



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 163

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Tus Nua Childcare Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Dates of Inspection	01st and 02nd July 2020
Registration Status:	Without conditions from the 24th of October 2019 to the 24th of September 2022
Inspection Team:	Linda Mc Guinness Eileen Woods
Date Report Issued:	4th November 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 in October 2019. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 24th of October 2019 to the 24th of October 2022.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was described as the secure base model which has its roots in attachment theory and resilience. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined aspects of the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4
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, 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.

Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection reviewed Theme 5 and aspects of Theme 6: Responsive workforce (standard 6.1) of the of the National Standards for Children’s Residential Centres, 2018. The inspection was carried out through a review of documentation and telephone interviews.

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 16th July 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 27th July 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:163 without attached conditions from the 24th of October 2019 to the 24th of October 2022, pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 5 Care practices and operational policies

Regulation 6 (1 and 2) Person in charge

Theme 5: Leadership, Governance and Management

Standard 5.1 - The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

Inspectors found that some work was required to fully meet the requirements of the national standards for children's residential centres, 2018 (HIQA). The issues requiring attention are outlined through the relevant sections of this report.

The organisation had updated its policies in 2019 against these standards. A review of questionnaires and interviews with staff during the inspection process demonstrated a requirement for more clarity and understanding in respect of some policies and procedures and how they informed the work in the centre. These related specifically to complaints, knowledge of protected disclosures and behaviour management (review of incidents and restrictive practices). There was no specific forum where policies were reviewed and discussed with staff. It was evident that this lack of clarity had some impact on aspects of practice in the centre. The review of restraints which had taken place was inadequate. Inspectors also found that aspects of the supervision and complaints policies were not being fully implemented at the time of inspection. There was no formal mechanism to track complaints and the social care manager did not have the training required by policy to conduct staff supervision.

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-centered, safe and effective care and support.

At the time of the inspection there had been a change of manager from the person initially named during application for registration. This person had left their post on 31st March 2020 and a new acting manager was appointed on 11th May 2020. The

director stated that it had been difficult to find a replacement for a variety of reasons including the Covid 19 pandemic and uncertainties about contracting. In the interim, the director had assumed the post of centre manager. This left a gap in terms of accountability and transparency required for robust governance. The registered proprietor was carrying out the role of director of operations and they acknowledged that this was not an ideal situation. While inspectors found that this person provided good onsite support and guidance, it is recommended that the layers of management are strengthened to provide more robust lines of accountability. Inspectors found that the director had a hands-on approach and was frequently present in the centre and attended all staff meetings and monthly significant event reviews.

There was a service level agreement in place with the Child and Family Agency but this was on a rolling three-month basis which had some impact on the organisation in that it was difficult to recruit new people to senior roles. The director stated in interview that they were aiming to appoint a board of management however this was dependent on contracts and service level agreements. Inspectors were informed that meetings were scheduled between the organisation and the Child and Family Agency in the coming weeks to discuss this and other issues.

From the review of centre files, questionnaires, and interviews with staff members it was evident that the recently appointed acting manager demonstrated good leadership, effective communication and support to the team. Social workers allocated to young people, their parents and the staff team stated they were satisfied with the leadership and management in the centre since the appointment of the new person in charge.

There was evidence of a risk management framework in place and the centre maintained a risk register. Staff were aware of the risk matrix in place and inspectors were satisfied that the risks associated with the young people were identified, assessed and managed. This was confirmed during interview with social workers for all young people who all felt that their young person was making progress and was safe in the centre. Safety plans and behaviour support plans had been implemented when required. The risk register also recorded risks, control measures and strategies for safe operation during the current Covid 19 pandemic as well as other organisational risks including staffing.

The policies and procedures in place had been updated to take the National Standards for Children's Residential Centres, 2018 (HIQA) into account. While these

were mostly robust and provided direction and guidance to staff, a number of them required review to be fully aligned with the requirements of national standards. As mentioned previously, these related to complaints, review of significant events/restraints and clarity regarding initial mandatory training for staff.

The register provider was the only person providing on call to the staff team at the time of inspection. It was acknowledged that this was not sustainable and there was a plan in place to expand this to include the acting centre manager and a recently appointed deputy manager who was due to commence employment in the days following inspection. Staff interviewed confirmed that support and debriefing was available to them if required.

Inspectors found that the internal management structure was being strengthened with the appointment of a deputy manager and a second social care leader just prior to inspection. Recruitment for these positions had been delayed due to the emerging pandemic.

At the time of inspection, the director assumed responsibility for the management of the centre if the person in charge was absent but this was to change when the deputy social care manager was inducted and fully in post.

Inspectors found that a delegation record to assign tasks allocated by the acting manager other people was not yet in place and must be prioritised.

Standard 5.3 - The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

Inspectors found that the centre had a clearly defined statement of purpose and function as per the National Standards for Children’s Residential Centres, 2018 (HIQA).

