



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 041

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Misty Croft
Registered Capacity:	6 young people
Type of Inspection:	Announced
Date of inspection:	14th & 15th of February 2024
Registration Status:	Registered 12th May 2024 to the 12th of May 2027
Inspection Team:	Catherine Hanly Sharon McLoughlin
Date Report Issued:	17th April 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 12th May 2009. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 12th May 2021 to 12th May 2024.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation to six separated children seeking asylum of all genders from age thirteen to seventeen years on admission, on an emergency, short, medium and respite basis. Their model of care was described as young person centred, using a needs-led approach. The model was based on Maslow's hierarchy of needs, where physiological and safety needs are responded to and belonging, and esteem needs are explored, and personal development is encouraged and supported. There were five children 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	1.5
2: Effective Care and Support	2.6
5: Leadership, Governance and Management	5.2
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 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 28th of 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 11th of 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: 041 without attached conditions from the 21st of May 2024 to the 21st of May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

This centre is one of several operated by this organisation and had been offering services to separated children seeking international protection for almost fifteen years. The staff team had established an open and supportive approach to working with this cohort of young people and were empathetic to the various unique and often traumatic situations experienced by young people in coming to this country. The respective family contact arrangements for each young person varied and often changed during the child's time in their placement, dependent upon the emerging situation in their country of origin. The staff team recognised the importance of establishing or maintaining family contact for the young people and supported this where and when they could. They were familiar with the Red Cross tracing system and supportive of any requirements sought of them by the social work department to input to this.

Due to the nature of the children's placement in this country, very often there were no immediate family members living in this country also. Where there were, the child was offered the opportunity to meet with and have contact with these family members, subject to social work department approval. Inspectors found that there was no established system or practice of keeping family members informed of and consulted about their child's placement in the residential centre and suggest that this is an aspect of practice that could be further developed through consultation with the dedicated social work team.

The staff team were cognisant of the importance of affording young people the opportunities to connect with aspects of their country, culture and religion of origin and encouraged this through food purchasing and religious attendance. They encouraged young people to connect with peers through education – either dedicated English language schools or mainstream schools depending on the abilities of each young person – as well as through sports clubs and hobbies.

Inspectors noted that birthdays and special occasions were marked for young people with gifts and a celebration of their choosing. Where young people did not have their own mobile phone, they were provided with access to a centre-owned mobile phone to maintain family contact. Young people were also provided with the temporary use of a mobile phone whilst they saved towards the purchase of their own.

Compliance with Regulations	
Regulation met	Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
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 identified.

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

At the time of this inspection, two of the young people were aged seventeen, with one only three months away from their eighteenth birthday. Neither of these young people had an allocated social worker, link worker or aftercare worker from the dedicated social work department for separated children seeking international protection. Both young people had been living in Ireland for over one year, though only residing in the centre for approximately seven months. They both had, at different times, an allocated link worker from the social work department but not for any consistent period. The Tusla Separated Children Seeking International Protection social work team stated that there was a significant demand for this social work service due to the ongoing war in Ukraine and crises ongoing in other countries leading to an increased influx of separated children seeking international protection. At the time of this inspection, it was apparent that Tusla could not meet with the existing demand for social work service leading to gaps in provision. As a result of

this, neither of the two young people aged seventeen had an aftercare plan completed with the social work department. Both young people affected by the lack of a social work service had submitted a complaint via the 'Tell Us' formal complaints mechanism. These had been responded to initially but were ongoing and not resolved at the time of the inspection although the social work team had viewed them as closed because they had been responded to. The young people disagreed with this view and wanted their complaints to remain open until they were assigned a social worker that would support them with their onward placement post eighteen. The manager and staff team at the centre had supported the young people in formalising their respective complaints and pursuing a satisfactory response to them. The recently appointed director of services for this centre was the named complaints officer for the organisation. They had commenced in the role three weeks prior to this inspection, following the operational takeover of these services by an existing company. These complaints had not been formally notified to the director in the context of their complaints officer role and following the information being shared by inspectors, they said that they would look further into the relevant matters.

