



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 130

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	24 Hr Care Services Residential Division
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	14th July 2022
Registration Status:	Registered from 14th August 2020 to 14th August 2023
Inspection Team:	Janice Ryan Michael McGuigan
Date Report Issued:	5th 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 in August 2017. At the time of this inspection the centre was in its second registration and was in year of the cycle. The centre was registered without attached conditions from the 14th of August 2020 to the 14th of August 2023.

The centre's purpose was to accommodate four young people of all genders from age thirteen to seventeen years on admission. The model of care was trauma informed that enabled young people to participate to their full potential in environments, carefully planned to serve individual needs. It aimed to promote positive outcomes through education and building positive family connections. 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

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. Where required 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 14th August 2020 to 14th August 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 10th August 2022.

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: 130 without attached conditions from the 14th of August 2020 to the 14th of August 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operational policies

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.

The centre had policies and procedures in place to protect children from all forms of abuse and neglect. The inspectors reviewed these policies and found that they were in line with the National Standards Children's Residential Centres, 2018 (HIQA) and Children First: National Guidance for the Protection and Welfare of Children, 2017. The inspectors found that the centre's Child Protection Policy had recently been reviewed in June 2022 and it was anticipated that staff would receive training in this at the end of August 2022.

The centre had a Child Safeguarding Statement in place which was in date and had been reviewed in the last twelve months. It also had an attached letter from the Child Safeguarding Statement Compliance Unit deeming it to be in compliance. Inspectors examined the centre's training register and found that all staff had completed the appropriate training in Children First, 2017 to safeguard young people in the centre.

The inspectors received an unsolicited information from Tusla's National Private Placement Team in relation to an incident involving two young people in the centre. The inspectors reviewed all documentation in relation to this and found that this allegation had been categorised and reported correctly in line with Children First, 2017.

The inspectors reviewed the pre-admission risk assessments for both young people and found that they were comprehensive and robust and identified risks and control measures to be put in place by the centre. The pre-admission risk assessment identified no historical concerns in relation to this recent allegation. The inspectors found that the centre had sought multi-disciplinary input from all young people's social workers in collating this assessment to ensure best care for all young people residing in the centre.

The inspectors reviewed all associated centre records on the day of the allegation and found that there was an appropriate level of supervision in place to oversee the interactions of both young people. The inspectors noted that one young person had been confirmed with having Covid 19 and that reasonable observation by staff members was in place to ensure the young person was completing their isolation period within a confined area. The inspectors reviewed various significant events leading up to the escalated concern and also noted a strained dynamic between both young people that had resulted in interactions being limited between both parties. However, on review of the centre's daily logs inspectors found that more specific detail was required in relation to the interactions/interventions or care practices between staff and young people. These logs mostly reflect a timeline for the young people and further detail is required to fully ascertain the daily events including interactions and interventions from staff. Improvement is required in this regard.

Following this event, the centre had implemented a range of mechanisms to safeguard all young people in the centre. The centre had increased their staffing levels during the day and had implemented a live night staff member to provide safe care to both young people. The inspectors reviewed a sample of rosters combined with the young person's daily logs and found rostering practices at times were not of best practice with staff completing back-to-back shifts to respond to the risk that had presented in the centre. The inspectors also noted that the majority of staff members that were completing additional shifts were from an external agency to the centre. The inspectors found that the continuity of care was somewhat reduced by number of agency staff that was used to support the safety of young people. Inspectors noted that these staff did not have relationships with young people, and this could compromise staff ability to accurately judge new or concerning behaviour.

The inspectors reviewed a range of documentation to ensure safe care of both young people which included risk assessments, strategy meetings, safety plans and behaviour management plan. One young person had moved rooms to allow space between both young people and both young people's doors were alarmed at night for safety. The inspectors also reviewed the decision not to inform the other young person initially of the exact context of the allegation and this was informed by a multi-disciplinary decision and was in the best interest of both young people. The inspectors evidenced that this young person was informed in a planned manner, and this took place at a later date. The inspectors found that all documentation reviewed was comprehensive and robust.

Overall, the inspectors found subsequent to the incident all reasonable measures had been taken to ensure the safety of all young people in the centre.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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	3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider and centre manager must ensure that an organisational crisis plan is developed that includes the need for additional staffing to be implemented within the organisation during times of crisis.
- The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.

4. CAPA

CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider and centre manager must ensure that an organisational crisis plan is developed that includes the need for additional staffing to be implemented within the organisation during times of crisis.</p> <p>The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage</p>	<p>The registered provider and centre manager will ensure that a cohort of agency staff are inducted across all the centres to ensure effective and safe care and provision to ensure positive working relationships in times of crisis.</p> <p>Liaise closely with ACIMS to ensure effective and safe staffing levels are in place during times of crisis.</p> <p>The registered provider will continue to robustly engage in effective risk management for each young person and should serious issues arise continue to review and bring all learnings to the team meetings. The centre manager will ensure that all logs are reflective, and timelines</p>	<p>The senior management will review our organisational risk register to ensure that in times of crisis all matters are managed efficiently and effectively to ensure safe provision of care.</p> <p>The registered provider will continue to ensure that placement planning and SERG's are brought to all senior management meetings to ensure effective oversight and governance and to share all learnings and feedback to the staff teams. The Admission and Discharge group will continue to</p>

	risk.	are recorded for each young person.	robustly review at pre- admission stage and review ongoing placements.
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