



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 200

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Misty Croft
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	07th, 08th & 09th June 2023
Registration Status:	Registered from the 04th November 2021 to 04th November 2024
Inspection Team:	Joanne Cogley Ciara Nangle
Date Report Issued:	22nd August 2023

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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 in November 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 04th of November 2021 to 04th November 2024.

The centre was registered to provide multi occupancy emergency, respite, short and medium-term care for up to six young people. It was dedicated to the provision of placements for young people entering the country as separated children seeking international protection (SCSIP). Referrals were accepted from Tulsa's social work team for SCSIP and the out of hours' social work department. The model of care was underpinned by Maslow's hierarchy of needs and the purpose was to meet the primary, individualised needs of young people through a young-person-centred approach with the aim of successful integration. It was described as needs led, child centred care with a focus on care, health, integration, education, and independence. There were six 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	1.6
2: Effective Care and Support	2.3
4: Health, Wellbeing and Development	4.2

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 on the 5th July 2023 and to the relevant social work departments on the 5th July 2023. 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 25th July 2023. This was deemed to be un-satisfactory and was returned to the centre manager for review. An updated CAPA was received on the 31st July 2023. 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: 200 without attached conditions from the 04th of November 2021 to 04th of November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors met with two of the young people in placement and they stated they felt safe and listened to within the centre. They were aware there was a complaints process but felt they hadn't needed to utilise it to date. While they were not aware of Tusla's formal complaints and feedback mechanism "*Tell Us*" by name, once explained they were aware of the avenue for complaints and also were aware of other external avenues available to them. All six young people completed an inspection questionnaire. Five indicated they were happy in placement and were aware of the complaints process and their individual rights. Whilst the sixth indicated they were aware of their rights, they also indicated they did not feel safe in their placement. This young person was not available to meet with inspectors despite requests and this statement should be followed up by the centre manager and social worker. It was evident from a review of team meeting minutes in May that a representative from Empowering Young People in Care (EPIC) had been requested to visit the centre in the coming weeks to meet with the young people. There was a young person's booklet in place that outlined young people's rights and responsibilities and this had been translated into the native language of young people residing in the centre.

The organisation had been subjected to inspections within other centres in the previous 12 months in which recommendations were made relating to the complaints policy and process. During the course of this inspection, it was not clear to inspectors whether or not these recommendations and subsequent actions agreed had been implemented. The centre manager and staff members appeared to be working from outdated policies. The managing director confirmed in interview the complaints policy had been updated in August 2022 and provided inspectors with a copy of same however it was evident from interview and being onsite that the staff team were not aware nor operating in line with the updated policy. The centre manager must ensure the staff team are working from updated and relevant policies.

While the policy was updated, it still had a number of deficits. Inspectors found that the current system was lacking the ability to identify a threshold for the difference in informal and formal complaints. Inspectors met with staff members who struggled to identify what constituted a formal and informal complaint and were of the opinion the decision was down to professional judgement with no clear threshold in place. Staff members were also unclear of the purpose of Tusla's "Tell Us" system and this should be revisited with them. The policy also did not account for the introduction of a new online recording system in which complaints would be recorded. The centre's policy outlined that if a complaint was made on behalf of the young person, that it must include their consent. Inspectors saw numerous complaints made on behalf of the young people but couldn't see how or where it reflected their consent.

As previously mentioned, the centre had introduced a new online system for maintaining young people's records, the Client Information Database (CID). Complaints were being recorded on this system and this allowed for oversight from the centre manager and managing director. The template for the record was comprehensive in its headings however at the time of inspection was being used inconsistently. While some records were very detailed, others lacked evidence of investigation or outcome and had incorrect information recorded for example stating the complaint was made in writing when it was made verbally. The centre manager should ensure the team are utilising the new system consistently across their record keeping. The record of complaints was maintained in a central location on CID but was not maintained in each young person's hard copy care record.

A written register of complaints was maintained, however, the register did not account for outcomes and in some instances did not provide details of the complaint and instead referred the reader to the online system. The register also did not correspond with the online system. Of nine complaints recorded on the system since July 2022, six were not entered into the register thus not allowing for appropriate oversight, analysis and trending of complaints. Inspectors spoke with external professionals appointed to four of the young people in placement (three allocated social workers and one allocated guardian ad litem (GAL)), none of whom were aware of any complaints that had been made by the young people. They confirmed they had not been notified of specific complaints made by their allocated young person.

