



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 198

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	FutureScape
Registered Capacity:	Single occupancy
Type of Inspection:	Announced
Date of inspection:	1st, 2nd & 3rd February 2022
Registration Status:	Registered from 03rd August 2021 to 03rd August 2024
Inspection Team:	Anne McEvoy Sinead Tierney
Date Report Issued:	29th March 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 the 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 03rd of August 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 03rd of August 2021 to the 03rd of August 2024.

The centre was registered to provide care for one young person of both genders from age thirteen to seventeen years on admission. The model of care strived to meet young people '*where they are at*' and accepts that each young person was doing the very best they can, given the current resources (intrinsic and extrinsic) at their disposal. The approach was influenced by the principals of Gestalt Psychotherapy which offered a holistic view that people are intricately linked to and influenced by their environments and that all people strive toward growth and balance. Young people were provided with opportunities to develop relationships with caring adults who role model appropriate ways of dealing with emotions, life challenges and day to day lived experiences in a lived environment. There was no young person living in the centre at the time of the inspection as they had been discharged in the days prior to inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 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 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 7th March 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 21st March 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: 198 without attached conditions from the 03rd August 2021 to the 03rd August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

The centre manager was the named person in charge and held overall executive accountability, responsibility and authority for the delivery of service within the centre. They were aware of their responsibilities and duties under this title. They had held the post since the centre was registered in August 2021. They were appropriately qualified and had relevant managerial experience. In interview staff noted that they found the manager to be approachable, committed to the young person who was recently discharged and confident in challenging the work practices of staff if necessary.

There were clearly defined governance structures and arrangements in place within the organisation and the roles and responsibilities of staff at senior management and in the centre were clearly outlined. The structures were established with the intention of providing the relevant and necessary supports at each level as well as ensuring clear accountability in specific roles. On review of staff supervision files, inspectors found that there were relevant and comprehensive discussions regarding their individual roles and responsibilities of staff members.

Leadership was demonstrated in the centre, however inspectors noted that there was a lack of consistency in the oversight of centre records. There was a policy outlining governance and oversight arrangements however inspectors found these to be limited. There were two audits completed by the head of services in the centre since the time of the last inspection in October 2021. Inspectors found that the first audit was limited in its scope and focused solely on one standard of one theme of the National Standards for Children's Residential Centres 2018, (HIQA). The audit did not document the methodology employed to evidence its findings, so inspectors were not aware if records had been reviewed or staff interviewed in the process. The action plan devised as a result of the audit was not completed within the timescale

identified within Futurescape policy and also was not aligned to the audit conducted. It referenced issues that were not subject to the theme or standard being audited. A second audit was completed in the weeks prior to the inspection on the corrective and preventative actions agreed as part of the previous inspection in October 2021. Inspectors found that this audit was not accurate. It noted that corrective actions had been taken but when inspectors reviewed those documents, these issues remained. For example, the audit stated that all personnel files were updated and had all required documents on file. At the time of inspection, this was found to be inaccurate and documents were still outstanding. While the governance structures were in place, inspectors found that they needed to be strengthened to identify deficits in service delivery and creating a culture of quality and safety. The registered provider must ensure that oversight mechanisms in place are fit for purpose and accurately identify gaps in quality and safety in care provision. Inspectors recommend that external managers and centre manager be thorough in evidencing records they have reviewed.

The centre engaged a specific service level agreement for each young person when they were placed and provided reports to the funding body on a regular basis.

The centre held a suite of policy documents that had been reviewed and updated following the last inspection in October 2021. Inspectors found these documents to be in compliance with the requirements of regulations, relevant legislation, national policy and the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of policies and procedures being brought to team meetings for discussion and review to ensure that staff were familiar with them, however in interview some staff members still remained unaware of the new policies and procedures or voiced they had not reviewed them. The centre manager must ensure that all staff members are fully informed of the operational policies and procedures in place.

The centre had a risk management framework and supporting structures in place for the identification, assessment and management of risk, however, in interview staff were unsure of the application of the risk matrix and how risk scores were calculated. There were risk assessments in place. These were reviewed by inspectors and were to a good standard. Inspectors found however that there were no risk assessments completed with regards to reduced staffing levels in the centre, nor were there risk assessments regarding the impact of the behaviours of the young person on the emotional health and well-being of staff.

