



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 212

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Teach Nua Care Services Ltd
Registered Capacity:	One young person
Type of Inspection:	Unannounced
Date of inspection:	10th & 11th August 2023
Registration Status:	Registered from 22nd December 2022 to 22nd December 2025
Inspection Team:	Sinead Tierney Joanne Cogley
Date Report Issued:	26th September 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 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 22nd of December 2022. 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 single occupancy service to accommodate a young person aged between 13 – 17 years and providing a family orientated therapeutic model of care. This was accomplished through the RAP model of care (Response Abilities Pathways) which provides strength-based strategies for young people. A social learning theory approach in the work with young people was also utilised.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
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 person, 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 29th of August 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 11th of September. 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: 212 without attached conditions from the 22nd of December 2022 to the 22nd of December 2025 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.

The young person living in the centre had done so for three years however their care was fully transferred inclusive of a new care team and management team to this registered provider in January 2023. It was evident that effective and detailed planning and communication had taken place between all relevant parties in ensuring the transition was as smooth as possible for the child. The young person had adjusted very well, and all involved felt this was a testament to the young person's resilience and the planning by the centre team members.

Inspectors met with the young person, and they spoke of feeling safe and happy in the centre and involved in making daily and weekly plans. Observations by inspectors of the interactions between the young person and team members demonstrated warm and caring relationships.

An up-to-date care plan was on file, with clear evidence that the voice of the young person and their parents was central in the ongoing planning of their care. The key workers progress report, developed to inform the child in care reviews (CICR), was of high quality and provided a clear picture on key areas of need and development.

An up-to-date placement plan based on the young person's care plan was on file that set out age appropriate and tangible goals. The achievement of goals was supported by therapeutic resources, and inspectors found that the young person had made great progress in achieving their goals in recent months. Other documents to support the placement plan were well thought out and included individual crisis support plans and safety plans.

A structure was in place to ensure that placement plans were effectively reviewed. These reviews involved key workers and a social care leader and centred on reviewing the previous plan and developing an updated version. The role of the keyworker was well promoted within the centre, and the role played by key workers in the young person's development and daily life was evident.

In terms of specialist support, evidence highlighted that the young person had access to specialist supports to meet their needs.

Inspectors reviewed a feedback form completed by a parent of the child who stated they were satisfied with the progress of their child, the arrangements for visits and communication and that team members were nice and friendly. The social worker was interviewed by inspectors and spoke highly of the care provision and how the young person's independence had improved. The young person had told the social worker they felt happy and comfortable. The social worker further confirmed they received copies of all planning documents each month.

Overall, inspectors found that the centre was effective in planning the care and support the young persons required.

Compliance with regulations	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- None required.

A positive approach to the management of behaviour was in place supported by policies, procedures, and systems. All team members had training in the centre's behaviour management system. During interview, team members and management demonstrated an understanding of the needs and individual vulnerabilities of the young person. A clinical psychologist had recently begun supporting the team to explore how the needs of the young person were best met with a particular focus on one main area of concern and risk. There was evidence that the team proactively supported the young person to understand keeping safe and reduce risks they faced.

A planning approach was in place to identify supports the young person required during times of dysregulation. Individual Crisis Support Plans (ICSP) provided an analysis of high-risk behaviours and strategies specific to the needs of the child. There had been a significant event in February 2023 in which a non-routine physical restraint and two other unsuccessful physical restraints were attempted. Although no further restraints had been required to date, the ICSP continued to permit the levels of restraint that were unsuccessful. Therefore, the centre manager must update the ICSP with clear direction to the team regarding restraints. The young person had also voiced their dissatisfaction and perception of the physical intervention during the non-routine restraint however this was not dealt with adequately. Following feedback to the registered provider and the social worker, the young person's perception of this was to be submitted as a complaint and their experience revisited.

