



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 188

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	24Hr Care Services Residential
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	06th and 07th September 2022
Registration Status:	Registered from 19th February 2021 to 19th February 2024
Inspection Team:	Cora Kelly Catherine Hanly
Date Report Issued:	07/11/2022

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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 19th February 2021. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 19th February 2021 to 19th February 2024.

The centre was registered as a multi-occupancy service. It aimed to provide medium to long term care for four young people between the age of 13-17 years. The team worked from a trauma informed perspective identifying strengths and resiliencies for the young people. 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	2.2
5: Leadership, Governance and Management	5.2
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 26th of September 2022. 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 11th of October 2022. Upon review the inspectors requested a further review of the CAPA with the final CAPA received on the 20th of October 2022. 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: 188 without attached conditions from the 19th of February 2021 to the 19th of February 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

There were two young people living in the centre at the time of the inspection, one resident for ten months and the second eight months. There was evidence that each young person was receiving care and support based on their individual needs, but that it could be improved to maximise their personal development and well-being. Both young people had care plans on file. A three-month delay was found in one care plan being provided to the centre. The centre had experienced delays in receiving child in care review (CICR) minutes for both young people. Centre management did not formally record minutes of CICRs for their own records. The inspectors recommend that the centre takes minutes of CICR's, and all meetings held for young people until statutory minutes are received. Further that actions identified at CICR's are agreed with social workers to assist the development of placement plans. Further, senior management must escalate delays in receiving care plans and CICR minutes to principal social workers to ensure both statutory documents are on young people's files in a timely manner. A social work team leader stated in interview it was oversight on their part in not providing the centre with minutes following the last CICR review.

It was evident that both young people were supported to attend their CICR's and state their views with staff having demonstrated good practice in this area. If a young person chose not to attend, it was clear their views were represented and that they were provided with feedback. As outlined in the centre's care planning policy it was found that review reports were prepared by the centre for CICR's. In conversation with the inspectors one young person stated that they would like more time in their place of origin, to see family and friends more and bring friends to the centre, the second young person also stated that they would like to bring friends to the centre through their questionnaire.

Consistency was found in individual placement support plans (PSP's) being in place for the young people. The inspectors found from the review of a sample of both young peoples' PSP's that they lacked detail and as a result required more attention

in the planning section of the document, for both the long term and short-term goals of the placements. Ultimately, they were also not aligning to the overall aim of the placements and both young people's understanding of them. In summary, short-term goals centred around daily living planning. There was a lack of evidence that the young people were actively involved in developing their placement plan. Their views were not detailed in the PSP document. The progress report section of the PSP document itself was good. Centre management could consider utilising the headings here when setting short term goals to have a more focused approach in meeting the young people's holistic and individual needs. Care planning was a standing agenda item at team meetings. Upon review of a sample of those minutes it was evident that PSPs were brought to team meetings and goals were set for the next fortnight i.e., short term placement plan goals. However, goals were not always assigned to staff members for implementation. The inspectors found a limited amount of individual work records on young people's files and of the records reviewed there was no real link to goals contained in the individual PSPs. Inspectors' findings evidenced a lack of engagement by young people and that they themselves regularly decided the topics to be discussed during the planned sessions. This had an impact on the staff team's ability in achieving outcomes for goals set. This was a preventative factor in meaningful work being completed especially with one of the young people. Young people's levels of engagement were based also on their relationships or lack of relationships they had with members of the staff team. Stronger efforts are required by the centre to support individual staff members and the staff team overall to work on increasing young people's engagement levels including reviewing the young people's daily routines.

Individual specialist support was being provided to both young people, engagement levels were very good, and for one of the young people it was seen as a support to them in meeting the principal goal of their care plan i.e., a return to their place of origin. However, centre care planning was very removed from the young person's understanding of their placement. The inspectors recommend that a professionals meeting is scheduled with the young person's social worker to discuss the realities of the young person's placement and discuss future plans for them. There was evidence that the staff team had been provided with some guidance by external specialist services linked to the young people. However, the inspectors recommend that additional support is provided to the staff team given the young people's diagnoses and further to develop the skill set of the staff team to guide their approach in providing good individual care and support.

There was evidence that there was good communication between the centre and a social worker for one young person and less so for the other young person. The centre demonstrated good efforts in maintaining communication with families and consulting with them on aspects of their care.

