



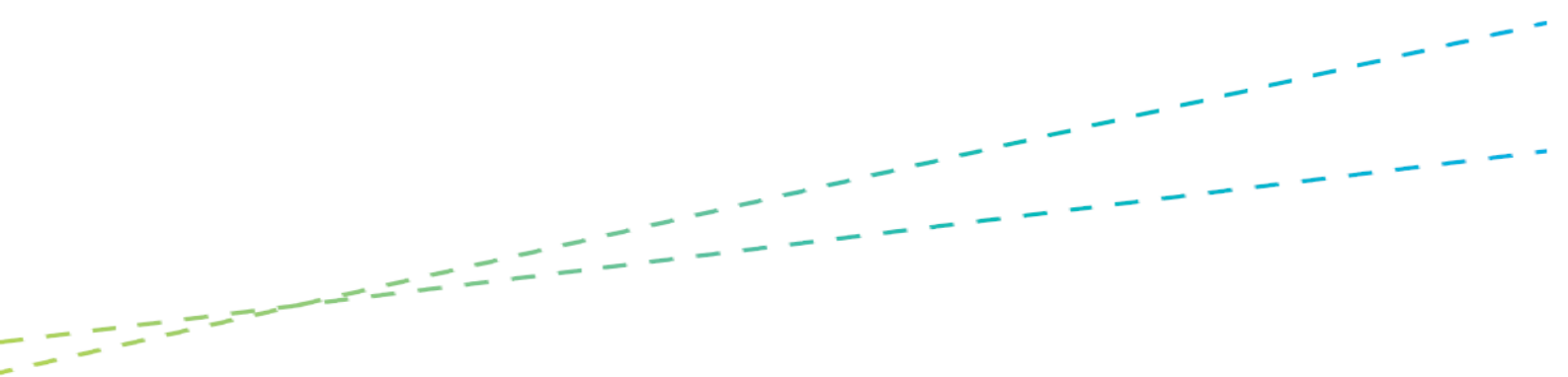
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 182**

**Year: 2021**



## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Kellsgrange Residential Service</b>
<b>Registered Capacity:</b>	<b>1 Young Person</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>04<sup>th</sup>, 05<sup>th</sup> and 06<sup>th</sup> January 2021</b>
<b>Registration Status:</b>	<b>Registered from the 16<sup>th</sup> November 2020 to the 16<sup>th</sup> November 2023</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>6<sup>th</sup> April 2021</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 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 16<sup>th</sup> November 2020. 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 as a special arrangement without attached conditions from 16<sup>th</sup> November 2020 to the 16<sup>th</sup> November 2023.

The centre's purpose and function stated that it was a single occupancy for a young person aged between thirteen to seventeen years on admission. Their model of care was described as being built on a relationship based model which re-affirms the importance of working relationships between social care workers and young people within a contemporary perspective.

There was one young person living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
7: Use of Resources	7.1

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 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 01<sup>st</sup> February 2021 and to the relevant social work departments on the 01<sup>st</sup> February 2021. 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 08<sup>th</sup> March 2021. 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: 182 without attached conditions from the 16<sup>th</sup> November 2020 to the 16<sup>th</sup> November 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 16: Notification of Significant Events

#### Theme 3: Safe Care and Support

#### Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors reviewed the child protection policies in the centre and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a child safeguarding statement that was supported by a letter of compliance issued by the Tusla Child Safeguarding Statement Compliance Unit. There was an anti-bullying policy in place that outlined the potential risk of harm to children and to address all forms of bullying, including possible exploitation on the internet and social media. Staff, both in questionnaires and in interviews, were familiar with Children First: National Guidance for the Protection and Welfare of Children, 2017, the centre's Child Safeguarding Statement and a variety of policies to address all forms of abuse and neglect. Inspectors were provided with key-working records that evidenced individual work carried out with the young person on how to keep themselves safe whilst using the internet and social media. Staff training records evidenced that each staff member had completed training in the Tusla E-Learning module: Introduction to Children First, 2017. In interviews, staff were familiar with their role as mandated reporters and were confident in how to report a child protection concern through the TUSLA portal. The centre had training arranged on the organisation's own child protection policies and procedures on the days when the inspection was carried out, however due to recently implemented restrictions as a result of Covid-19, that training was postponed. Inspectors were advised that additional dates for the roll out of this training were being sought with the potential for it to be carried out in an online forum being discussed.

A review of contact records demonstrated that staff were working in partnership with the young person, their family and allocated social worker to promote the safety and wellbeing of the young person both while they were in the centre and while they were at home on contact visits. This was supported in interview with the young person's parent and their allocated social worker. The young person's parent stated that they had sufficient contact with the centre and were advised in a timely manner if there was an incident or event with their child. This was reiterated by the young person's



allocated social worker. As the centre had recently opened there were no outstanding or recent child protection and welfare report forms on record.

