An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 176

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Curam Nua Ltd**
Registered Capacity:	**Two Young People**
Type of Inspection:	**Announced Inspection**
Date of inspection:	**8th, 9th & 10th July 2024**
Registration Status:	**Registered from 20th September 2023 to 20th September 2026**
Inspection Team:	**Lorna Wogan** **Sinead Tierney**
Date Report Issued:	**14th October 2024**

Contents

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 20th September 2020. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 20th September 2023 to the 20th September 2026.

The centre was registered as a dual occupancy centre to provide medium term residential care for up to two children aged thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children using a '*blended theoretical and best practice approach*.' The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the programme of care in the centre. There was one child living in the centre at the time of the inspection. This was an approved single occupancy placement subject to bi-annual review with the placing authority.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.3

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 27th August 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 centre manager returned the report with a CAPA on the 6th September 2024. This CAPA was deemed not to be satisfactory. The CAPA was re-submitted to the inspector on the 1st October 2024 and was deemed to be satisfactory. The inspector received evidence of the issues addressed. The suitability and approval of the CAPA was used to inform the registration decision.

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: 176 without attached conditions from the 20th September 2023 to the 20th September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The inspectors found there were adequate arrangements in place for the child to access their general practitioner and for referral to medical, psychological, dental, ophthalmic or other specialist services as required. There was progress for the child in their overall health, wellbeing and development since the previous inspection undertaken in June 2023. Individual work evidenced efforts made by key staff to help the child understand the importance of regular routines, healthy eating and sleep routines to support their general wellbeing. In addition, there was progress with the establishment of peer relationships and community integration. While mindful of potential risks associated with the child's presentation in the community the managers, centre staff, their parent and social worker worked collaboratively to mitigate these risks to ensure the child had age-appropriate experiences similar to that of their peers in the community and in line with their stage of development.

Over the past twelve months the manager and key staff supported the child to attend their general practitioner (GP) and this was noted as a positive significant event. The child had established a positive relationship with their GP and was now open to seek advice from them on health-related matters including childhood vaccinations. The managers and staff continued to encourage the child to attend other medical specialists as required. Listening to the voice of the child about their health, wellbeing and development was also evident on the records and in the interviews conducted with the managers and staff.

Aspects of the physical environment was upgraded since the previous inspection and the centre was found to be well maintained. This promoted a positive living environment for the child. There was ample individual work on file to evidence that staff encouraged and supported the child to be attentive to their personal hygiene and to maintain their bedroom space with incentives in place to achieve identified goals. The child's bedroom was clean and well-presented and there were plans in place to paint and decorate the bedroom in line with the child's wishes.

Medications were managed in line with centre policy. Staff members were trained in the safe administration of medication. Medication errors or spoiled medications were noted on the medication administration records and in handover records. However, the centre manager must ensure there is a more structured recording system in place to facilitate tracking and review of medication errors and to identify measures to mitigate such risks should they occur.

Compliance with Regulation	
Regulation met	**Regulation 10**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 4.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure there is a structured recording system in place to facilitate tracking and review of medication errors and to identify measures to mitigate such risks should they occur.

Regulation 5: Care Practices and Operational Policies
Regulation 6: 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.

There were clearly defined governance arrangements in place and structures that set out lines of authority and accountability. The senior management team included the director of services, the auditing and governance officer and the managers from both centres within the service. The internal management structure was appropriate to the size and purpose and function of the centre. There were four social care leaders who had significant years of experience working in the centre. There was a change in

centre manager since the last inspection and the current manager was ten months in post at the time of the inspection. The centre manager had overall responsibility and authority for the delivery of the service and was suitably qualified and experienced to undertake the role. The inspectors found the centre manager provided support, guidance and leadership to the team. There was an evident focus to develop staff individually and to ensure there was a cohesive and collaborative team approach. The inspectors found there was significant improvements in record keeping processes and in management oversight of centre and care records since the last inspection.

The director of services engaged with the funding agency on a bi-annual basis in relation to the placement contract and a service level agreement was in place.

The operational policies and procedures for the centre were recently reviewed and updated in February 2024. The centre manager had a planned process in place to review the updated policies and embed them in practice through the team meeting and staff supervision processes. The centre manager must ensure that previous versions of the policies and procedures, both hard and soft copies, are removed from the centre and archived.

The inspectors found there were arrangements in place to oversee the management of the centre's care practices, operational policies and procedures. There was a dedicated auditing and governance officer in place since March 2023. The governance officer completed specific training in relation to the auditing of residential care centres. There was an agreed auditing schedule established between the director of services and the governance officer. The auditing process involved an assessment of the centre's compliance with the National Standards for Children's Residential Centres (HIQA) 2018. The inspectors found that the audit schedule was not adhered to and the compliance audits were not completed in a timely manner to ensure delivery of care was safe, effective and in line with the National Standards.