Inspectors reviewed individual placement plans, individual work by staff with all young people and records of dedicated key work. This review showed that, in general, there was good ongoing review of needs and the plan to meet these. There were specific pieces of work delivered in the areas of orientation with the location, acclimatisation to living in a new country, sex education, and various life skills. However, the centre had not yet completed their own internal individual living needs assessment for either of the young people aged seventeen and there was limited evidence of a coordinated approach to the delivery of adulthood-specific life skills. The centre's policy on aftercare had not been reviewed since the inspection of another centre within this service nine months prior which had been requested of them, and its focus was on the actual transition process rather than outlining the practices undertaken by the centre in this area of practice. The findings related to practice gathered by inspectors in this centre reflected those of the sister centre inspected nine months prior and were indicative of no changes being made across the organisation in response to inspection findings. The centre must redefine and implement a more structured approach to preparing young people for the transition from childhood to adulthood taking due consideration of individual needs, age, and developmental stage. This structured approach should include the ability to measure progression and enable the allocation of resources as necessary. Inspectors found that there were occasions where there were unresolved disagreements between the staff team and various young people about the monies provided to them. The system for allocating pocket money and any other additional monies were on occasion interconnected to various requirements and condition-based which was a cause of

frustration for some young people. The preparation for leaving care programme in the centre should include a stand-alone budget allocation that is solely dedicated to supporting life skills development for adulthood.

Inspectors met with three of the young people in a group setting. All five young people also completed a feedback questionnaire for inspectors. Overall, young people stated that they were very happy living in this house and were positive about and complementary of the staff team. They spoke of the opportunities they have had including education and social activities and named that the group generally got on well together. They did identify some issues of concern for them including the non-allocation of a social worker, as well as some of the day-to-day practices in the house relating to chores and some of the rules.

Young people were offered the opportunity to read their files at the centre although the manager stated they rarely did this. Due to the nature of the young people's circumstances upon arrival, they generally did not have birth certificates or passports.

This centre was in a state of flux at the time of the inspection in the context of their purpose and function. Placements had previously been of a short-term nature though this had changed in recent months with placements extending into the medium to long terms sphere. Irrespective of their age when the young people moved on, the placement/accommodation options for them were limited and impacted by the limited general availability of placements for them, and post-care placements specifically. Often, when move on placements were identified, the type and location were not pre-determined to any great extent and the move itself could happen at short notice which in turn impacted on the ability of the team to support a planned transition for young people to the accommodation that was being offered. There had been no development in this approach by the social work department despite inspectors being previously informed of the establishment of an internal committee that had a specific remit in this area.

Compliance with Regulation	
Regulation met	Regulation 17
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 2.5
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre management must develop, and implement in a timely manner, a programme of preparation for leaving care.

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.

There was a qualified and experienced manager in place in the centre who had commenced in their post in February 2023 and held overall responsibility for the delivery of the service at this centre. There was evidence of their oversight across various records reviewed by inspectors as well as giving input and clear direction at team meetings and in shift handovers. The manager also split their administrative tasks with time spent engaging with young people and observing staff practice. The manager was supported in their duties by a fulltime deputy manager that worked similar hours to the manager, being at the centre Monday to Friday for usual office hours. Both shared responsibility for on-call duties, with other centre managers and deputy managers across the organisation. There was an awareness by staff interviewed of centre management having oversight of the centre records and the direct work being done by the team with the young people. The centre manager delegated tasks to the deputy manager and staff members in accordance with their respective roles.

The organisation operating this, and three other sister centres, had been bought by an existing registered proprietor of multiple children's residential centres in October 2023. For an initial period, senior management from the previous company had remained in post. Since the end of January 2024, the new company had implemented a new structure to the organisation and a director of services had commenced in their role. The newly appointed director had significant experience of managing children's residential centres though was new to the provision of care to separated children seeking international protection. The director clearly outlined a range of planned governance arrangements noting that this was an area of significant priority for this centre and indeed the organisation, as it was identified by the previous registered proprietors as an area that lacked the necessary attention. The director indicated that they would be conducting themed audits, formal supervision of centre managers, convening monthly management meetings, and would continue the working relationship with the dedicated separated children seeking international protection social work team that they had already commenced.

