



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 227

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Clover Care Services
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	25th & 26th February & 3rd March 2025
Registration Status:	Registered from 25th September 2023 to 25th September 2026
Inspection Team:	Lisa Tobin Mark Mc Guire
Date Report Issued:	4th of June 2025

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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 25th of September 2023. 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 25th of September 2023 to 25th of September 2026.

The centre was registered as a dual occupancy service. It aimed to provide medium to long term placements to young people, aged between thirteen to seventeen upon admission. The model of care focused on responding to trauma exposure and theories of attachments with the aim of supporting young people in forming positive relationships through the application of attachment theories. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.3
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.4

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 7th of April 2025. 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 8th of May 2025. 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: 227 without attached conditions from the 25th of September 2023 to the 25th of September 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

This was the second year of inspection for this centre which currently had one young person with complex needs. The centre was temporarily operating as a single occupancy in agreement with the National Placement Team (NPT) to accommodate the complex needs of the current young person. Inspectors found there was an open culture within the centre regarding raising concerns and responding to and reporting incidents. There were systems in place where the acting centre manager was responsible for overseeing the incidents and concerns being reported and responded to. During interviews with staff, all were able to describe their role in the management of incidents and reporting of them. Staff stated they wrote and completed incident reports jointly with their colleague on shift and that the acting centre manager would review for comment before being sent to the relevant people. Through individual work inspectors saw that the young person was aware there was a system in place should they wish to raise a concern or complaint and did so when appropriate.

The young person's social worker, guardian ad litem (GAL) and members of the multidisciplinary team (MDT) were all notified when incidents occurred. The social worker and GAL reported to inspectors that they received the reports promptly and were happy with how they were being managed and the follow up that was provided to the young person. Both the social worker and GAL spoke positively about the care being provided to the young person and how they were aware of the level of risk attached to the young person and their placement. There was an understanding that despite the placement having a discharge notice, there were no other suitable placements that could manage the level of risk. All professionals involved in the young person's life, from the social worker, GAL, the centre management, and the MDT team felt that, while not ideal, this continued to be the best place to care for the young person despite the presenting risks and concerns of their ongoing level of need.

Incidents, concerns, and child protection welfare report forms (CPWRFs) were reported as required through the relevant systems in place. While inspectors found that staff understood what was involved in the processes, they were not able to identify the policies that related to the management of incidents, and this requires review with the team. In reviewing a sample of significant event notifications (SENs), inspectors found that they were well detailed, including timeframes as incidents occurred, noted the interventions staff implemented and support services they used when required such as emergency services. There was strong evidence of the care and support that staff offered and delivered to the young person when incidents occurred. The staff were recording significant concerns/conversations and compiling them weekly and sending these to the social worker to inform them of any presenting issues/comments as they occurred.

There were SEN and CPWRF registers in place which were also overseen by the acting centre manager. The CPWRF register had many outstanding reports with their status as open which required update from both the centre and the social work department as some of these were from 2023. Inspectors did see evidence of email correspondence to the social work department for updates on the status of the CPWRFs.

Inspectors saw how the young person had made complaints about staff in the centre and agency staff on a couple of occasions. Complaint forms were in place, with SEN's completed and escalated to the risk response team (RRT) in conjunction with shared information between the SEN team and RRT, within Alternative Care Inspection and Monitoring Service (ACIMS). From reviewing the documentation regarding these issues, the acting centre manager had followed up with the relevant staff, the young person, the agency providing staff and the social work department. These complaints remained open; however, the relevant social worker believed these were closed. Follow up between both the centre and social worker department is required regarding the status of the complaints. Regarding one issue of concern raised by a young person, where staff were allegedly asleep while on a live night, this was reported as a CPWRF given the level of risk posed to the young person. The young person currently had five-minute visual checks in place to ensure their safety. This allegation with mitigation measures in place remains ongoing and was being followed up by the social worker and the centre.