Compliance with Regulation	
Regulation met	Regulation 5
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 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior management must escalate delays in receiving care plans and CICR minutes to principal social workers.
- The centre manager must ensure that individual placement support plans are consistently aligned to the aim of young people's care plans and their placements. Better efforts are required in planning outcome focused long-term and short-term goals.
- The centre manager must ensure that young people are actively involved in developing their placement support plans.

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 was a clear management structure in place, with staff interviewed aware of those holding specific internal and external management roles and responsibilities. Since the last inspection in August 2021 the centre manager had progressed from an acting centre manager role to the appointed person in charge in the weeks prior to this inspection. They were now charged with overall responsibility for the running of the centre and reported to the director of compliance as their line manager who in turn reported to the service manager. Staff named that the centre manager was supportive and available to them. It was evident to the inspectors that the centre manager was invested in supporting staff members individually and as a team, that required a lot of their time in managing staff members with less time placed on care planning for the young people.

The centre manager was supported by a deputy manager, with both present in the centre Monday to Friday working normal office hours. At times, additional hours were completed by them to support the staff team. The deputy manager held the responsibility of stepping into the centre manager's position during their time off. A written delegation of tasks record was in place for this arrangement and for those holding internal management roles. Including the centre and deputy manager the internal management complement for the centre included three social care leaders. At the time of the draft report being issued two of these posts were vacant with senior management actively recruiting to fill the positions. In the interim senior management must ensure that measures are in place to support the centre manager and the running of the centre.

The centre manager demonstrated their leadership in the centre through their oversight of daily logs, attendance at handovers, auditing of young people's files, providing supervision, compiling of weekly reports, and general day-to-day observations of staff care practices. Team meetings were occurring regularly, with a structured format in place. The centre's policies and procedures were reviewed by

senior management in August 2022 with some policies updated for e.g., complaints policy in response to inspection of a sister centre earlier in 2022. Policies and procedures were a standing agenda item for the fortnightly team meetings. There was a lack of evidence to support that they were being discussed at this forum as it was recorded on the minutes that staff were directed to familiarise themselves with specific policies. From a learning perspective and to enhance a culture of learning in the centre the staff team, a developing staff team, would benefit from a more regular review of specific policies and procedures at team meetings.

The risk management framework was outlined in policy and both site specific and corporate risk registers were in place with the latter implemented since the last inspection. Individual risk assessments in place, these included pre-admission risk assessments, identification, assessment and management of risk documents, individual crisis support plans, individual absent management plans, general risk assessments, care approaches and more recently safety plans. Regarding individual risk assessments the inspectors found that improvement was required in the how the centre responded to risk behaviours between young people in the centre. For the current two young people physical assaults of various levels and types was a regular occurrence in the centre over a significant period. A single professionals meeting was held between the centre and both social workers to discuss the young people's behaviours and risks that had emanated from these. Safety plans for both young people were only developed by the centre in response to the risk behaviours in August 2022 following a specific incident with one of the young people being issued with notice of discharge. It was the inspectors' findings that the safety planning aspect of risk was warranted prior to this time so that the staff team could effectively manage risks presented by the young people and possibly prevent or curtail a breakdown in placement for the young person.

The identifying, assessment and management of risk policy focused on the escalation of risk internally, naming those that held responsibility for risk with the organisation. Upon the inspectors review of a sample of risk assessments they found that where risk behaviours had been rated as very high, they remained that way over several months. Both the control measures in place to minimise risk and mechanisms in place to review risks were ineffective given the lack in reduction in risk ratings.

A service level agreement in place with the Tusla national private placement team was signed in September 2021, with reports submitted to the team at six monthly intervals.

Compliance with regulations	
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

- Senior management must ensure that additional measures are in place to support the centre manager and the running of the centre.
- The centre manager must ensure that regular discussions on centre policies and procedures occur at team meetings to enhance a culture of learning and the development of the skill set of the staff team.
- Senior management must review and strengthen the risk management framework to include informed thresholds for acceptable and non-acceptable risk and the management of same from a safety planning aspect. The risk matrix system must be reviewed to ensure that controls are in place are effective and additional measures are identified and secured when required.

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.

