



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 224

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	St. Bernard's Children's Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	10th & 11th January 2024
Registration Status:	Registered from 27th June 2023 to the 27th June 2026
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	14th March 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 27th June 2023. 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 27th June 2023 to the 27th June 2026.

The centre was registered to provide multiple occupancy care to children. The aims and objectives of the service was to provide therapeutic residential care for four children aged 7 to 11 years on admission for a period of two years. The aim was to support the children to build and sustain positive relationships and school attendance, whilst helping them recover from early childhood trauma and prepare them to return to their families or alternative care arrangements such as foster care. There were three children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.4
3: Safe Care and Support	3.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 9th February 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 23rd February 2024. This was deemed to be unsatisfactory and was returned to the centre manager for review. An updated CAPA was returned on the 6th 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: 224 without attached conditions from the 27th June 2023 to the 27th June 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs informs their placement in the residential centre.

The organisation had a written policy on admissions in place that took account of the rights of children, the National Standards for Children's Residential Centres HIQA (2018), regulations and legislation and the centres statement of purpose. There was an admissions board that reviewed all potential referrals. Along with various members of the organisation, an external professional sat on this board and there was evidence of good collaborative working relationships between all stakeholders on the admission panel.

Due to the age profile of children, the organisation strived for all admissions to be carried out in a planned manner. All three children in placement at the time of inspection had engaged in transition plans and were slowly introduced to the centre and their peers in a planned way. Pre-admission risk assessments were completed which accounted for known behaviours and the impact those behaviours may have on all young people. The social workers and guardian ad litem interviewed confirmed they were part of the risk assessment process and were complimentary of how the service was cognisant of the young age of the children and the importance of the transition process.

Referral information was available on file for all children however it was noted in the case of one child, who was admitted to the centre from a special emergency arrangement (SEA), that all information may not have been available to the centre and as such behaviours were emerging within the placement that management and staff did not have the opportunity to include in the pre-admission risk assessment. This was confirmed by the social worker for the child that information from the SEA had not been forthcoming and this had been escalated through Tusla internal processes by the social worker.

Inspectors found the admission of all current children had been carried out in the line with the organisation policy on admission. Following the onsite review of

records, evidence was sent to the inspectors that showed preparation conversations had occurred with the children in relation to other children coming to live in the house and the centre manager should ensure these records are maintained on file for future admissions.

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

Social workers and guardian ad litem interviewed were all satisfied the placement was meeting the needs of their allocated child. They all noted significant progress had been made with the children in the six months since the centre had opened and that the staff team had developed caring and trusting relationships with the children.

Due to the age of the children, it was a statutory requirement that monthly child in care reviews occurred. Inspectors noted this was the case for all three children and there were up to date care plans on file for each. It was evident through interviews and from a review of care plan minutes that not all decisions resulting from care plan meetings were recorded accurately. Inspectors discussed this with the director of services and the allocated social worker in interview as it is the responsibility of all parties to ensure accurate minute recording.

There was an up-to-date placement plan on file for each child that was clearly linked to their care plan. In the case of two children, there was clear linkage between care planning, placement planning and individual work being carried out by key workers. There were individual, achievable goals set out for all young people in line with their care plans.

For the third child, inspectors noted individual work required improvement to respond appropriately to the needs of the child taking into consideration their developmental age. It was noted that records reviewed found that staff were reactive to behaviours and punitive in how they recorded the interactions. This child had also made a complaint relating to wanting a new key worker, and this was something they highlighted in their questionnaire to inspectors. At the time of inspection this was being considered however it had taken considerable time for action to be taken to change keyworkers and respond to the child's complaint. Inspectors recommend work be completed with the team to support them to understand their role and recognise approaches to individual work and impact on the child. There was limited

proactive individual work carried out with the child around pertinent areas and this should be reviewed by the management team.

The organisation had access to their own play therapist to work with the children. Inspectors were informed that an organisational consultant met with the team on a monthly basis as an additional support to them and provided clinical supervision in respect of the centres model of care. Where it was deemed appropriate referrals had been made to the play therapist. One child also had a referral in process with an occupational therapist.

All those interviewed confirmed there was effective communication between the centre and social work departments. Verbal communication was effective and in a timely manner. It was noted that in some cases, weekly reports and significant event notifications had been delayed in being sent to professionals and this had been addressed in care plan meetings.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

A care file was maintained for each child in the centre. Records were kept up to date at the time of inspection however some files did not contain information as specified in the regulations such as care orders and birth certs. The centre manager must ensure written requests for same are maintained on file. All care records and centre records were held in a locked cabinet in a locked office. Staff and management had access when required.