Outside of the above, a review of significant events highlighted that the team applied interventions and responses consistent with the planning documents. The social worker spoke of a reduction in behaviours that challenged and they had an increased ability, with the support of the team and positive reinforcement, to regulate their emotions. Notwithstanding this, there were some events that learning could be taken from. A significant event review group was in place, however minutes for these meetings lacked analysis and learning outcomes that may have been discussed. An audit of behaviour management had been undertaken however information such as the physical intervention as discussed above was not highlighted.

A review of management meeting and team meetings minutes did not document the analysis or learning of events reviewed in sufficient detail as to inform the practice of all team members.

Records of contact with the Guardian ad Litem and a social care leader from within the social work department who facilitated family visits alongside an interview with the social worker, demonstrated that significant events were notified in a timely manner and collaboration was in place to meet the needs of the young person.

When the registered provider assumed the care of the young person in January 2023, there were a number of significant environmental restrictive practices already in place. The care team had made significant efforts to reduce and eliminate many of these and increase the young person's independence. One practice of coded locked doors and locked gates remained. This practice had not been re-assessed and restricted timely evacuation in the event of a fire. The registered provider and centre manager stated in interview that the plan was to maintain this practice until the team had a full understanding of the young person's needs and relationships had developed. The inspectors found that the centre in conjunction with the young person's social worker must re-assess the restrictive practice in place and develop a clear plan from this assessment inclusive of fire safety.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that minutes from the Significant Event Review Group and team meetings provide clear analysis and learning outcomes which are communicated to the team.
- The centre manager must update the ICSP with clear direction to the team regarding restraints.

- The centre manager in conjunction with the social worker must adequately address the young person's complaint regarding the physical intervention.
- The registered provider in conjunction with the young person's social worker must re-assess the environmental restrictive practice in place and develop a clear plan from this assessment inclusive of fire safety.

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 organisation had recently embarked on some management changes. One of the registered providers had moved to a quality assurance role with the second registered provider maintaining the role of director of services. The job description for the quality assurance role was not finalised at the time of inspection thus those interviewed were unclear of the key responsibilities of this new role.

In creating a culture of quality and safety, governance and auditing structures had been developed. As per the centre's policy, the director of services and a person external to the organisation aimed to complete quarterly audits. Overall, a review of the governance systems and completed audits found that good systems were in place, however, must be further developed to capture qualitative information and provide clarity regarding the roles of personnel involved in auditing.

The named person in charge commenced their role in January 2023 and to date had been supported by two different deputies. The current deputy was on extended leave at the time of inspection and although no acting deputy was in place, the delegation of tasks to social care leaders as this time was appropriate. The centre manager was planning to take extended leave in November. Whilst the registered provider outlined plans for the internal management re-structure (of the manager and deputy posts) to inspectors during interview, there was no evidence of these plans in governance meetings minutes or known by staff interviewed.

Inspectors found the manager to be professional and focused on driving a child-centred culture of quality and learning with comprehensive management reports submitted weekly. Those interviewed including team members, and social worker reported the manager to be supportive and diligent. A delegation record was in place and social care leaders interviewed were clear on their roles and responsibilities.

The registered provider confirmed that a service-level agreement was in place with TUSLA, the Child and Family Agency. The centre had updated the suite of policies and procedures during 2023 and these had been communicated to team members. The policies took account of legislative requirements and the National Standards for Children's Residential Centres, 2018 (HIQA), and structures were in place including discussion at team meetings to ensure that all team members understood and implemented the policies.

A risk management framework that utilised the likelihood/impact matrix was in place and consisted of a corporate risk register, centre register and risk management plans relevant to the young person. A review of the registers and assessments on file showed evidence of regular review, however, these were not up to date to reflect all current risks faced by the young person or the staffing challenges (as will be discussed in Standard 6.1 below). Team members interviewed understood the process of risk management with certificates on file for several staff that evidenced attendance at risk management training.

Overall, the inspection highlighted that the registered provider had developed systems in terms of governance throughout the year that promoted a culture of safe and effective care.

