An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 216

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Yeria Ltd Hata Homes**
Registered Capacity:	**Twelve Young People**
Type of Inspection:	**Unannounced**
Date of inspection:	**5th, 6th & 19th March 2024**
Registration Status:	**Registered from 31st March 2024 to 31st March 2025**
Inspection Team:	**Lisa Tobin** **Cora Kelly**
Date Report Issued:	**15th May 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 13th February 2023. 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 for an initial period of one year, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive was in place for one year but has been extended until 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. This centre was registered without attached conditions from the 13th of February 2023 to the 31st of March 2024 in line with protocol and the EU Temporary Protection Directive.

The centre was registered to provide multi occupancy care for twelve young people, these young people shared bedrooms up to and including three young people per room. Specific agreements were in place for the minimum amount of personal bedroom space per person and the minimum amount of recreational space. The centre's purpose and function was the provision of short term and emergency care for young people, under eighteen, entering the country unaccompanied and under a temporary protection order. The stated aims of the centre were to meet the young people's primary care needs, provide emotional support and to assist the young people in accessing education, employment, health care and preparation for moving at eighteen into adult services. There were eleven 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 principal social worker 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 12th of April. 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 25th of April 2024. This was reviewed by inspectors with further clarification required and was resubmitted to inspectors on the 2nd of 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: 216 without attached conditions from the 31st of March 2024 to the 31st of March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

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.

The organisation had updated their child protection and safeguarding policies in February 2024 as part of the annual review of all policies and procedures. There had been sister inspections within the organisation in which deficits were identified within the child protection and safeguarding policies. As a result of this, inspectors were provided with updated documentation relating to mandated persons and the child safeguarding statement (CSS). Inspectors were aware of ongoing organisational inspections, with actions being implemented as a result. However, there were ongoing child protection and safeguarding issues present during this inspection that must be addressed in conjunction with the other ongoing actions, and these must be implemented across the organisation.

There was evidence of the centre manager discussing the child protection and safeguarding policy and procedures with the staff team at recent team meetings. However, during interviews with staff and during the review of young people's files, inspectors found that there was improvement required in the understanding and implementation of the safeguarding procedures. In particular the thresholding for reporting concerns, the role of the mandated person and responsibilities included when required to make a child protection report through the Tusla portal in line with their mandated persons training completed.

Inspectors reviewed the young people's records and centre registers and found evidence of not identifying child protection concerns and subsequent under-reporting of those concerns. This must be reviewed by centre management and by senior management to ensure that all relevant information regarding concerns are reported through the Tusla portal in line with centre policy, including any significant or updated information of a concern that had previously been reported as a child protection welfare report (CPWRF). Other areas requiring a review from centre and senior management was around having concerns that do not meet the threshold documented and having relevant risk assessments in place when a new risk

behaviour was presented. The inspectors identified potential safeguarding concerns from their review of the documentation where young people were found in other young people's bedrooms and barricaded in a laundry area together. There were issues identified around incidents where inappropriate online activity was happening, and this was not reported as a CPWRF for the young people involved. Inspectors also found that the supervision arrangements of the young people required review to ensure young people are safeguarded from harm. Inspectors were informed that young people were checked at nighttime prior to sleeping and that checks were documented in their daily logs. There were waking night staff whose role was to check and supervise the young people at night and the night staff were to keep records of this. Inspectors reviewed a sample of the young people's daily logs and there was no evidence of checks completed on the young people or if they were up during the night. Inspectors reported this to management during the inspection and they stated night checks were occurring but were not documented and they would add a night log to each young person's file.

There was a centre risk register in place that was overseen by the centre manager. Generic safeguarding risks, individual risks for the young people and for the environment were documented here however, there was no evidence of status in this register to inform if a risk was opened or closed. Improvement in the tracking, monitoring, and reviewing of risks was required. As a result of the findings during this inspection, it showed a deficit in governance and oversight of the safeguarding procedures. The service manager informed inspectors that with the expansion of the organisation and a leave of absence for a short period, it had been more difficult to oversee the centre to the level it required.

