



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 208**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Three Steps Ltd.</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>16<sup>th</sup> &amp; 17<sup>th</sup> January 2024</b>
<b>Registration Status:</b>	<b>Registered from 16th of September 2022 to the 16th of September 2025</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Sharon McLoughlin</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> April 2024</b>

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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 16<sup>th</sup> September 2022. However, registration was paused from the 24<sup>th</sup> December 2022 until the 15<sup>th</sup> September 2023 as there was no young person living in the centre during that period and the centre was not operational and not subject to inspection protocol. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 16<sup>th</sup> September 2022 to the 16<sup>th</sup> September 2025.

The centre was registered as a single occupancy service of all genders from age thirteen to seventeen years on admission. Their model of care was described as attachment and trauma informed and right focused care delivered through a person-centred approach, and which strived to create a therapeutic alliance in a structured home-like environment. The care teams are supported by experienced clinicians who help them to respond to the needs of children and young people. Four days prior to the inspection beginning, one child had been discharged on an emergency basis.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the 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 20<sup>th</sup> 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 6<sup>th</sup> 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: 208 without attached conditions from the 16<sup>th</sup> September 2022 to 16<sup>th</sup> September 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Theme 2: Effective Care and Support

#### Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

This centre was a single occupancy service and days prior to the inspection an emergency discharge had taken place for the young person who had been readmitted and living in the centre for a number of months. From a review of centre files, inspectors saw evidence that programme planning was based on the young person's immediate needs and were aligned to the actions set out in the most recent care plan. Assessments had been completed by the organisations therapeutic team and external clinicians and these were maintained on the young person's record.

Recommendations from these records had been integrated into care practices with the young person and a number of specialist supports were provided to the young person and their family.

While up to date care plans were on file, a child in care review that was due to take place in December had not been convened and centre management had sought a scheduled date from the social work department for this to take place. The young person had been invited to attend their care plan review meetings to share their views and provide feedback on their placement.

Detailed monthly goals were clearly identified by the staff team and these were documented and regularly reviewed to ensure the young person was receiving care and support appropriate to their changing needs and best interests. There was good evidence to show that despite a number of goals consistently not being achieved, staff worked hard to encourage the young person to engage as soon as they returned after missing from care episodes. The planning system in place tracked the key actions that were not met with the young person across consecutive months and efforts were made to address these as appropriate. In addition there had been consistent transition planning between associated services in preparation for the young person's move back to the centre. Daily and weekly routines were set out on their records outlining specific activities and sessions to be undertaken each day. Regular core group meetings were taking place involving centre management, professionals such as social workers, guardian ad litem (GAL), and the gardai. The aim of these was to

devise strategies and find ways to reduce the numbers of missing from care and keep the young person safe. Updates were provided often to family members that were involved in the young persons life. The young person's contact with family was prioritised and visits to the centre by them were encouraged and facilitated well by the staff team. Key working was scheduled routinely and linked to each monthly goal. Where the young person chose not to engage, the staff team provided opportunities to undertake the work at alternative times to suit them.

While the young person was not involved in the development of their own placement plan in a formal way, staff did gather their opinions through other means regarding their likes and dislikes and on the care they were experiencing in the centre. Family members were consulted and their input was considered to inform plans and decisions being made for their current placement and their immediate future. Inspectors recommend that the staff team formalise young people's participation in the placement planning process and clearly reflect this on their files.

The centre manager and staff in interview demonstrated knowledge and understanding of the needs of the young person and their placement goals. There was evidence of good communication with the referring social work department and other professionals. A social worker interviewed stated that there was regular updates and discussions with the centre as well as sharing of relevant information. They described how the staff team showed strong dedication to the young person particularly throughout the months prior to their move back to the centre. However, they expressed their surprise at aspects of the emergency discharge undertaken without due notice provided to them. The guardian ad litem described a staff team that was open and transparent in their care of the young person and who had access to a high standard of clinical support that was readily provided to them and their family when needed.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

## Actions required

- None identified

**Regulation 5: Care practices and operational policies**

**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

**Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

The centre had policies in place that showed they supported a positive approach to the management of behaviour that was challenging. These were implemented as part of the organisation's overall framework for promoting positive behaviours as well as preventing and managing those of concern that may cause harm. The policy emphasised the importance of the young person's programme of care including appropriate supports and needs assessments to address the behaviours and also helping the young person to understand them so the impact may be reduced. Staff were trained in the centre's behaviour management training programme and refresher training was scheduled at various intervals for the team. Not all of the staff had completed refresher training and this must be completed.

