



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 118

Year: 2021

Inspection Report

Year:	2022
Name of Organisation:	Harmony Residential Care
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	26th May & 20th June 2022
Registration Status:	Registered from the 09th September 2022 to the 09th of September 2025
Inspection Team:	Sharon McLoughlin Sinead Diggin
Date Report Issued:	6th September 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 its first registration on the 09th of September 2016. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 09th of September 2019 to the 09th September 2022.

The centre was registered to provide medium to long term residential care for four young people aged 13 to 17 upon admission. The model of care was described as being informed by the principles of cognitive behaviour therapy delivered through a therapeutic relationship. The team aimed to meet a number of the young person's needs, primarily the need to feel safe and to build the young person's self-esteem and confidence and to provide more appropriate skills to express their feelings. There were two 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
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2
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. During the course of the inspection, it was expanded to include Theme 3: Safe Care and Support (standard 3.1 only).

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 20th July 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 9th of August 2022. This was deemed to be satisfactory.

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: 118 without attached conditions from the 9th of September 2022 to the 9th of September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found that the centre had reviewed their child safeguarding policy and procedures following the findings of the last inspection in November 2022. The policy was reviewed and found to be in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the relevant legislation. Since the last inspection in November 2022, it was found that there had been a focus on reviewing the staff awareness of good safeguarding practices and improvement in oversight by management internally and externally on safeguarding practices. The minutes of team meetings demonstrated that child protection and safeguarding was discussed at this forum. The inspectors attended a team meeting and conducted a group interview with the staff. The staff team, although at the time of inspection a relatively newly formed team, were aware of their roles as mandated persons to identify and report any concerns of abuse. In the previous inspection bullying between peers was identified as an issue that had not been in all cases appropriately responded to, the staff team now felt that they had a better understanding of bullying behaviours and that with the current two young people bullying was not an issue.

The inspectors reviewed samples of significant events and the child protection register maintained in the centre. There was evidence that staff were reporting any concerns that they had and that there was oversight by senior management. However, the inspectors were of the view that the staff were now over reporting incidents as child protection concerns. Both social workers who were interviewed were of the same opinion and felt that they staff were reporting incidents as mandated reports that should be managed in the centre as significant events. The staff when interviewed and questioned about these reports said that their threshold for reporting was any harm to a child. While the last inspection did identify that there was under identification and reporting the staff are now as a precaution over reporting. The staff and management must review the understanding and thresholding of what constitutes significant harm or abuse of a child. Over reporting of concerns does assure the inspectorate that the staff have a

correct understanding of what they need to identify and report as mandated persons. The management must review with team what they can appropriately respond to as a significant event and incidents that may occur in a shared living environment and what must be reported as a mandated report.

The staff team were aware of the child safeguarding statement and child safeguarding was discussed at team meetings. During the group interview the staff spoke about safeguarding practices in the centre and the awareness that they had to have constant supervision of the two young people. The staff stated that it was a clear expectation that they had of each other that one staff was present in the communal living areas when the young people were present. The layout of the kitchen / living area was also reconfigured to allow for easier supervision of the young people. One of the young people spoke with the inspectors and said that they feel very safe in the centre and very happy living there.

There was a whistle blowing/protected disclosures policy in place and staff were aware of who to report to should they need to pass on a concern without adverse consequences to themselves.

Compliance with Regulation	
Regulation met	Regulation 16
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 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The management must review again with staff the threshold for identifying and reporting harm or risk of harm to a child, so that as mandated person's they are not over reporting incidents that should be managed as significant events.

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 registered providers in response to the last inspection of the centre in November 2021 had reorganised the senior management structure. This new structure has a person identified in regional manager role, a person identified in a senior quality assurance role, all reporting to the director of social care and the CEO. The inspectors found that this structure was in place at the time of the inspection and that there was evidence of improved oversight and governance systems. There was minutes of regular and routine senior management meetings and audits of the centre's adherence to the standards had taken place. The inspectors were provided with a quality assurance audit and service improvement plan based on the action plan from the inspection that took place in November 2021. This provided a comprehensive overview and tracking of progress made to ensure the centre had come into compliance following non-adherence to regulation and standards identified in that inspection. The inspectors saw evidence of senior managers reviewing paperwork and identifying any gaps e.g. it was noted that a significant event was not sent within the time frame specified in policy. This was then raised with the staff and they were reminded to send all significant events to all the relevant parties in line with policy. The staff team stated that they felt supported by the management and that the new governance structure was a positive development.

There was no change to the centre manager since the last inspection, in interview they said they had reflected on the last inspection findings and had learnt a lot. They are now supported by a deputy manager and the introduction of the regional manager and the quality assurance manager has assisted in oversight. The inspectors could see evidence of this in the documents reviewed but also from the interview with the staff team. The team reported feeling supported by the manager and even though a relatively newly formed team, they felt that there was a consistency of approach in how they did their work that this was being led by the manager and senior staff.

The agency had reviewed and updated their risk management policy and introduced and centre specific risk register. The registered providers maintained an organisational risk register. The inspectors reviewed both registers and found that the risks identified were appropriate and that control measures had been put in place to minimise the risks. The manager and the staff had a good understanding of the risks that the centre held, and they also had a good understanding of the risks that were identified for the individual children.

The staff reported that the on-call system in place was effective and that they regularly utilised for advice and guidance. The manager had a list of delegated tasks and persons responsible, this information was then made available to the senior manager when the manager was on leave.

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

Compliance with standards	
Practices met the required standard	Standard 5.2
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

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.

There were up to date statutory care plans on file for the young people in the centre and their educational needs were identified in these. The centre then had a placement plan that addressed the educational goals and supports to be provided by the staff in

the centre. The allocated social workers were satisfied that the young people were being provided with opportunities to meet their educational needs.

Both young people in the centre at the time of the inspection were in full time education. One young person was preparing for junior certificate exams and the staff were supporting them with this. Both young people travelled long distances to school and this was facilitated by the staff. There was good evidence of on- going communication between the staff and the schools. There were clear records of the staff completing work with the young people about peer relationships and bullying behaviours. Incidents of bullying that had occurred in the school setting was clearly communicated between the school and the staff and this formed part of the on- going key working and placement planning.

There were reports of clinical assessments on file for the young people that informed the placement planning and goal setting. Some of the actions a recent clinical report identified trauma informed care as training the staff would benefit from, at the time of the inspection this training had not been completed but the senior managers were looking into sourcing this for the team.

One young person who spoke with inspectors stated that they felt that the staff supported them with their education and that they would like to remain in school to complete their leaving certificate. The social worker for the other young person who will be reaching 18yrs in September said they will be moving on to an adult service but will remain attending their educational facility.

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

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The management must review again with staff the threshold for identifying and reporting harm or risk of harm to a child, so that as mandated person's they are not over reporting incidents that should be managed as significant events.	A full review of the threshold for identifying and reporting harm or the risk of harm will be completed with all members of the management team and centre team. The review will include an assessment of all child protection concerns against the threshold that have been reported since November 2021 to current day to promote learning. This review will be led by the Designated Liaison Officer and will occur by the 31 st of August 2022.	The Designated Liaison Officer is responsible for oversight and governance on all incidents/ weekly reports. Where there has been an instant of over-reporting, a significant event review will be completed, learning identified, and an action plan developed to ensure compliance with the Children First 2017 Guidelines.