



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 179**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Orchard Residential Care Ltd.</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>10<sup>th</sup> &amp; 11<sup>th</sup> June 2024</b>
<b>Registration Status:</b>	<b>Registered from 07<sup>th</sup> October 2023 to 07<sup>th</sup> October 2026</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Cora Kelly</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> September 2024</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to 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 07<sup>th</sup> of October 2020. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 07<sup>th</sup> of October 2023 to 07<sup>th</sup> October 2026.

The centre was registered as a dual occupancy service and provided medium term care for two young people from age eight to fourteen years on admission. The model of care was built on a strengths-based approach and was informed by attachment theory and resilience theory. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was trauma informed and staff received training to understand the impact of trauma on child development. There were two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
5: Leadership, Governance and Management	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, 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 1<sup>st</sup> of July 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 15<sup>th</sup> of July 2024. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 179 without attached conditions from the 07<sup>th</sup> October 2023 to the 07<sup>th</sup> October 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 17: Records**

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

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

At the time of this unannounced inspection, there were two young people residing in the centre – one for over three years and one for over a year. Inspectors were warmly met at the door by the two young people and immediately made to feel welcomed and offered refreshments. Both young people clearly felt a sense of home and despite not being from the locality, were well established with a range of activities and interests in the local area. These included local GAA and soccer clubs, art classes, and youth groups. Educational placements in first primary then, separate secondary mainstream schools had been secured by the manager and staff team for each young person. The manager and staff team were proactive in encouraging and supporting them to develop and maintain interests and hobbies in the local community and were facilitating their attendance at these. Inspectors noted that, for each young person, their respective contact with their community of origin was less evident. There appeared to be contributing factors for this, partly due to their respective biological family situations, and due to length of placement and thus their remove from place of origin for them. There were some, quite limited, opportunities for one of the young people to re-engage with their community of origin. Inspectors found that this aspect of care required more focus and discussion between the centre and the respective social work departments to ensure that it remained live with due consideration for future care planning.

Inspectors found that, due to current circumstances, parental input to care and placement planning was limited for both young people residing in the centre at the time of the inspection and perhaps because of this, family contact was not presented as a core aspect of the children's care. This was due to individual familial circumstances. Family contact, including phone calls and access, was limited for one of the young people, for which there were several contributing factors. This young person had been consistently requesting more and increased access with their

siblings and inspectors found a lack of effective follow up by centre team and management on the matter. Although it was raised persistently by the young person through the house meetings, and in turn, was discussed at team meetings, there was no substantial follow through leaving the child in an unhappy and frustrated situation. The young person themselves had been formalising their views on the matter through the centre's complaints process for a significant period but records showed that although the matter was responded to on each occasion, it had not been satisfactorily resolved for them. They raised it with inspectors in a non-direct way during their meeting with them and stated they intended to raise it during their visit with their social worker later that same day. Inspectors identified this with the social worker responsible as a matter that required prioritisation at a professionals meeting. Inspectors also directed that centre management look to convene a multi-disciplinary meeting with all professionals involved in this child's care to determine a robust response towards meeting their stated needs.

The second young person had ongoing scheduled visits with family members, including visits with a sibling that resided in a sister house. Christmas plans for this centre had incorporated time together for these siblings also. The young person had, at the time of the inspection, been allocated a new social worker. Inspectors recommend that their family contact arrangements are reviewed as part of a holistic approach to their care and to ensure it is appropriate to their need as the care plan and placement plan actions related to family access were not consistent.

Special occasions and achievements were marked by the staff team for the young people. Religious sacraments and family celebrations for young people were observed and facilitated by the team.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

## **Actions required**

- The centre manager must advocate for a full review of family contact arrangements to be undertaken for both young people by the relevant professionals involved.

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

### **Regulation 6: Person in Charge**

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

### **Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

Inspectors found that the regular review of the quality, safety, and continuity of care provision was an area for further development for this centre. The staff team meeting, which took place once monthly, daily shift hand overs and managers meetings were the main forums identified by the centre manager as where these aspects of care provision were reviewed. In addition, a significant event review group (SERG) convened monthly meetings wherein responses to crisis and/or significant changes in presentation, alongside responses by staff teams and management were reviewed. The review by inspectors of records from these various forums found that robust review of various practices was not sufficiently demonstrated as having been undertaken within these mechanisms. The recording format for the SERG meeting had changed recently with the intended aim of reviewing thematic issues arising across centres. It was too early in this new format for inspectors to report with confidence that the changed format would contribute to a more focused response to learning and improved outcomes, but certainly this was not evident in previous records. Those records did not consistently identify an action although one should have been required, didn't identify the person with responsibility for implementing an action, nor did they identify any learning for the staff teams. Where actions were identified and reported as having been followed through on by management in interview, this was not always clearly demonstrated in practices with young people following these reviews.

Regarding the new format for SERG meetings, the approach agreed upon was to discuss thematic issues arising across services with a view to shared organisational learning as this had been lacking in previous SERG as confirmed in meeting minutes by senior management when deciding upon the changed format. Inspectors were provided with additional records to review following the draft report being issued to

centre management. These two SERG meeting records demonstrated, to a greater extent, an effort to state learning outcomes however inspectors found it difficult to extract the learning, any need for change, and persons responsible for taking actions from these revised format records. This aspect of service delivery needs to be significantly developed further to ensure that learnings also identify training needs, which should have happened during one of these SERG meetings, and additionally, the SERG meetings learnings should be carried through to practice and knowledge on the floor. This was not evident from this inspection where self-harm had been discussed at a recent SERG.