There were additional governance and management arrangements in place for the oversight of incidents and behaviours that challenged. Incidents were reviewed at management meetings. The inspectors found the structure of the incident review process was not an effective process to inform the development of best practice or to identify areas for improvement in response to behaviours that challenged. The inspectors recommend that the management team revise this process to ensure it is efficient, effective, provides a clear analysis of events and identifies timely learning outcomes and actions to be taken. Management meetings were scheduled to take place on a monthly basis. The inspectors found that management meetings had not

taken place in line with policy in 2024. There were no management meetings undertaken in January or February 2024 when the centre manager was on planned extended leave. During this period of time the child in placement was unsettled and dysregulated. The inspectors found limited evidence of any external management support or additional supports for the team during this period. The management meeting record in June 2024 covered the period from April to June 2024 and was not an effective record to ensure consistent and timely responses to critical incidents in terms of management oversight, governance or practice review.

The centre had a risk management framework in place. The inspectors reviewed the risk assessments on file and found the system was not working effectively in practice. There were approximately 28 open risk assessments on file. The inspectors found that every potential risk was subject to a lengthy risk assessment process therefore the key high risks for the child were not easily identifiable for the team. The centre manager must ensure the risk register identifies the key high-level risks that staff need to be mindful of on a daily basis to ensure safe care. In addition, the inspectors found that many of the risk assessments on file were no longer relevant and should be closed off. Following a review of the risk rating system the inspectors found there was an incorrect application of the centres risk matrix and the centre manager must review all risk assessments on file to ensure they are rated correctly and in line with the centre's risk matrix.

The inspectors reviewed the centre's risk register that identified wider centre-based risks. While there was evidence that safety measures were in place in practice for pregnant employees there were no formal risk assessments undertaken by the employer in line with the Safety, Health and Welfare at Work Act, 2005. The registered proprietor/director of services must ensure a formal risk assessment is undertaken with pregnant employees in line with the legislation.

There were alternative management arrangements in place when the centre manager was absent from the centre and on extended leave. The centre manager maintained a list of all centre tasks, roles and responsibilities assigned to various staff members in the centre. The inspectors provided additional guidance to the centre manager during the inspection to strengthen this recording system to ensure the delegation log was aligned specifically to the centre managers role and responsibilities and evidenced when these roles and responsibilities were delegated.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure that previous versions of the policies and procedures, both hard and soft copies, are removed from the centre and archived.
- The director of services and the auditing and governance officer must ensure the annual audit schedule is adhered to and that compliance audits are completed in a timely manner to ensure the delivery of care is safe, effective and in line with the National Standards for Children's Residential Centres (HIQA) 2018.
- The centre manager must ensure the risk register identifies the key high-level risks for the child and close off risk assessment that are no longer relevant.
- The centre manager must ensure the centres risk matrix is correctly applied and undertake a review of all risk assessments on file to ensure they are rated correctly and in line with the centre's risk matrix.
- The registered proprietor/director of services must ensure a formal risk assessment is undertaken with pregnant employees in line with the Safety, Health and Welfare at Work Act, 2005.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed understood their roles and responsibilities and there was evidence of induction training for staff on the personnel files. However written job descriptions for the centre manager, the social care leaders and the auditing and governance officer were not evident on file. The director of services must ensure that the staff members in these roles are provided with the relevant job description to assist in their understanding of their roles.

The staff interviewed felt they were effectively supported to exercise their professional judgement. The inspectors found the manager's approach was to create a culture of learning and development. One of the inspectors attended the handover meeting and observed effective communication and focused planning for the child. Team meetings were now held on a regular basis and all staff had the opportunity to contribute to the team meeting process. Staff reported that team members contributed to discussions and decision making in relation to the child's care. Overall, there was evidence the team worked well together and they spoke of a cohesive approach and a culture of constructive feedback. The director of services did not attend team meetings and the inspectors advise they periodically attend the team meeting to provide an opportunity for the team to meet with them collectively.

The records of management meetings evidenced shared learning between the centres. Two strategy meetings were undertaken in June 2024 to plan and prioritise service development in response to the findings of a recent regulatory inspection within the service however the minutes of these meetings were not available to the inspectors to review at the time of the inspection.

There was a focus on mandatory training and additional staff training since the previous inspection to ensure the ongoing development of staff. While the staff and managers indicated they had completed Children First the inspectors found only one personnel file evidenced a valid certificate for Children First training. The director of

services had recently sourced an electronic system to monitor and track staff training which should improve adherence to mandatory and refresher training requirements for staff.

In the delivery of safe and effective care the inspectors found there were significant deficits at all levels of management and staff in relation to their understanding of Children First National Guidance for the Protection and Welfare of Children, 2017. The actions outlined below must be addressed as a matter of priority. All staff including the centre manager, the director of services and the auditing and governance officer must complete Tusla's Introduction to Children First eLearning module along with completing Tusla's Children First Mandated Person eLearning module and valid certificates must be maintained on the personnel files. The centre manager must also complete recognised Designated Liaison Person (DLP) training. It is recommended that each staff set up an individual account to report concerns in relation to harm or abuse on the Tusla Portal. The centre manager must ensure that staff review the centres child protection policy internally to include a review of the roles and responsibilities of key persons guided by the legislation, the thresholds for making a mandated report and the exemptions from requirements to report.