There was a policy in place regarding bullying and inspectors were informed that bullying was not an issue for the young people currently living in the centre. Staff and management were conscious of the living arrangements of the young people and the sharing of bedrooms and the possibility of bullying occurring. Young people were informed as part of their admission process that they would be sharing bedrooms. There were relevant risk assessments on each young person's file for this. During interviews with staff, inspectors asked if there were any concerns regarding bullying. The staff referenced the young people acting at times like siblings and having interactions as such around disagreements but that in general, the young people got on well. Young people stated that they felt safe in the house as reflected in the nine questionnaires completed.

There were young people meetings which occurred weekly, and opportunities were given for the young people to raise any concerns here. In the sample reviewed, inspectors found that the young people did not bring any items to the agenda, and it was usually the staff's agenda. Inspectors found that on one occasion, a young person translated for the rest of the group. Inspectors recommend using a translator for these young people's meetings to ensure that all young people were aware of the information being given to them when areas of importance were being discussed such as safeguarding, complaints, future plans and any educational pieces of work. In reviewing nine questionnaires completed by the young people, it was evident that they had several issues they wanted addressed which had not been brought up at the young people's meetings. Some of the issues raised by the young people related to storage of their personal belongings, not having enough food, their understanding of the purpose and function of the service, lack of privacy, financial assistance and supports around their future. The lack of privacy was identified in this centre regarding having space to make personal calls to family, sharing a bedroom with up to two other young people and being able to be alone in one's company. There was evidence on the young people's files of some of these issues being responded to by staff.

The child safeguarding statement had recently been updated with the policy review that occurred in February 2024. A letter of compliance was provided to inspectors from the Child Safeguarding Statement Compliance Unit (CSSCU). The centre manager must review the risks identified in the CSS with staff as inspectors found the staff were unclear in their interviews about the contents of the risks. Inspectors found that human trafficking was identified as one of the potential risks, but child sexual exploitation (CSE) had not been named as a risk and must be added to the identified risks given the knowledge of the centre's current risks. In conjunction with this, inspectors recommend all staff complete relevant training around CSE and management must ensure that staff are aware of their responsibilities around reporting any CSE concerns. The centre manager was identified as the Designated Liaison Person (DLP) and was in post since May 2023, but had yet to complete the relevant training which was planned for April 2024. There was no named deputy DLP currently but the organisations policies reference deputy DLP's within the centres.

The staff team do not have direct contact with the young people's families. The young people managed their own contact with their parents through phone and internet use. Sometimes their parents or family members sent gifts to the centre. The link worker in the social work department had on occasion linked with family members if

further information was required about the young person. There was not a clear understanding about who notifies the family members if a CPWRF was reported. As part of this and sister inspections carried out in this organisation by ACIMS, clarity has been requested from the centre in conjunction with the social work department about who should take responsibility for informing family of reported child protection concerns. Staff stated that they themselves did not inform the family members but that social work would be notified of any CPWRF being submitted. There was evidence of contact with the social work department in particular the link worker and the principal social worker. Strategy meetings had occurred with the social work department, centre management and senior management when there were concerns about young people's behaviours. Senior management held the minutes for the strategy meetings that occurred for the young people. The sharing of risks and outcomes from the strategy meetings with the team must be a priority in being able to support the young people appropriately and in planning for how best to respond to any concerning behaviours.

Inspectors found there was evidence in the key working completed with young people around keeping safe when out of the centre during their admission processes. There were risks assessments in place for every young person when there was a specific period of antisocial behaviours and riots in the city centre and the potential impact it may have on the young people. However, inspectors noted that there were other concerning behaviours of the young people relating to self-esteem and low mood that did not have relevant risk assessments in place. There were some young people that had identified vulnerabilities and they had specialist supports in place to help with these. A sample of team meeting minutes were reviewed by the inspectors and found that the structure and recording of the meeting required improvements. There was no recorded discussion or details about the young people, any ongoing risks, child protection concerns, or any incidents discussed.