During inspection some staff members who were interviewed outlined the secure base model of care and how they aimed to meet young people’s needs though understanding attachment theory, developing trusting relationships and modelling positive behaviour. Some recently appointed staff members had yet to receive training in the model of care as it had been postponed and rescheduled due to the Covid 19 pandemic. Inspectors found that the model of care could not be fully embedded in the centre as the whole team did not yet have sufficient knowledge of the model and its application in practice. The organisation employed a consultant

psychologist in November 2019 who provided training and additional clinical support to assist implementation of the model of care in daily practice. They also commenced chairing the significant event review group in February 2020. It should also be noted that since the centre was registered in October 2019 there have been significant changes in the staff team and this is not congruent with the provision of a model of care based on security and attachment.

There were arrangements in place to review the statement of purpose and function. There were versions of the statement available in information booklets for young people, social workers and family members following a recommendation during a recent audit of the service.

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.

There was only one layer of management above the social care manager and the organisation had not been holding management meetings at the time of this inspection. The proprietor/director informed inspectors that these were due to commence and would involve a three way meeting between the director, social care manager and the newly appointed deputy manager.

Inspectors recommend that governance and oversight mechanisms are reviewed to include quality assurance and regular management meetings. Review of significant event and the formal management and tracking of complaints and restraints were not taking place as required and must be implemented at management level.

The acting manager monitored the quality of care in the centre through their review of records, observation of practice, daily contact with the young people and communication with families. There was also evidence that the quality, safety and continuity of care in the centre was also assessed and reviewed through monthly manager's reports prepared by the manager and sent to the director. Inspectors note that this report was a self-audit by the social care manager. The feedback process from the director regarding these reports was mostly informal and the reports were not quality assured for accuracy. The director must ensure that there is formal oversight of the operations of the centre and that evidence of actions, guidance and direction to the centre manager is recorded.

The external review of the quality and safety of care was not yet fully operational (partly due to the pandemic) and required review to ensure it assessed the quality and safety of care against the National Standards for Children’s Residential Centres 2018 (HIQA). The system in place saw an external consultant contracted to provide monthly audits to ensure compliance with relevant regulations and national standards. While it is acknowledged that the Covid 19 pandemic had impacted on the operations of some systems, only one audit took place in March 2020. The audit provided was a quality assurance of the managers’ monthly reports and review of some centre records. A follow up review took place during the inspection process in June 2020. Inspectors found that format of auditing could be improved to more effectively link with relevant regulations and current national standards. It was not yet possible to determine if the systems in place for review of the centre had led to improvements in practices. Some significant gaps in compliance with national standards had not been highlighted in the one audit which did take place such as effective review of incidents (in line with the model of behaviour management in use) and monitoring of restrictive practice (restraint).

The policies in respect of complaints and review of significant events and restraints required review to bring the in line with requirements of National Standards. Inspectors found that from review of records and interview with staff that complaints, concerns and incidents were not being effectively monitored and analysed to identify trends and inform learning and improvement. This must be addressed as a matter of priority. The complaints policy did not raise awareness of the Tusla ‘Tell Us’ national policy whereby young people and parents could complain about service provision from the Child and Family Agency.

The director was aware of the requirement in the national standards to conduct an annual review of compliance of centre objectives to promote improvements in practice and achieve better outcomes for young people. This was not yet in place but they informed inspectors they were putting measures in place to commence this.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.1 Regulation 6.2
Regulation not met	

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.1 Standard 5.4 Standard 5.2 Standard 5.3
Practices did not meet the required standard	None identified

Actions required

- The director must ensure that governance arrangements are strengthened. The audit process must be improved to more effectively link with and identify deficits in compliance with relevant regulations and current national standards
- The director must ensure that there is internal oversight of the operations of the centre and that evidence of actions, guidance and direction to the centre manager are recorded.
- The director of service must ensure that the policies relating to complaints, significant events and training are reviewed, that staff are trained in these policies and that they are implemented in practice.
- The director must ensure that there is robust review of any restrictive practices and restraints.
- The director of service must ensure that there is delegation record of any management tasks which are assigned to other people.
- The director of service must ensure that complaints, concerns and incidents are effectively monitored and analysed to identify trends and inform learning and improvement.

Regulations 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.

Inspectors found that the level of staffing between January and May 2020 did not meet the requirement for the centre to comply with the Child Care (Standards in Residential Care) Regulations, 1996 and the National Standards for Children's Residential Centres, 2018 (HIQA). During that time there was two staff working 24 hours per day.

Some of the staff names who were submitted upon application for registration did not commence employment in the centre. In total there were five changes to the core team including the social care manager who left after a short period. None of the relief staff named during application were still on the current staff team. It is acknowledged that two staff left for reasons related to Covid 19. Inspectors found from review of the rosters and interviews with social workers and parents that there were insufficient numbers of contracted full time staff to meet the centres statement of purpose and the minimum required numbers of staffing until May 2020. Six of the team at the time of inspection had been appointed since March 2020. During the period when the centre was short staffed a review of the rotas showed that staff were staying on past their 24-hour sleepover shift to cover day shifts and on occasion staff worked 48 hour shifts. Some of these measures were in response to contingency planning for Covid 19 to reduce footfall in the centre, although some were due to insufficient numbers of full time staff in the centre.

