



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 205

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	SMC Children Services
Registered Capacity:	Eight young people
Type of Inspection:	Announced
Date of inspection:	9th & 10th April 2024
Registration Status:	Registered from 5th August 2023 to 5th August 2024
Inspection Team:	Lorraine Egan Lisa Tobin
Date Report Issued:	4th 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 5th August 2022. 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 05th August 2023 to 05th August 2024.

This centre was established under the Temporary Protection Directive (TPD), the directive provides a wide range of supports to persons including permission to reside in Ireland, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive was put in place for an initial period of one year but has been extended to March 2025. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people. This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD.

At the time of this inspection the centre was registered in accordance with the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE02 published in February 2024. This protocol was published by Tusla in response to the EU Temporary Protection Directive/TPD to allow for the registration of TPD centres for young people aged sixteen to eighteen years of age.

The centre was registered to provide multi occupancy for eight young people aged between 16 and 18 years of age on admission. The aim of the centre was to provide a high-quality standard of care that is responsive to the individual needs of young people, within a child-centred, supportive and safe open environment. The young people shared four bedrooms with up to two young people per room. There were seven young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
8: Use of Information	8.2

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 10th May 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 24th May 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: 205 without attached conditions from the 5th August 2023 to 5th August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 3: Safe Care and Support

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

Young people living in the centre experienced good quality, safe and supportive care. Inspectors observed warm exchanges with staff while in the centre and the team were dedicated to developing and maintaining positive and trusting relationships with young people for the period of time they remained there. Young people participated in decisions about their care and they were supported to maintain contact with their families and friend groups. The organisation had recently invested in improving Wi-Fi coverage in the centre to ensure that young people had enhanced access when communicating with their families and people important to them in their country of origin. A number of the young people met with and interacted with inspectors and also completed questionnaires. They were generally positive about living in the centre and described how they were progressing in their studies and in their plans for their future. They said they liked staff and could talk to them when they needed to. One young person on their questionnaire stated that they found the rules of the house unfair. The young people said they got on with their peers in the centre.

A draft child safeguarding policy and procedures had been developed by the organisation specifically for their centres operating under the Temporary Protection Directive (TPD). These had yet to be signed off on by senior management along with an agreed timeframe for implementation and this should be completed as a priority.

From a review of the policies by inspectors, they required improvements and further review must be undertaken in order to be compliant with policy and procedural stipulations under Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. For example, the mandated reporting procedure was not in line with legislation and the response to allegations of abuse against staff was confused with ‘reasonable grounds for concern’. In addition the bullying policy was combined with bullying against staff and it is recommended that this is removed.

While some staff at interview understood aspects of the safeguarding policies, overall there was a lack of clarity on how they would submit a mandated report in practice. Additionally, improving staff awareness was required on the identification and recognition of child protection concerns and on the various thresholds for reporting harm to Tusla. The staff team must be provided with specific training on the policies when completed.

The centre manager was the appointed designated liaison person (DLP). A deputy DLP was also in place and both were accessible to staff and had completed the relevant training in respect of their child safeguarding roles and responsibilities. All of the staff team had completed child sexual exploitation training and Tusla's Children First E-Learning modules including mandated persons training. All social care staff were appointed mandated persons. In addition, a child safeguarding statement (CSS) was in place and had been forwarded to Tusla's child safeguarding statement compliance unit (CSSCU) where a letter outlining the centre's compliance with its obligations under the Children First Act, 2015 had been issued to the centre. Staff interviewed were aware of who they reported a protected disclosure to. There was a draft protected disclosure policy in place in the centre.

A child protection register was maintained by the centre and there were eight entries since August 2022. Reports submitted did not indicate if they were closed or not and there was no reason recorded why they remained open. Follow-up with the dedicated social work team was not evident in relation to the progression of the reports. Regarding a number of recent child protection referrals forwarded to Tusla, further consideration and discussion is recommended on the thresholds for reporting prior to submission. On review of files, inspectors identified one specific child protection concern that had not been reported. This should be reviewed by the DLP.

