



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 147**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Kellsgrange Residential Services</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>28<sup>th</sup> &amp; 29<sup>th</sup> May 2024</b>
<b>Registration Status:</b>	<b>Registered from 31<sup>st</sup> May 2022 to 31<sup>st</sup> May 2025</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>23<sup>rd</sup> July 2024</b>

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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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 25<sup>th</sup> January 2019. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from 31<sup>st</sup> May 2022 to 31<sup>st</sup> May 2025.

The centre's purpose and function stated that it was a special arrangement for single occupancy for a young person aged between thirteen to seventeen years on admission. Their model of care was described as built on a relationship-based model which re-affirms the importance of working relationships between social care workers and young people within a contemporary perspective. There was one young person residing in the centre at the time of inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.5
4: Health, Wellbeing and Development	4.3
5: Leadership, Governance and Management	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 person, 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 21<sup>st</sup> June 2024. 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 3<sup>rd</sup> July 2024. 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: 147 without attached conditions from the 31<sup>st</sup> May 2022 to 31<sup>st</sup> May 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.**

At the time of inspection, the young person had been living in the centre for over two years. The young person was temporarily living in another location during the course of inspection. Inspectors spoke with the young person via phone call, and they stated that overall, they were satisfied with the care they were receiving in the centre. They told inspectors that whilst family contact was facilitated without issue in the family home, they would like more to occur in the centre. Inspectors reviewed a number of documents and spoke with staff. The young person had weekly access visits interchanging between the centre and home. Access occurred in the centre once a month as it was limited around the parent's schedule however should they be available for more this was facilitated. The young person also availed of overnights in the family home and activities with siblings was facilitated by the centre. Inspectors spoke with one parent who indicated they were happy with the frequency of visits and stated that they were always made to feel welcome in the centre.

Inspectors noted that the young persons religion and culture was respected within the centre with regular church visits with family members facilitated. The staff also worked with the parent during an access visit to learn how to cook dishes traditional to their culture and ensured this was incorporated into meal planning within the centre. When the parent visited the centre, they were given space to cook traditional dishes with their child.

The young person's parent was very involved in their day-to-day care and was kept up to date on all events in the child's life. A weekly verbal handover was provided, and this was followed up with a summary email of the main events of the week. The parent also confirmed they had attended school meetings, GP appointments and



Child and Adolescent Mental Health (CAMH's) appointments where their work schedule allowed. They attended care plan reviews and were actively involved in celebrations in the centre such as Valentine's Day and birthdays.

From a review of documentation and interviews it was evident that all efforts were made by the staff team to link the young person in with various youth groups, sports clubs and other social outlets. Regular key working was completed with the young person in relation to their wants around social outlets however despite encouragement they struggled to engage in same.

The young person did not have a mobile phone at the time of inspection due to safeguarding concerns. Whilst there were key working sessions on file relating to these discussions, there was no definitive plan as to what the young person had to do to earn back a mobile phone. There was also no evidence of educational key working around same such as internet safety, online bullying, online predators and this should be explored as part of any assigned plan when the young person returns to placement. The young person could use the house phone to speak with significant people in their lives and also had access to television and internet for online gaming within the house.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 16</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>Standard 1.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- None required

## Regulation 10: Health Care

### 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.**

The young person had an educational placement in a school that had experience working with young people who presented with behaviours that challenge. Whilst they were attending on a reduced timetable, they were attending consistently and there was evidence of collaborative communication between the centre and the school with all parties working to maintain the placement. Regular meetings occurred with the school and the young person's parent was invited to attend along with staff members. The young person's parent noted with inspectors that whilst issues were occurring in school, they were satisfied with how they were being managed and that they were consulted in relation to plans that were in place. Although the young person was not attending at the time of inspection due to their current circumstances, it was envisaged they would return to that school in September following the summer break.

Records were maintained on file in relation to educational achievements and progress however inspectors noted there was a deficit in the placement plan documents. The placement plan did not outline clear educational goals and there was no corresponding key working occurring in relation to this. Key working was carried out in a reactive manner following behaviours presented in school. There was no evidence of proactive key working that looked at the young person's strengths and talents, potential work experience opportunities or what they may like to do in the future. The centre manager must ensure educational goals are clearly outlined in the young person's placement plan and a clear proactive key work plan emulating from same.

