



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 220

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Focus Ireland
Registered Capacity:	10 Young People
Type of Inspection:	Announced
Date of inspection:	25th, 26th & 29th January 2024
Registration Status:	03rd May 2024 to 03rd May 2025
Inspection Team:	Janice Ryan Joanne Cogley
Date Report Issued:	2nd May 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support, (Standard 1.1 only)	
3.2 Theme 4: Health, Wellbeing and development (Standard 4.1 only)	
3.3 Theme 5: Leadership, Governance and Management, (Standard 5.2 only)	
4. Corrective and Preventative Actions	17

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 03rd May 2023. This centre was established under the Temporary Protection Directive (TPD), the directive provides a wide range of supports to persons including permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive will be in place for a minimum of one year but this has been extended until March 2024 due to the unfolding situation in the Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people. This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD.

At the time of this inspection the centre was registered in accordance with the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE01 published 25th of August 2022. This protocol was published by Tusla in response to the EU Temporary Protection Directive/TPD to allow for the registration of TPD centres for young people aged sixteen to eighteen years of age. This centre was registered without attached conditions from the 3rd of May 2023 to the 3rd May 2024 in line with protocol and the EU Temporary Protection Directive.

The centre was registered to provide accommodation for ten separated young people seeking international protection in Ireland. The centre's purpose and function was the provision of short term and emergency care for young people, aged fifteen until their eighteenth birthday, entering the country unaccompanied and under a temporary protection order. The centres model of care focusses on positive youth development which is based on meeting the young people's primary care needs, provide emotional support and to assist the young people in accessing education, employment, health care and preparation for moving at eighteen into adult services. There were ten 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	1.1
4: Health, Wellbeing and Development	4.1
5: Leadership, Governance and Management	5.2

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 and to the relevant social work departments on the 29th January 2024. 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 13th March 2024. 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: 220 without attached conditions from the 03rd May 2024 to the 03rd May 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The centre had a set of policies addressing rights, consultation and diversity in place to guide work with young people. From a review of young people's key working and in interview and discussions with staff it was evident that staff were clear on how to promote and protect young people's rights. Young people were provided with information incorporating their rights in line with the United Nations (UN) Convention on the Rights of the Child. They were also provided with information in their native language around child safeguarding.

Staff and management spoke positively about the young people, and it was evident that they were embracing the young people's culture by cooking their native food, practicing their native language and supporting them to engage in their religious beliefs. The young people were provided with a young person's handbook on admission which was in English and also in their native language. Inspectors could see elements of this booklet discussed with young people in key working and the admission checklist indicated it was shared with them on their admission also.

The centre employed a full-time translator as part of the team to work with the staff and young people when they required support communicating. The inspectors observed that this member of the team had a good understanding of the young people's culture and was building a positive rapport with them. The inspectors found that young people were respected, and this was evident in staff and young people's interactions.

The inspectors observed that the centre had two display boards which contained information in relation to the young people's rights, menu and food choices. It also contained some basic Ukrainian words which were translated to English which supported the team to converse with the young people in their native language.

On review of the Young People's Rights policy the inspectors found that it stated that a placement plan would be developed to encompass the educational, health, social and psychological development needs of the young people. Inspectors reviewed a sample of placement plans and found goals were not clearly identified and at times did not outline the supports required to ensure the young person's needs could be met. Plans should be reviewed to ensure individual, achievable goals are evident.

The inspectors met with six young people on the day of inspection, and they found that the young people had a good level of English to converse with them. One young person required additional support from the translator to help with their discussions. In conversation with the young people their key concerns related to matters outside the control of the centre regarding accommodation following their eighteenth birthdays. Inspectors found that the staff team supported the young people and advocated for their needs and their ongoing safety through contact with the social work department.

During interview, the manager, two staff members and the young people highlighted the difficulty at times in contacting their assigned social worker and this added to the young people's anxiety about moving from the placement on their 18th birthday. In interview with three allocated social workers who had responsibility for six young people they confirmed that they had some contact with the young people however, they had yet to visit the centre to meet the young people and that a visit was due to take place in the coming week. They complemented the centre for advocating for the young people in relation to their identified needs.

During discussions with the six young people they reported to inspectors that they were unhappy with the implementation of sanctions in the centre in response to not adhering to the house rules. The young people were supported by the team to make a complaint around this. On examination of these complaints and the sanctions implemented the inspectors found that these sanctions were not linked to or proportionate to the behaviour of concern and at times were punitive in their approach.

