



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 152

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Teach Nua Care Services Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	11th & 12th September 2023
Registration Status:	Registered from 01st April 2022 to the 01st April 2025
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	28th November 2023

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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 01st April 2019. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from the 01st April 2022 to the 01st April 2025.

The centre was registered as a multi occupancy service to provide a family orientated therapeutic model of care for children aged 13-17 years. This was accomplished through RAP – response abilities pathways, which provides strength-based strategies for young people. Staff were supportive in responding to young people’s needs rather than reacting to their behaviours. Staff also used a social learning theory approach in their direct work with young people. There were two children living in the centre at the time of the inspection. One of these young people was placed outside of the centre’s purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.2
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 4th October 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 19th October.

This centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 152 with attached conditions from the 1st April 2022 to the 1st April 2025 pursuant to Part VIII, 1991 Child Care Act. That condition being:

- There shall be no further admissions of a young person to this centre until such times as the centre can evidence that the qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a number of policies and procedures in place to promote a positive approach to the management of behaviour that challenges. This included: policies on behaviour management, sanctions, restrictive practice, use of physical intervention, safe practice and working alone.

There were two young people living in the centre. Due to a recent escalation in unsafe behaviours of the younger resident, discharge notice had been issued and the centre was working with the social work department to identify a more appropriate placement for the young person. Assessments were underway with appropriate providers to inform best placement options to meet the child's needs. This young person's behaviour had significantly escalated since June 2023, and whilst there was no one identified cause, there were a number of contributory factors. This included: school holidays beginning which brought a lack of structured routine, another resident, whom they shared their home with for three years before moving out, a series of complex diagnoses and all of these were compounded by the level of staff turnover and lack of training in a recognised model of behaviour management. It was also the opinion of the allocated social work team leader that the young person may be acting in a proactive manner to return home.

At the time of inspection, the centre was short staffed. It was the assessment of inspectors that this impacted significantly on the centre's ability to manage the current environment they were presented with. This will be discussed in further detail under standard 6.1 of this report. From a review of training certificates, of the staff available to work in the centre at the time of inspection, two had up to date training in behaviour management inclusive of the use of physical restraint whilst one had up to date training but could not engage in physical restraint. From a review of a sample of significant events that had occurred recently, it was evident, at times, physical intervention could have been utilised to assist in ensuring safety of all and bringing the young person back to baseline in a safe and controlled manner. In these

circumstances physical intervention could not be utilised due to lack of trained staff. In the absence of physical intervention being utilised the centre manager introduced a risk assessment to implement 'grounding techniques' with the young person. They noted at times this worked well with the young person. Inspectors reviewed the risk assessment and found it to be comprehensive. The lack of training in a recognised model of behaviour management had not been adequately risk assessed nor was it referenced in the planning documents for the young person which heavily relied on staff following the techniques of the organisations model of behaviour management.

From a review of a sample of significant event notifications, speaking with management and staff, and with both young people, it was evident that the behaviours of one young person was significantly impacting on the welfare and safety of the second resident. This young person was the target of the other's behaviour, was being verbally and physically abused at times and had the safe space of their bedroom violated by the young person through property damage and verbal abuse. They had made a formal complaint to the social work department in relation to how they were feeling and had met with the principal social worker in mid-August as part of the complaint process. The process remained ongoing given the continued escalation in the other resident's behaviour and the principal social worker was due to formally write to the young person with the outcome of their complaint. The allocated social worker and team leader had also met with the young person on several occasions in relation to same. The young person had been offered to meet with representatives of EPIC (Empowering Young People in Care) but chose not to accept the offer. While all of this occurred, the other young persons behaviour persisted and continued to impact on this young person. Inspectors noted this young person had no allocated keyworker and this must be addressed immediately with the young person's input. Inspectors met with the young person individually and whilst they were clearly distressed by the situation, they noted they felt listened to and were of the opinion staff and their social worker were doing what they could to help them.