Significant event review groups (SERGs) occurred once per month with the team at their team meeting which allowed opportunity for all present to participate in the discussions about incidents that had occurred the previous month. The incidents

were discussed with learning objectives identified in reviewing best practice, how other interventions could be used and what follow up work was required. The discussion included types of incidents, any patterns identified, environmental influences and any changes required to the young person's documents. The minutes of the SERG were clear and well documented for all staff to access if they were not present at that meeting. The young person did not engage in life space interviews post incidents, however staff attempted to complete individual work with the young person about their behaviours and inspectors saw this while completing the file review. Staff used these opportunities to discuss alternative behaviours or supports in place and to outline some of the unacceptable behaviour the young person had towards staff during incidents.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
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 identified.

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.

The young person had their care plan on file from September 2024 and it outlined their physical and mental health needs. Inspectors saw evidence that actions pertaining to this had been followed up on since the last child in care review. There was no health and development assessment on file addressing or informing any

necessary interventions or supports but inspectors saw evidence of the different interventions in place during the file review. The young person had weekly visits from three different specialist supports. The acting centre manager, social worker and GAL found this was a positive supportive intervention for the young person however staff informed inspectors during interviews that some of the recommendations from the specialist teams can be conflicting as they were taking different approaches to the care and support of the young person. When inspectors spoke with the acting manager about this, they confirmed that there was a new approach in managing the young person. Interventions must be agreed by all and fully implemented. This new approach was being trialled as an option to appropriately prepare the young person for aftercare and will be reviewed as part of the MDT meetings.

Inspectors reviewed plans in place to support the young person and ensure that staff had the appropriate guidelines and knowledge to keep the young person safe. Inspectors reviewed a sample of risk assessments, individual crisis support plan (ICSPs), and the behaviour management support plans (BMSPs). It was evident that there had been numerous incidents for the young person. From reviewing these documents inspectors recommend that further input is sought from the MDT to risk assess and plan how staff are to respond. Having clear, specific, robust guidance documents, discussions, and training relevant to the most high-risk needs would benefit the team in their confidence to respond to these situations.

In reviewing the risk assessments in place, some presenting issues require a review of the risk rating. There were gaps in staff receiving training in safetalk suicide awareness and ASIST which has now been scheduled for April and May 2025 for staff. There was a detailed communications guidance report dated December 2024, from a speech and language therapist with recommendations in how to best support the young person. Inspectors did not see this guidance information integrated into the young person's relevant documents to help support staff in engaging with the young person to ensure the young person understood what was being said to them due to their receptive language difficulties, which were highlighted in a report on file. As discussed earlier, there needs to be agreed approaches in place for the young person and where specialist services have given recommendations, these need to be taken onboard by the staff team.

The young person was included in the planning of food in the centre and at times accompanied the staff completing grocery shopping. The staff were completing work

with the young person about healthy eating and exercise and supporting the young person with this.

The young person had a general practitioner (GP) allocated to them in the local area. There was a comprehensive medical history on file including information on the relevant childhood vaccinations that had been administered. The young person had regular appointments with the GP, dentist, and orthodontist as needed.

When speaking with the social worker, there were no further specialist services identified as needed for the young person. The social worker stated that the current specialist supports were meeting the young person's needs as best as possible.

The centre had a policy and procedure for medication in place. A medication audit was completed in February 2025 with two outstanding actions which required response. Based on the training audit provided to inspectors, there were four staff that require medication management training.

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 under this theme were assessed
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The acting centre manager must revisit the planned response by the team to the young person to ensure they are clear about the recommendations from the all the specialist support services involved in the young person's care.
- The acting centre manager in consultation with the multidisciplinary team must ensure there is a comprehensive guidance document in place for staff should a high-risk incident occur again.
- The acting centre manager must ensure that all staff have medication management training completed.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There were policies and procedures in place regarding the training of staff and an induction policy that outlined expected completion times for mandated training. The times for completion of mandatory training were outlined at six to twelve months and were updated post inspection feedback by the acting centre manager on review of the policy and now stated they will be completed by three months post induction. During interviews with staff, they were aware of their role and responsibilities and had been furnished with a job description at the time of commencing their employment. Staff stated they had received training in the organisations policies and procedures.

