



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 118

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Harmony Residential Care
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	29th and 30th April 2024
Registration Status:	Registered from the 09th September 2022 to the 09th September 2025
Inspection Team:	Anne McEvoy Joanne Cogley
Date Report Issued:	23rd July 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 09th of September 2016. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 09th of September 2022 to the 09th of September 2025.

The centre was registered as a multi-occupancy service to provide medium to long term residential care for two young people aged 13 to 17 upon admission. The model of care was described as being informed by the principles of cognitive behaviour therapy delivered through a therapeutic relationship. The team aimed to meet a number of the young person's needs, primarily the need to feel safe, to build the young person's self-esteem and confidence and to provide more appropriate skills to express their feelings. There were two young people living in the centre at the time of the inspection. One young person had turned 18 years of age in the two months prior to inspection and an extension to their placement was approved to allow them to complete their educational programme.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
2: Effective Care and Support	2.3
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.1
7: Use of Resources	7.1

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 20th June 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 3rd July 2024.

The findings of this report and assessment by the inspection service of the submitted action plan were used to determine the centre's compliance and adherence to the regulatory frameworks and standards in line with its registration. It was the finding of this inspection that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies*. However, subsequent to the inspection, evidence was provided that the centre had come into compliance. 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: 118 without attached conditions from the 09th of September 2022 to the 09th of September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors found that each young person was encouraged to exercise choice and participate in decisions made about their care and support. They were encouraged to attend their child in care reviews and have their opinions heard and discussed around contact arrangements and placement planning.

However, inspectors reviewed one key work record which highlighted that one young person did not speak up during their child in care review and the record stated that the young person failed to use the opportunity given to them. Inspectors found that there was no consideration given to the young age of the young person and to the reason the young person did not speak up and the context of the meeting which had overwhelmed the young person. The key work record was signed off by centre management and the care staff member was not challenged to reflect on the impact this individual work may have had on the young person. In addition, the young person was not provided with an opportunity to highlight the issue that had caused them concern and overwhelm them. The centre manager must ensure that young people are provided with ample opportunity to reflect on issues affecting them and their participation in decision making.

Young person meetings took place regularly and each young person was asked for their views and opinions on the day to day living issues in the centre. Inspectors found that a feedback form was issued to both young people in November 2023 and while one young person chose not to complete it, the second young person highlighted issues that they required support in such as managing their mental health. Additional supports were implemented for this young person around mental health services.

The centre had a policy on key working and case management. This policy identified that each young person was assigned at least one key worker and one case manager

and that a co-key worker was to be assigned in consultation with the young person. Inspectors found that due to staffing issues, each young person only had one key worker assigned. The key worker for one young person worked on a part time basis, usually completing one shift per week and this limited completion of tasks as highlighted in the policy. This included participating in planned and unplanned key working sessions on a regular basis, advocating and mediating on behalf of the young person with interested individuals both inside and outside the centre. In interview the young person said that “the whole staff team” was their key worker. While inspectors acknowledge that the young person felt comfortable with most members of the care team, the practice was not in keeping with the roles and responsibilities as set out in the centre’s policy on key working and case management. The centre manager must ensure that each young person is assigned a key worker with whom they can establish a relationship of support and trust and that the centre follow its policy on the assignation of key workers and co-key workers.

Each young person was provided with an information leaflet on arrival at the centre advising of the day to day running of the centre and advising on issues such as how to make a complaint, the purpose and function of young people meetings and services such as “Tell Us” Tusla complaint and compliment service and advocacy service Empowering People in Care (EPIC). In interview, the social work team leader for one young person was satisfied that the young person was aware of how to make a complaint and that the care staff facilitated them making complaints when necessary. However, inspectors reviewed the key work records for the six months prior to inspection- from November 2023, and found there was no key work completed reminding the two young people on how to make a complaint or how to access advocacy services. This is despite both young people expressing dissatisfaction in some aspects of their care during those months. The centre manager must ensure that each young person is provided with routine reminders about advocacy services, their purpose and how to access them.