Workforce planning in place in the centre had improved by the time of this inspection in July 2020 and there were appropriate numbers of staff employed on the core team. The centre had an acting social care manager, a recently employed deputy manager who was due to take up their post in the weeks after inspection, two social care leaders and six social care staff. The director informed inspectors that recruitment was taking place for more relief staff to ensure that there was cover for all types of leave. It was not clear what measures were in place to promote staff retention and ensure continuity of care to young people although team morale was good and there was evidence that they were beginning to work well as a team. Inspectors

recommend a formal recruitment and retention programme is implemented to ensure stability and consistency.

Social workers who spoke to inspectors expressed concern about the number of staff changes but overall they were satisfied that their young people were well cared for and spoke positively about the current staff team and the recently appointed acting manager. Two parents who spoke with inspectors stated they had been worried about all the staff changes however they were happy now that things had settled.

Inspectors note that the staff employed in the centre at the time of inspection had very little experience in residential care and for some this was their first post after qualification. Recruitment of staff must take into account the requirement to have the necessary experience and competencies to meet the needs of young people. One staff member did not have the requisite experience for the position they were employed in. Inexperienced staff members were being supervised by the acting social care manager who had not received formal supervision training as required.

There were formal on call arrangements in place which were due to be revised at the time of inspection.

Compliance with Regulations	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified*
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	None identified*

***Please note that only standard 6.1 was assessed**

Actions required

- The director of service must ensure that the centre is at all times staffed with sufficient numbers of staff with the necessary experience and competencies to meet the needs of young people. Staff must have the requisite experience for the roles they hold.
- The director of service must ensure that all staff receive mandatory training in a timely manner upon employment in the centre.
- The director of care must implement a recruitment and retention programme to ensure staff stability and consistency.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The director must ensure that governance arrangements are strengthened. The audit process must be improved to more effectively link with and identify deficits in compliance with relevant regulations and current national standards</p> <p>The director of service must ensure that there is internal oversight of the operations of the centre and that evidence of actions, guidance and direction to the centre manager are recorded.</p> <p>The director of service must</p>	<p>The quality assurance system has been changed. The Director of Services will now complete the review of the centre manager's monthly monitoring report against the centre's records. The external auditor will now audit against the national standards to ensure compliance</p> <p>The Director of Services will now complete the review of the Centre Manager's monthly monitoring report against the centre's records and will make recommendations on any findings.</p> <p>Completed</p>	<p>Tús Nua Childcare Services' quality assurance system & voice of the young person continuous improvement framework and Tús Nua Childcare Services' Policies and Procedures have been updated to reflect these changes.</p> <p>Tús Nua Childcare Services' quality assurance system & voice of the young person continuous improvement framework and Tús Nua Childcare Services' policies and procedures have been updated to reflect these changes.</p> <p>Tús Nua Childcare Services' policies and</p>

	<p>ensure that the policies relating to complaints, significant events and training are reviewed, that staff are trained in these policies and that they are implemented in practice.</p> <p>The director of service must ensure that there is robust review of any restrictive practices and restraints.</p> <p>The director of service must ensure that there is delegation record of any management tasks which are assigned to other people.</p> <p>The director of service must ensure that complaints, concerns and incidents are effectively monitored and</p>	<p>The SERG meeting now looks at individual incidents whereby restrictive practices and restraints are used.</p> <p>Completed</p> <p>The Director of Services reviews all complaints at the monthly managers meeting. All complaints will be analysed. This analysis will be used to inform</p>	<p>procedures have been updated. The complaints policy has been updated and all significant events are now risk assessed with risk rating amber and red being brought to the monthly SERG Meeting.</p> <p>Tús Nua Childcare Services' policies and procedures have been updated. All significant events are now risk assessed with risk rating amber and red being brought to the monthly SERG Meeting. SENs where physical restraint is used is automatically assigned risk rating Red.</p> <p>A delegation task sheet record has been implemented</p> <p>Tús Nua Childcare Services' complaints policy has been updated.</p>
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	analysed to identify trends and inform learning and improvement.	learning and improvement.	
6	<p>The director of service must ensure that the centre is at all times staffed with sufficient numbers of staff with the necessary experience and competencies to meet the needs of young people. Staff must have the requisite experience for the roles they hold.</p> <p>The director of service must ensure that all staff receive mandatory training in a timely manner upon employment in the centre.</p> <p>The director of care must implement a recruitment and retention programme to ensure staff stability and consistency.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>1 x Social Care Leader has assumed the position of acting social care leader until they have the required experience.</p> <p>With the easing of restrictions implemented due to Covid 19 all core training for new staff has been completed. The DOS, Centre Manager and deputy centre manager will attend Supervision Training on 12th August 2020.</p> <p>Tús Nua Childcare Services' Policies and Procedures have been updated and now includes a Staff Retention Policy</p>