There was a training audit and training schedule provided to inspectors which outlined the training completed by staff and what was planned for the next number of months. There were gaps identified in the training audit where seven staff required mandatory training in a behaviour management model, three required ligature training, four required mandated persons training and two required child protection training. Some of these staff were new to the organisation and required the relevant training. There was no specific training needs analysis in place, which needs to be developed. Inspectors were informed of training planned with specialist support services to identify how staff can best support the young person. Inspectors recommend that training relevant to the young person's complex needs are incorporated into the training plan.

There were supports in place externally for staff to debrief as a team which takes place monthly. Staff stated they found this beneficial and reported this was a positive resource in dealing with the ongoing needs of the young people. They informed inspectors it was a safe space to discuss concerns, issues, and practices. The acting centre manager was also availing of supports from an external psychotherapist to gain insight in how the team can best respond to the young person's needs. These supports were in place by the organisation to further educate and develop the staff team.

The induction policy had been reviewed by inspectors and feedback was provided to the acting centre manager which was subsequently updated during the inspection process. The acting centre manager created a new induction form as part of the policy update and advised inspectors this would be used moving forward to track what was required to be undertaken with new staff members, which included a sign off from staff that all aspects were completed. The staff interviewed gave information about their induction and about the processes that were involved with it and the training undertaken. One staff member spoke of the ongoing supports they had received as a social care worker which helped them progress into a more senior role. However, through further discussion, it became clear that the centre was not in compliance with their own policy on recruitment and selection or with the Minimal Staffing Level & Qualifications for Registration Children's Residential Centres ACIMS memo August 2024. When this was queried by inspectors, the acting centre manager stated that the memo outlines discretion was with the organisation, and they felt that the staff member had the appropriate skills and competency to undertake the role.

Inspectors reviewed a sample of staff training records on the staff's personnel files. In the sample reviewed, there were gaps in training certificates and in supervision records. For some staff there was no evidence of supervision occurring and for others there was handwritten notes on file. Inspectors found there were deficits in the organisations management structure where the current acting centre manager had no direct line management support and had not received supervision since September 2024. The acting centre manager was undertaking numerous roles within the service which included their acting centre management role, regional manager for a sister centre and with a plan to move into the chief executive officer role once other personnel had taken up their posts. Appropriate organisational and governance structures are required in the centre.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The acting centre manager must ensure that staff receive the required mandatory training and source any specialist training required to meet the needs of the young person.
- The acting centre manager must ensure a training needs analysis is undertaken.
- The registered proprietor and acting centre manager must ensure that they are compliant with their own policy on recruitment and selection and with the Minimal Staffing Level & Qualifications for Registration Children's Residential Centres ACIMS memo August 2024.
- The registered proprietor must ensure there are appropriate organisational and governance structures in place and ensure that all staff receive the appropriate supervision supports.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	None identified.		
4	<p>The acting centre manager must revisit the planned response by the team to the young person to ensure they are clear about the recommendations from the all the specialist support services involved in the young person's care.</p> <p>The acting centre manager in consultation with the multidisciplinary team must ensure there is a comprehensive guidance document in</p>	<p>The acting centre manager reviewed the planned responses with the team in relation to risk assessments, behavioural support plans and individual crisis support plans and incorporated the guidance documents recommendations from the SLT into the team's response to the YP. (11th April, during team meeting the SLT guidance document was discussed in terms of how the YPs documents had been updated. 3rd April, workshop held with SLT re further explaining supports to be provided to the YP in the house).</p> <p>Additional consultation was had with the MDT to ensure that there is a comprehensive guidance document in place for staff should a high-risk incident</p>	<p>The acting / centre manager will ensure that all recommendations / guidance's from external professionals are included in the young person's documents to further support the team and the young person. Senior management will ensure that all recommendations from specialist support services are implemented into the day-to-day practice with the young person. This will be monitored via regular centre audits completed by the Regional Manager and / or the Director of Services every four to six weeks.</p> <p>The centre manager and senior management will continue to seek guidance from the MDT to response to high-risk events relating to the young</p>