The young person welcome pack outlined the steps that young people needed to undertake to gain access to any portion of the records and reports written about them. It advised that each young person needed to inform a care staff member should they wish to view their files and indicate which files they required access to. The centre manager was then to submit a request to the social worker and once the social worker approved the request a photocopy of the record could be shown to the young person. The policy noted that it was “good practice to include the young person sign off on reports such as key working, young person meetings, safety plans and risk assessments as example”. This was at variance to the practice in the centre and to

care staff understanding of young people's access to records generated within the centre. Inspectors found that the practice in the centre was overly restrictive and actively worked to inhibit young people's access to their own records. The registered provider must ensure a review of centre policy and practice to ensure that each young person is made aware of what information is recorded about them and can read their own records, where appropriate in line with centre policy.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
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 1.3
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 ample opportunity to reflect on issues affecting them and their participation in decision making.
- The centre manager must ensure that each young person is assigned a key worker with whom they can establish a relationship of support and trust and that the centre follow its own policy on the assignation of key workers and co-key workers.
- The centre manager must ensure that each young person is provided with routine reminders about advocacy services, their purpose and how to access them.
- The registered provider must ensure a review of centre policy and practice to ensure that each young person is made aware of what information is recorded about them and can read their own records, where appropriate in line with centre policy.

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Inspectors found that the layout and design of the residential centre was suitable for providing safe and effective care for the number of young people resident in the centre and was sufficient to meet the needs of each young person. The centre had undergone refurbishment in the year since the last inspection and an upgraded heating system as well as the addition of ensembles to each bedroom were installed. The centre was found to be well heated, adequately lit, and ventilated.

Inspectors found that the carpet on the stairs was substantially stained and needed to be replaced. The wall coming down the stairs also needed to be repainted to remove marks and stains. One bedroom was not in use and did not appear to be subject to ongoing dusting and cleaning. Inspectors viewed one young person's and found the room to need cleaning and freshening up. There was no banister on the stairs and inspectors were advised that the centre manager was requesting that one be fitted. The registered provider and centre manager must ensure that additional work is undertaken in the centre to freshen up paintwork and carpets, fit a banister to the stairs and ensure that the centre is kept clean and appropriately decorated.

Each young person had their own bedroom and ensuite with adequate and secure storage facilities for their personal belongings. The centre had a games room where one young person spent a lot of time and the second young person had full access to a large kitchen/living room space. All equipment in the centre was of an appropriate and accessible standard and appeared to be in good working condition.

While the interior to the centre had been refurbished, the exterior required a substantial amount of upkeep. The area to the front of the house required the grass to be cut and weeds were growing around the front door.

The boundary fence was missing in some places and jagged remains were left at other places. The absence of a safe and complete boundary fence in place between the centre property and the adjoining house and fields allowed the young people full egress on all sides to the rear of the centre. The property to the side of the centre was unoccupied and in a state of disrepair, which could pose a health and safety risk to any young person living in the centre. The garden to the rear and side of the centre was not fit for purpose and required levelling and the removal of a small amount of building rubble that was left following the renovations in August 2023. Inspectors observed a barrel of water in the centre of the rear garden that was full of stale and stagnant water which also presented a health and safety risk. There was a dried-out Christmas tree at the rear of the house which needed to be removed as it could be considered a fire hazard. Inspectors were provided with an action plan to address these issues prior to the issuing of this inspection report. This highlighted that all issues identified above were to be actioned by the 24th May 2024 with interior painting to be scheduled by the 24th June 2024.

A review of young person meeting minutes evidenced that each young person was provided with opportunities to input into the décor of the centre. One young person had recently requested that garden furniture be purchased for the centre, and this was being actioned by the centre manager.

Inspectors found that while the centre held a maintenance logbook and some issues had been noted for action, most issues noted above as well as issues identified in team meeting minutes – removal of debris from the back yard and front gates in need of repair - were not recorded in the maintenance book. The most recent monthly assessment of premises check took place on the 28th March 2024 and the record stated that everything in the premises including paint work and exterior was in “good” condition. As noted above, this was not in line with inspectors’ findings during the inspection. The centre manager must ensure that the maintenance logbook accurately reflects the issues in the centre requiring remediation and these issues are actioned in a timely manner.

The centre had a safety statement in place. The health and safety general statement was reviewed periodically by external health and safety consultants. The statement evidenced that it was last reviewed on the 11th Jan 2024. The statement contained relevant risk assessments including the potential for fire, lone working and risks where care staff may need to conduct live nights, however there were no recorded risk assessments for the exterior of the house where the risks of slips, trips and falls was high due to the uneven ground, presence of building rubbish and other materials. The

centre manager and registered provider must ensure that risk assessments associated with the health and safety statement are updated and specific to the centre.