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:

- The registered provider must ensure audits are further developed to capture qualitative information.
- The registered provider must update the governance policy regarding the responsibilities of the quality assurance role and the overall auditing structure.
- The centre manager must ensure that all known risks are identified, assessed, and monitored effectively as part of the risk management framework.

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.

In providing the young person with care and support, inspectors found evidence of some workforce planning in relation to staff development, strengthened retention initiatives and ongoing attempts to recruit new team members. Retention initiatives included access to counselling support, salary increments and other financial supports. A policy led on-call system that included procedures for on-call at evenings and weekends was in place. However, the most significant challenge for the centre and the registered providers since commencing in January 2023 had been the turnover of team members with further changes to occur in the coming months.

A review of the centre rosters from January to August 2023 highlighted that five staff had left due to other opportunities both within the company and external to the company. The centre was below the minimum numbers of social care workers/leaders required to meet the daily shift requirement of two sleep overs. Thus, the centre relied on hours from the deputy manager's post and relief staff. At the time of inspection, the deputy manager was on extended leave and the centre was operating with a centre manager, two social care leaders and four social care workers.

The organisation was also experiencing staffing challenges in another centre. The registered provider planned for some team members to complete shifts in both centres and one staff member was seconded to the other centre for eight weeks

starting in August. The centre manager was also due to commence extended leave in November which would result in further changes and movement amongst the team. Whilst the registered provider outlined sufficient plans for the internal management re-structure, these plans were not noted in governance meeting minutes or known by team members, or the social worker when interviewed by inspectors.

The roster highlighted that back to back sleep over shifts were planned for August. The registered provider stated the reason for this was twofold. Firstly, two staff members had requested double shifts to meet their work/life balance needs and secondly due to staff shortages. The registered provider was informed by inspectors that this was not considered best practice, must cease, and not be planned for. Records reviewed did not show consideration of the impact of staffing changes for the young person. Given that the young person had already made the transition between two different care teams in January when this provider assumed operation of the centre, it is imperative that the team are consistent and bedded down given that the centre's model of care is based on relationships and a family orientated therapeutic model of care.

Personnel files reviewed showed that the majority of team members had the required documents such as Garda vetting, references, and copies of qualifications on file. One team member required a renewal of their Garda vetting and had no police check on file from time spent in another jurisdiction.

Records verified that mandatory training such as child protection and first aid had been completed for the majority of the team. Fire training had been previously planned for, however did not take place and a new scheduled date was set. Some team members also required a refresher in Children First.

Overall, whilst the inspectors acknowledge that at this stage the needs of the young person have not been significantly impacted as a result of the staffing challenges, the registered provider must ensure that the workforce is organised and managed to deliver ongoing child-centred safe and effective care and support.

Compliance with regulations	
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 registered provider must ensure the workforce planning is adequately discussed and recorded as part of governance meetings.
- The registered provider must ensure that the centre has sufficient numbers of experienced staff to meet the needs of the young person.
- The centre manager must ensure that garda vetting and a police check from another jurisdiction are sought.
- The centre manager must ensure that mandatory training for all team members including Children First and fire safety is completed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must ensure that minutes from the Significant Event Review Group and team meetings provide clear analysis and learning outcomes which are communicated to the team.	Significant Event Review Group and Team Meetings to provide clear analysis and learning outcomes to be documented in minutes from August 2023.	From August 2023, Significant Event Review Group and Team Meeting Minutes to provide clear analysis and learning outcomes. August 2023 SERG to include clear analysis and learning outcomes. The centre manager will ensure compliance.
	The centre manager must update the ICSP with clear direction to the team regarding restraints.	ICSP updated on the 22.08.2023, following inspection which provides direction to the team regarding restraints.	The centre manager will review ICSP's in conjunction with analysis and learning outcomes from SEN reviews and SERG. Key learning will only be updated as required. Timeframe: Immediate
	The centre manager in conjunction with the social worker must adequately address the young person's complaint regarding the physical intervention.	Complaint submitted on the 21.08.2023, following inspection. Social worker visited the centre on the 30.08.2023, to explore the complaint with the young person. Social worker has agreed to follow up with the young person in 4 weeks' time.	Complaints to be further explored with young person by the centre manager, should the young person voice a concern or complaint.