Whilst it was evident that complaints were discussed in team meetings on a consistent basis, they were discussed in isolation and there was no evidence through team meetings or auditing to show that complaints were analysed and trends identified for learning purposes.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The centre manager must ensure the staff team are working from updated and relevant policies and have a working knowledge of the policies and practices including thresholding and ‘Tell Us’ Tusla’s feedback and complaints system.
- The centre manager must ensure that the current recording systems are utilised consistently by management and the staff team and that they correlate with the registers being maintained within the centre.
- The centre manager must ensure that the record of complaints made by each young person and the outcome of the complaint is documented in their individual care record.
- The centre manager and managing director must ensure their systems demonstrate that complaints are regularly reviewed and analysed, and that learning is implemented to improve practice within the centre.
- The centre manager must ensure Social Workers and Guardian ad Litem’s are notified of all complaints relevant to their allocated young person.

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was a large two storey building that had been converted from a bed and breakfast to a children's residential centre. Inspectors completed a walkabout of the centre and found that the layout and design was suitable for the number of children. Each young person had their own bedroom with ensuite. Recent complaints made by young people had led to the swapping of one staff bedroom and a young person's room to ensure all six young people had an adequate size bedroom with ensuite. This change had been completed in consultation with the Alternative Care Inspector Manager at the time. During the course of this inspection, inspectors did not see adequate risk assessments accounting for the lack of staff presence on the upstairs floor of the house at nighttime and the centre manager must ensure environmental and safeguarding risk assessments account for these changes. Inspectors saw two young people's bedrooms with their permission and noted they were clean and had adequate bedding and storage. There were noted issues with their bathrooms also that were not recorded in the centre's maintenance register such as broken toilet roll holders.

There were a number of communal areas within the house including two sitting rooms and a sunroom. Whilst one sitting room had a range of boardgames and activities, there was inadequate seating in that room to provide for communal activities such as movie night. This sitting room also was the storage area for household cleaning items such as mops, buckets and hoovers. The other two communal areas were bare and lacked stimulation for the young people. One of the areas had a sofa and TV and the sunroom area was not furnished. Two professionals interviewed, also shared this opinion. Due to general wear and tear the internal walls required painting and the carpets required cleaning. The centre was adequately lit, heated and ventilated during the course of inspection. There was an outdoor courtyard off the sunroom and a larger outdoor area to the back of the house. While

both were well maintained there were no outdoor recreational facilities on site for the young people, the centre manager highlighted it was their intention to hold a BBQ during the summer.

The organisation had an overarching health and safety statement in place, while there was no site-specific risk assessment relating to this policy, there were three environmental risk assessments in place including; the river flowing at the bottom of the garden, staffing shortages due to covid and cyber security. Risk assessments did not account for the aforementioned room changes, two fire extinguishers locked in the centre managers office, the potential for non-drivers to be on shift should a medical emergency arise. Those interviewed (including the health and safety representative) were not aware of their roles and responsibilities under health and safety legislation.

From a review of the fire register there was a number of sections not filled in which included: special responsibilities, fire extinguisher checks, emergency lighting checks and accident records. The centre manager could not provide evidence of this information being recorded elsewhere. The centre manager must ensure the register is fully utilised. Fire drills were occurring and young people were engaging in same. A drill had occurred during the hours of darkness in November 2022. Quarterly testing on the fire alarm had occurred by a registered specialist along with annual testing of fire extinguishers.

While the centre held a maintenance register, this did not appear to be up to date at the time of inspection as a number of areas identified in this report were not entered into the register (painting, repairs in young people's bathrooms, cupboards to be replaced in kitchen, storage area to be built for cleaning products). The register also did not have a section for the date of completion for works therefore it was not always possible for inspectors to make a judgement as to whether or not repairs had been completed in a timely manner and this should be included in the register.

There was no evidence of management oversight on the above records nor had any audit relating to this standard been carried out by the centre manager or the registered provider (or designated other).

From a review of training records, staff members were trained in fire safety, first aid responder, Children's First, safe administration of medication, ligature training and a recognised model of behaviour management.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards were assessed

Actions required:

- The managing director and centre manager must ensure all communal areas are stimulating and provide opportunities for rest, play and recreation.
- The centre manager must ensure all cleaning equipment is stored appropriately and all cleaning products are kept in locked cabinets.
- The managing director and centre manager must ensure the internal house is painted and carpets are cleaned.
- The centre manager must ensure there are environmental risk assessments in place accounting for all risks and that all staff members are aware of their role in relation to health and safety.
- The centre manager must ensure the fire register is being fully utilised and demonstrate oversight of same.
- The centre manager must ensure that all maintenance issues are recorded in the maintenance register with a clear date of completion evident.
- The managing director and centre manager must demonstrate appropriate oversight of health and safety and fire safety.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