On review of the team meeting and young people's meeting minutes the inspectors found that discussions had taken place in relation to these sanctions however, these remained in place. Following the notification of the young people's complaints in relation to this issue, the Head of Services (HOS) completed a review which involved meeting with the young people and management. The HOS found that the sanctions were not appropriate and they were ceased as a result. The inspectors recommend that when a sanction is implemented that this is aligned to the behaviour of concern and the young people's needs.

The centre had limited contact with the families of the young people however all young people were provided with mobile credit and Wi-Fi to help them maintain independent contact with them. The inspectors found that the centre respected the young peoples' rights in maintaining this contact independently. The inspectors found that the young people were assisted to complete relevant forms required to support them to live in Ireland while in receipt of care under Section 5 of the 1991 Child Care Act.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- None

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had policies and procedures in place to promote the health, wellbeing and development of each young person.

The centre had limited access to information on admission and were reliant on a placement form from the social work department to support placement planning for these young people. The centre was proactive and attempted to plan for the young people in the absence of these documents through placement plans and extended risk support plans. On examination of these documents the inspectors found that these plans would benefit from review to ensure that they are simplified, goal focussed and action specific to meet the needs of this cohort of young people.

The inspectors found that the centre promoted the young people's health and wellbeing through a range of mechanisms. On arrival to the centre the young people were provided with access to a local GP to ensure that their health and wellbeing needs were being met. Young people were encouraged to attend appointments for a range of health concerns which included appointments in local hospitals and specialist services. Where the centre identified a concern, the young people were supported to attend external services for example Child and Adolescent Mental Health Services (CAMHS) and Jigsaw. Currently the centre had one young person awaiting an assessment in which the social worker complimented the swift actions of the centre in identifying this potential area of concern.

All young people were supported to attend the local gym and engage in extracurricular activities that they had an interest in for example, swimming and playing football for their local community. The inspectors found that the young people's independent living skills were supported as they were provided with English lessons and were provided with information in relation to the various public transports available to them locally. This allowed the young people gain knowledge of their local community and surrounding areas and they were able to immerse their native culture within the community through different sporting activities. In

interview with the young people, they confirmed that they engaged in a range of activities outside of the centre and were supported by staff to do this.

The inspectors found evidence that the young person's cultural rights in relation to their wellbeing was respected. Key working took place around a range of topics for example substance misuse, self-care, mental health and wellbeing and dietary requirements. Key working reports were sent weekly to the allocated social worker which provided an overview of how the young person was progressing in the placement and identified any concerns arising. The inspectors found that the young people were consulted in relation to this.

There was evidence that the care team discussed food choices with the young people and that their individual likes and preferences were accounted for. Young people were encouraged to cook meals and to prepare food for themselves from their native country and this was supported in a natural way that ensured the development of necessary life skills. The centre manager and staff confirmed that young people participated in the grocery shopping which took place twice weekly which ensured that the young people were able to buy the required items to cook their native meals.

Five young people were attending education in the local community school and five young people were attending online college in their native country. The inspectors found that all young people were encouraged to gain employment opportunities within the local area. Some young people had gained employment in the locality and were supported by staff with lifts to and from this employment.

The inspector met with six young people all of which identified that they were concerned of what may happen to them and where they would live when they reached adulthood. The inspectors found evidence through records reviewed, that the team were making strong efforts to provide each child with opportunities to develop the necessary life skills to prepare them for leaving care even with the uncertainty that existed around follow on placements and where they might live.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified
Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed

Practices met the required standard in some respects only	Standard 4.1
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre manager must ensure that all placement plans are aligned to the specific needs of the young people which identify clear and achievable goals.

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 inspectors found that there were clearly defined governance arrangements and structures in place which sets out clear lines of authority and accountability. There was a line management structure in place which consisted of the Director of Service, HOS and the centre manager. The inspectors found that there were external management meetings in place however these were just evolving given the length of time since the service began operating. Discussion took place around recruitment, staff support and areas that required improvements for the coming year.

The centre had a suitably qualified and experienced centre manager who had overall responsibility for the running of the centre. They were supported in their role by the deputy manager, two social care leaders and thirteen social care workers all of which were suitably qualified. The inspectors found that the internal management structure in place was appropriate to the size and purpose and function of the service.

In interview the HOS confirmed that there was an appropriate service level agreement with Tusla in place for the provision of this service. There were three staff daily on the roster with three waking nights also.