The centre's policies and procedures stated that as part of its risk management framework the centre maintained a risk register. At the time of the inspection the risk register for 2021 was archived and there was no risk register devised for 2022. The centre manager and registered provider must ensure that the centre follows its own policies and procedures for the management of risk and that staff are familiar with the mechanisms in place. They must also ensure that relevant risks to the centre and staff are identified and managed.

The centre had an internal management structure appropriate to the size and function of the service. The centre manager was supported by an acting deputy manager. The acting deputy manager had four years previous experience working in children's residential centres. In the absence of the centre manager, the acting deputy took responsibility and authority for the delivery of service. Inspectors reviewed a blank delegation record, however there was no evidence that this was completed and reviewed when the centre manager was on leave. The centre manager must ensure that a written record is in place of when and to whom duties have been delegated and the key decisions made. This was an action of the previous inspection report and must be implemented immediately.

There were suitable arrangements in place to provide 'out of hours' on-call support to staff to manage adverse and significant incidents and risks in the centre.

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	5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The registered provider must ensure that audits and oversight mechanisms in place are fit for purpose and accurately identify gaps in quality and safety in care provision.
- The centre manager must ensure that all staff members are fully informed of the operational policies and procedures in place.
- The centre manager and registered provider must ensure that the centre follows its own policies and procedures for the management of risk and that staff are familiar with the mechanisms in place. They must also ensure that relevant risks to the centre and staff are identified and managed.
- The centre manager must ensure that a written record is in place of when and to whom duties have been delegated and the key decisions made. This was an action of the previous inspection report and needs to be implemented immediately.

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.

Inspectors found that senior management were aware of the need to ensure that the workforce was planned and managed to meet the needs of the young person who had been in placement. This was evidenced through a review of minutes of management meetings, workforce development meetings and weekly briefing meetings.

At the time of inspection there were insufficient numbers of contracted full-time staff to meet the minimum required numbers of staffing. The centre had a manager, acting deputy manager, six full time social care workers and one half post social care worker contracted. Inspectors acknowledged that the centre was in the process of finalising the contracts for an additional 1.5 social care workers to bring the staffing up to required numbers. The centre gave an undertaking not to admit any young person to the centre until they had a full staffing complement in place. This was agreed with the inspector manager immediately following the inspection. Inspectors have since been provided with documents evidencing that the centre had sufficient staff contracted with regard to the centres statement of purpose and function.

The rosters provided to inspectors were not reflective of the staff members who worked in the centre for those shifts. Hand over records and rosters reviewed were incongruent with each other and named different staff members having worked shifts. The centre manager and registered provider must ensure that the rosters held in the centre are an accurate account of staff who worked each shift to ensure safeguarding and accountability and to ensure that the centre can evidence that they have an appropriate number of staff employed in the centre.

Inspectors reviewed personnel files and found that the centre manager had the appropriate qualifications and experience for the role they fulfilled within the centre. The deputy manager was on extended leave and that position was being filled in an acting capacity. The last inspection in October 2021 found that personnel files did not have all relevant documents filed and on review at this inspection, there were still documents outstanding. The audit conducted to review the corrective and preventative actions stated that these documents were present. This was inaccurate. The centre manager must ensure that personnel files are reviewed and outstanding documents placed on file.

Inspectors reviewed training documents and found that there was mandatory training, such as fire safety, first aid, behaviour management training, outstanding for staff members. Nine staff members were recorded as not having fire safety training done. From a review of training records, inspectors were unable to determine how many staff how completed first aid. The centre manager must ensure that all mandatory training is updated in the immediate future and staff evidence attendance at training to demonstrate that they have the necessary competencies to meet the needs of young people resident in the centre. Inspectors acknowledge that significant additional training was provided to staff to assist in the management of specific behaviours presented by the young person.

The centre had access to a relief panel and this was used to take account of various forms of leave and contingency planning. However, inspectors found there was a risk assessment on file that stated that if a staff member had a positive antigen test for Covid-19, they were to consult with their manager, attend work and wear personal protective equipment pending the outcome of a Polymerase Chain Reaction (PCR) test. This was not in line with public health guidance at the time of the risk assessment (December 2021) and a full contingency plan must be implemented to address staffing issues where a staff member tests positive on an antigen test. The centre manager and registered provider must ensure that the centre undertakes

effective workforce planning to provide sufficient staff cover in line with their statement of purpose and function and to take account of annual leave, sick leave and contingency cover. Inspectors acknowledge that the risk assessment regarding positive antigens was amended following inspection.