There was a policy on protected disclosures in place, however staff were not aware of the policy. The staff were aware of the procedures related to this policy and knew who they could speak to if they had a concern.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required:

- The registered provider must ensure that all staff know how to identify and report child protection concerns in line with Children's First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015 and in line with centre policy around Mandated Persons.
- The centre manager and senior manager must ensure there is appropriate supervision of the young people when they are in the centre and that nighttime monitoring is documented.
- The centre manager and the service manager must ensure that the tracking, monitoring, and reviewing of risks occurs to ensure the governance and oversight of risk behaviours is responded to appropriately.
- The centre manager and senior manager must ensure interpreters are available to the young people when required when undertaking admissions, educational meetings, young people meetings and if any formal warnings are given to the young people to ensure they have clarity about the situation.
- The centre manager must ensure that child sexual exploitation training is provided to the centre staff given the known risks of the current young people and that the CSS is reviewed to reflect the training and response to CSE.
- The centre manager and senior manager must review the team meeting minutes to ensure evidence of discussions are documented, actions are identified and responded to. This must also include any risks, incidents or child protection concerns related to the young people.

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.

There had been actions taken by the service manager to enhance the knowledge and understanding of the organisation's responsibilities regarding the use of information. This resulted in changes made to the Data Protection policies and procedures after meeting with Tusla GDPR management in which guidelines were given on best practice relating to the responsibilities and the management of the young people's records. This information was passed on to the team by the service manager and they were made aware of the expectations moving forward regarding the young people's files. The new updated policies and procedures were discussed with the team and an archiving officer was appointed. The service manager was named as the data protection officer for the centre. The training matrix showed that all staff had completed online GDPR training.

Inspectors found that a file review was required due to a duplication of records across the young people's files. There was evidence of wrong names on files and the centre manager must ensure that the process of copy and pasting ceases in the centre. The standard of report writing was not sufficient and guidance around this must be given to staff ensuring that appropriate language was used. A sample of handwritten notes were illegible for inspectors to read. Inspectors noted when reviewing the young people's records, that there was a lack of centre management oversight regarding the quality of report writing despite the team being provided with training. Section five placement plans were written up for each young person, however these were rarely completed in full by the allocated social worker and there was no indication of them being reviewed by the social work department in the allocated timeframe. The principal social worker informed inspectors that they had escalated this issue internally regarding not meeting the requirements for reviewing the section five placement plans or making their statutory visits to see the young people and that this was due to lack of resources in personnel to complete these. The social work department were actively seeking to recruit in this area. Inspectors did not find evidence of the centre requesting for these placement plans to be reviewed by the social work department.

The centre held a register in line with statutory requirements which gave the details about each young person living there. The details about where the young person moved to was not always entered and must be recorded on this register.

The young people's records were kept in a locked cabinet in the office. Inspectors found that any confidential information was kept securely, however as mentioned earlier, the sharing of outcomes from strategy meetings should be accessible as the service manager held these minutes and the centre manager did not have access to them in the centre.

There was a policy on data retention and destruction of records in place with timelines of six weeks for documents to be returned to Tusla and to be removed from the systems within the centre. During interviews, staff were aware of the procedures in place for the retention and destruction of records. Staff knew that the logs and any other written documentation was to be returned to the social work department. The archiving officer had the responsibility of keeping a record of all information that was being sent to the social work department which was signed off once delivered. The next stage of the process was to remove any documents from the computer system which was overseen by the centre manager and IT personnel.

There were policies in place for managing requests and access to information for the young people should they wish to access them. Inspectors saw evidence of young people participating in their monthly goals and being offered to read their daily logs which they usually declined.