It was evident from interviews and review of records that the young person was struggling with school and number of meetings had occurred between the school, centre and on occasions the parent to support their educational placement. However, Inspectors noted that a recent disclosure made by the young person in relation to allegedly not taking prescribed medication, had not been explored with education professionals or medical professionals as a potential contribution to their escalation in behaviours. Due consideration should be given to same. Staff in the centre did not

have reason to engage with the local Educational Welfare Officer however were aware of who they were and their role and had worked with them in the past.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10</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 4.3</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 educational goals are clearly outlined in the young person's placement plan and a clear proactive key work plan emulating from same.

**Regulation 5: Care Practices and Operational Policies**  
**Regulation 6: Person in Charge**

**Theme 5: Leadership, Governance and Management**

**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.**

Previous inspections of the service identified significant deficits in governance and oversight of the service. On this occasion inspectors found that systems and practices had been improved since the previous inspection in November 2022. Various mechanisms had been implemented to evidence governance and oversight, these included: weekly reports, internal management meetings, case management meetings, significant event review groups and risk reviews. A new system of auditing had been implemented in January 2024 that was aligned to the National Standards for Children's Residential Centres (HIQA) 2018. These themed audits were completed by the deputy manager and a centre visit was then scheduled by the

director in which they reviewed the audit and files and cross referenced the information for accuracy. The deputy manager had a significant role in respect of internal auditing and oversight and was a valuable resource to the manager however had handed in their resignation and was due to leave the week post inspection. A replacement was yet to be identified. While inspectors noted the audits were comprehensive there were still deficits identified during inspection such as the aforementioned lack of placement plan goals and reactive key working that had not been identified through the auditing process. Inspectors also noted that some deficits identified in audits did not make their way to the action plan which resulted in no clear plan to rectify deficits.

The organisation contracted external auditors to complete audits on the service. The registered provider informed inspectors this was to occur twice yearly however only some aspects of two themes of the National Standards had been carried out on two occasions between November 2022 and May 2024. There was no evidence to show these proactively fed into service improvements or added value to the centre as the reports provided were basic with little information. The registered provider had developed quality improvement plans (QIP) on areas they identified as requiring improvements. These were shared with the centre manager and deputy manager and there were clear action plans to follow.

A manager's monthly audit on child protection was in place however this reviewed only personnel files and training. It was not robust in that it did not review or analyse key working being carried out, risk assessments / safety management plans in place or significant events that may have constituted a safeguarding risk, all of which should be included. Staff interviewed were aware of their role in relation to safeguarding protocols and were aware of who the designated liaison person for the centre was.

A complaints audit occurred twice yearly that looked at trends and analysis of complaints. This had recently been completed in September 2023 and February 2024. Patterns had been established and it was evident that plans had been put in place with the young person to mitigate the feelings of dissatisfaction.

There was no system in place for an annual review of compliance to be undertaken and none had been completed since the introduction of The National Standards for Children's Residential Centres (HIQA) 2018.

<b>Compliance with Regulation</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 5.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- The registered provider must ensure the child protection audit template is reviewed to provide a robust analysis of safeguarding within the centre.
- The registered provided must ensure an annual review of compliance for 2023 is undertaken as a matter of priority and informs future planning for the service.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No action required		
4	The centre manager must ensure educational goals are clearly outlined in the young person's placement plan and a clear proactive key work plan emulating from same.	<p>Next update of Placement Plan (due July 24) will include short term goals in relation to educational keywork.</p> <p>Resources regarding Educational keywork will be added to folder to ensure that there is a continued focus on education throughout the summer months (July 24)</p> <p>Staff team have been made aware that this was a corrective action stemming from the inspection process and will ensure going forward that any individual work pertaining to his future academic/educational goals is recorded as same (immediate).</p>	Continued engagement in themed audit process. With on going auditing undertaken by various members of management team, it will allow for more robust auditing of specific topics as per themed audits.

5	<p>The registered provider must ensure the child protection audit template is reviewed to provide a robust analysis of safeguarding within the centre.</p> <p>The registered provided must ensure an annual review of compliance for 2023 is undertaken as a matter of priority and informs future planning for the service.</p>	<p>A full review of the CP audit will take place with the management team- taking into account the advice provided within Inspection processes. A Child Care Leader is scheduled to undertake Safeguarding Officer training in September and the knowledge/learning will be utilised within the development of the new template.</p> <p>2023 annual review of compliance to be completed by 31<sup>st</sup> August 2024.</p>	<p>Continued auditing through organisational reviews and engagement in auditing processes.</p> <p>Monthly review to be undertaken as part of process to make sure data is readily accessible for end of year report.</p>
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