



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 257

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Rowan Child & Parent Services
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	11th & 12th November
Registration Status:	Registered from 31st July 2024 to the 31st July 2027
Inspection Team:	Paschal McMahon Anne McEvoy
Date Report Issued:	18th February 2025

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 2: Child-centred Care and Support (Standard 2.5 only)	
3.2 Theme 3: Leadership, Governance and Management (Standard 3.3 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 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 31st July 2024. 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 31st July 2024 to the 31st July 2027.

The centre was registered to provide multi-occupancy, rapid access, short-term placements for up to four young people between the ages of 8 and 12 years on admission. This centre is part of a specific pilot project to increase the availability of rapid access placements for the placing authority and will be subject to review within a specified timeframe. The placement duration is within a 100-day period during which time the social work department work in conjunction with the placing authority, the national placement team (NPT), to secure a suitable onward care arrangement. The centres aim is to provide a high-quality standard of care that is responsive to the individual needs of children, within a child-centered, supportive, and safe open environment and to provide a programme of care that aims to broadly assist children in developing physically, socially, morally, emotionally, cognitively, and educationally. There were two children living in the centre at the time of the inspection. The centre was granted a derogation against their purpose and function to accommodate both young people as they were over twelve years of age on admission.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.5
3: Safe Care and Support	3.3
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 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 centre manager and the relevant social work departments on the 10th January 2025. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a completed action plan (CAPA) on the 23rd January 2025. After further communication and discussions with the centre manager in respect of the CAPA, it was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 257 without attached conditions from the 31st July 2024 to the 31st July 2027 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 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors found that there were arrangements in place to facilitate good communication and cooperation between various agencies and professionals to deliver good outcomes for young people. This was demonstrated by the fact that since the centre opened in August 2024, two young people successfully transitioned to suitable alternative care arrangements in a planned manner within the time frame specified in the centres statement of purpose. There was evidence that both young people were prepared for moving on and provided with information on their new placements by the care team taking into consideration their needs and level of understanding. The allocated social worker for both young people told inspectors that an information pack containing all relevant information relating to each young person was transferred to their new placements at the time of discharge. The social worker also reported that the centre manager liaised with one young person's follow on placement post discharge providing them with guidance on how best to respond to the young person's needs. The care team informed inspectors that the two young people gave some positive verbal feedback regarding the care they received at the time of discharge but this was not recorded. Inspectors recommend that the centre introduces a more formal process such as an exit interview to gain feedback to inform improvements in the quality and safety of the service going forward.

There was evidence from centre records and interviews with the centre manager and social workers that there were good communication arrangements in place for the two current young people in placement through regular email and phone contact. Meetings had also taken place between the centre management, the social work departments and other relevant professionals on a regular basis to review the young people's progress and provide updates on possible future placement options.

The centre maintained well organised care records. However, inspectors found that some significant information regarding the young people had not been forwarded to

the centre by the relevant social work departments. A child in care review for one young person had taken place since their admission but there was no care plan on file and the centre had not recorded their own minutes of the meeting. There was also no care plan on file for the most recent young person admitted. Inspectors found that the absence of care plans impacted on the quality of the placement plans as these were primarily based on the young people's referral information. Other important documentation such as care orders, birth certs were also not on file. While acknowledging that admissions may sometimes require to be processed quickly, inspectors recommend that the centre managers make every effort to obtain key information about a young person prior or shortly after admission.

There was evidence that the centre worked in partnership with families and social workers. A review of records showed that the centre supported family contact and were facilitating family access arrangements where appropriate. The allocated social workers told inspectors that they worked collaboratively with the centre and that the quality of care provided to the young people was of a high standard. Social workers also stated that they liaised with the national placement team on a regular basis to assist with the identification of appropriate onward care arrangements.

The inspectors met with the two current residents during the inspection to seek feedback on the care they were receiving. Both of them stated that they were well cared for and spoke positively about members of the care team. However, one young person who had been living in the centre for over three months and was coming towards the end of the permitted maximum length of stay (100 days) expressed frustration at the lack of a clear plan for them in terms of a follow-on placement. The social worker informed the inspectors that they maintained regular contact with the national placement team in relation to accessing an appropriate follow-on care arrangement but efforts to find a suitable placement had proved unsuccessful to date. In the interim the social worker had requested an eight-week extension to their placement and the young person had been informed of this decision. The second young person had been admitted ten days prior to the inspection. One of the concerns they raised with inspectors was their frustration at not being able to attend their school placement. The young person's allocated social worker informed inspectors that a number of meetings had subsequently taken place following the inspection and the young person returned to school a month after their admission. Inspectors found at the time of inspection that the centre had not liaised with the school to seek guidance on any schoolwork the young person could engage in and they were not involved in any educational programme within the centre. The inspectors recommend that in cases where young people are not in education that

efforts are made to maintain links with educational placements where appropriate or alternatively an educational element is included in the centre's programme of care.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulations 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 2.5
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that every effort to obtain key information about a young person prior or shortly after admission.
- The centre manager must ensure that in cases where young people are not in education that efforts are made to maintain links with educational placements where appropriate or alternatively an educational element is included in the centre's programme of care.

