was not processed as the young person did not wish to complete the complaint form. This was discussed with the centre manager and registered provider in that, the complaint form should not be the primary focus of a conversation with a young person who wishes to complain. The

inspectors found that the young person's complaint should have been heard and managed regardless of if they wished to complete the form or not.

The young person subsequently sought the support of a person outside the centre and forwarded a complaint to Tusla. In interview, the social worker discussed how this complaint was in the process of being resolved with the young person. There was evidence of the social worker liaising with the centre manager in the management of the complaint.

Evidence of improvements in placement planning were found, however the monthly plan that was derived from the three-monthly placement plan would benefit from being more focused on how specific goals will be progressed and what supports are required in order for young people to achieve their desired outcomes. For example, one young person's behaviour in school had resulted in a suspension and other consequences for them. There was a lack of any detail within the monthly plan as to how the young person would be supported in this area of their life. Whilst social workers described the team as supportive, one social worker felt that boundaries between young people and the team could be strengthened. Minutes of a team meeting evidenced that boundaries had been addressed by the centre manager.

An annual review of compliance for 2022 had been undertaken by the registered providers. A review of this report found that whilst it was detailed it did not reflect the regulatory non-compliance and required improvements as identified in the 2022 inspection. Subsequent reviews would benefit from a more rounded analysis of the centre's compliance.

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

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

**Actions required:**

- The centre manager must ensure that team members understand how to proactively assess risks that are likely to occur and cause potential harm.
- The centre manager must ensure that identified and assessed risks are reviewed and monitored on a regular basis and this is recorded as part of the risk management framework.
- The centre manager must ensure the child protection and welfare referral register is updated and all staff are trained in Children First.
- The registered provider must ensure that the significant event notification form allows for the oversight and comment of the manager and the SEN review group examine trends and patterns in conjunction with the risk management framework.
- The centre manager must ensure that where a young person wishes to make a complaint, this is heard and managed without delay or bureaucracy.
- The centre manager must ensure that monthly placement plans are focused, tangible and outline the supports required to ensure the best outcomes for young people.
- The registered provider must ensure that the methodology for audits is robust enough in order to make a sound determination of compliance and identify actions for improvement.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure that the additional health and safety supports required by one young person are planned for and take place.</p> <p>The centre manager must ensure that maintenance required is completed and future repairs are recorded in a timely manner including the date of notification and completion.</p>	<p>The centre manager will ensure that all supports required by one young person are planned for and carried out daily. These supports will be discussed daily in handover meetings. Ongoing.</p> <p>The centre manager will ensure that all maintenance work is conducted in a timely manner and all maintenance required is recorded in a proactive manner, the centres health and safety checklist and maintenance log has been amended to help identify any maintenance work to be carried out including the date of notification and completion. Ongoing.</p>	<p>The centre manager will ensure that specific supports in place for young person are discussed in detail during daily handovers, staff meetings and this information is recorded within the placement and monthly plans, handover books with a designated staff member appointed to ensure supports are met daily.</p> <p>The centre manager has appointed a member of the team as a health and safety representative, and they will carry out health and safety checks to identify any repairs. Any maintenance required identified by the staff team will be brought to the attention of the centre manager and/or representative to ensure all identified risks are identified and recorded in a timely manner.</p>



