



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 231

Year: 2024

Inspection Report

| | |
|------------------------------|---|
| Year: | 2024 |
| Name of Organisation: | SMC Children Services |
| Registered Capacity: | Six young people |
| Type of Inspection: | Announced |
| Date of inspection: | 6th & 7th March 2024 |
| Registration Status: | Registered from 02nd November 2023 to 02nd November 2024 |
| Inspection Team: | Lorraine Egan Eileen Woods Mark McGuire |
| Date Report Issued: | 15th May 2024 |

Contents

| | |
|--|-----------|
| 1. Information about the inspection | 4 |
| 1.1 Centre Description | |
| 1.2 Methodology | |
| 2. Findings with regard to registration matters | 8 |
| 3. Inspection Findings | 9 |
| 3.1 Theme 1: Child-centred Care and Support (Standards 1.1 & 1.4 only) | |
| 3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only) | |
| 4. Corrective and Preventative Actions | 17 |

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 2nd November 2023. At the time of this inspection the centre was in its first registration. The centre was registered without attached conditions from 02nd November 2023 to 02nd November 2024.

This centre was established under the Temporary Protection Directive, (TPD). The young people living in the centre had been displaced by the war in Ukraine and had originally arrived in Ireland as separated children. Measures introduced under the TPD provided certain rights to young people in these circumstances including permission to reside in Ireland for an initial period of one year (this can be extended), protection and support with child safeguarding, accommodation, education, medical needs and access to the labour market. 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. It provided accommodation for young people of all genders between the ages of 16-18 years on admission. Young people shared bedrooms including two young people per room. The aims and ethos of the service was to promote care and support to ensure the wellbeing of the children in a stable, caring and nurturing environment where they are valued and supported to achieve their potential as well as benefiting from social interaction and learning provided by the centre. There were six 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 |
|--|----------|
| 1: Child-centred Care and Support | 1.1, 1.4 |
| 5: Leadership, Governance and Management | 5.2 |

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. 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.

Two young people met directly with inspectors during the onsite visit. Young people were provided with the opportunity to complete questionnaires also. Inspectors interviewed the centre's manager, two staff, the service manager for the organisation along with one Tusla link worker who was allocated to the six young people.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 28th March 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 10th April 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: 231 without attached conditions from the 2nd November 2023 to 2nd November 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found that there was a welcoming environment created in the centre for young people to live and progress in their lives. The staff team in general had formed trusting relationships with the young people and had a good understanding of the unique trauma and the challenges they may be going through as a consequence of having to leave their country of origin and their families. Staff at interview showed an awareness of children's rights and how they promoted these in their daily interactions and practice with young people. They described the ways in which each young person was receiving individual support with education, medical treatment, access to employment as well as physical health and dietary needs. Children's rights were included in the centre's policies and procedures.

Inspectors saw evidence on young people's files that these rights were integrated into their everyday routines within the centre. For example, a number of young people had opted and were encouraged to continue their online college courses that had begun before admission and some had been supported with job applications and were currently employed in businesses close by. There was evidence too on records of staff helping young people to write curriculum vitae, apply for apprenticeships, arrange job interviews as well as providing transport to and from work once it began. Depending on each young person's learning preference and where they may be moving to when they turned eighteen, staff sourced college options near the community they were living or provided information on university programmes where young people could stay on campus. When young people were feeling ill or had a low mood, staff listened and responded to their immediate needs by making appointments for a GP or requesting referrals to specialist services through the dedicated social work department. Inspectors recommend that where there is a

protracted waiting list for such mental health supports, the organisation, in consultation with the social work department provides access for young people who need it through their own clinical services. Staff supported young people to maintain regular contact with their family, friends and those who were important to them in their life. The centre manager recognised that Wi-Fi access was a priority for young people so as to maintain contact with home and for study and recreation and was endeavouring to improve the service that was already in place.

The centre's booklet contained some information on young people's rights and this was made available at the admission stage. It was translated into their own language of choice as well as being available in English. One of the staff could speak a language that all young people understood and provided assistance when they were on shift.

Young people had varying levels of understanding when communicating in English. While 'google translate' was used frequently as the young people's preference, the centre manager did not routinely source a translator as part of the admission process or at various times throughout the young people's placement. This must be arranged to satisfy themselves that young people have understood their individual rights and can participate more easily in decisions and issues affecting them throughout their time living in the centre. The team encouraged young people to be consistent in attending English language classes arranged through the local education and training board.