Inspectors reviewed fire safety records available. Inspectors were advised that records relating to health and safety and fire safety prior to March 2024 were archived due to the implementation of a new system. The records reviewed for March and April 2024 were found to be compliant with the requirements of fire safety legislation. Following centre refurbishment and structural changes made to the building, an updated fire safety compliance report was provided to inspectors. This report was carried out by a certified company and stated that the centre was fully compliant with Technical Guidance Document B – Fire Safety 2017 for community dwelling homes. Daily / weekly checks were being carried out by staff with no issues noted. Fire drills were occurring monthly, and inspectors recommend that the centre management review the need for monthly drills, as both young people were engaging and there were no issues noted.

The centre had two vehicles available to transport the young people to their respective school, activity and access arrangements. Inspectors were provided with up-to-date tax and insurance certificates for both vehicles and copies of full driving licences were evidenced on the sample of personnel files reviewed by the inspectors.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
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 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- The registered provider and centre manager must ensure that additional work is undertaken in the centre to freshen up paintwork, fit a banister to the stairs, and ensure that the centre is kept clean and appropriately decorated.
- The centre manager must ensure that the maintenance logbook accurately reflects the identified issues in the centre requiring remediation and these issues are actioned.
- The centre manager and registered provider must ensure that risk assessments associated with the health and safety statement are updated and specific to the centre.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors reviewed the audit plan for 2024 compiled by the senior quality assurance manager. This was a comprehensive organisational plan and included announced and unannounced audits, as well as planned reviews of action plans to assess the safety and quality of care provided in each centre against the National Standards for Children's Residential Centres, HIQA (2018).

Inspectors reviewed audits completed from March 2023 to April 2024. It was evident that the senior quality assurance manager conducted regular and ongoing audits and identified deficits in the centre to be actioned. An audit conducted in April 2024, just prior to the inspection taking place, focused on standard 5.4 and identified that more effective oversight was required regarding significant events and reviews and to ensure that learning was shared across all centres. Inspectors concurred and found that more robust oversight and shared learning was required in areas of complaints, significant events and record keeping.

The centre had a complaints register in operation to record information on complaints and to support the analysis of trends and learning to be taken, however there were no complaints recorded since the start of 2024. This was inaccurate and inspectors found two separate records indicating that one young person was

dissatisfied with the care provision they were receiving in that timeframe, specifically around funding allocation and these were not logged as complaints. One of these records was a significant event notification, where the young person was dysregulated because of frustration on their funding allocation. Despite the additional layers of oversight, the complaint was not identified, recorded, acted on, monitored or analysed. There was evidence that complaints from the second young person were, for the most part, recorded and acted upon appropriately and one complaint was escalated to the Tusla Tell Us process and formally logged on behalf of the young person. However, inspectors found a key work record where the second young person expressed dissatisfaction where they were not made aware of who would attend their child in care review and this, subsequently impacted on their ability to engage in the meeting. This was not identified as a complaint either. Inspectors found that the oversight of individual work records was not robust enough to identify, record and analyse complaints.

Inspectors reviewed significant event review group (SERG) meeting minutes and found that the last SERG minutes filed for the centre was dated October 2023. Inspectors were advised that other SERG meetings had occurred, but these were not filed. An audit from September 2023 identified a deficit in the printing and filing of centre records and as highlighted, this continued to present as an issue during this inspection. A review of management meeting minutes from November 2023 to April 2024 evidenced that while significant event reviews were a standing item on the agenda, there was very little discussion on the content of these reviews for centres or on learning to be shared between centres.

Inspectors found oversight on written records was not robust. As discussed in standard 1.3, centre management failed to challenge a care staff member on their approach where the young person was deemed to have failed to advocate for themselves. A sample of team meeting minutes from January 2024 to April 2024 were reviewed and inspectors found that there was no discussion on these minutes with regards to health and safety concerns, staffing, roster or workforce planning. Inspectors were advised that discussion relating to young person planning, complaints, significant events and learning from same were all recorded in case management records. A sample were reviewed, and inspectors found that there was no discussion on complaints or significant events during these meetings either. The registered provider and centre manager must ensure that information relating to complaints, concerns and incidents is appropriately recorded, acted on, monitored and analysed. The registered provider and centre manager must additionally ensure

that oversight on centre records is more robust so that learning from these events and any trends identified are communicated to all care staff to promote improvements.