	<p>The registered provider must ensure that monthly health and safety audits are fit for purpose and adequately identify all issues.</p> <p>The centre manager must ensure full details of all those who participate in fire drills are recorded.</p> <p>The centre manager must ensure that all sections of the fire safety logbook are complete, and oversight demonstrated.</p> <p>The centre manager must ensure that the laundry area is adequately ventilated and update the risk assessment for this area as part of the safety.</p>	<p>The monthly health and safety audits have been amended and are now fit for purpose and cover a larger range of identifiable risks. 11/07/23.</p> <p>The centre manager has amended the fire drill template to include full details of all those who have participated in the fire drill, time frames for evacuation and any complications during the fire drill. 11/07/23.</p> <p>The centre manager has updated all sections of the fire safety logbook and all sections are now completed. Ongoing.</p>	<p>The registered providers to review the monthly health and safety audits as part of the monthly management meetings to ensure that all risks identified have been repaired in a timely manner.</p> <p>The centre manager will ensure that going forward the updated fire drill template has been recorded correctly and will review this following each fire drill.</p> <p>The centre manager will ensure that the centres fire officer is completing all sections of the fire safety logbook, and this will be reviewed monthly as part of internal management meetings.</p>
5	<p>The centre manager must ensure that team members understand how to proactively assess risks that are likely to occur and cause potential harm.</p>	<p>The centre manager to discuss how to proactively assess risks that are likely to occur and cause potential harm with the staff team during staff meetings, in individual staff supervisions as well as a team training day on 24/07/23.</p>	<p>The centre manager to review the staff teams understanding of how to proactively assess risks through regular staff meetings, and also oversee the centres risk register to ensure that risks are been recorded appropriately.</p>

	<p>The centre manager must ensure that identified and assessed risks are reviewed and monitored on a regular basis and this is recorded as part of the risk management framework.</p> <p>The centre manager must ensure the child protection and welfare referral register is updated and all staff are trained in Children First.</p> <p>The registered provider must ensure that the significant event notification form allows for the oversight and comment of the manager and the SEN review group examine trends and patterns in conjunction with the risk management framework.</p>	<p>The centre manager will continue to ensure that identified and assessed risks are reviewed regularly and the amended risks are recorded appropriately on the risk management framework. Ongoing.</p> <p>The centre manager has updated the child protection and welfare referral register and has ensured that all staff have completed the Children's First training. Child protection training has also been completed by the entire staff team on 22/06/23.</p> <p>The centre manager has amended the Significant event notification form adding a managers comments box to allow for the centre managers timely oversight. 11/07/23. As part of all SERG meetings the review group will examine SEN's for trends and patterns in young people's behaviours. Ongoing.</p>	<p>The risk management framework will be brought to and reviewed at all monthly senior management meetings involving the registered providers, centre manager and childcare leaders, to ensure that identified and assessed risks are reviewed.</p> <p>The centre manager to review the child protection and welfare register regularly to ensure that all relevant information is updated. The centre manager will ensure that all staff complete Children's First Training yearly.</p> <p>The register providers will ensure that all monthly SERG meetings continue to review significant events and look to identify trends and patterns in conjunction with the centres risk management framework.</p>
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	<p>The centre manager must ensure that where a young person wishes to make a complaint, this is heard and managed without delay or bureaucracy.</p>	<p>The centre manager has discussed with the staff team the process of completing a formal complaint for a young person even if the young person does not wish to proceed with this complaint in order for the young person's complaint to be heard and managed without delay or bureaucracy. The centres policies have been amended to incorporate the change.</p>	<p>The centre manager to review the centres complaint register as part of monthly management meetings to determine if complaints are being recorded effectively and staff are supporting the young people in making complaints.</p>
	<p>The centre manager must ensure that monthly placement plans are focused, tangible and outline the supports required to ensure the best outcomes for young people.</p>	<p>The centre manager has reviewed the monthly placement plans and refined them to be more specific, goal orientated and avoiding repetition of information been carried forward to the next monthly plan to ensure best outcomes for young people. These changes have been communicated to the staff team on 12/07/23.</p>	<p>Monthly placement plans will be reviewed regularly by the centre manager and the care team as part of staff meetings to ensure they are aligned with the three-monthly placement plans and set tangible goals, supports required, and avoid repetition of information to ensure best outcomes for young people. The placement plans will also be reviewed by the registered provider as part of the auditing framework.</p>
	<p>The registered provider must ensure that the methodology for audits is</p>	<p>The registered providers have amended the methodology for the audits to ensure</p>	<p>The registered providers on undertaking each bi-monthly audit will ensure that the</p>

	robust enough in order to make a sound determination of compliance and identify actions for improvement.	they are robust enough in order to make a sound determination of compliance and identify actions for improvements to include a health and safety walk about of the internal and external premises.	amended methodology is consistently followed ensuring that the centre is compliant with the National Standard's for Children's Residential Centre's, 2018.
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