	<p>place for staff should a high-risk incident occur again.</p>	<p>occur again. Risk assessment is attached to include MDT response should the high-risk incident occur again. (9th April initial email sent to all MDT re new risk assessment. New RA was discussed in MDT on the 16th April, and email was recirculated on the 18th April, where MDT agreed to new RA re high risk behaviours). The acting/centre manager will continue to share the risks assessments/ management plans for the young person with the wider MDT. The MDTs input / suggestions etc is also sought and their recommendations will continue to be included into the risk management plans.</p>	<p>person. If there is no response to risk management plans, this will be addressed formally in the regular MDT meeting and the importance of a whole MDT response will be reiterated. The acting / centre manager will continue to share the risk management plans with the wider MDT and will seek their feedback on the safety plans being implemented across the board.</p>
	<p>The acting centre manager must ensure that all staff have medication management training completed.</p>	<p>Medication Training is scheduled for the 23rd of April 2025. All team members who require the medication training, will be trained on the day.</p>	<p>At the time of inspection, the Staff Induction Form and the Training Policy & Procedure were updated to reflect that all employees will receive their mandatory training within the first 3 months of their employment. Centre manager and Senior management will review the training audit minimally once a month to review the training status of the employees within the</p>

			house. Senior management will also ensure that the training schedule is in line with the training audit, in that those who required to be scheduled onto the relevant training are being scheduled and will have received their trainings within the new time frame of 3 months. Centre manager / senior management will continue to offer any candidates on boarding to attend any trainings that are scheduled. Centre manager will continue to ensure that there is always one fully trained team member in medication management on shift.
6	The acting centre manager must ensure that staff receive the required mandatory training and source any specialist training required to meet the needs of the young person.	All team members have been scheduled for the required trainings. Specialist training has been requested, however there has been no date provided as yet. All team members will attending training once scheduled. Following discussion with MDT regarding the ongoing concerns re YP's health, MDT have discussed the concerns with their own specialist who is being scheduled to meet the YP and will provide guidance to the staff team.	Training Policy & Procedure has been updated to reflect that all employees will receive their mandatory training within the first 3 months of their employment. Centre manager and Senior management will review the training audit minimally once a month to review the training status of the employees within the house. Senior management will also ensure that the training schedule is in line with the training audit, in that those who required to be scheduled onto the relevant training

	<p>The acting centre manager must ensure that a training needs analysis is undertaken.</p> <p>The registered proprietor and acting centre manager must ensure that they are complaint with their own policy on recruitment and selection and with the Minimal Staffing Level & Qualifications</p>	<p>Please find attaching the training schedule / needs analysis for the centre. Training needs analysis will be reviewed monthly along with the centres training audit to ensure that all staff members have the necessary trainings.</p> <p>The centre manager will ensure that any new employees joining the staff team or are taking on new roles within the centre have the relevant years of experience for the role, as stipulated in our own P&Ps and</p>	<p>are being scheduled and will have received their trainings within the new time frame of 3 months. Senior Management will ensure to review the training audits for any required specialist training required to meet the needs of the young people and will ensure that they are being provided to the staff team.</p> <p>Centre manager / senior management will continue to offer any candidates on boarding to attend any trainings that are scheduled. The training needs analysis will be reviewed monthly in the senior manager meetings moving forward to ensure that all centres training needs analysis are being reviewed and required training are being scheduled.</p> <p>The registered proprietors and senior management will ensure that all centres hiring is in line with their own policies and procedures and with the ACIMS staffing memo. This will be evidence in centre</p>
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	<p>for Registration Children's Residential Centres ACIMS memo August 2024.</p> <p>The registered proprietor must ensure there are appropriate organisational and governance structures in place and ensure that all staff are receive the appropriate supervision supports.</p>	<p>as outlined in the ACIMS memo. All employees within the centre are suitably qualified. On-boarding process is now complete, with the deputy manager and additional social care worker now in situ.</p> <p>The centre manager has returned from their leave and the Director of Service has returned to their DOS role full time. The centre now has the appropriate internal managerial structures in place to ensure that all staff receive appropriate supervisions supports.</p>	<p>audits and regular reviews of the staffing needs within the centre and compliance with our own policies and procedures.</p> <p>The registered proprietors will ensure that there are appropriate organisational and governance structures in place at all times to ensure appropriate oversight of the centres.</p>
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