Inspectors found that the registered provider had not undertaken an annual review of compliance to date. The regional manager provided a template of a proposed document, but this was still a working document and was not agreed upon. The registered provider must ensure that a review of compliance with the centre's objectives is conducted as soon as practicable and then undertaken on an annual basis to promote improvements in work practices and to achieve better outcomes for children and young people.

Compliance with Regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

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	Not all standards under this theme were assessed.
Practices did not meet the required standard	Standard 5.4

Actions required

- The registered provider and centre manager must ensure that information relating to complaints, concerns and incidents is appropriately recorded, acted on, monitored and analysed.
- The registered provider and centre manager must ensure that oversight on centre records is more robust so that learning from events and any trends identified are communicated to all care staff to promote improvements.
- The registered provider must ensure that a review of compliance with the centre's objectives is conducted as soon as practicable and then undertaken on an annual basis to promote improvements in work practices and to achieve better outcomes for children and young people.

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.

There was evidence that workforce planning was built into the strategic planning for the organisation and the centre staffing requirements were subject to on-going review. The senior management team had an open risk assessment regarding recruitment with a risk safety management plan in place. This risk assessment was updated in April 2024 with additional interventions implemented to improve recruitment. Among these, a recruitment agency was contracted to promote more effective recruitment, the “refer a friend” scheme allowance for current staff members was increased per referral and recruitment was to be discussed weekly to review staffing needs.

The current care team comprised of a social care manager, a deputy manager, three social care leaders, four full social care worker post holders and one half post social care worker. Relief staff were not centre specific and were a resource across the organisation. In interview care staff stated that the same relief staff members were utilised on an ongoing basis to ensure continuity for young people. This was confirmed in interview with one young person. Inspectors were informed that one social care leader had recently notified the centre of their intention to leave their post. Inspectors found that four of the current care team had been in their post more than one year, while three staff members had recently joined the team and were working in the centre less than six months. Inspectors found that the number of staff employed in the centre was not sufficient to meet the needs of the young people. In interview, inspectors were informed that the assignation of a second key worker, as per centre policy, was not implemented due to low staffing numbers. The registered provider must ensure Alternative Care Inspection and Monitoring Service is notified when the full complement of staffing is in place.

A sample of personnel files for the centre were reviewed as part of the inspection process and were found to be incomplete. They were found to be disorganised and difficult to track. The named persons verifying references on one file did not match the names on the written references and the reference checks were not found to be robust. The overseas police check for one staff member was not on file but was

provided to inspectors prior to the end of the inspection. The registered provider must ensure they maintain a full and complete personnel file for each staff member working in the centre in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.

A review of centre records indicated that staff turnover in the last year was low with three care staff members having left the centre since the time of the last inspection. There were arrangements in place to promote staff retention. These were reviewed as part of the open risk assessment regarding recruitment in efforts to promote retention. Care staff members could avail of benefits in place such as a 24/7 Employee Assistance Programme, staff development plans, maternity and paternity schemes implemented from January 2023 and staff feedback forms. When care team members left their respective posts, exit interviews were held and in January 2024, the senior quality assurance officer reviewed staff exit interviews for the period January 2023 to December 2023. They analysed comments made and provided feedback to senior management.

The centre had an on-call policy and there were formalised procedures for on-call arrangements at evenings and weekends. There was an agreed on-call schedule to ensure staff were aware of who to contact in an emergency. The centre operated a three tiered on call system. The primary on call person was a social care leader and the secondary on call person was either a manager or deputy manager. Care staff were to phone the primary on call in the first instance and if they were busy on their own shift or were not able to offer guidance, the primary on call person phoned the secondary on call person to respond to the care staff seeking guidance. In interview, staff members stated that being on call was part of the responsibilities for their role and was incorporated into their pay scale. However, it was noted by staff in interview that care staff had requested a separate allowance for being on call and this was under review by the company. Inspectors reviewed senior management meetings and found that this issue was noted for discussion and found that on call allowances was a standing item on the agenda from November 2023 to the time of this inspection with no outcome noted or presented to care staff. Inspectors recommend that senior management review this system to ensure its effectiveness for both the care staff seeking guidance and for the primary on call staff member who may also be on shift when the call for support is made.