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.

Inspectors found that the centre management promoted an open culture in the centre. Staff members who were interviewed were confident that they could raise concerns, report incidents and challenge each other's practice. Young people told inspectors that they felt heard, and they could voice concerns to the care team. There was also good evidence that the centre sought ongoing feedback from the young people in the form of regular house meetings. There were however some improvements required in terms of the centres recording of complaints and in the

promotion of advocacy services for the young people. Inspectors found that there were only two complaints on file in the period since the centre opened in August 2024. While there was a process in place for recording formal written complaints there was no system in place for the monitoring of any minor issues or concerns raised verbally by the young people. Inspectors recommend that minor complaints are also recorded and tracked for learning purposes. As highlighted previously one young person was unhappy with the lack of clarity in relation to their follow-up placement and had written to the courts to express frustration at having no clear plan going forward. There was no evidence that the centre had provided the young person with any information on children's advocacy services such as Empowering People in Care (EPIC) or the Children's Ombudsman to advocate on their behalf. In addition, they were also not informed about the Tusla "Tell Us" feedback and complaints policy on how to make a complaint regarding Tusla services.

The centre did not have any formal feedback mechanisms in place for parents and social workers. Allocated social workers told inspectors that although they were not requested to provide formal feedback on the service, the centre manager had made it known to them that if any issues arose that they would be responded to immediately. One social worker who had raised a concern was satisfied that the centre was responsive and took appropriate action to resolve their concern. Inspectors accept that while some placements may be short term in nature the centre should make every effort to ensure there is a mechanism in place obtain feedback from significant people in the young people's lives to identify areas for improvement.

Inspectors reviewed the centres policies and procedures and found that they were generic policies as opposed to centre specific and needed to be reviewed. This included the centres behaviour management policies including the policy in relation to the notification of significant events, aspects of which did not apply to the centre. The social workers interviewed by the inspectors confirmed they received prompt notification of all significant events and were satisfied with the quality of these reports.

The centre manager had responsibility for reviewing all significant events that occurred in the centre. Significant event reports on file included written comments about the event by the centre manager in their overview of the incident report. Staff and management reported that significant events were reviewed at team meetings and learning identified and gave examples of this in interviews. Inspectors reviewed the team meetings and found that although they had a comprehensive focus on each individual young person's needs there was no record of a discussion or learning from significant events. A sample of staff supervision records reviewed by inspectors also

did not include a focus on significant events and learning from incidents. The centre manager must ensure that learning from incidents is recorded to inform the development of best practice so that actions can be taken to improve the care provided in 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 standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that young people are provided with information on children's advocacy services such as Empowering People in Care (EPIC) or the Children's Ombudsman and the Tusla "Tell Us" feedback and complaints procedure.
- The centre manager must ensure that there are mechanisms in place for significant people in the children's lives to provide feedback on the care the young people received.
- The centre manager must ensure that the centres policies and procedures are centre specific.
- The centre manager must ensure that learning from incidents is recorded to inform the development of best practice so that actions can be taken to improve the care provided in the centre.

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.

At the time of inspection, the team comprised of a centre manager, one office-based deputy manager, one social care leader, four social care workers and two support workers. This was below the required minimum staffing levels outlined in the centres statement of purpose and agreed with the national placement team. The centre was required to have eight contracted social care workers, however, at the time of inspection there were only four in post and there was a vacancy for a social care leader. The centre had two support workers whose role was to assist the care team and work directly with the young people. These support workers were regarded as supernumerary to provide additional support to the care staff on duty each day. Inspectors found that due to staff shortages the two support workers were working the roster as part of the core team and not as additional support staff. The centre manager who was also the registered provider had responsibility for staff recruitment and retention and there was evidence that they had a rolling recruitment campaign in place. Inspectors were informed that two new staff members had been appointed, one of whom took up their post during the inspection.

The centre had two allocated relief workers to cover all forms of leave but a review of the centre rosters showed that their availability was limited. Inspectors found that agency staff were being used to fill gaps in the rota primarily to cover live nights in the centre. Inspectors were satisfied from a review of the rosters that efforts were made to use the same two agency staff when possible to ensure some level of consistency. Both the centre and deputy manager worked shifts in addition to their managerial responsibilities to cover gaps in the rota when there was no relief cover available.