Although the children's admission booklet outlined the maintenance of care files and the right to access files, the three children noted in their questionnaires to inspectors that they were not aware of the information kept relating to them, two of the three noted they would ask the deputy manager or centre manager should they wish to know any information held about them however the third child noted they did not know who they would ask. The centre manager must ensure age-appropriate individual work is carried out with the children to ensure they are aware of their rights to access information.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2 Standard 2.1
Practices met the required standard in some respects only	Standard 2.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre manager must ensure age-appropriate individual work is carried out with the children to ensure they are aware of their rights to access information.
- The centre manager must ensure all childcare related paperwork is sent within the required timeframes to all allocated professionals.

Regulation 5: Care Practices and Operational Policies Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The organisation had policies and procedures in place for safeguarding children that were in line with legislation and best practice. It was noted that policies reviewed at the time of inspection did not reference the process for utilising the Tusla Portal for reporting child protection concerns, nor was there reference to child sexual exploitation and its reporting process. The registered provider must ensure policies are updated to account for these areas. There was a policy on protected disclosures in place and those interviewed were familiar with same. They noted all members of management and senior management were approachable and felt comfortable and confident to raise any concerns they may have without fear of adverse consequences.

Staff members had completed a range of training in Children First including the required e-learning introduction to Children First, implementing Children First and mandated persons training. The deputy director also completed child protection training with staff members in relation to the organisation's own policies. Those interviewed during the inspection process demonstrated a good knowledge and understanding of Children First and their responsibilities relating to same, except for the aforementioned child sexual exploitation protocol. Training in this area must be provided to the team. Those interviewed were familiar with the designated liaison person (DLP) and displayed competency in managing disclosures.

A number of child protection and welfare reporting forms (CPWRF's) had been recorded since the opening of the centre. It was general practice that joint reports would be submitted with the DLP and the DLP made a decision as to whether or not the threshold was met prior to the submission of a CPWRF. However, staff members were confident they would submit a mandated report on their own if they did not agree with the judgement of the DLP and this was demonstrated on one occasion. There were also a number of CPWRFs recorded on file that were determined as not meeting the threshold and recorded appropriately.

There was evidence to show safety plans and risk management plans were reviewed and updated accordingly in line with disclosures however professionals interviewed confirmed that whilst these safety plans were accurately discussed in care plan meetings, they had not received written copies of same.

An audit had been carried out in November 2023 by the director of services. This audit focused solely on the area of CPWRFs and provided an analysis of the management of same. No other detailed audit on child protection in line with the National Standards for Children's Residential Centres HIQA (2018) had occurred since the centre opened in June 2023. The registered provider must ensure child protection audits are robust, in line with the National Standards, and carried out frequently.

The children were clear in their inspection questionnaires they all enjoyed living in the centre, had identified people they could speak to should they have issues or concerns and felt listened to by the staff. The children were also clear in highlighting in questionnaires times where they didn't feel safe. There was no correlating evidence on file to demonstrate pro-active key work had been completed to explore these feelings and the effect it may have had on them. Inspectors spent time

observing the staff and children and found interactions to be warm, respectful and cognisant of their young age.

Inspectors noted from interviews, significant event reports and complaint records that there were issues within the home of dynamics between the children. Whilst there was evidence of safety plans in place and staff members were able to attest in interview to approaches being utilised and resources available to them, inspectors did not see written evidence to demonstrate the implementation of these resources or individual work appropriately carried out with the children relating to the issues. Care plans did not account for the relationship issues that were occurring. Social workers and guardian ad litem confirmed that discussions were active and ongoing at care plan meetings in relation to the relationships within the house.