Staff recruitment and retention discussions was evidenced at all levels of management. Since the last inspection the centre had experienced changes in the staff team. The current staffing complement comprised of a centre manager, deputy manager, one social care leader and four social care workers. It was the inspectors finding that the centre was not operating with the requirements set out in the updated Tusla ACIMS memo, April 2022, and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations. To comply with the minimum staffing requirements as outlined in the Tusla ACIMS Memo two vacant positions must be filled. The director of compliance informed the inspectors that a social care leader was onboarding at the time of the inspection and that they were actively recruiting to fill the other social care leader position, an additional social care worker plus relief staff.

At the time of the inspection the centre was found to be not operating with the staffing qualification requirement set out in the Tusla ACIMS memo and the 1996 regulations. The centre manager and five social care staff held the appropriate and/or related qualification. The newly recruited seventh staff member did not hold the requisite qualification. However, in follow up with the service manager following this report being issued in draft form appropriate documentation was submitted to the inspectors whereby the awarding body had changed the title of the qualification in 2015. As the qualification was deemed a related qualification the centre was operating in compliance with the Tusla ACIMS memo. One relief social care worker without the necessary qualification was available to support the staff team and cover annual leave, sick leave, and any other type of leave. In line with the Tusla ACIMS memo, of February 2020 and updated memo in April 2022, unqualified staff are not permitted to carry out duties in a children's residential centre. Regular agency staff were also being utilised frequently in the centre.

A total of six staff left the centre since the last inspection. Staff recruitment was an ongoing task for the director of compliance with 'staffing crisis' stated a lot during interviews. Centre staff and management stated that the staffing crisis was a contributing factor for several incidences that occurred in the centre. It was found that staff in the centre were supporting sister centres too within the organisation in response to their own staffing issues. The daily staff rota operated on a system of two staff completing sleepover shifts and a third staff completing day shifts. Relief and agency social care workers typically completed the day shifts.

In terms of staffing the centre manager was experiencing challenges in developing a stable staff team. With the staffing crisis, dynamics of the current two young people, their wish to engage solely with male staff members staffing in the centre was impacting on delivery of care to the young people in placement. Non driving staff was also a challenge too as the centre was completing outreach work with a young person who had moved on from the centre.

The inspectors reviewed a sample of three personnel files. Garda vetting clearances were on file for the three staff members. Several deficits were found from the review notably the absence of required documentation. For one staff member a verification of their references was not evident, and their qualification was not verified with the awarding body. A CV, a copy of their qualification, verification of their references and Children First e-learning certificate was absent from a second staff member's file. A personal reference was found for the third file reviewed. One personnel file did not contain the required documentation. The centre manager stated that their file was not transferred in full to the centre.

There were good efforts being made by the organisation to recruit and retain staff. Positive feedback information was recorded in exit interview records reviewed by the inspectors. Several arrangements were in place that promoted staff retention, staff did not identify any issue with them or with the on-call system.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the centre is operating with the staffing levels requirement set out in the Tusla ACIMS memo, April 2022 and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.
- The registered provider must consistently ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.
- Senior management must conduct a thorough review of staff personnel files to rectify deficits identified in this report and ensure that they are demonstrating safe recruiting practices. A copy of the review is to be submitted to ACIMS immediately.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Senior management must escalate delays in receiving care plans and CICR minutes to principal social workers.</p> <p>The centre manager must ensure that individual placement support plans are consistently aligned to the aim of young people's care plans and their placements. Better efforts are required in planning outcome focused long- term and short-term goals.</p>	<p>All care plans are currently on file. Going forward we will ensure that minutes are on file for each young person until we receive the care plan. The relevant policy has been updated to reflect same.</p> <p>The centre manager and keyworkers will be supported to reflect the goals at the frequent case management meetings that we have for each young person. The centre manager will ensure that the placement support plans are focused on short term goals that consistently focus on achieving the long-term goals of the young person's placement within the service.</p>	<p>Senior managers will ensure that as part of weekly planning that centre managers email social workers on a weekly basis requesting a care plan. If it has not been received in a 4-week period post CICR the director of compliance will follow up with an email to the PSW. The relevant policy has been updated to reflect same.</p> <p>The director of compliance will consult with the centre manager and case managers to review goals as per monthly paperwork audits. SMT will ensure that all young people's goals are reflective, achievable, and progressing. The director of compliance has developed a tool to ensure centre managers are focused on long term goal setting with the social work department and all other stakeholders involved in the young person's care.</p>