Inspectors noted at the time of inspection both young people were cared for at a ratio of 1:1. It was confirmed by the director of services staffing could not be increased to 2:1 for one young person given the difficulties in securing staff for the centre and again, this lack of increased support was impacting on the staff team's ability to manage behaviours. There were a number of occasions where staff had to resort to managing the behaviours of the young person by isolating the other young person in a room which was locked on the inside whilst both staff members supported the other young person with their behaviours. This in turn led to a child protection and welfare report being submitted due to concerns raised over inappropriate internet access

during this time. Whilst the young person's movements were restricted by the others behaviour as opposed to by the door lock, inspectors did not find this was adequately risk assessed and reviewed. The social work department were aware of same, and whilst not ideal, were satisfied this was a control measure to keeping the young person safe. It is imperative that increased staffing must be worked towards as a matter of priority for the safety of both young people. The inspector manager wrote to the centre on the 15/9/23 requesting a safety plan for the young people until adequate staffing levels were in place.

A significant event review group was in place, however minutes for these meetings lacked analysis and learning outcomes that may have been discussed and had not been updated on file since May 2023. A review of management meeting and team meetings minutes did not document the analysis or learning of events reviewed. This had recently been addressed in an inspection of another centre within the organisation and action was underway to address these deficits.

There was a significant lack of planning documents evident on file both from the centre and from the social work department. One young person, under the age of 12 years, required monthly care planning meetings, and whilst inspectors were informed these were occurring, no statutory minutes were available on file since April 2023. There was no up to date care plan on file for either young person. The centre manager had made a number of requests to the social work department for updated care plans and statutory review minutes. Inspectors spoke with the allocated team leader who cited significant resource issues within their department and would follow up on minutes as a matter of priority. The allocated team leader informed inspectors that one young person attended respite on a fortnightly basis. This acted as a protective measure for both young people and allowed decompression for both from the house environment. This was not referenced in interviews or planning documents on file reviewed by inspectors. Documents were sent to inspectors post inspection that referenced this plan. Placement plans also needed to be reviewed and updated with clear goals in relation to keeping young people safe in their current environment.

There were clear individual crisis management plans in place for both young people which identified triggers and approaches to utilise however as aforementioned they were heavily reliant on utilising a trained model of behaviour management. The plans did not address the deficits in training and what to do in the event a staff member cannot utilise physical intervention or de-escalation techniques. Meaningful

key working and LSI's had been carried out with the young people including age appropriate use of social stories.

One of the registered providers had recently assumed the role of quality assurance manager within the organisation and had given an undertaking to inspectors that a clear job description and governance / oversight procedures would be implemented by the 30th September. At the time of inspection there was a deficit in the oversight and governance of behaviour management and care filing systems.

Inspectors noted that there was an absence of up-to-date plans and records on file during inspection. This deficit can be linked to the lack of staff in the centre and the requirement for the centre manager to be present in working directly with the young people. It is imperative, given the high level of turnover that plans are kept up to date on file to ensure new staff members are working on consistent approaches. Whilst the situation within the centre was not ideal, the team leader for both young people was of the opinion the staff were doing all they could to ensure the safety of both young people pending an appropriate identified move on placement. They were satisfied with the current plans and protective measures in place and stated regular communication was occurring with the centre manager in relation to ongoing events within the centre.

Compliance with Regulation	
Regulation met	Regulation 16 Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed.
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards were assessed.

Actions required

- The quality assurance manager must ensure all staff and all future recruits are trained in a recognised model of behaviour management as a matter of priority.

- The centre manager must ensure that all documents supporting the management of challenging behaviour are updated with clear and concise guidelines reflective of the current environment.
- The centre manager must ensure both young people have their allocated staff available to them at all times.
- The centre manager must ensure young people have an allocated keyworker immediately.

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.

As mentioned under standard 3.2 of this report, the centre had significant issues with staffing at the time of inspection. The staffing complement available for work consisted of a centre manager, one social care leader and two social care workers, one of whom started in post the week prior to inspection. The average length of service of the staff available to work on the floor was three months. Inspectors did not see evidence of workforce planning through management meetings or team meeting records that were reviewed.