Compliance with Regulations	
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 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed.

Actions required

- The registered provider must ensure Alternative Care Inspection and Monitoring Service is notified when the full complement of staffing is in place.
- The registered provider must ensure they maintain a full and complete personnel file for each staff member working in the centre in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

The centre management and regional manager stated in interview that funding was provided when requested to ensure that the care delivered met the needs of the young people in the centre. It was evident that funding was made available to improve the conditions of the interior of the centre and the house itself was refurbished in the year since the last inspection. As referenced in standard 2.3, inspectors were advised that the carpet on the hall stairs was not replaced during refurbishment as the cost was substantive. Inspectors were provided with an updated action plan prior to the completion of the inspection assuring that the carpet on the stairs was to be replaced.

The centre was provided with petty cash on a weekly basis to purchase food, fund each young person's activities, treats and pocket money and to save towards additional costs at Christmas and holiday times. In interview with the social work

team leader for one young person, inspectors were advised that the centre had requested additional funding from the social work team to fund the purchase of schoolbooks and to fund a holiday for the young person. While these costs were ultimately funded by the organisation, inspectors noted that these issues should not be under negotiation and the young people should not experience any delays due to a question regarding funding of routine expenses. Inspectors found that the petty cash budget was last reviewed in August 2023 and given the cost-of-living rises experienced across the country, the centre manager and registered provider must ensure that the current petty cash allocation is reviewed to assure themselves that the funds provided are sufficient to provide child centred, safe and effective services.

Through a review of centre records, an interview with one young person and interview with care team members, inspectors found that the funding provided to one young person was inadequate to meet their needs at the time of inspection. The young person was engaged in full time education and was due to graduate from secondary school in the weeks after inspection. In interview and on review of centre records, the young person had expressed dissatisfaction that they were unable to afford the tickets for their upcoming deb's celebration. They were expected to provide a financial plan to demonstrate how they were going to afford the clothing and accessories required for the deb's celebration. Inspectors were advised by the centre manager that this was not the case, but all records reviewed, and interviews held, provided credence to the young person's perspective. Prior to the end of the inspection, inspectors were advised that the funds required for the young person to purchase their deb's tickets was lodged to their account and an assurance was provided that all necessary funds to purchase appropriate clothing was to be provided.

Inspectors found that one young person was required to purchase their own birth certificate to make an application for their passport. They were also to pay public transport costs out of their allocated funds per week. Inspectors reviewed the funds provided to the young person and found them to be insufficient to meet the requested outgoings they were to pay. Rationale for this was provided stating that the young person needed to learn how to budget as part of aftercare planning, however there was no evidence that this was part of a preparation for leaving care plan with adequate monies being provided to do these tasks to enable the young person to learn how much these documents cost and how to budget for them.

Prior to the completion of this inspection, inspectors were provided with additional key work records which evidenced that a review of the young person's funds was to be

undertaken with immediate effect. The registered provider and centre manager must ensure that resources are planned and managed to meet the identified needs of young people in the care of the residential centre. In addition, the centre manager must ensure that every young person in their care is provided with copies of important documents such as their birth certificate in line with the National Standards for Children's Residential Centres (2018) HIQA.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 7.1
Practices did not meet the required standard	None identified

Actions required

- The centre manager and registered provider must ensure that the current petty cash allocation is reviewed to assure themselves that the funds provided are sufficient to provide child centred, safe and effective services.
- The centre manager and registered provider must ensure that funding and resources are made available and effectively allocated to ensure the needs of young people living in the centre are met.
- The centre manager must ensure that every young person in their care is provided with important documents such as their birth certificate in line with the National Standards for Children's Residential Centres (2018) HIQA.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that young people are provided with ample opportunity to reflect on issues affecting them and their participation in decision making.	The issue that arose was discussed with the team member on 27.06.2024. A general discussion also took place with the team on 20.06.2024 at the team meeting. With immediate effect, the Centre Manager will ensure more robust oversight and governance on key work and other records pertaining to young people.	The keyworking and significant conversation records have been updated to allow for more reflective review of young people's voices and team engagement with the young people. The Centre Management Team will complete this oversight as conversations take place to prevent an issue like this arising again. In addition, the Centre Management Team will ensure preparation work is completed with young people prior to any meetings they are attending.
	The centre manager must ensure that each young person is assigned a key worker with whom they can establish a relationship of support and trust and that the centre follow its own policy on	The young person in placement has a full time keyworker and a co-keyworker in place. Effective immediately, part time team members will not be assigned as full-time keyworkers in this Centre. They may however be assigned as co-keyworkers.	A full policy review of keyworking and case management will take place at the management meeting on 12.07.2024. The Centre Manager will ensure effective planning in relation to the assigning of keyworkers, and this will be reviewed

