



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: 2020



Inspection Report

Year:	2020
Name of Organisation:	Teach Nua Care Services Ltd
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	09th, 10th & 11th November 2020
Registration Status:	Registered from 01st April 2019 to the 01st April 2022
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	22nd December 2020

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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 Assurance 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 first registration and was in year two of the cycle. The centre was registered without attached conditions from the 01st April 2019 to the 01st April 2022, however only took in its first admission in November 2019.

The centre was registered to provide a family orientated therapeutic model of care. This was accomplished through RAP – response abilities pathways, which provides strength based strategies for staff. 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, they had both resided in the centre since opening.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.1, 4.2, 4.3
5: Leadership, Governance and Management	5.2

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 via teleconference 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 on the 26th November 2020 and to the relevant social work departments on the 26th November 2020. 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 December 2020. 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: 152 without attached conditions from the 1st April 2019 to the 1st April 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10 Health Care

Regulation 12 (1) Provision of food and cooking facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

Inspectors found that there were initiatives and practices in place to promote and protect the life, health, safety, development and welfare of each young person in the centre and these were supported through policies and procedures in line with the National Standards for Children’s Residential Centres 2018, (HIQA). Inspectors found there to be significant emphasis on health promotion initiatives particularly around the areas of diet and nutrition, safe relationships, self-care and smoking prevention. One young person in placement was linked with a dietitian and there had been clear key working completed with them around their nutrition together with a young person led menu plan both for dinners in the centre and lunches within school. There was evidence of the centre utilising programmes such as ‘Real U’ for relationships and sexual health and ‘Twinkl’ for education around puberty and self-care. There was also evidence of the centre working with other agencies such as child and adolescent mental health, occupational therapy and psychology to help promote the health and development of the young people. The centre manager informed inspectors that they had recently acquired the services of a local psychologist to work with a young person and were hopeful that they would also provide a form of training to the staff team in relation to mental health awareness. Inspectors found evidence in key work records of sessions completed on social media and online safety, accessing psychological support, self-care, personal care and care of the young person’s physical health.

Inspectors spoke with one young person and staff members in relation to meal times within the centre and found that meals were a communal event where all were encouraged to participate. The young person interviewed confirmed that they would participate in menu planning, shopping and preparation of food for meal times. Inspectors reviewed a sample of menu planners in conjunction with team meetings and key working records and found these to be led by the young people with wholesome and nutritious options available to them. Where young people had issues around diet and nutrition there was significant key working completed with them

advising of options and supports in place. Inspectors spoke with the social workers for both young people who confirmed they were satisfied with meal options within the house.

Whilst neither young people in the centre were in the realm of independent living or moving towards aftercare, it was evident that both young people were supported to develop skills in relation to resilience and managing adversity, acquiring life skills and establishing a support network outside of the residential centre. There were a number of key work sessions on file that demonstrated discussions around managing conflict in relationships, building relationships with family members and friends and age appropriate budget management. Whereby it was deemed not appropriate for a young person to manage their own medication due to age or developmental level then staff took responsibility for this.

Both young people were in stable education placements at the time of inspection. Due to their ages the focus was not currently on sourcing further education however one young person had identified a number of interests around employment and hands on training and the centre was currently working with both the young person and their social worker to secure practical work to develop and enhance their interests and abilities.

Standard 4.2. Each child is supported to meet any identified health and development needs.

Inspectors reviewed the care files for both young people in placement and found a range of assessments that had been carried out. These included reports from child and adolescent mental health services, occupational therapy services, psychology services and speech and language therapists. There was evidence on file that the recommendations of these reports had been used to determine placement goals for both young people. Both young people had received additional support in their school setting on the recommendations of these reports.

Social workers advised inspectors that they had provided comprehensive social history reports when their young person was admitted and this included all medical and health information. Inspectors reviewed a sample of referral documentation on file that demonstrated this evidence. There was evidence on file of young people's immunisation passports, medical cards, details and outcomes of referrals to medical, dental and psychology referrals. In interviews staff stated that they were provided

with all necessary medical and health information on admission to appropriately develop placement plans and identify goals.