Inspectors reviewed the personnel files and found that four of the team including the centre manager had social care qualifications. Other qualifications included counselling, teaching and the two support workers had the required level five training. Allocated social workers were satisfied that the team had the necessary competencies to meet the needs of the young people highlighting the positive relationships they had built with them.

The inspectors reviewed training records and found that a number of staff did not have the required mandatory training including first aid, fire safety and behaviour management.

Inspectors found several gaps and deficits in the review of the personnel files. A number of staff had no interview notes or contracts on file. The main issue of concern was in relation to one staff member who worked their first shift in the centre before the organisation had received the required three written references and undertook the necessary verbal checks. Inspectors found that a number of other staff had also taken up their posts prior to verbal reference checks being conducted. The registered proprietor must ensure that the required written and verbal reference checks are carried out prior to any staff member taking up their role. In addition, the registered proprietor must ensure a full and complete audit of all personnel files is undertaken to ensure all the required documentation is maintained on each personnel file.

While the team was still at formation stage, the staff in interview stated that the centre management were very supportive and made efforts to promote staff retention. Retention measures include incremental salary scales, sick pay and access to a pension scheme.

The organisation had a procedure for on call arrangements in the evenings and weekends to assist staff in dealing with any crisis or emergencies when the manager was absent from the centre. Staff members interviewed highlighted this process was effective and they received adequate support if they contacted on call.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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 centre manager must ensure that there are appropriate numbers of staff employed in the centre with regard to the requirements of the centre's statement of purpose.
- The centre manager must ensure that the centres support workers are supernumerary to the staff team.
- The centre manager must ensure that the centre has access to a panel of consistent relief staff.
- The centre manager must ensure that all staff have the required mandatory training.
- The centre manager must ensure that the required written and verbal reference checks are carried out prior to any staff member taking up their post.
- The centre manager must ensure that a full and complete audit of all personnel files is undertaken to ensure all the required documentation is maintained on each personnel file.

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 that every effort to obtain key information about a young person prior or shortly after admission.	An admission form / booklet has been developed and will be circulated to the referring social worker for any young person referred to the centre, prior to their admission. The booklet contains a list of all necessary documentation required before or at time of admission.	The centre's policies and procedures have been amended to reflect the inclusion of the admission form/booklet as part of the referral/admission process. The centre manager will link directly with the social worker, and if necessary, the social work team leader and/or principal social worker to ensure all documentation is received.
		The centre manager and/or deputy centre manager will attend each admission Meeting, emphasising the documents which are required. (15.11.2024)	The centre's policies and procedures have been amended to reflect this requirement.
	The centre manager must ensure that in cases where young people are not in education that efforts are made to maintain links with educational placements where appropriate or	When young people have an educational placement on admission to the centre but cannot attend for a period of time exceeding one week, the centre will ensure that contact is made with the	Centre manager will review the young person's placement plan within one week of admission to ensure that links with an educational placement have been made if required.

	<p>alternatively an educational element is included in the centre's programme of care.</p>	<p>school/educational placement immediately and any appropriate work will be requested and completed with young person.</p> <p>Should a young person not have an identified school placement, the centre will liaise with the young person's social worker and agree an appropriate element of education/school curriculum which will be incorporated into the young person's placement plan and reflected in their daily/weekly schedule.</p>	
3	<p>The centre manager must ensure that young people are provided with information on children's advocacy services such as Empowering People in Care (EPIC) or the Children's Ombudsman and the Tusla "Tell Us" feedback and complaints procedure.</p>	<p>The centre manager/deputy centre manager will ensure young people receive a welcome booklet on admission, which contains information on EPIC and "Tell Us" (02. 10. 24)</p> <p>The welcome pack will be reviewed with and explained to each young person and their social worker during the admission meeting. This meeting will always be attended by either centre manager or</p>	<p>Policies and procedures reflect the welcome booklet and its contents. The admission process, including the welcome booklet will be reviewed at team meeting. (17.12.24) This will continue to be placed on the agenda quarterly.</p> <p>Policies and procedures have been amended to reflect the admission meeting and the necessity to include discussion of the welcome pack.(06.01.25)</p>

		<p>deputy centre manager. (01.12.24)</p> <p>The centre manager has invited EPIC to visit the centre to speak to the young people about their service. (06.01.25) (Awaiting confirmation of visit date from EPIC.)</p> <p>The centre manager has developed a feedback form for young people and another for parents and all significant others, involved in the young person's life. (06.01.25)</p> <p>The centre manager will circulate the feedback form to the young person and all relevant people at the midway point of placement and at the end of the placement. (07.02.25)</p>	<p>The centre manager or deputy centre manager will attend all admissions meetings.</p> <p>Centre manager will complete a monthly audit of keyworking sessions to ensure EPIC and "Tell Us" are reflected in keyworking sessions. (31.01.24 and ongoing). Centre manager will schedule further visits in 2025 with EPIC to the Centre.</p> <p>The centre manager will discuss and review feedback at team meetings for learning purposes and then further discussed with all relevant people involved in the child's life, to ensure they understand the learning the staff team have gained. and any actions that will be taken as a result.</p> <p>The centre manager will ensure any learning and ensuing actions are communicated to the staff team, reflected in the centre's policies and procedures and incorporated into centre practise.</p>
	<p>The centre manager must ensure that there are mechanisms in place for significant people in the children's lives to provide feedback on the care the young people received.</p>		