Inspectors found evidence that the young person was supported to develop self-awareness and skills needed for self-care and protection. Key work was completed with the young person around social media and internet safety, maintaining healthy and safe relationships and anger management. These topics of work were all in line with the young person's care plan and identified goals.

While individual areas of vulnerability for the young person for the most part were identified accurately and individual safeguards put in place, inspectors found that additional risk assessments needed to be considered for the young person. The young person had at times presented with specific high risk behaviours and risk assessments need to be drawn up for these. The young person's social worker confirmed that the family members were aware of these concerns and were aware of the interventions to be implemented, however the centre manager must ensure that these risk assessments are drawn up as a matter of priority.

The centre had a protected disclosures policy in operation and in interview, all staff spoke confidently about the policy and being able to utilise it if necessary.

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

The centre had a policy promoting a positive approach to the management of behaviours that challenge. This was evidenced in documents reviewed by inspectors and in interview with staff members. Staff were trained in a recognised behaviour model and while certificates were provided for most staff, there was one staff member who had not completed the refresher training with the organisation. The centre manager must ensure that all staff members complete their refresher training in the behaviour management model used in the centre.

In interviews staff and management stated that it was expected that staff would engage in external training and this was funded by the organisation. Staff members identified a variety of training courses they were encouraged and funded to attend in an effort to improve their understanding of the resident young person and to benefit their care.

The young person in placement had an individual crisis management plan, their allocated social worker was aware of the content of this plan and in agreement with it.

There was evidence to show this was updated in response to the young person's current presenting needs and staff responses to crisis behaviour.

Inspectors found that the young person placed in the centre was assisted in key work to develop a better understanding of their behaviours and encouraged to develop behaviour patterns that were respectful of the rights of others, including communication skills and developing healthy and respectful relationships with others.

Through document reviews and in interviews with staff it was clear that staff members had a good understanding of the young person and their social history, however there was relevant information relating to the young person's high risk behaviours in public and agreed interventions to be implemented that some staff members were not aware of. Inspectors found that the handover records did not record sufficient information to inform staff coming on duty of potential issues, triggers and key work to be addressed. The centre manager must ensure that all relevant information is communicated to staff at handover and team meetings to ensure that staff in the centre have relevant information to support the young person with behaviours that challenge or any issues that they may have that could influence their behaviour.

The centre manager completed a self-audit tool on a monthly basis on all eight themes of the National Standards for Children's Residential Centres, (2018) HIQA. Inspectors found that while this was a comprehensive tool and provided relevant information to the registered provider, the auditing system in place by the registered provider was not robust enough. Inspectors reviewed an audit tool developed by the registered provider to assess and monitor the centres approach to managing behaviour that challenges. Inspectors found this audit tool required further development to ensure there was a clear analysis of the teams approach to managing behaviour and identification of areas for improvement and learning outcomes. The register provider must ensure that a more robust auditing process is implemented monitoring the centre's approach to behaviours that challenge.

There were restrictive practices in place in the centre. Inspectors found that while these practices were risk assessed and reviewed from a behaviour management perspective, they potentially posed additional fire safety risks within the centre. The centre manager and registered provider must ensure that the restrictive practices in place are reviewed to ensure that they do not pose a fire safety risk to the staff or

young person resident or interfere with the safe procedures for fire evacuation or detection.

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

Inspectors found that the centre promoted an open culture and in interview staff stated that they were comfortable to raise concerns, report concerns and identify areas for improvement should it be necessary. There were young peoples' meetings held where the resident young person was encouraged to express their opinion on activities for the day, the weekly menu and any other issues they wished to have addressed. The allocated social worker for the young person noted that they met separately with the young person also allowing them time to raise concerns if needed.

The centre had feedback forms to acquire feedback from parents and professionals for the young person placed. The young person's parent also stated that they were asked their viewpoint on the care that their child was receiving. Inspectors recommend that the centre manager remind staff of the feedback forms as during interview some were not aware of them.

There were policies and procedures in place for the notification, management and review of incidents within the centre. There was evidence of the centre manager providing oversight of significant events and the allocated social worker for the young person confirmed that they were advised in a timely manner of all significant incidents. The young person's parent also confirmed that they were made aware of any event that occurred with their child. The centre did not have many significant events given it was opened in the two months prior to inspection, however inspectors were advised that a significant event review was scheduled to occur to review the significant events that had taken place in the days prior to inspection. Inspectors also reviewed minutes of team meetings and found that there was space at each team meeting for the review of all incidents. Staff advised that they had nightly debriefs to discuss events and to reflect on any learning from the day.

<b>Compliance with Regulation</b>	
<b>Regulation met /not met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 3.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre manager must ensure that risk assessments are drawn up as a matter of priority for the specific high risk behaviours the young person was presenting with.
- The centre manager must ensure that all staff members complete their refresher training in the behaviour management model used in the centre.
- The centre manager must ensure that all relevant information is communicated to staff at handover and team meetings to ensure that staff in the centre have relevant information to support the young person with behaviours that challenge or any issues that they may have that could influence their behaviour.
- The register provider must ensure that a more robust auditing process is implemented monitoring the centre's approach to behaviours that challenge.
- The centre manager and registered provider must ensure that the restrictive practices in place are reviewed to ensure that they do not pose a fire safety risk to the staff or young person resident or interfere with the safe procedures for fire evacuation or detection.