From a review of records and interviews with staff, social worker and GAL, there was evidence that the team worked hard to build up trusting relationships with the young person. They encouraged and supported them to be involved in daily activities based on their own interests and to attend visits with their family and specialist clinical appointments. They endeavoured to complete key working with the young person, so they had an understanding of behaviour that made them vulnerable and unsafe. Where they were out of the centre regularly and their safety at high risk, the team responded quickly and followed the support plans in place to find out where they were and to return them to the centre as soon as possible. Risk assessments, risk management plans and behaviour support plans were routinely reviewed and updated.

The manager worked collaboratively with the social work department, external professionals and family to monitor the interventions in place with the young person to mitigate risks. Appropriate joint protocol meetings were undertaken between the centre and the Gardai. Serious incident reviews were also convened with core services. Discussions were taking place at these meetings regarding alternative

solutions to the way behaviours were being managed by the staff team and whether strategies could be more effective in reducing risks. While alterations to routines and boundaries were implemented by a change in centre management, this did not have an immediate impact on the escalating concerns and increasing number of significant incidents and these continued up to an emergency discharge taking place.

The staff were provided with additional training and support to help them with their role and support them in managing specific behaviours of concern, however, there was a gap in the specialist advice being shared with the team. This was available to the centre manager from the organisation's clinical panel but there was no evidence of it being formally disseminated at team meetings and this should be addressed through reflective practice or in other ways. The allocated social worker interviewed was satisfied that the staff team did their best to manage all risks and vulnerabilities well and highlighted the commitment built up with the young person over time. They confirmed that they were promptly informed of all incidents that occurred in the centre.

The centre had auditing systems in place and senior management were part of the monitoring process for all incidents. Audits were undertaken internally by the centre manager as well as externally by the organisation's quality assurance auditor. Where deficits were identified by them as part of the external auditing process, these were clearly highlighted, and corrective and preventative actions were being implemented by the centre's new manager who was recently appointed. Inspectors were informed that the procedure for reviewing significant events had changed and was now being completed at team meetings by the centre manager. However, from a review of a sample of team meeting minutes, any discussions taking place with the staff team as part of this monitoring process was not reflected on the minutes sampled and this must be addressed.

The centre had a policy on restrictive practices and all restrictive practices were logged and in line with the young person's risk assessments. Inspectors were satisfied that restrictive practices in use were assessed, monitored, and reviewed on a regular basis as per the centre's procedures. Staff at interview were familiar with those in place and had an understanding of any negative impact on the young person living there.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure that all staff complete refresher training on the centre's chosen behaviour management programme.
- The centre manager must ensure that therapeutic support and direction provided by the clinical team as well as learning from SEN reviews are clearly recorded on centre files and shared with the staff team for learning purposes.

### **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.**

Inspectors found that there were strong governance systems in place in the centre that demonstrated accountability from management and promoted safe and effective care for young people. These incorporated regular monitoring of outcomes for young people, internal and external auditing, routine programme planning and timely reviews. Monitoring of the daily work undertaken in practice between staff and the young person was also taking place. The manager submitted monthly progress reports to senior management as part of their oversight.

Recent changes had taken place within the internal management structure of the centre. The centre manager was in post for five weeks at the time of inspection and

had worked previously as part of the organisation for three years in management roles. They reported to a service manager who they said provided them with regular supervision and support. There was evidence from the review of centre files that the centre manager was a strong leader who had already strengthened operational procedures and practices to improve the quality of care been provided. Staff at interview were able to describe these changes and how it had impacted their daily interactions and routines with the young person who had been living there. They stated the centre manager was supportive and available when they needed them and they described examples of the guidance they provided regarding interventions and management of risks during the periods of crisis. Inspectors found that staff had a good understanding of their roles and responsibilities as social care workers and could explain the policies in place that governed their work. Despite the unsettled period the centre had experienced as well as the challenges, staff showed good care and commitment to the young person they were working with. They had an awareness of the young person's immediate and long term needs as well as the specialist services they required that would support them to achieve these.