	<p>The centre manager must ensure that the centres policies and procedures are centre specific.</p> <p>The centre manager must ensure that learning from incidents is recorded to inform the development of best practice so that actions can be taken to improve the care provided in the centre.</p>	<p>The centre manager has reviewed and amended the policies and procedures to ensure they are centre specific. (06.01.25)</p> <p>The centre manager will discuss significant events/Incidents at each team meeting. The importance of accurately recording learning outcomes and agreed actions required from all learning has been discussed at team meeting. (17.12.24).</p>	<p>The centre manager will ensure any actions required as a result of learning, can be monitored through the centre's recording systems, which the centre manager will amend as required. The centre manager will conduct a bi-annual review of all feedback Forms to assess if there are any emerging patterns or areas which need to be further reviewed.</p> <p>The centre manager will review policies and procedures annually to ensure they remain centre specific.</p> <p>The centre manager will ensure significant event review will form part of each staff members supervision session.</p> <p>The centre manager will ensure reflective practise will form part of each staff members supervision sessions.</p> <p>The centre manager will ensure all learning, and any actions required, such as amending placement support plans etc.</p>
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			<p>will be accurately recorded and followed up on, through monthly reviews of each young person's placement support plan.</p> <p>The centre manager will conduct a monthly audit of significant events, to monitor the effectiveness of learning and actions taken. This will be evaluated through determining if the actions taken have reduced the frequency and/or had an impact on the nature/intensity of significant Event.</p>
6	<p>The centre manager must ensure that there are appropriate numbers of staff employed in the centre with regard to the requirements of the centre's statement of purpose.</p> <p>The centre manager must ensure that the centre's support workers are supernumerary to the staff team.</p>	<p>The centre is currently staffed by:</p> <ul style="list-style-type: none"> 1 x Person in charge, 1 x Deputy person in charge 2 x Social care leaders 3 x Social care workers 2 x Support workers 1 x full time relief social care worker. <p>Currently, there are 2 x support workers. Both support workers are not currently supernumerary to the staff team, however they are always on shift with a staff</p>	<p>The centre manager continues to pursue a rolling recruitment campaign for the service and has secured a one year job advertising space on a recruitment website. There are currently 3 social care worker candidates being processed through H.R. for full time positions. There are 4 further Interviews scheduled. (10.02.2025).</p> <p>The centre manager will amend current rota, once the 3 candidates currently being processed are in position to include support workers as being supernumerary.</p>

	<p>The centre manager must ensure that the centre has access to a panel of consistent relief staff.</p> <p>The centre manager must ensure that all staff have the required mandatory training.</p> <p>.</p> <p>The centre manager must ensure that the required written and verbal reference checks are carried out prior to any staff member taking up their post.</p>	<p>member qualified to Level 8.</p> <p>There are currently 2 x relief staff available.</p> <p>There are 4 members of staff who require first Aid and fire Training. Both training sessions have been scheduled. (14.02.2025) All staff have now completed Mandated Persons training. (16.11.2025)</p> <p>All written and verbal references are now on file. (06.01.2025)</p>	<p>The centre manager will not recruit any more support workers to the centre.</p> <p>Through the continued recruitment campaign, the development of a more comprehensive and consistent relief panel remains a priority.</p> <p>The fire/first Aid trainer is aware of pending training requirements and the centre manager will schedule any identified training requirements. The deputy centre manager will review the training records on a monthly basis.</p> <p>The centre manager will review all training requirements on a monthly basis and secure training for identified training needs.</p> <p>Human resources will oversee all personnel files. H.R. hold a checklist of all essential information required in personnel files prior to the files being transferred to the centre. No member of</p>
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	<p>The centre manager must ensure that a full and complete audit of all personnel files is undertaken to ensure all the required documentation is maintained on each personnel file.</p>	<p>Centre manager has completed an audit of all personnel files. All outstanding documentation including interview notes are being collated and scanned into personnel files. (03.02.2025).</p>	<p>staff will commence employment prior to the centre receiving a completed personnel file.</p> <p>Centre manager and deputy manager will review all personnel files as part of the monthly management audit.</p>
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