	<p>the assignation of key workers and co-key workers.</p> <p>The centre manager must ensure that each young person is provided with routine reminders about advocacy services, their purpose and how to access them.</p> <p>The registered provider must ensure a review of centre policy and practice to ensure that each young person is made aware of what information is recorded</p>	<p>The Centre Manager will ensure with immediate effect that the Centre policy will be followed in relation to the assigning of keyworkers.</p> <p>On 01.05.24 and 21.06.2024, key work was completed with both young people to remind them about advocacy services. In place, the Centre has visual displays located in communal areas for young people to access at any time. In addition, the Centre Manager will ensure routine reminders take place either individually or at young person meetings. A SER of the issues identified by inspectors will take place with the team at the team meeting in July 2024 to allow for shared learning on the deficits that arose in conjunction with a review of the complaints policy.</p> <p>On 12.07.2024, a review of this policy by the management team will take place. This will also take place with the Centre team in July 2024. Once completed, the relevant</p>	<p>monthly by the Regional Manager at the Centre Regional Management Meetings.</p> <p>The Centre Manager will complete two on the spot audits per annum and included in this is for the manager to ensure that young people have been provided with routine reminders about advocacy services. Where deficits are found, this will be actioned and discussed with the team.</p> <p>The updated documents for young people will include the full information required and will be outlined in their welcome packs and on the easy-to-read information</p>
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	about them and can read their own records, where appropriate in line with centre policy.	documents to inform young people will be updated, and issued to the young people to ensure they are aware of same. This will be completed in full by the end of July 2024.	booklet for young people. All information will also be communicated to all employees via an update to the Centre policy to ensure clear guidance is in place.
2	<p>The registered provider and centre manager must ensure that additional work is undertaken in the centre to freshen up paintwork, fit a banister to the stairs, and ensure that the centre is kept clean and appropriately decorated.</p> <p>The centre manager must ensure that the maintenance logbook accurately reflects the identified issues in the centre requiring remediation and these issues are actioned.</p>	<p>The tiered system for contacting maintenance has ceased with immediate effect and contact is made directly by the team to ensure all matters are responded to in a timelier manner. Paintwork will be completed by the end of July 2024. The banister was fitted on 16.05.2024. The boundary fence will be fitted by the end of July 2024. The Centre Manager is responsible for ensuring that the centre is kept clean and appropriately decorated.</p> <p>With immediate effect, the Centre Manager will be responsible for ensuring that the maintenance logbook reflects the identified issues in the Centre requiring remediation and these issues are actioned.</p>	<p>From September 2024, the registered proprietor will have a facilities manager in situ to ensure that the Centre continues to be maintained. The Regional Manager has been allocated a Centre budget, separate from petty cash to ensure that the Centre is appropriately decorated. In addition, a gardener is in place and has a schedule to maintain the garden and the grounds routinely.</p> <p>The Regional Manager will review the maintenance logbook at the monthly Regional Manager Centre Meetings until it is agreed this timeframe can be reduced.</p>