Compliance with Regulation	
Regulation met	**Regulation 17**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all areas under this standard were assessed**
Practices met the required standard in some respects only	**Standard 8.2**
Practices did not meet the required standard	**Not all areas under this standard were assessed**

Actions required:

- The centre manager must have better oversight of the records to ensure the quality of record is being kept, that duplication is not occurring, that appropriate language is used, and that relevant information is provided.
- The centre manager must ensure that the details about where the young person moves to is entered onto the register for young people living in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must ensure that all staff know how to identify and report child protection concerns in line with Children's First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015 and in line with centre policy around Mandated Persons.	Staff have completed Mandated Person training as of the 22.03.2024. Children First and the centres Child Safeguarding Policies and Procedures have been updated (completed 10.04.2024) and DLP training for the centre manager is booked for the 18.05.2024. All staff will be re-trained in the centres Child Safeguarding Policies and Procedures in May 2024. Child Protection will be added to all staff supervision agendas going forward as a rolling item with case studies and incidents discussed to promote higher learning outcomes.	Child protection reporting procedures will be included as part of the onboarding and induction process for all new staff members. Child Protection, Policies and procedures will be added to the team meeting agendas going forward. The Service Manager has implemented a daily status report system to link in with the centre manager regarding risks and Child Protection concerns. The service manager retains a written log on these discussions. The Service Manager has implemented an organisation wide register of CPWRFs to monitor and oversee safeguarding. Recommendations will be provided to the centre in writing. A monthly Child Protection meeting will be

			convened for all managers and the Service Manager starting from 29/4/24.
	The centre manager and senior manager must ensure there is appropriate supervision of the young people when they are in the centre and that nighttime monitoring is documented.	As part of the policy review, a new policy on the Routine of the Centre and a corresponding procedure is being drafted. This incorporates the monitoring and supervision of the young people including key checks throughout the day, floor monitoring, room checks, and other routine pieces and the recording of same. 07.03.2024 the centre implemented a regular room check procedure to be carried out for the duration of each shift with a standard template to be completed by the staff on duty. The senior management team have reviewed the rostering system in the centre and will be moving towards a day and night roster. This will ensure there are 3 staff on daily with more consistent working patterns to supervise and complete direct work with the young	The Centre Manager will review the checks log monthly as part of their audit. The Service Manager will review all Health and Safety documentation. Implementation of a monthly Child Safeguarding and Risk Escalation meeting. This will commence from the 29.04.2024. SERG meetings will continue to be convened quarterly to discuss incidents and provide feedback to the staff teams.

		people. The new roster will be in place from 13.05.2024. Room and centre checks have been added to the handover book for day and night staff.	
	The centre manager and the service manager must ensure that the tracking, monitoring, and reviewing of risks occurs to ensure the governance and oversight of risk behaviours is responded to appropriately.	The Service Manager has set up an organisation wide CPWRF register to track and monitor Child Safeguarding concerns which will inform the procedure to be taken. A review of the risk escalation procedure in the centre has occurred in senior management meeting 06.03.2024. The service manager has implemented a daily status report with the centre manager where risks can be highlighted, mitigated for and escalated if necessary. This was commenced 15.04.2024. The Service Manager requested a Standard Operating Procedure from Senior Tusla Managers (Pat Cahill) for reviewing CPWRFs. This was requested 17.04.2024.	A monthly CPWRF meeting will be convened by the Service Manager with all centre managers. Due to commence 24.04.2024. The Centre Manager will review and update the centres Risk Register monthly and submit to the Service Manager for approval. The Managers audits will be increased from quarterly to monthly and clear actions will be identified for completion. Following the monthly audits, a meeting will be held with the Service Manager to discuss the findings. The Service Manager and the Quality Assurance Manager will review the risk assessments as a function of the external

		Service Manager was advised this would be discussed with senior Tusla management 19.04.2024.	audits.
	The centre manager and senior manager must ensure interpreters are available to the young people when required when undertaking admissions, educational meetings, young people meetings and if any formal warnings are given to the young people to ensure they have clarity about the situation.	The centre has access to the translation service provided and funded by Tusla. Translators are booked on the admission of every young person to the centre and the translation log must be completed by the staff making the booking. Translation services will be used for any conversations with the young people regarding safety in the centre, rules/expectations, and matters concerning the health and wellness of the young people on a need's basis. This discussion will be recorded on the translation booking log and in individual Welltree report forms for each relevant young person. A Ukrainian, English language teacher has commenced employment with the organisation to provide English lessons and additional translation supports to the	The Centre Manager will review the translation booking log monthly and report back to the staff team any patterns of under-booking of translation services. All logs will be reviewed by the Service Manager and Quality Assurance Manager as a function of their external audit.