Inspectors requested to meet with the director of services during the course of inspection to outline their recruitment plans. The director of services confirmed they had advertised on local and regional radio stations, reputable recruitment platforms and utilised social media sites. The director of services confirmed that they were actively recruiting and inspectors received confirmation of same which was dependent on successful completion of the vetting process. In the interim a social care leader from a sister centre had been temporarily transferred to work in the centre and the previous deputy manager had delayed moving to a new post in order to remain in an admin support role / staff mentor role for approximately a two-month period.

Notwithstanding the plans laid out above, the centre had gone through a significant period of change. 16 staff members had left the centre, six of whom had been approved to move to a newly opened centre within the organisation through

promotions and transfer requests. The centre manager and quality assurance manager informed inspectors that those that left cited level of behaviour as a significant factor in their decision to leave. Inspectors reviewed four exit interviews that had been completed with staff and all cited the young persons behaviour as a significant factor with one person also citing lack of training and lack of supervision as a challenge. Inspectors did not see evidence of these exit interviews and staff feedback being factored into management meetings or workforce planning to enact change.

From a review of rosters from January to present, 35 staff had worked in the centre including 5 agency staff. Double cover had been maintained at all times however there were times where the centre manager, quality assurance manager, director of services and on call had to cover shifts within the centre. Of those currently working in the centre, all had significant experience within the social care sector. Of the newly identified staff members, the deputy manager and social care leader had significant experience also. Inspectors met with staff members during the course of inspection and whilst they presented as knowledgeable and competent, they felt at times their consistent approach to practice had been impacted by the changes in staffing.

A corporate risk assessment had been completed in August in relation to the high staff turnover within the centre however it did not take into account the impact this may have had on the young people and should be reviewed to include same and control measures implemented to limit the impact.

Whilst there were formal arrangements in place for staff retention, the effectiveness of same could not be assessed given the level of staff turnover within 2023. Formalised on call arrangements were in place and those interviewed cited it as a supportive process.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards were assessed.
Practices met the required standard in some respects only	Not all standards were assessed.

Practices did not meet the required standard	Standard 6.1
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Actions required

- The director of services must ensure staffing in the centre meets the requirements of ACIMS, the needs of the young people and the ability to keep everyone safe.
- The director of services must ensure ongoing recruitment to fill current and upcoming vacancies and inform inspectors of outcomes.
- The director of services must ensure risk assessments relating to staff turnover take into account the impact on the young people and ensure adequate control measures are implemented to reduce said impact.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The quality assurance manager must ensure all staff and all future recruits are trained in a recognised model of behaviour management as a matter of priority.</p> <p>The centre manager must ensure that all documents supporting the management of challenging behaviour</p>	<p>A training analysis is completed for the remainder of the year. New staff are scheduled for attending TCI-model of behaviour management. (Full TCI is scheduled for 10th, 13th, 14th, 17th, and 20th of November 2023).</p> <p>Current staff that are trained in TCI are due to attend a refresher within 6 months, this is scheduled for the 02 November 2023.</p> <p>All staff within the centre will be trained in our TCI model of behaviour management.</p> <p>Timeframe: November, as detailed above.</p> <p>The centre manager will ensure that all documents supporting the management of challenging behaviours are updated to</p>	<p>The centre manager and the Deputy manager within the centre will complete a monthly check on training needs and send a training analysis to the Quality Assurance Manager Quarterly.</p> <p>Timeframe: Immediately 13.10.2023</p> <p>The Quality Assurance Manager will complete internal audits on assigned areas within the centre, including a in depth audit on the training analysis and records each quarter.</p> <p>Timeframe: December 2023; to review last quarter of 2023 and scheduled training for first quarter 2024.</p> <p>The ICSP and practice guidelines have an additional line added to the top of the document as a standing item moving</p>