	<p>The registered provider in conjunction with the young person's social worker must re-assess the environmental restrictive practice in place and develop a clear plan from this assessment inclusive of fire safety.</p>	<p>Restrictive practices are planned to be re-assessed by the 30th of September 2023, to allow adequate time to evaluate and risk assess the restrictive practices in the centre while also ensuring that any changes do not have a negative impact on the young person, others, and fire safety.</p>	<p>Following the assessment on restrictive practices, management will continue to review risk assessments on a monthly basis, while also monitoring any restrictive practices in the centre through the use of daily logbooks, team meetings and SERG / Governance meetings. This will be completed in conjunction the allocated social worker. Timescale: immediately</p>
5	<p>The registered provider must ensure audits are further developed to capture qualitative information.</p>	<p>The centre currently has internal and external audits. The external auditing system is being reviewed. It will include clarity regarding the roles of the auditors. The role of the Quality Assurance Manager who will have responsibility for governance inclusive of scheduled audits for the organisation. The opening and closing meeting will remain in the same format however further work will be completed on developing the auditing tool to capture qualitative information.</p>	<p>The registered provider and the centre managers will continually look at improving auditing. Scheduling of audits to be planned and discussed in the governance meetings. To be further discussed at the next governance meeting on the 21.09.2023.</p>

	<p>The registered provider must update the governance policy regarding the responsibilities of the quality assurance role and the overall auditing structure.</p> <p>The centre manager must ensure that all known risks are identified, assessed, and monitored effectively as part of the risk management framework.</p>	<p>The registered provider will update the governance policy to clearly outline the roles and responsibilities of the Quality Assurance Manager. Timescale: 10.10.2023.</p> <p>The centre manager will complete a full review of all risks in the centre by the 30th of September 2023.</p>	<p>The Quality Assurance Manager and Director of Services will develop clear roles and responsibilities for the Quality Assurance Manager, this will be in turn explained to all staff within a team meeting. Time frame 10.10.2023.</p> <p>Once a full review is complete, the centre manager will continue to review risks on a monthly basis. Timeframe: 30.09.2023.</p>
6	<p>The registered provider must ensure the workforce planning is adequately discussed and recorded as part of governance meetings.</p> <p>The registered provider must ensure that the centre has sufficient numbers of experienced staff to meet the needs of the young person.</p>	<p>The registered provider will review the governance meeting form template by the 30th of September 2023 to ensure that workforce planning is adequately documented on a monthly basis.</p> <p>The registered provider will complete, is completing ongoing recruitment.</p>	<p>Quality Assurance Manager, Director of Services and centre managers will ensure this is completed monthly. Timeframe: 20.09.2023.</p> <p>Quality Assurance Manager and Director of Services in conjunction with and consultation with centre managers will continue to recruit staff to meet requirements and meet the needs of the young people primarily.</p>

	<p>The centre manager must ensure that garda vetting and a police check from another jurisdiction are sought.</p>	<p>Police check from another jurisdiction received on the 23.08.2023. Garda vetting renewal received on the 14.08.2023.</p>	<p>The registered provider will continue to ensure that all personnel files are fully complete prior to commencing employment. Staff personnel files will continue to be reviewed on a regular basis.</p>
	<p>The centre manager must ensure that mandatory training for all team members including Children First and fire safety is completed.</p>	<p>Up to date Children's First training was completed and certificates received by the 14.08.2023. Fire training scheduled on the 18.09.2023 for all staff.</p>	<p>Management will continue to assess staff training needs, schedule training, and publish training schedules to staff.</p>