There were arrangements in place to promote staff retention, such as an educational fund to further staff professional training, wellness and well-being retreats were offered to staff as well as access to external counselling on a limited basis if required. Inspectors were advised that there were efforts in place to strengthen the policies on retention of staff. The newly implemented educational fund was one such addition.

The centre had an on-call policy in place to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre.

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

Actions required:

- The centre manager and registered provider must ensure that the rosters held in the centre are an accurate account of staff who worked each shift to ensure accountability and to ensure that the centre can evidence that they have an appropriate number of staff employed in the centre.
- The centre manager must ensure that personnel files are reviewed and outstanding documents placed on file.
- The centre manager must ensure that all mandatory training is updated and staff evidence attendance at training to demonstrate that they have the

necessary competencies to meet the needs of young people resident in the centre.

- The centre manager and registered provider must ensure that the centre undertakes effective workforce planning to provide sufficient staff cover in line with their statement of purpose and function and to take account of annual leave, sick leave and contingency cover.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure that oversight mechanisms in place are fit for purpose and accurately identify gaps in quality and safety in care provision.</p> <p>The centre manager must ensure that all staff members are fully informed of the operational policies and procedures in place.</p> <p>The centre manager and registered provider must ensure that the centre follows its own policies and procedures for the management of risk and that staff are familiar with the mechanisms in place. They must also ensure that relevant risks to the centre and staff are identified and managed.</p>	<p>Auditing schedule in place for one themed audit and two house visit reports to be completed monthly by the Head of Services.</p> <p>All staff members were involved in a full review of all policies and procedures. At each team member a staff member will present one policy which will be discussed in detail.</p> <p>There is a risk register in place which identifies risks specific to the house and to the young person. This is reviewed daily as part of the handover and overseen by SCM. Risk Management training will be refreshed with the staff team. Additional training will be provided in supervisions as needed.</p>	<p>Audits are monitoring by submission to the appointed Director and as part of company key performance indicator review completed monthly by the head of services with the Board of Management</p> <p>Supervisions will be used to review policies and procedures. Additional training days will be scheduled for policies and procedures once the review is complete.</p> <p>The risk register is reviewed at the staff meeting as a standing agenda item every two weeks. As part of the auditing process the Head of Services reviews the risk register.</p>

	The centre manager must ensure that a written record is in place of when and to whom duties have been delegated and the key decisions made. This was an action of the previous inspection report and needs to be implemented immediately.	The written record is in place and on file.	This is overseen by the SCM and HOS.
6	<p>The centre manager and registered provider must ensure that the rosters held in the centre are an accurate account of staff who worked each shift to ensure accountability and to ensure that the centre can evidence that they have an appropriate number of staff employed in the centre.</p> <p>The centre manager must ensure that personnel files are reviewed and outstanding documents placed on file.</p> <p>The centre manager must ensure that all mandatory training is updated and</p>	<p>There is a planned rota in place, changes are made in real time on the rota. There are nine SCW employed in the centre.</p> <p>SCM completed hard copy file audit of staff personnel files on 21.03.22. Action plan completed and timeframe of two weeks agreed with Head of Services for issues identified.</p> <p>Mandatory training has been scheduled for SCW. There is an attendance sheet in place</p>	<p>Workforce development is on-going to ensure that there is always an appropriate number of qualified SCW available.</p> <p>An audit on the staff files will be completed every three months by SCM which will be overseen by HOS. Theme 6 audit to be completed twice yearly.</p> <p>Company recruitment policy to be reviewed in April 2022. The training</p>

	<p>staff evidence attendance at training to demonstrate that they have the necessary competencies to meet the needs of young people resident in the centre.</p> <p>The centre manager and registered provider must ensure that the centre undertakes effective workforce planning to provide sufficient staff cover in line with their statement of purpose and function and to take account of annual leave, sick leave and contingency cover.</p>	<p>for all training which SCW are required to sign following completion of training. This is overseen by the SCM.</p> <p>A workforce development meeting occurs fortnightly, this is reviewed by the SCM and HOS in the weekly planning meeting.</p>	<p>schedule will be reviewed on a monthly basis by the SCM. This will be overseen in audits completed by HOS.</p> <p>Recruitment is an on-going priority, reviewed weekly and tracked through a workforce development tracker.</p>
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