		organisation.	
	The centre manager must ensure that child sexual exploitation training is provided to the centre staff given the known risks of the current young people and that the CSS is reviewed to reflect the training and response to CSE.	Staff have completed training in Child Sexual Exploitation online. This training was completed for all staff by 24.03.2024. 9 members staff have attended an in-person CSE workshop with a ACIMS inspector on the 29th of Feb 2024. Staff members outstanding for attendance at this workshop will be required to attend the next scheduled workshop. Date TBD. CSE risks will be discussed in supervision with all staff members as part of the inclusion of Child Safeguarding as a rolling agenda item. CSE will be added to the CSS 02.05.2024 and relevant training has been completed with the staff.	Monthly Centre Manager Review of the Training Matrix will identify any deficits in training highlighted and planned for. CSE training has been added to the onboarding requirements for new staff members joining the organisation. Review of the training matrix by the Service Manager and Quality Assurance Manager will occur monthly going forward.
	The centre manager and senior manager must review the team meeting minutes to ensure evidence of discussions are documented, actions	The centre manager has implemented a process in team meetings where each individual young person are discussed and recorded, and areas of concern/risk are	Monthly Risk Review meetings will be convened by the Service Manager with the centre managers starting from the 29.04.2024.

	are identified and responded to. This must also include any risks, incidents or child protection concerns related to the young people.	mitigated for. This commenced 02.04.2024. Team Meeting minutes, young person's meeting minutes and a weekly report are submitted to the Service Manager and Director each week. Daily Status Reports are sought by the Service Manager from the Centre Manager each morning. Commenced 15.04.2024.	Quarterly SERG meetings will continue. A Senior Tusla Manager has been identified as the contact person for risk escalation. These meetings can be convened on short notice if there is a requirement to do so. Escalation to this level will be determined by consultation with the Service Manager, Centre Manager, Senior Tusla Manager and or Social Work personnel as required.
8	The centre manager must have better oversight of the records to ensure the quality of record is being kept, that duplication is not occurring, that appropriate language is used, and that relevant information is provided.	The Centre Manager has appointed 2 staff members to audit the files monthly, which will be overseen by the centre manager, also monthly. This commenced the end of March 2024. All documentation is to be submitted to the Centre Manager for review prior to filing in the care record. The Centre Manager will support the staff in amending any errors or including/adding pieces that may be necessary for the care of the young people. This was discussed at the team meeting 17.04.2024. The Service Manager will be repeating the	The organisation will be appointing a full time Quality Assurance Manager. It is anticipated that this role will be operational by the end of May 2024. The Service Manager and the identified Quality Assurance manager held a meeting to review the quality assurance procedures in place 26.03.2024. This included a completed review of existing auditing tools in use. The following changes will be made to auditing procedures: • Service manager has implemented a daily status report for all centres. Use of this template has commenced 15.04.2024.

		QIP audit, date to be determined but it is to be completed before July 2024 and QIP will be conducted Quarterly instead of annually. Once per month the Centre Manager will bring samples of good report writing to the staff team meeting.	• Manager's quarterly audits will be increased to monthly. • The service managers Annual QIP will be held quarterly with the support of the Quality Assurance manager.
	The centre manager must ensure that the details about where the young person moves to is entered onto the register for young people living in the centre.	The Centre Manager will enter the details for the onward placements for all young people discharged from the centre.	The Centre Manager will review the Young Persons Register as part of their monthly audit. The Service Manager and Quality Assurance Manager will review the centre registers as a function of their external oversight audits.