The last confirmed review of policies and procedures guiding practice in the centre was in 2021. Inspections in two other centres operated by the previous registered proprietors of this centre had recommended that policies and procedures required updating and review. This had not been actioned in the intervening period. The new director of service gave inspectors a commitment that this would be prioritised and undertaken in a planned and phased manner. Some new policies relating to data management and protection, as well as communications, had been implemented and disseminated amongst the staff team.

The centre manager maintained a centre risk register which mostly consisted of environmental risk factors. In addition, individual risk assessments were undertaken with safety plans implemented as necessary on occasion. There were very few risks listed on the centre risk register at the time of this inspection and inspectors queried the rationale for some that were on it and the associated measures to reduce the risk. Inspectors noted that, in many cases, the measures implemented did not reduce the risk rating. Inspectors found that further work to fully understand the application of the risk assessment framework must be undertaken in order to ensure it is implemented appropriately.

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 in some respects only	Standard 5.2
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- Centre management must oversee the implementation of robust governance mechanisms for this centre.
- Centre management must ensure a full review and update of all policies and procedures, in line with the centre's purpose and function.

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.

Inspectors were provided with a record of mandatory training completed by the staff team which identified within the record, those staff that were due for refresher training in specific areas. Training completed included the e-Learning online module of Children First: An Introduction, Fire Safety, crisis intervention training, first aid and medication administration. There was training scheduled for the weeks following the inspection in safe administration of medication and data protection, the latter in line with the development of new policies. There was no formal record maintained of any supplementary training, conferences, information days attended by the staff team, although the manager acknowledged that these were limited in number. There was no formal programme of training and professional development in place that supported staff to maintain competency across all levels of practice. Inspectors recommend that a full audit of training needs be conducted as a priority

and a plan of implementation to address the needs arising. This audit should include training specific to the needs of the cohort of young people accessing this service as well as any mandatory training required.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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 6.4
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre management must conduct a training and professional development needs analysis as a priority and on a regular basis going forward. A plan of action to address training and development needs arising from this audit should be implemented.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
2	The centre management must develop, and implement in a timely manner, a programme of preparation for leaving care.	The service is currently developing an independent living needs assessment/programme to support young people in their preparation to leave care. This will be carried out with each young person living within the service as soon as they turn seventeen years of age. This programme will be implemented on 25/03/24 following upskilling of keyworking teams.	The service will take ownership of the independent living needs assessment/programme and commit to rolling this programme out with each young person at the age of seventeen.
5	Centre management must oversee the implementation of robust governance mechanisms for this centre.	A full review of auditing systems within the organisation is currently underway. The Centre Management Team and Senior Management Team commit to enhancing mechanisms within the service to ensure good quality governance across all levels. A Risk Management Audit is scheduled to be completed by 22/03/24.	An auditing schedule will be developed for 2024 and rolled out across all services which will ensure robust governance within the organisation.

	Centre management must ensure a full review and update of all policies and procedures, in line with the centre's purpose and function.	A policy review group has been formed and all policies and procedures within the organisation will be reviewed within the next quarter, ensuring these policies are in line with our purpose and function. Date for completion: 10/05/24	Organisational policies and procedures will be reviewed for 2024. This will continue to occur on a biannual basis or where and when required.
6	The centre management must conduct a training and professional development needs analysis as a priority and on a regular basis going forward. A plan of action to address training and development needs arising from this audit should be implemented.	A full training analysis has taken place, and this will continue to occur monthly. An action plan has been developed regarding the training needs of the service and this is currently being implemented. A newly developed Cultural Awareness Training programme tailored to the client group has been scheduled for 11/04/24.	The Centre Management Team will continue to complete a full training audit monthly. This will be reviewed by Senior Management and an action plan will be developed each month to ensure training needs are met within the service.