Key working was taking place and meaningful and supportive work with young people was recorded on their files regarding preparation for interviews, further education courses, feedback on issues causing dissatisfaction or upset and medical needs. The records did not reflect follow-on sessions in relation to rights-based themes as part of these sessions. While most files contained Tusla's section 5 placement plans developed when young people moved into the centre, the young people would benefit from a centre document reflecting their needs and the progress being made with their goals. This would be in line with the organisation's own policies and procedures on placement planning. At times it was difficult for inspectors to track the work that had been completed or remained outstanding despite evidence on files that young people were asked for their input on the areas that were important to them.

Two young people spoke to inspectors, and all completed a questionnaire. Overall, they said they were happy living in the centre and liked the staff team. Some said they needed more help understanding their rights and wanted further support with

independent living skills. Most young people said they ‘don’t know what will happen after they leave the centre’ and had very little advance notice of where they would be moving on to when they reached eighteen. Inspectors spoke with the Tusla link worker for the young people who said there was no formal aftercare provision available to meet the transition planning needs of young people except through the International Protection Accommodation Service (IPAS). This is a rights-based issue that could be advocated for by the centre staff with young people through external services such as the Ombudsman for Children’s Office.

Group meetings were held weekly where young people were encouraged to talk about their preferences for each day’s menu, their favourite foods from their own country and any groceries and ingredients they wanted to shop for. This was also an opportunity where young people could discuss group living, revisit the rules of the house as well as any issues that needed resolving with their peers.

A number of significant incidents relating to assault had taken place between the young people since they moved to the centre and inspectors found that these were not always managed in an equitable way to all involved given the specific needs and challenges of one young person living there. There was evidence from centre records reviewed by inspectors that some young people were listened to more than others and staff were unable on some occasions to safeguard and intervene appropriately to prevent conflicts from escalating. Further, despite some interventions implemented by the centre at this time, there was an absence of risk assessments and safety plans recorded post incidents. These may have prevented further serious incidents taking place and provided stronger protection for those young people who were more vulnerable. Inspectors spoke to the Tusla link worker who said the social work department was concerned about the incidents at the time. They had received all information through the significant event notifications submitted to them by the centre. However, they were not aware that safety plans and risk assessments were not in place post incidents.

The centre manager told inspectors that risk assessments were developed as soon as it was highlighted during this inspection and were in place currently to guide the staff team. Also, the centre manager completed individual sessions with staff who were involved in the incidents and offered all young people the opportunity to make a complaint. Inspectors noted that not all incidents had been forwarded as child protection and welfare concerns at the time the significant events took place. This must now be considered by the centre manager where it is determined that the threshold for reporting was met. The centre manager must ensure that all young

people are safeguarded equally and that each one is treated with the same dignity and respect when incidents arise.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

At the time of admission, young people were provided with information about the rules and boundaries of shared living, allocation of free time to meet friends or make trips away, access to their hobbies and special interests, household chores and food choices, pocket money, clothing and other allowances they would receive while living there. They were also told of daily routines and goals they would be working on with the staff team as well as their general rights and protections afforded to them under the temporary protection directive (TPD).

Inspectors saw evidence too of young people being informed how they would be supported by the staff team to receive their personal public service number (PPSN), job applications and education courses. They were also told of any consequences of specific behaviours such as property damage or use of alcohol or having drugs in the centre.

Although young people shared bedrooms and there were risk assessments completed in this regard, there was no specific guidance for young people to follow on file for the dos and don'ts of sharing a room including respect for each other's space. Additionally, young people were not informed of the centre's child safeguarding policy or who they could talk to if they were harmed. Inspectors recommend that this information is included at the time of admission and outlined in the young people's booklet. As referred to above, although some of these details regarding rules and rights had been included in a young person's handbook and translated into their language of choice, the centre regularly used google translate or one of the staff to help young people understand the information provided. This must be reviewed so that an appropriate translator service is utilised at this admission stage and whenever required throughout the young people's time living in the centre. This will ensure that all information is communicated in a way that is appropriate to the individual needs and capacity of each young person. Some of the house rules on file related to another service and not individual to this centre.

Young people's records showed that they were informed of the centre's complaints procedure and feedback was gathered from them on their experience of how issues were brought to resolution. Most young people said they were listened to in this regard and were very happy with the process as well as the outcomes. However, there

was evidence on file outside of the complaints procedure, that not all young people were satisfied with the response they received to specific issues affecting them. It was unclear to inspectors if their points of view were fully heard by staff despite them choosing not to make formal complaints. This should be addressed by the centre manager taking into account young people's individual communication needs as well as their best interests.