A draft anti bullying policy was in place in the centre as part of the overall child safeguarding policies. Some patterns of racial targeting of young people had begun to emerge amongst the peer group specifically in relation to new admissions. However, these had been identified by the staff team as an issue and were being addressed through one to one work as well as at young people's meetings. Inspectors recommend that a programme on diversity, cultural differences and inclusiveness is resourced for young people to participate in and that monitoring of the patterns of racial targeting are strengthened. From a review of young people's files and from talking to young people, further sessions were required with them regarding respect for rules and a code of behaviour when sharing bedrooms. There was evidence to show that dissatisfaction remained amongst the peer group regarding these areas. A

number of risk assessments had been developed by the centre including one for bedroom sharing. There were no individual areas of vulnerability arising for this group of young people currently.

While some key working sessions were taking place, these were irregular and child safeguarding topics such as online safety, consent, self-care, sexual health were not completed as part of the one to one work with young people. Online safety had recently been a theme for one of the house meetings that young people attended. Young people should be supported to develop the understanding and skills needed for self-care and protection. Young people who spoke to inspectors said they knew who to speak to if they were feeling vulnerable or upset. Most had their own phone so that they could be contacted by staff when they were away from the centre. Where one young person did not have the use of a phone for three weeks after moving in, they had since been provided with one to increase their safety.

From a review of the rosters, inspectors found that there were occasional gaps in fulfilling the rota with 'live night' staff in line with the service level agreement. The registered provider must ensure that waking night staff are in place at all times.

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

Actions required:

- The registered proprietor must ensure the centre's child safeguarding policies and procedures are reviewed, updated and implemented so that they comply with Children First and the Children First Act 2015.
- The registered proprietor must ensure that all staff receive specific training on the centre's child safeguarding policies.
- The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.

- The centre manager must ensure that young people are supported through key working to develop the knowledge and skills needed for self-care and protection.
- The registered provider must ensure that the rota complies with the service level agreement and that live night staff are in place at all times.

Regulation 17: Records

Theme 8: Use of Information

Standard 8.2 Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

From a review of centre files, inspectors found that improvements were required in the overall management of young people's records, the quality of information recorded, and information governance. For example, young people's files did not contain a full reflection of the progress they were making or the work that was being achieved through staff support with their individual goals. While a number of young people's files contained a Tusla placement plan completed at the time of their admission, others did not. These had not been forwarded by the dedicated social work service. The centre manager had requested the outstanding plans from the social work department and had yet to be received.

In addition, the placement plans were not being reviewed within the required timeline by Tusla's Separated Children Seeking International Protection social work department. In general very few of the young people's needs and goals were identified on these plans and consequently they did not inform care provision adequately. Despite this deficit, the centre had conducted their own review with most young people within a regular timeframe using the same template. However, the quality of the information recorded by staff varied and it was difficult to identify each young person's progress in relation to their needs outlined. In order to track individual goals from month to month and reflect the individual work undertaken with each young person by the staff team, inspectors recommend that the centre develops their own placement plan format.

While the centre did prepare a monthly update in relation to goal achievement, insufficient information was contained on this document. Also, cut and paste was used on some young people's files and this led to incorrect names and other

inaccuracies on their documents. Not all files maintained a photo identification for each young person. Some of these issues were highlighted in a recent external audit completed by the organisation's quality auditor. The record keeping gaps must be addressed to prevent young people's files from being incomplete and to protect their personal information.

Young people's records were stored within locked cabinets in a secure office so as to respect the privacy of their information. The office was required to be fully locked when staff were not using the space. There was routine access by the centre manager and the staff team and at certain periods throughout the year, the organisation's monitor had oversight of the records for auditing purposes. The centre were proactive in informing young people about the records maintained by them and they were regularly offered an opportunity to access these. The centre held a young people's register in line with statutory requirements. The register must be reviewed to accurately identify the date the young person moves on from the centre as some were not recorded. Inspectors found that there was not regular oversight on the centre records from management external to the centre.

Data protection policies including one on the retention and destruction of records had not been forwarded to inspectors and these must be submitted as a priority for their review. Centre and senior management told inspectors that there was no process in place with the social work department for the confidential transfer of a hardcopy of young people's files at the time of their discharge and they did not have a policy in place for the destruction of their digital files. Currently all records are removed from the live filing system and archived in the centre. Centre and senior management stated that they have escalated this to Tusla but have received no response to their request for direction on transferring of files.