	The centre manager must ensure that young people are actively involved in developing their placement support plans.	Young people are encouraged to take part in placement support planning through keyworking and individual work with their keyworker and staff team. Following discussion at a team meeting on 06.10.2022 the team agree that while this is done it requires a more formal record of discussion.	The director of compliance will continue to review the discussions around consultation through the auditing process to ensure evidence of same. This will also include interviews with young people to ensure they are actively involved in the consultation process.
5	<p>Senior management must ensure that additional measures are in place to support the centre manager and the running of the centre.</p> <p>The centre manager must ensure that regular discussions on centre policies and procedures occur at team meetings to enhance a culture of learning and the development of the skill set of the staff team.</p>	<p>Senior management will continue to provide additional measures to support the centre manager. To progress their skills the centre manager has been enrolled and completed a management course in managing people. The consultant psychologist is utilised to support all staff members through additional individual and group supervision.</p> <p>The centre manager will evidence discussions and learning around policies at team meetings and better evidence of same to enhance learning. All staff go through a rigorous induction which includes our policies and procedures and</p>	<p>SMT will support the centre manager and the running of the centre through oversight of practices in the centre, ongoing communication with the centre manager and regular attendance in the centre.</p> <p>As part of auditing the director of compliance will ensure that there is more evidence of teaching and learning provided to the staff team around policies and procedures through the team meeting forum as well as induction, supervision,</p>

	<p>Senior management must review and strengthen the risk management framework to include informed thresholds for acceptable and non-acceptable risk and the management of same from a safety planning aspect. The risk matrix system must be reviewed to ensure that effective controls are in place and additional measures are identified and secured when required.</p>	<p>through discussion at supervision.</p> <p>We have reviewed the risk management framework regarding the young person's IAMR (Identification, Assessment and Management of Risk) to reflect the risk matrix scoring and the impact of same. We have outlined that a high score may imply, in a bid to support a young person and the staff team in safety planning that additional measures may be required to support the placement. If a young person is deemed to meet a level of unacceptable risk senior management will convene a strategy meeting which may have an impact on a young person's placement.</p>	<p>discussion, and reflective practice.</p> <p>The director of compliance will attend each case management meeting in the coming months to ensure that centre managers and the full staff team understand the purpose of the risk matrix and that the goal is to reduce the level of risk a young person is at by engaging in all strategies outlined within the document that is specific to each young person. They will ensure confidence within the management team on this going forward.</p>
6	<p>The registered provider must ensure that the centre is operating with the staffing level requirement set out in the Tusla ACIMS memo, April 2022 and Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations.</p>	<p>The registered provider will ensure that the centre is operating in line with regulations and the requirement as set out in the ACIMS memo 22.04.2022 - centre manager, three social care leaders with a minimum number of staff 5 (whole time equivalent). And ensure that adequate numbers of relief staff are available,</p>	<p>Staff recruitment and retention will continue to be discussed and evidenced at all levels of management. The organisation will continue their efforts in the recruitment and retention of staff across all levels in the organisation. This will be achieved through competitive and enhanced salary packages including</p>

	<p>The registered provider must consistently ensure that regular qualified and experienced relief staff are available to support the staff team and cover the varying types of leave.</p> <p>Senior management must conduct a thorough review of staff personnel files to rectify deficits identified in this report and ensure that they are demonstrating safe recruiting practices. A copy of the review is to be submitted to ACIMS immediately.</p>	<p>relevant to the number of children/young people resident in the centre at any given time.</p> <p>The registered provider is engaged in ongoing recruitment where have employed qualified and experienced staff at all levels including relief staff. We also utilise our sister company with a core group of agency SCW's available as required who have been inducted within our service.</p> <p>All outstanding paperwork has been requested and on file – the full audit has been completed and forwarded to ACIMS.</p>	<p>maternity, sick pay scheme and continuous ongoing professional development, mandatory training, and yearly bonus incentives.</p> <p>Staff recruitment and retention will continue to be discussed and evidenced at all levels of management. The organisation will continue their efforts in the recruitment and retention of staff across all levels in the organisation.</p> <p>Going forward the director of services will ensure that robust measures are in place for personnel files to be completed prior to staff starting at the centre.</p>
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