Inspectors could not find evidence that complaints were being robustly reviewed in the centre. Whilst there was evidence that they were mentioned for discussion at team and managers meetings, these minutes lacked evidence of them being monitored or analysed for learning purposes. There was also reference to complaints in monthly governance reports however analysis therein was lacking. From inspectors review of relevant records provided for review, the complaint by one young person regarding their lack of family contact remained unresolved and requires a more robust response in the form of a professionals meeting in lieu of the child in care review which, the social worker stated, was not due to take place for a few more months.

Audits against the national standards were undertaken by a quality assurance coordinator. One such audit had taken place in February 2024 and prior to this two had been completed in June and July 2023. This number of audits, two in one calendar year, fell below the identified target number of audits for this centre and was linked, in part, to a period of absence by the quality assurance coordinator with dedicated responsibility for residential centres in the company. The three audit records reviewed by inspectors were to be read in conjunction with a separate quality improvement plan document, that noted recommendations and actions. In response to the findings of the draft report, the service director provided a schedule of audits for the 2024 calendar year. Senior management must ensure that where a long period of absence occurs by the person with dedicated responsibility for quality assurance, appropriate cover for the delivery of the role continues to be available to the centre.

Separate to audit records, inspectors were provided with a range of documents that were described by centre management as falling under the umbrella of governance. These included various 'check and challenge' type documents completed by staff members, objectives reports, and quality improvement plans that were presented in non-uniform templates. The inspectors found it difficult to determine how these

documents demonstrated improved practice in the centre and should be reviewed with a focus on purpose and effectiveness. Additionally, inspectors were provided with an annual review of compliance report that had been completed immediately prior to this inspection and which identified some strategies for actioning which were intended to improve outcomes for the current young people. Future compliance reports should give due consideration to the centres' overall objectives and whether the policies and practices in use contribute effectively to these.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- Centre management must improve their systems of auditing and ensure that these are effective in reviewing practices that in turn contribute to improvements at the centre.

**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.**

At the time of this inspection, there was a centre manager and deputy manager, one social care leader and six social care workers employed on a fulltime basis to work there. The manager informed inspectors that the staff team was operating with a

deficit of one wholetime social care worker and that a person had been identified through a recruitment process to fill this vacancy. The centre had managed to retain a consistent staff team over the previous twelve months which had contributed to stability and consistency in the delivery of care. Staff members in interview referenced this as a positive aspect of the work in the centre. Workforce planning occurred in weekly meetings with the regional director and the HR manager in the company. The regional director informed inspectors that recruitment had been and continued to be a challenge for the company and relief contracts were offered where onboarding staff were looking for flexibility in working hours. Where situations had arisen previously, the manager had to rely on the availability of staff from this and sister houses to work extra shifts to cover gaps in the rota. The regional director stated, in response to the findings of this inspection, that there were in fact 6 relief staff members available across the organisation working a varying number of hours. None of these identified this centre as their preferred working base when available to provide cover thus management must continue to actively recruit suitably qualified and experienced relief staff in sufficient numbers.

The staff team had a mix of qualifications including psychology and lower numbers of social care and had generally low levels of experience of working in residential care. Inspectors observed warm, natural interactions with the young people resident and records of individual and key work reviewed represented good knowledge of the young people understanding of and appropriate responses to their need. However, there were further areas for development identified by inspectors including understanding and responding to self-harm behaviours; understanding a child's need to connect with family of origin and how best to respond to same; and understanding and responding to triggers for young people. Inspectors noted that placement plans needed further development in identifying individual goals and involving the young people – there was some repetition and similarity across both young people's plans despite their obvious differences.

Inspectors were informed by the regional director of staff retention incentives, including an employee assistance programme, and paid maternity benefit for certain employees beyond a period. Whilst the manager and staff named their own valid reasons for remaining, they could not name company-specific benefits, and this should be made known to the staff team.

The centre had an on-call system in place and staff interviewed were familiar with same.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- Centre management must secure a panel of sufficient numbers of qualified and experienced relief staff to provide cover for this centre when needed.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must advocate for a full review of family contact arrangements to be undertaken for both young people by the relevant professionals involved.	The Centre Manager will ensure that a full review of family contact arrangements will be undertaken for both young people by the relevant professionals involved and not wait for child in care reviews to resolve issues around lack of access. Centre Manager has requested a meeting with social worker and GAL to have a consistent plan in place for access.	Centre Manager will ensure the multi-disciplinary teams for the young people are in regular communication to make sure the young people are being accommodated for family access. Centre Manager will ensure a consistent plan around family access is in place for the young people.
5	Centre management must improve their systems of auditing and ensure that these are effective in reviewing practices that in turn contribute to improvements at the centre.	The Regional Director, Quality Director and quality co-ordinator are meeting on 31 <sup>st</sup> July 2024 to review all auditing systems and adjust the documents where necessary to demonstrate that they contribute to improving the centre.	Flow chart will be completed for all staff to understand the linkage of documentation regarding quality auditing. Documents will be under yearly review at the monthly quality meetings to ensure they remain robust and capture data that is required.
6	Centre management must secure a panel of sufficient numbers of qualified and experienced relief staff to provide	The Centre Manager will ensure that there is a secure panel of sufficient numbers of qualified and experienced relief staff to	Direction has been given from the HR Director that a rolling advertisement will go up on various social media and internet

	cover for this centre when needed.	provide cover for this centre when needed. Interviews are taking place over the last number of weeks to secure people willing to work on a relief panel which also offers flexibility in hours worked.	sites to attract relief staff members to Orchard Residential Care. This should prevent gaps in attracting relief staff members.
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