Both young people in the centre had access to a general practitioner. Neither young person maintained their family GP, however the move was justified due to the logistical aspect of maintaining their previous GP.

Inspectors interviewed one social worker and the centre manager, both of whom confirmed they worked together to ensure access to specialist services for their young people. There was evidence of a social worker and centre manager working together to get an occupational therapy report completed, to get counselling set up for one young person and a social worker attending CAMHS meetings with the centre manager.

Inspectors reviewed the medication management policy. This was updated in the month prior to inspection and was in line with legislative and regulatory requirements. Staff members interviewed demonstrated an awareness of same in interview. The files did not contain any Kardex or clear guidance on administration of medication. There had been medication administration errors in the last twelve months and from a review of the medication file inspectors recommend clearer guidance and organisation of these files. The centre must have a method for recording the medication young people are on, the dosages required and the time of administration. The centre also had one staff member who was responsible for overseeing paperwork relating to medication. This was completed on a monthly basis.

Standard 4.3. Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

At the time of inspection both young people were in educational placements. One young person had maintained their educational placement throughout their school going years despite a move in residential placements and in the other instance the centre had secured a local school following the young person's leaving school in a different county prior to moving to the centre. There was no evidence to show the centre required the input of an educational welfare officer at this time, however, through interview the centre manager and staff members demonstrated awareness of who this person was should they need to engage with them.

Inspectors found, through a review of professional meeting minutes and in interview with staff, that there was an emphasis in the centre on supporting the young people

to achieve their potential in learning and development. One young person who spoke with inspectors advised that they had an interest in securing practical work and that the centre and their social worker were working to make this happen for them.

There was evidence in meeting records of staff attending meetings with education and training placements, identifying the issues that place the educational placements at risk and how they were to support the young people to be able to sustain their school placement. There was a significant amount of work evident to support both young people whilst they were off school during Covid-19 and there was evidence of regular online meetings occurring with teachers during this time to ensure young people were supported. One young person got a school assigned bus to and from school daily and there was a link worker on this bus who would liaise with the centre daily should any issues arise. The centre also had two consistent staff members that maintained the majority of communication with both schools.

There were a number of assessment reports available on file. Inspectors found evidence of these recommendations being following through on both in the centre and in the young people's education settings. It was the opinion of one young person and the centre manager that the implementation of some of these recommendations had improved their engagement in the school setting.

Inspectors reviewed both young people's care files and found a range of exam results, school reports, certificates of achievement and awards on file. There was evidence also of these being celebrated with the young people. Young people had access to an area to complete homework should they need to and one young person was receiving grinds that had been sourced by the centre.

Whilst neither young person was approaching school leaving age, they were being encouraged to think about their preferences and discuss their interests with staff members and were being encouraged and supported to explore these interests further.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.3
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure medication records are kept clear and organised.
- The centre must have a method for recording the medication young people are on, the dosages required and the time of administration.

Regulation 5: Care practices and operational policies
Regulation 6 (1) and (2): 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'

Throughout the course of inspection, it was evident that the centre manager demonstrated leadership. This was supported through documentation review, a review of inspection questionnaires and interviews with social workers for both young people who stated communication with the centre manager was to a good standard. Staff members interviewed also stated that robust support, guidance and direction was provided to them in their work. One young person inspectors spoke with also viewed the centre manager very much as the person in charge.

Staff members were aware of the leaders within the organisation and were clear on roles. The centre promoted a culture of learning and accountability, this was evident through supervision meeting minutes and team meeting minutes where there was discussions around task completions, model of care and professional development in relation to report writing and daily interactions. There was a clear organisational structure which set out the governance structure together with roles and responsibilities. The centre's internal management structure consisted of one centre manager, one deputy manager and two social care leaders. The inspectors found that the internal management structure was appropriate to the size, purpose and function of the centre. It was confirmed that when the centre manager takes annual leave, the period of leave was covered by the deputy manager with support provided by the director of services. The centre manager confirmed that some management duties were delegated. This delegation of duties was evidenced through management meetings and team meetings with the purpose of up-skilling and developing key staff members. The management team also had a monthly calendar in which management tasks were assigned between the managers and social care leaders with effective follow up evident. Inspectors noted an improvement in this area since the last inspection.