One child had made two complaints against another in relation to feeling bullied. There was evidence to show this had been reviewed by the centre manager and the social worker visited the child however there was no written conclusion to show what steps had been taken to rectify the issue and repair the relationships. The centre had one to one staffing to ensure children were supervised and had resources in place such as an anti-bullying programme and 'wonderful Wednesdays' where they focused on kind words and actions however inspectors did not see implementation of these programmes evidenced. In depth key working had been completed with two children in relation to events within the house however individual work completed with the older third child, did not explore their feelings around same, reasoning for behaviour or detail expectations within the home. Whilst some community meetings alluded to the relationship dynamics being discussed and programmes being discussed, there was not consistent quality of recording of meetings therefore a judgement could not be made on the effectiveness of these meetings for addressing the concerns. Whilst all professionals were of the opinion their allocated child was safe in placement, there were concerns on the side of one professional that there was an impact of the aforementioned relationship issue on the youngest of the children and that this required ongoing risk management from the centre.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
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 3.1
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The registered provider must ensure child protection and safeguarding policies are updated to include reference to the Tusla Portal process and the protocol for reporting concerns relating to child sexual exploitation.
- The centre manager must ensure safety plans and risk management plans are shared with all professionals.
- The registered provider must ensure child protection audits are robust, in line with the National Standards, and carried out frequently.
- The centre manager must ensure complaints relating to bullying must be managed and concluded in line with policy.
- The centre manager must ensure individual work related to bullying is carried out with the children in a proactive manner and evidenced on file.
- The centre manager must ensure consistent quality of recording of community meetings and demonstrate oversight of same.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure age-appropriate individual work is carried out with the children to ensure they are aware of their rights to access information.	Key-workers will complete a key-work session by February 29 th and centre manager has scheduled a community meeting to ensure that children are reminded of their rights to access information.	Meetings will be scheduled by key-workers twice per year and as and when required, and reinforced by centre manager at a community meeting.
	The centre manager must ensure all childcare related paperwork is sent within the required timeframes to all allocated professionals.	Weekly reports and SENs will be sent to relevant professionals within three working days.	A review of SENs and weekly reports to take place at Grianán management meetings, ensuring that paperwork is sent to allocated professionals.
3	The registered provider must ensure child protection and safeguarding policies are updated to include reference to the Tusla Portal process and the protocol for reporting concerns relating to child sexual exploitation.	Policy has been amended to include both recommendations, 19 th February 2024.	Policies are reviewed in line with schedule and amended as required.

	<p>The centre manager must ensure safety plans and risk management plans are shared with all professionals.</p> <p>The registered provider must ensure child protection audits are robust, in line with the National Standards, and carried out frequently.</p> <p>The centre manager must ensure complaints relating to bullying must be managed and concluded in line with policy.</p>	<p>Since inspection, this is now incorporated into practice. All social workers received copies of current safety plans and risk management plans on 23rd February 2024, copy of email has been placed on file.</p> <p>The twice-yearly audit for Grianán is currently underway and will be completed. The recently adopted questionnaire for staff will be circulated twice per year, to flag any issues that need to be addressed outside of the St. Bernard's Implementing Childrens First in St. Bernard's internal training.</p> <p>Communication between centre manager and social workers in respect of complaints will be formally recorded and circulated to all relevant parties and placed on file. A new form outlining a summary of steps taken will be attached to each complaint and will include a sign off section for social workers and GALs. In the event that any issue regarding the</p>	<p>Safety plans and risk management plans are discussed at CICRs and copies are sent as and when required.</p> <p>Registered provider will continue to conduct child protection audits twice per year and continue to complete Tusla's, Children First Self-assessment tool for funded services on an annual basis.</p> <p>In the event of a complaint not being satisfactorily dealt with at a Child in Care Review, a Professionals meeting will be convened to discuss strategies. Ongoing review and revision of Safety Plans, and Risk management will continue. Complaints will be formally included in the monthly key-worker reports for CICRs. Minutes of community meetings which</p>
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	<p>The centre manager must ensure individual work related to bullying is carried out with the children in a proactive manner and evidenced on file.</p> <p>The centre manager must ensure consistent quality of recording of community meetings and demonstrate oversight of same.</p>	<p>complaint can not be addressed at a Child in Care Review, a Professionals Meeting will be convened, specifically to discuss the complaint. Since inspection, individual key-work sessions have taken place with all three children.</p> <p>Since inspection, individual key-work sessions have been conducted with all three children and are evidenced on file.</p> <p>On 21st February 2024, community meetings and recording of same was discussed at the team meeting. As an area for development in 2024, the first of two workshops has been scheduled for March 20th, with a second to take place in September 2024. The purpose of the workshops is to provide training to all staff regarding the recording of community meetings.</p>	<p>speak specifically to impact from another child, complaints and bullying will be accurately recorded to reflect this.</p> <p>Individual work (key-work sessions) will be completed with individual children when such issues arise, and will be evidenced on file.</p> <p>Monthly self-assessments are completed by the social care manager.</p> <p>Keywork sessions to be carried out as required specifically related to complaints and incidents of an impact by another child.</p> <p>Workshops will take place twice per year to ensure that all staff are supported and provided with training to ensure consistent quality of recording of community meetings.</p> <p>Centre Manager to demonstrate oversight on community meetings as part of the monthly self-assessments.</p>
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