The centre had organised an EPIC worker (Empowering People In Care) to visit young people so that they could become familiar with external supports available to them. The centre management and staff were careful to gather background medical history from young people as soon as they moved in and treatment for pre-existing conditions and issues were promptly followed-up. The Tusla link worker told inspectors that all updates on young people were shared with them by the centre manager through reports, significant events and via email.

| Compliance with Regulations | |
|------------------------------------|--|
| Regulation met | Regulation 5 Regulation 7 Regulation 12 Regulation 16 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 1.1 Standard 1.4 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required:

- Centre and senior management must ensure they secure consistent access to appropriate interpreters to support young people with understanding their rights and whenever required throughout their time living in the centre.
- The centre manager must ensure that all young people are safeguarded equally and that each one is treated with the same dignity and respect when incidents arise.

- The centre manager must ensure that reporting of child protection concerns that weren't submitted should now be considered retrospectively by the centre manager where it is determined that the threshold for reporting was met.
- The centre manager must ensure that where some young people were not satisfied with how incidents were resolved, they should be responded to in a way that is appropriate to their individual learning and communication needs and their best interests.

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.

The centre manager was the named person in charge and there was effective leadership demonstrated by them on the day-to-day operation of the centre. They had been in their role since the centre opened in October 2023 and were present in the centre from Monday to Friday. Clear lines of accountability were evidenced on the centre records and the manager attended monthly team meetings and regional meetings, daily handovers and social care leader meetings. There were sufficient numbers of staff employed in the centre including three social care leaders to support the centre manager. From interviews, staff were aware of their roles and responsibilities when working with young people and could describe the additional duties delegated to them by the centre manager. They said they felt well supported by the centre manager and found them encouraging and available to them when they needed it. The centre manager ensured the team received core training and additional training pertinent to young people's needs.

The centre manager supervised all of the day staff and had completed supervision training to support this function. The two live night waking staff were supervised by one of the social care leaders as part of their role. The service manager supervised the centre manager, and they told inspectors that they were a good support to them and that they were in regular communication regarding day to day running of the centre or any other operational issues they needed advice or guidance on. Arrangements

were in place for the centre manager from a sister centre next door along with the service manager to cover for any leave or absences.

The management structure within the centre and the organisation was defined and stable and there were good governance systems established. The centre manager completed monthly governance reports which were forwarded to the senior manager for their oversight. Regular auditing was taking place internally in relation to the review of young people's files and also externally by a dedicated training and quality assurance auditor who undertook quarterly audits. These were both announced and unannounced and were aligned to the National Standards for Children's Residential Centres, 2018. The audits identified gaps in systems and practice and this generated a governance report and action plan which was responded to by the centre manager within a specific timeline. While some of the findings from this inspection were also highlighted in the external audit, not all deficits were and inspectors recommend that this process is reviewed to ensure it is effective in promoting the safety and welfare of all young people.

Governance visits were also taking place by the service manager who visited the centre and spent time talking to young people and staff about their experiences living and working there. They also followed up with young people if there were outstanding issues or dissatisfactions that remained unresolved. Significant event notifications were submitted to the service director for their oversight as well as to the dedicated social work team and a review of incidents took place at team meetings and at regional manager meetings. However, the guidance from these discussions was not clearly identified on the minutes and improvements are required so that any recommendations from the reviews are shared with the team and integrated into practice with young people. The centre manager provided direction to the staff on day to day practice issues and these were recorded on the centre files.

The centre had operational policies and procedures in place and inspectors were informed that these were currently being reviewed. Some of the policies required updates including the child protection reporting procedures. The registered provider must ensure that all reporting procedures for mandated and non-mandated staff are clearly outlined within the policy. Refresher training on the reviewed policy including thresholds for reporting must be provided to centre management and the staff team.

The centre had a risk management policy in place that included a risk matrix. A risk register was maintained that identified organisational and centre risks including some risks assessments for young people. These outlined strategies and controls in

place relating to sharing bedrooms, smoking, young people out walking alone, online safety and extra supervision when friends visit the centre. As referred to in this report, there were no specific risk assessments in place to assess and mitigate risks where significant incidents had taken place between young people. Risk was discussed at regional management meetings.