As the young people in placement had moved to Ireland to seek protection, background medical information was not always available. Upon admission to the centre, each young person was required to complete a medical assessment with the local General Practitioner. Young people had a medical card on file and attended GP, optical and dental appointments as needed. There was evidence of recommendations from these appointments being followed through on by the centre such as purchasing of glasses and paying for dental work. The centre manager and social care leader recently met with the GP to ensure access to their service and collaborative working relationships were maintained with new admissions given the current shortage of GP services within the country. A number of young people were engaged in / or referred to specialist services including counselling, physiotherapy and speech & language therapy.

Of the six young people in placement at the time of inspection, three had up to date care plans on file. A fourth up to date care plan was received by the centre and provided to inspectors post inspection. In the absence of up-to-date care plans, the centre maintained its own minutes of the statutory review meetings. While inspectors found the care plans on file adequately addressed the health needs of the young people it was not evident that this translated into placement planning. Inspectors noted that placement plans appeared to be completed retrospectively in the form of a progress report. There was no evidence to show advanced planning to focus on goals, areas of needs and specific tasks to meet the identified needs. This was an area of deficit that was highlighted in the previous inspection carried out in the centre (April 2022). Inspectors spoke with allocated professionals for five young people (three social workers and two GALs) all of whom were satisfied the centre was meeting the young people's health needs.

Young persons meetings were held on a weekly basis and these took into account menu planning for the young people in relation to their cultural and religious beliefs. Inspectors noted during the course of the inspection that there were appropriate amounts of food for the young people.

There was a medication management policy in place that staff members were familiar with and they were trained in the safe administration of medication (SAMS). Staff members were also trained in first aid responder training and ligature cutter training. The centre maintained a medical error register. Three errors had been recorded for 2023 to date. In all three instances a significant event notification (SEN) form was completed and there was no adverse effect to the young people.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

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

Actions required:

- The centre manager must ensure that placement plans are forward planning, drafted in advance to focus on goals, areas of need and specific tasks to meet identified needs.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure the staff team are working from updated and relevant policies and have a working knowledge of the policies and practices including thresholding and 'Tell Us' Tulsa's feedback and complaints system.</p> <p>The centre manager must ensure that the current recording systems are utilised consistently by management and the staff team and that they</p>	<p>All old policies have been removed from hard and soft copies.</p> <p>A schedule for policies to be reviewed at team meetings is being implemented, commencing Thursday 20th July.</p> <p>The complaint policy has now been reviewed and updated by the Managing Director and management to ensure there is clear identification of thresholds and procedures to be followed.</p> <p>Monthly review of complaints has been added to the team meeting agenda.</p> <p>The Centre manager will ensure that all recording systems are reviewed monthly to ensure that all records are maintained and consistent with all recording systems.</p>	<p>A schedule for reviewing Policies at team meetings has been added to the team meetings. A schedule for complaints to be reviewed monthly has been added to the team meetings agendas.</p> <p>Complaints will be reviewed monthly and collated for discussion at the management meetings.</p> <p>Review of recording systems have now been added to handover and shift plans for SCW to ensure that all record systems are utilised and correlated. Review checks have</p>