## Regulation 7: Staffing

### Theme 7: Use of Resources

#### Standard 7.1 – Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found that necessary therapies and services to meet the needs of the young person in the centre were funded and provided in a timely manner. In interview staff stated that whenever a service or therapy was required to meet the young person's needs, these were provided without issue.

Requests for funding were submitted to the registered provider and they were linked to the young person's placement plan and identified goals to ensure that child centred, safe and effective services were provided.

At the time of inspection, the centre had one centre manager and seven whole time equivalent staff members. Post inspection, the registered provider confirmed that one additional staff member had been recruited and the organisation was in the process of completing the recruitment stages with a view to initiating induction in the coming month.

Inspectors found that the centre had regular finance meetings to ensure that the centre was resourced and that those resources were effectively allocated to ensure that the care met the needs of the young person placed. Inspectors reviewed records that outlined the governance and oversight of funding and resources within the centre.

Inspectors found that the centre provided additional funding to the young person to buy gifts and provide a food shopping to their family prior to spending extended time with the family over Christmas. The parent of the young person confirmed that any resources required for the young person to spend time or to contact their family were provided to the young person and their parent.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>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>Standard 7.1</b>
<b>Practices met the required standard in some respects only</b>	<b>None identified</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

#### **Actions required**

- None identified

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure that risk assessments are drawn up as a matter of priority for the specific high risk behaviours the young person was presenting with.</p> <p>The centre manager must ensure that all staff members complete their refresher training in the behaviour management model used in the centre.</p>	<p>Risk assessments in place for all high risk behaviours. Safety plans to address and support staff. Risk assessing daily in the unit.</p> <p>All refresher TCI training scheduled for March 11<sup>th</sup> 2021.</p> <p>Monthly in-house staff training to be undertaken by the manager and psychotherapist covering specific areas of our work – behaviour management will be covered as part of this monthly training.</p>	<p>There is an addition to daily handover process. This will now include a section whereby staff will be asked if they identified any risks on their shift.</p> <p>Discussion in staff meetings ongoing. Daily and weekly oversight by manager. Risks reported to director weekly for comment.</p> <p>HR and Management will ensure all training is up to date. Training needs analysis to be instigated for the unit.</p> <p>Responsibility for this is with the manager and director and will be discussed in monthly director/manager meeting and recorded.</p> <p>Manager to encourage and oversee all additional quarterly staff training.</p> <p>Staff directed to request additional training from HR or director directly.</p>

	<p>The centre manager must ensure that all relevant information is communicated to staff at handover and team meetings to ensure that staff in the centre have relevant information to support the young person with behaviours that challenge or any issues that they may have that could influence their behaviour.</p> <p>The register provider must ensure that a more robust auditing process is implemented monitoring the centre's approach to behaviours that challenge.</p>	<p>Review of the handover process to take place and be active for trial by the 16/2/21</p> <p>Full time model of care coordinator in place for all units from March 1<sup>st</sup> 2021. Changes to monthly SERG meetings instigated. All management teams to meet monthly instead of individual units – will begin March 2021. Collectively monitor the centres approaches to behaviours that challenge. This will aid collective learning and instigate changes needed to practice. We will undertake a critical incident analysis of all serious incidents. This will be relayed then to the full team in staff meetings. Oversight for this process is with the manager. Issues or challenges will be</p>	<p>New sections added to the handover to ensure all relevant information will be relayed. A section on psychotherapist visit and feedback, relevant phone calls and reports to be read/ updated/ complied will be named. The centre manager to oversee this process daily. Director to check the procedure on site visits.</p> <p>Management teams responsible for auditing of monthly SENS. Director chairs this meeting monthly. Manager then responsible for oversight of new approaches etc. Director to be updated weekly of challenges and review of plans to be undertaken in the following SERG meeting. External oversight of behaviour management process to be outsourced and undertaken quarterly once Covid restrictions allow.</p>
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	<p>The centre manager and registered provider must ensure that the restrictive practices in place are reviewed to ensure that they do not pose a fire safety risk to the staff or young person resident or interfere with the safe procedures for fire evacuation or detection.</p>	<p>reported to the director in weekly report for comment and direction.</p> <p>Fire safety plan in place for this restrictive practice. Fire alarm system operational and certified. Fire evacuation plan in place and discussed at handover daily.</p>	<p>All restrictive practices to be monitored daily and reviewed every three weeks. Daily handover now requires staff are allocated fire safety tasks on every shift. Manager to oversee this daily. Restrictive practices to be reviewed on a monthly basis in manager/director meetings.</p>
7	None identified		