Compliance with Regulation	
Regulation met	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 8.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all young people's records are up to date, complete and of a high quality. Appropriate oversight must be in place.
- The centre manager must ensure that the centre's register for young people details all relevant information for each young person.
- The centre manager must ensure that data protection policies including one on the retention and destruction of records are submitted to ACIMS as a priority for review.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered proprietor must ensure the centre's child safeguarding policies and procedures are reviewed, updated and implemented so that they comply with Children First and the Children First Act 2015.</p> <p>The registered proprietor must ensure that all staff receive specific training on the centre's child safeguarding policies.</p>	<p>A new child protection policy is devised and now in place.</p> <p>This was reviewed with all staff during in-house child protection/Children's First training on May 23rd. It will also be reviewed regularly in supervision and at team meetings going forward.</p> <p>DLP training was completed by the centre manager (DLP) on 07.10.22, and DDLP training on 20th & 21st March 2023.</p> <p>All staff have completed the mandated person training.</p> <p>All Staff have completed the child sexual exploitation training and will have the updated version completed online by the end of May. In person child sexual exploitation training will take place on June 21st for staff.</p>	<p>The centre manager will ensure all staff receive refresher training when required and all new staff will complete Tusla's Introduction to Children First, Mandated Person and Child Sexual Exploitation training as part of their induction. This will also be followed up with in-house training on Children First and the centre's child protection policy.</p> <p>Training will be reviewed monthly to ensure there are no gaps.</p> <p>The CSS will be sent to the CSSU yearly or sooner if changes are required. This will then be reviewed with all staff.</p>

	<p>The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.</p> <p>The centre manager must ensure that young people are supported through key working to develop the knowledge and skills needed for self-care and protection.</p>	<p>The CSS was reviewed by all staff at the April's Team Meeting.</p> <p>An email was sent to the SW team leader on (15.05.24) enquiring about the status of the current CPWRs in the centre. No response received to date. A child protection notice board is now in place in the staff office with guidance on reporting safeguarding issues and how to follow up on these.</p> <p>Irish Refugee Council was contacted on (15.05.24) regarding facilitating a workshop in the centre on diversity, cultural differences and inclusiveness. A new Code of Conduct is in place for Young People. They have all read and signed this and this will make up part of the Admission Meetings going forward,</p>	<p>The centre manager will follow up regularly on CPWR's with the Social Work Team when there has been a concern.</p> <p>As has been previously done we will continue to work closely with the Irish Refugee Council, and any other advocacy/support groups inviting them to meet with the young people in the centre on a regular basis.</p> <p>Key workers will use the newly devised placement plans to plan focused pieces of work on topics such as racism, discrimination, cultural differences, self-care - these topics will be addressed within 3 months of the commencement of the placement plan.</p>
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	The registered provider must ensure that the rota complies with the service level agreement and that live night staff are in place at all times.	Recruitment has been ongoing for additional live night staff. Interviews took place on 15.05.24 and successful applicants have been notified and their files begun. Agency staff and staff from the organisation's own relief panel have also been used to fill the gaps.	Continuous recruitment will take place. All of the organisation's managers in the area will work together to ensure cover in all centres, using all available staff. A meeting to confirm this agreement took place on 14.05.24.
8	<p>The centre manager must ensure that all young people's records are up to date, complete and of a high quality. Appropriate oversight must be in place.</p> <p>The centre manager must ensure that the centre's register for young people details all relevant information for each young person.</p> <p>The centre manager must ensure that data protection policies including one on the retention and destruction of records are submitted to ACIMS as a priority for review.</p>	<p>All Key Workers will ensure they have all young people's files reviewed with any outstanding information in place by the end of May.</p> <p>The centre register has been reviewed (20.05.24). Any available outstanding information has been included or requested.</p> <p>A new policy on the retention and destruction of records is currently being devised. Once in place this will be reviewed with the staff team (June Team Meeting).</p>	<p>Going forward files will be reviewed on a monthly basis. Staff will ensure any copies are of a good quality and placed correctly in the files.</p> <p>The centre register will be reviewed on a monthly basis and updated as and when is required.</p> <p>This policy will be reviewed and updated as necessary once in place. All staff will be made aware of such policy and how to implement it.</p>