The director of services confirmed there were appropriate service level agreements in place and that a bi annual report was provided to their funding body. The centre's policies were updated in September 2020 in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a policy on risk management which was implemented within the centre. This focused on the 'NAME' risk assessment tool in order to identify, assess and manage risk and was implemented through a written risk assessment where required. Whilst there was a clear framework in place, it was evident through interview that staff were not utilising it fully. Whilst they were able to identify risk they did not implement preventative measures, instead they saw this as a management task. The centre manager should ensure staff members are confident in implementing all aspects of the risk management framework within the centre and that they understand their own roles and responsibilities in relation to the management of risk. Inspectors spoke with allocated social workers who confirmed they were satisfied with the management of risk within the centre. They confirmed that they had received risk assessments on a number of occasions and also received updates to these risk assessments. They also confirmed that in one instance of risk management involving both young people they were facilitated to liaise with each

other about how best to support the centre to manage the risks associated with both young people.

The centre operated two risk registers. One register took into account corporate risks and the other took into account risks associated directly with the centre and the young people residing there. Inspectors found in both registers that there were a number of live risks that were not evident on the registers. The centre manager and director of services must ensure that all live risks are recorded on the risk registers. The centre also had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

Inspectors spoke with the director of services and staff members in relation to the recent COVID-19 pandemic and found evidence that a number of measures were put in place by the organisation in response to the pandemic. From review, inspectors found these measures to be in line with public health guidance. Inspectors spoke with one social worker and they felt the centre had managed the recent restrictions to a satisfactory level. Staff members confirmed that they continued to have adequate and on-going access to supplies of personal protective equipment.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all aspects of this theme were reviewed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all aspects of this theme were reviewed

Actions required

- The centre manager must ensure staff members are confident in implementing all aspects of the risk management framework within the centre and that they understand their own roles and responsibilities in relation to the management of risk.
- The centre manager and director of services must ensure that all live risks are recorded on the risk registers.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	<p>The centre manager must ensure medication records are kept clear and organised.</p> <p>The centre manager must have a method for recording the medication young people are on, the dosages required and the time of administration.</p>	<p>The centre currently has a medication folder for each young person who resides in the centre. Classified into prescribed and un-prescribed medication.</p> <p>The current records are recorded on a 'Administration of Medication Form'. This form records items such as, Name of YP, DOB, DOA, Name of Medication, Dosages, Associated Risks of the Medication and Dosage.</p> <p>The centre will ensure that the medication folders are kept clear and organised.</p> <p>The centre will ensure all records remain streamlined.</p> <p>The centre will implement Kardex forms as recommended by the inspectors.</p>	<p>The centre manager will ensure clear procedures are in place to streamline medication records.</p> <p>The centre manager will ensure Kardex forms are implemented into practice which detail the medication young people are on, the dosages required and the time of administration.</p> <p>The centre will continue to ensure staff receive training in medication management. Medication Management Training is scheduled for 17th January 2021.</p> <p>Monthly monitoring of files will be continued, to ensure records are maintained clear and organised.</p>

<p>5</p>	<p>The centre manager must ensure staff members are confident in implementing all aspects of the risk management framework within the centre and that they understand their own roles and responsibilities in relation to the management of risk.</p> <p>The centre manager and director of services must ensure that all live risks are recorded on the risk registers.</p>	<p>The centre manager completed Training with staff on Risk Assessments -identifying risks and implementing clear risk management plans (March 2020). The centre manager and management team offer further direction/support by reviewing daily practices and creating a space to discuss possible risks and risk management plans.</p> <p>The centre manager will discuss with staff their key responsibilities in risk management.</p> <p>Re-occurring/live risks will be entered in the risk register and on monthly review will be noted as a Live Risk.</p>	<p>The centre manager will continue to support staff in identifying and recording preventative measures for the management of risks.</p> <p>The centre manager will complete further training with staff on the Risk Management Framework, with a key focus on responsibility and accountability of staff, so that they understand their own roles and responsibilities in relation to the management of risk.</p> <p>Risk assessment Training is scheduled for 24th January 2021.</p> <p>The centre manager will ensure Live Risks will be entered in the risk register with monthly management review.</p>
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