The service manager told inspectors that there was an appropriate service level agreement in place and audits available to the funding body that they were compliant with relevant legislation and national standards.

| Compliance with Regulation | |
|-----------------------------------|--------------------------------------|
| Regulation met | Regulation 5 Regulation 6 |
| 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 5.2 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required:

- The service and centre manager must ensure that recommendations from significant incident reviews is clearly identified, shared with the team for learning and integrated into practice with young people.
- The registered provider must ensure that all reporting procedures for mandated and non-mandated staff are clearly outlined within the centre's child safeguarding policy. Refresher training on the reviewed policy including thresholds for reporting must be provided to centre management and the staff team.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|--|---|--|
| 1 | <p>Centre and senior management must ensure they secure consistent access to appropriate interpreters to support young people with the sharing of information.</p> <p>The centre manager must ensure that all young people are safeguarded equally and that each one is treated with the same dignity and respect when incidents arise.</p> <p>The centre manager must ensure that reporting of child protection concerns that weren't submitted should now be considered retrospectively by the centre manager where it is determined that the threshold for reporting was met.</p> | <p>The centre manager will ensure that translating services are available at all times. The numbers of translation services available is on the noticeboard in the staff office.</p> <p>Individualised risk assessments are in place for young people where necessary to ensure that they are being safeguarded and respected. Individual placement support plans are also updated where relevant.</p> <p>All child protection and welfare reports were completed and submitted by the centre manager via the TUSLA portal on 14th March 2024.</p> | <p>All staff have been informed at the team meeting on 27th March that a translator must be utilised for all admission meetings and for any significant or important conversations to ensure that the information shared is clearly understood by the young people.</p> <p>If future concerns/incidents arise, specific risk assessments will be devised in line with the risk identified.</p> <p>Mandated training will be completed by the centre manager and the staff team. This is to be completed on the 30th April 2024. A child protection information notice board is set up in the office highlighting the thresholds for reporting.</p> |

| | | | |
|---|---|--|--|
| | <p>The centre manager must ensure that where some young people were not satisfied with how incidents were resolved, they should be responded to in a way that is appropriate to their individual learning and communication needs and their best interests.</p> | <p>When a young person isn't satisfied with how a complaint/incident was resolved or managed staff will follow up with Individual Work discussing the rationale for any decisions made. This will be recorded and put on file. Translator to be utilised for these discussions also, and the young person's learning needs to be considered.</p> | <p>Thresholds for reporting will be discussed with the team at the team meeting on 24th April 2024.</p> <p>Oversight will take place by the service manager. Quality Assurance will also have oversight on this and identify gaps when completing internal audits throughout the year.</p> <p>If a young person is not satisfied with how incidents are resolved staff will further explain and breakdown the outcome and decisions made and the reasons for this. This will provide the young people with an opportunity and allow them to say why they weren't happy with the outcome. Individual learning needs will be considered at this time. Translator will be utilised for these discussions – where is the oversight of complaints process?</p> |
| 5 | <p>The service and centre manager must ensure that recommendations from significant incident reviews is clearly</p> | <p>A significant event notification (SEN) de-brief training to be completed by the centre manager and social care</p> | <p>The centre manager will provide a much more detailed review of SEN's at monthly team meetings. SEN review is on all team</p> |

| | | | |
|--|--|---|---|
| | <p>identified, shared with the staff team for learning and integrated into practice with young people.</p> <p>The registered provider must ensure that all reporting procedures for mandated and non-mandated staff are clearly outlined within the centre's child safeguarding policy. Refresher training on the reviewed policy including thresholds for reporting must be provided to centre management and the staff team.</p> | <p>leaders by 7th May 2024 which will support them to identify issues and recommendations as well as the steps taken to prevent incidents reoccurring and share the learning with the team.</p> <p>The centre manager and service manager will review the safeguarding policy and update where required to ensure that all reporting procedures for mandated and non-mandated staff are clearly outlined. This will be completed by 7th May 2024 and circulated to the team via email. There will then be a discussion during the following team meeting on the 22nd May 2024 to ensure full understanding of the policy. This will also be discussed with staff in supervision in May 2024.</p> | <p>meeting agendas. Team meeting minutes are to clearly reflect these discussions.</p> <p>SEN reviews will continue to take place at regional management meetings and the centre manager will share the learning with the staff team from these reviews and ensure that it is referenced in minutes of meeting.</p> <p>Safeguarding children is a priority for the centre and moving forward we will ensure that all measures regarding safeguarding will be discussed at team meetings, handovers and during supervision sessions with staff. All staff within the centre are considered mandated staff.</p> |
|--|--|---|---|