	<p>correlate with the registers being maintained within the centre.</p> <p>The centre manager and managing director must ensure their systems demonstrate that complaints are regularly reviewed and analysed, and that learning is implemented to improve practice within the centre.</p> <p>The centre manager must ensure Social Workers and Guardian ad Litem's are notified of all complaints relevant to their allocated young person.</p>	<p>These reviews have been added to the Managers Monthly report.</p> <p>All complaints will be reviewed at team meetings, any findings will be discussed at managers meeting and any learnings to be implemented to improve practice within the service. Review of complaints have been added to the agenda to be reviewed monthly at team meetings and at SEN Review Panel and/or Management Meetings.</p> <p>Going forward GAL and SW will be informed of all complaints made by YP regardless of them being formal or informal. All formal complaints to date have been notified to SW via SENS uploaded to portal. YPs (Young People) PP/PR sent to SW on an agreed timeline contains a dedicated section relating to complaints or dissatisfactions relayed by the young person. SCM will ensure that all</p>	<p>been added to the Managers monthly report.</p> <p>A schedule for complaints to be reviewed has now been added to the team meetings agenda's, complaints will be reviewed monthly and collated for discussion at the SEN review panel and/or Management Meetings. (Panels meets 6 weekly)</p> <p>We will continue to notify SW via SEN of all formal complaints. Information of informal complaints will continue to be included in the young person's progress report and placement plan document.</p> <p>GALs will be informed of all complaints made by their respective charges.</p>
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		Complaints are listed in Monthly Providers report sent to PSW and previously to SWTLs	
2	<p>The managing director and centre manager must ensure all communal areas are stimulating and provide opportunities for rest, play and recreation.</p> <p>The centre manager must ensure all cleaning equipment is stored appropriately and all cleaning products are kept in locked cabinets.</p> <p>The managing director and centre</p>	<p>Redecorations of all communal areas will take place to ensure that YP can relax and enjoy each other's company in a stimulating and relaxing environment. A schedule of works has been complied by MD and a timeline to carry out works will be agreed with the Maintenance department to ensure work is carried out as soon as reasonably possible.</p> <p>A cleaning cabinet will be made available to ensure that all cleaning equipment is stored correctly. A schedule of works will be made with the Maintenance department to ensure work is carried out as soon as reasonably possible.</p> <p>A plan of scheduled works will be made</p>	<p>A schedule of works has been completed identifying works to be completed. Centre manager will liaise with the Maintenance department to ensure work is carried out as soon as reasonably possible.</p> <p>A meeting has been scheduled to meet with the maintenance department on the 25.07.23 to plan dates for works to commence.</p> <p>A schedule of works will be made with the Maintenance department to ensure work is carried out as soon as reasonably possible.</p> <p>As we are trying to promote and prepare our YP for independent living, Risk Assessments are in place to allow for cleaning products to remain unlocked.</p> <p>A schedule of works will be made with the</p>

	<p>manager must ensure the internal house is painted and carpets are cleaned.</p>	<p>with the maintenance department to ensure that the house is painted, and the carpets are cleaned. A schedule of works will be made with the Maintenance department to ensure work is carried out as soon as reasonably possible.</p>	<p>Maintenance department to ensure work is carried out as soon as reasonably possible.</p> <p>A meeting has been scheduled to meet with the maintenance department on the 25.07.23 to plan dates for works to commence.</p> <p>Painting will start on the 02.08.23</p> <p>Furniture and textiles are currently being ordered.</p> <p>Cleaning cabinet has now been ordered.</p> <p>Carpet Cleaning booked for 03.08.23</p>
	<p>The centre manager must ensure there are environmental risk assessments in place accounting for all risks and that all staff members are aware of their role in relation to health and safety.</p>	<p>Environmental risks will be implemented where risks are identified. As part of policies being discussed at team meetings reviews and recaps of Health and Safety will be added to the agenda as part of the team meetings.</p>	<p>Environmental risks will be added to the risk register as they are identified. Health and Safety roles will be discussed and recapped to ensure that all staff are aware of their responsibility. This will be done at team meetings.</p>
	<p>The centre manager must ensure the fire register is being fully utilised and demonstrate oversight of same.</p>	<p>The manager will ensure that regular checks of the fire register will take place and it has now been added to his monthly</p>	<p>The fire and General Register has been updated. Checks have now been added to the managers monthly report which are</p>

	<p>The centre manager must ensure that all maintenance issues are recorded in the maintenance register with a clear date of completion evident.</p> <p>The managing director and centre manager must demonstrate appropriate oversight of health and safety and fire safety.</p>	<p>checks. These checks are part of the Managers Monthly report which is sent to the Managing director.</p> <p>The Maintenance log will be reviewed, and completion dates added to the log to ensure that any completion of tasks is evident. The completion dates have now been added to the maintenance log.</p> <p>The Managing director and Centre Manager will ensure that all Health and Safety checks will be added to the Managers monthly checks and any concerns or findings will be discussed at team meetings</p>	<p>sent to the MD.</p> <p>The Maintenance log has now been updated with completion dates. Maintenance checks are already in place in the monthly Managers report.</p> <p>Health and Safety checks will be added to the Managers monthly checks and any concerns or findings will be discussed at team meetings.</p>
4	<p>The centre manager must ensure that placement plans are forward planning, drafted in advance to focus on goals, areas of need and specific tasks to meet identified needs.</p>	<p>A review of placement plans will take place to ensure that forward planning of YP goals and needs are implemented. Managing Director and Management will be responsible for the review.</p>	<p>This review will take place at the managers meetings and a timeline of 3 months for implementing the recent changes to the placement plans will be set. October is the month in which the changes are to be implemented.</p>