The centre manager and staff felt well supported by the director of services in their work. The director of services formerly supervised the centre manager in line with the centre policy and the auditing and governance officer was recently assigned to supervise the centre manager. There was a reliable system for on-call support and there was an external support service available to staff if they were impacted by the work and required additional external support services. Following critical incidents staff were afforded the opportunity to debrief with their manager and the supervision records evidenced a focus on reflective practice.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 6.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The director of services must ensure that staff at all levels are provided with the relevant job description to assist in their understanding of their specific role.
- The auditing and governance officer must review the personnel files to ensure all mandatory training certificates are secured on file and are up to date.
- The director of services and the centre manager must ensure that all deficits as identified by the inspectors in relation to Children First are addressed as a matter of priority.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	The centre manager must ensure there is a structured recording system in place to facilitate tracking and review of medication errors and to identify measures to mitigate such risks should they occur.	A pro forma has been structured and added to the medication record system on 15/07/24 to track any medication errors and a system in place to record measures to mitigate identified risks.	The centre manager has discussed the new pro forma with staff within staff meeting held on 25.07.24. A designated member of staff has also been allocated on 25.07.24 to oversee and review medication records and to bring any errors/concerns to the attention of the centre manager. This will assist with the review process and assist identify any issues that would need rectified.
5	The centre manager must ensure that previous versions of the policies and procedures, both hard and soft copies, are removed from the centre and archived.	All previous versions of the policies and procedures have been archived on the 24/07/24 and are no longer accessible to staff.	The most updated copy of policies and procedures (01st February 2024) are available in both a hard copy within the centre and the online system. Time will be allocated within staff training days and supervision to focus on the implementation of policies and procedures within practice.

	The director of services and the auditing and governance officer must ensure the annual audit schedule is adhered to and that compliance audits are completed in a timely manner to ensure the delivery of care is safe, effective and in line with the National Standards for Children's Residential Centres (HIQA) 2018.	A schedule of compliance audits has been agreed between the director of services and the auditing and governance officer on the 03/09/24. This will seek to ensure that delivery of care is being provided in a safe and effective manner and in line with the National Standards for Children's Residential Centres (HIQA) 2018.	The director of services and the auditing and governance officer met on the 03/09/24 and will continue to meet on a monthly basis to review the auditing process.
	The centre manager must ensure the risk register identifies the key high-level risks for the child and close off risk assessment that are no longer relevant.	The centre manager has completed a full review of the risk register on the 23/08/24 closing any risk assessments that are no longer relevant ensuring that high level risks are fully assessed and prevalent.	The centre manager has discussed the review of the risk register and current risk assessments with staff during handovers. All relevant risk assessments are held in the handover file so staff can easily access them. A designated member of staff has been delegated to oversee risk assessments and to bring any issues to the attention of the centre manager.
	The centre manager must ensure the centres risk matrix is correctly applied and undertake a review of all risk assessments on file to ensure they are rated correctly and in line with the	The centre manager completed a full review of all risk assessments on 23/08/24 to ensure they are rated correctly and in line with the centre's risk matrix.	A designated member of staff has been appointed to oversee risk assessments. The centre manager will have a monthly meeting with them to complete a review of risk assessments.

	centre's risk matrix. The registered proprietor/director of services must ensure a formal risk assessment is undertaken with pregnant employees in line with the Safety, Health and Welfare at Work Act, 2005.	The director of services consulted with the services HR advisors on 14/08/2024. They reviewed current risk assessment for pregnant employees and forwarded an updated template on the 22/08/2024. It has been forwarded to line manager for completion by the 10/09/2024 where relevant. The centre manager has completed a pregnancy risk assessment with relevant staff members.	The risk assessment template for pregnant employees is now maintained on file in the centre.
6	The director of services must ensure that staff at all levels are provided with the relevant job description to assist in their understanding of their specific role. The auditing and governance officer must review the personnel files to ensure all mandatory training certificates are secured on file and are up to date. The director of services and the centre	The director of services in consultation with their HR advisors reviewed all job descriptions (completed 22/08/2024). The auditing and governance officer has completed a review of all personnel files on 26.09.24 to ensure that all mandatory training is completed in a timely manner. Immediate action has been taken.	As of 01/09/2024 all job descriptions are sent out with application forms. The auditing and governance officer will carry out reviews of a sample of personnel files during monthly audits to ensure that mandatory training is being completed. An annual training calendar has been

	manager must ensure that all deficits as identified by the inspectors in relation to Children First are addressed as a matter of priority.	Children's First, Designated Liaison Person and Mandated Person training has been completed by all staff and managers with certificates evidenced in personnel files.	completed for staff to include Children's First, DLP, Mandated Person and Policies and procedures training. Policy and procedure training was completed on 06/08/24 and will be ongoing with the organisation aiming to complete training monthly. Specific training for Designated Liaison Persons is scheduled for the 23/10/24 for all managers.