	<p>are updated with clear and concise guidelines reflective of the current environment.</p>	<p>include, that staff who are fully trained in TCI model of behaviour management can use physical restraint as required. Staff who are not trained are not permitted to use TCI physical restraint techniques. Staff can follow the risk assessment to use non-routine interventions and grounding techniques as required.</p> <p>Placement plans, ICSP's and Practice Guidelines will be updated to include same.</p> <p>Timeframe: October 2023. Already updated.</p>	<p>forward. Noting that trained TCI staff can use TCI physical restraint techniques if needed and non-trained staff can not use TCI physical techniques.</p> <p>Staff are to follow the risk assessment in place to use non-routine intervention or grounding techniques if awaiting training in TCI.</p> <p>Staff are to sign the documents to show they have read and understand same.</p> <p>Centre manager will continue to review all documentation for governance and oversight and send to the Social Work Department for review.</p> <p>Timeframe: October 2023.</p>
	<p>The centre manager must ensure both young people have their allocated staff available to them at all times.</p>	<p>Staff have been recruited to work within the centre. All core positions are filled.</p> <p>Each young person has separate weekly plans and assigned staff within shift planning to complete same.</p>	<p>The centre manager will continue to support each young person in their placement, ensuring adequate staff are on duty to meet the needs of the young people. The centre manager and DOS will continue to focus on work force planning,</p>

		<p>The centre manager is reviewing young persons weekly and monthly plans to ensure adequate staffing, planning and care of the young people. The centre manager or deputy are an active part of the handover process, to help and guide staff practices to safeguard all young people and staff on duty.</p> <p>During significant events staff are to follow risk assessments and ensure all young people have staff support available to them. The risk assessment will be updated to ensure the young person is offered staff support or alternatively regular check-ins and parental control is put on the device.</p>	<p>recruitment, vetting, rostering, risk assessments and mentoring and training of staff.</p>
	<p>The centre manager must ensure young people have an allocated keyworker immediately.</p>	<p>The centre manager has appointed a new keyworker.</p> <p>The centre manager will ensure that a new keyworker is appointed within a timely fashion if there is a change in keyworker. The young people will be consulted where possible.</p>	<p>The centre manager will ensure that each young person has an appointed keyworker. In the event that a keyworker is no longer available to the young person, the young person will be consulted where possible and a new keyworker will be assigned.</p>

		Timeframe: Immediately, September 2023.	
6	<p>The director of services must ensure staffing in the centre meets the requirements of ACIMS, the needs of the young people and the ability to keep everyone safe.</p> <p>The director of services must ensure ongoing recruitment to fill current and upcoming vacancies and inform inspectors of outcomes.</p> <p>The director of services must ensure risk assessments relating to staff turnover take into account the impact on the young people and ensure</p>	<p>The Director of Services has a clear plan regarding on-going recruitment for Teach Nua. Actively advertising, interviewing qualified and experienced candidates, vetting and processing personnel files, induction, and training. The current staffing needs meet the requirements of ACIMS as of time of report 13.10.2023. Timeframe: on-going</p> <p>The Director of Services will continue to recruit to fill acting positions while staff are on leave.</p> <p>Inspectors will be notified of outcomes regarding staffing, however as noted above, at time of report 13.10.2023 the centre has a full complement of staff.</p> <p>The corporate risk assessment currently in place details control measures to address staff recruitment and retention. While this</p>	<p>The Director of Services continues to evaluate staffing needs within Teach Nua. Recruitment of experienced and qualified staff in the centre that meets the requirements of ACIMS is ongoing. Measures are in place to ensure recruitment and retention of staff. Ongoing recruitment in line with policy and retention of staff through the following measures: training, mentoring, flexible hours to accommodate childcare/time off, good work life balance, monetary benefits, increments in salaries, team building, pension, sick pay and maternity benefits.</p> <p>Social Care Manager will review risk assessments monthly and update as required. Corporate risks will have a key</p>

	adequate control measures are implemented to reduce said impact.	focuses on staff turnover and control measures to evaluate and plan for maintaining a robust staff team, it is also a measure to safeguard all in the centre, staff and young people. Additional information will be added to clearly outline the risks that staff turnover can have on the young people and the control measure that are in place to reduce said impact and safeguard the young people.	focus on how the risks are impacting young people. The Director of Services will review risk assessments being mindful of same. The Quality Assurance Manager will oversee the monthly managers duties which incorporate a review of all risk assessments in the centre and will complete quarterly audits. Risks will continue to be recorded and evaluated in line with Policy.
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