The centre had a risk management framework in place for the identification, assessment, and management of risk. The centre had a risk register which was

reviewed and updated accordingly. From a sample of documents reviewed, areas of risk were appropriately identified along with control and preventative measures implemented. The inspectors found that these were of good quality however, they found that some of the risk areas identified were around the day to day planning for these young people and would be better recorded in the placement planning documents. The inspectors found that not all staff were clear in understanding the risk management framework and improvement is required in this regard.

Upon reviewing a risk management plan for one young person the inspectors found that the centre had on two occasions reported a child protection and welfare concern which was deemed not to meet the threshold by the social work department. Inspectors noted this concern met the threshold for reporting through Tusla's Policy on Child Sexual Exploitation (CSE). The additional reporting procedure was submitted by the centre manager on the day of inspection. The inspectors found that the team were continuing to proactively address this concern in an attempt to keep the young person safe. The inspectors recommend that training is provided to the staff team to ensure that they have the required knowledge and skills to recognise signs of CSE.

The inspectors found that auditing practices were in their infancy in the centre and in discussion with the HOS and centre manager it was unclear how it was proposed that auditing would be carried out in line with National Standards for Children's Residential Centres. The registered provider must ensure that an auditing process is put in place which is reflective of the purpose, function and scope of this service.

The centre manager confirmed that the deputy manager was the identified person to act up for them in their absence however the centre did not have a written record of when and to whom such duties have been delegated and the key decision made.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required	Standard 5.2

standard in some respects only	
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre manager must ensure that all staff receive training in the risk management framework and demonstrate an understanding of how this is implemented in practice.
- The centre manager must ensure that all staff complete training in Child Sexual Exploitation.
- The centre manager and registered provider must ensure that auditing practices in place in the centre are planned and aligned to the purpose and function of the centre.
- The centre manager must ensure that a written delegation record is kept which details of when and to whom such duties have been delegated and the key decision made.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None		
4	The centre manager must ensure that all placement plans are aligned to the specific needs of the young people which identify clear and achievable goals.	Following the inspection, the centre put in place a new placement plan that is more appropriate to the needs of the young people residing in the centre and which includes clear and achievable goals.	The new placement plan will be reviewed in 6 months. Any changes necessary will be implemented.
5	The centre manager must ensure that all staff receive training in the risk management framework and demonstrate an understanding of how this is implemented in practice.	The organisation's Learning & Development department will identify suitable training in risk management for the entire team. In the interim, the Head of Youth Services and a Manager from another under-18s residential centre will provide training to the team in risk assessment and risk management on the 10 th and 24 th April 2024.	Risk identification and management will be included on the team meeting agenda as a discussion item. All new staff members will automatically receive training. Training for the entire team will be refreshed periodically, if necessary.
	The centre manager must ensure that	All staff members have completed CSE	All new staff members will automatically

	<p>all staff complete training in Child Sexual Exploitation.</p> <p>The centre manager and registered provider must ensure that auditing practices in place in the centre are planned and aligned to the purpose and function of the centre.</p> <p>The centre manager must ensure that a written delegation record is kept which details of when and to whom such duties have been delegated and the key</p>	<p>training on HSE-land. Three staff members have completed Tusla's in-person CSE training. The remainder of the team are being scheduled to complete this training too.</p> <p>The Centre Manager has informed the Practice Development Department that all future audits must be tailored to the needs of the centre and aligned with its purpose function of the centre. To date, audits carried out were based on an analysis of themes covered in audits over the last number of years in all our under-18s services which included lessons learned and actions implemented. Through this process Practice Development had identified areas in which service in general needed further supports.</p> <p>The centre manager will put in place a system to capture a record of all duties and tasks delegated to the deputy manager and a record of their completion. These records</p>	<p>receive CSE training. Training for the entire team will be refreshed periodically, if necessary.</p> <p>Two members of the Practice Development Department will carry out quarterly internal audits in the centre using the National Standards as their template. Audits will reflect the purpose and function of the service and any issues identified by the centre manager and/or identified through the inspection process. All auditing documents have been developed in advance and are open to discussion or review should issues arise in the service. Over time, the audits will systematically cover all standards to ensure full compliance.</p> <p>The centre manager will ensure that this practice is consistently implemented and reviewed periodically.</p>
--	---	--	--

	decision made.	will be stored in a separate, named folder.	
--	----------------	---	--