	The centre manager and registered provider must ensure that risk assessments associated with the health and safety statement are updated and specific to the centre.	The risk assessments associated with the health and safety statement are in place as of 21.06.2024. Monthly health and safety meetings are in place between the health and safety rep and the management team to identify any further required health and safety risk assessments.	The maintenance logbook has a section to outline if a health and safety risk assessment is required for any identified issues. The Centre Manager is responsible for overseeing that this logbook is up to date and all health and safety risk assessments are in place. Further supporting this will be the monthly oversight from the Regional Manager on all Centre risk assessments including health and safety risk assessments.
5	<p>The registered provider and centre manager must ensure that information relating to complaints, concerns and incidents is appropriately recorded, acted on, monitored and analysed.</p> <p>The registered provider and centre manager must ensure that oversight on centre records is more robust so that</p>	<p>Effective immediately, the keyworking and significant conversation records have been updated to allow for more reflective review of young people's voices and team engagement with the young people. A SER of the issues identified by inspectors will take place with the team at the team meeting in July 2024 to allow for shared learning on the deficits that arose.</p> <p>Effective immediately, key work and significant conversation records have been updated to allow for more robust oversight</p>	<p>The Centre Management Team will complete more effective oversight on keyworking and significant conversation records to ensure this issue does not arise again. Supporting this will be a monthly review of complaints and incidents at the management meetings via a childcare KPI discussion system implemented in May 2024.</p> <p>The Centre Manager will be responsible for ensuring the standing agenda is followed in full to prevent this issue arising again. In</p>

	<p>learning from events and any trends identified are communicated to all care staff to promote improvements.</p> <p>The registered provider must ensure that a review of compliance with the centre's objectives is conducted as soon as practicable and then undertaken on an annual basis to promote improvements in work practices and to achieve better outcomes for children and young people.</p>	<p>and evaluation. In addition, the team meeting standing agenda has been updated to include discussion points on health and safety, workforce planning, complaints and issues young people have raised, significant events and learning to correct this deficit.</p> <p>Effective immediately, the Senior Quality Assurance Manager has scheduled the annual compliance review in line with the Centre objectives within the annual audit plan.</p>	<p>support of this, the Regional Manager will attend one team meeting per quarter to ensure effective discussion around the deficits identified.</p> <p>The Senior Quality Assurance Manager will undertake the review of compliance on an annual basis and detailed on the annual audit schedule. The Registered Proprietor will review these annually.</p>
6	<p>The registered provider must ensure Alternative Care Inspection and Monitoring Service is notified when the full complement of staffing is in place.</p>	<p>The registered provider will notify ACIMS when the full complement of staffing is in place.</p>	<p>Robust workforce planning meetings will continue on a weekly basis between the senior management team with the aim to identify deficits and developing strategies to mitigate the potential risks. To further support issues like this not arising again, a</p>

	The registered provider must ensure they maintain a full and complete personnel file for each staff member working in the centre in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.	The Senior Quality Assurance Manager will audit all personnel files prior to the commencement of employees to ensure compliance with the requirements set out by ACIMS and the staff vetting requirements. A HR admin has been recruited and from September 2024 they will maintain all employee personnel files to ensure full compliance.	HR Manager has joined the senior management team. The HR department will conduct two audits per annum on staff personnel files following the initial quality assurance audit to ensure all personnel files have all requirements in place in both hard file and the online employee system. Any deficits will be actioned for completion.
7	<p>The centre manager and registered provider must ensure that the current petty cash allocation is reviewed to assure themselves that the funds provided are sufficient to provide child centred, safe and effective services.</p> <p>The centre manager and registered provider must ensure that funding and resources are made available and effectively allocated to ensure the needs of young people living in the centre are met.</p>	<p>The registered proprietor has completed a full review of the petty cash system and has assigned an additional Regional Manager budget to supplement the petty cash to ensure funds are sufficient, accessed in a timelier manner to provide child centred, safe and effective services.</p> <p>Effective as of May 2024, the registered proprietor has allocated budgetary responsibility to the Regional Manager which supplements the petty cash to ensure funding and resources are available effectively and promptly allocated to</p>	<p>An annual review of petty cash will take place with the Regional Manager and the registered proprietor to prevent issues like this arising again.</p> <p>An annual review of allocated funding will take place with the Regional Manager and the registered proprietor to prevent issues like this arising again.</p>

	<p>The centre manager must ensure that every young person in their care is provided with important documents such as their birth certificate in line with the National Standards for Children's Residential Centres (2018) HIQA.</p>	<p>ensure the needs of the young people living in the Centre.</p> <p>Effective immediately, the admission checklist has been updated to reflect the requirement to obtain a young person's original birth cert to ensure these are available when required by the young person and so they have this and other important documents before they are discharged.</p>	<p>The Centre Manager will be responsible for ensuring all important documents are provided to young people.</p>
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