The centre manager worked Monday to Friday and attended handovers, team meetings, clinical and senior coordination meetings along with serious incident reviews. As part of their systems management role they conducted routine audits and used learning from monitoring to improve quality of care within the centre. Regular updates that outlined key information regarding risks or significant events in the centre was being communicated to senior management for their overview. There was a system for delegation of the management tasks in place with a record kept of the duties that had been delegated. The centre manager was supported by the deputy manager who provided cover when they were absent.

A service-level agreement was in place with TUSLA, the Child and Family Agency and the organisation provided evidence that it was compliant with legislation and national standards through an annual view report. There was a suite of operational policies developed through the quality assurance function and the director of care. These were regularly reviewed and implementation dates clearly identified on the documents.

A risk management policy set out the procedures to be followed by the staff team to manage incidents of risk in the centre. There was evidence on the young person's records that the risk management framework and supporting structures were implemented in practice and updates and reviews were taking place in line with the

young person's increased incidents of crisis and risk. Risk registers were maintained by the centre and monitored by the centre manager.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 5.2</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- None identified

**Regulation 6: Person in Charge  
Regulation 7: Staffing**

#### **Theme 6: Responsive Workforce**

**Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.**

At the time of the inspection, there was one centre manager, a deputy and four full time social care workers. Consequently the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings June 2023.

There had been significant staff changes within the centre over the previous year with eight staff leaving their roles including a deputy manager and two team leaders. A number of the staff recruited to replace the social care workers who left were inexperienced and required consistent direction and guidance from the centre manager. There were various reasons why staff resigned from their positions, including transition to other centres within the organisation as well as gaining employment closer to home.



The current gaps in staffing numbers were made up from a relief panel of six as well as agency staff. Shift planning was coordinated in a way that relief staff worked alongside permanent staff in order to minimise any disruption to the centres routines and daily operation. However, continuity and stability of care was disrupted by these deficits at certain periods while the young person was living in the centre and when preparing for their transition back. The director of care told inspectors that despite a review and implementation of an improved retention programme by the organisation, there remained challenges in recruiting and retaining staff.

Workforce planning and staff retention strategies were being undertaken by the centre. There was evidence to show that this topic was discussed regularly at senior managers meetings. Plans put in place to promote retention of staff included increases to salaries, wellbeing/thank you packs provided to staff, support with training/courses, flexibility around work/life balance as well as access to employee assistance programmes. Exit interviews were also being conducted and feedback from this was taken on board by the organisation.

There were procedures in place for on-call arrangements at evenings and weekends. Staff told inspectors that they knew who was on call and that the on-call service was supportive and responsive.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider should ensure that there are sufficient numbers of staff in the centre having regard to the number of children residing there and the nature of their needs.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified		
3	<p>The centre manager must ensure that all staff complete refresher training on the centre's chosen behaviour management programme.</p> <p>The centre manager must ensure that therapeutic support and direction provided by the clinical team as well as learning from SEN reviews are clearly recorded on centre files and shared with the staff team for learning purposes.</p>	<p>There is one care team member who requires refresher training in crisis prevention and safety intervention training, they have been scheduled to attend refresher training in April 2024. Commencing 12.04.2024</p> <p>The centre manager will ensure that all recommendations from the clinical team during weekly planning and coordination meetings will be discussed with the care team members at the following team meeting. Commenced 28.02.2024</p>	<p>The centre manager reviews training status as part of quarterly personnel file audit. The training co-ordinator completes a training programme for the year that identifies all care team members upcoming training, including refresher training. This is then notified and scheduled as part of roster.</p> <p>The team meeting minutes have been updated and include planning and coordination meeting feedback as a standing agenda item. All recommendations made by the clinical team are shared and discussed with the care team during team meetings.</p>
5	None identified		
6	The registered provider should ensure that there are sufficient numbers of	Recruitment is ongoing to address current staffing levels in the centre.	As per the organisation's induction policy, induction for new starters takes place over

	<p>staff in the centre having regard to the number of children residing there and the nature of their needs.</p>	<p>Since the inspection two additional care team members have been added to the team with an additional one currently in compliance.</p> <p>Commenced 26.02.2024</p>	<p>12 weeks that includes robust training programme, buddy system and regular supervision and team meetings.</p> <p>All learning from exit interviews is shared with management to prevent further resignations.</p>
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