



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 155

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Harmony Residential Care
Registered Capacity:	One young person
Type of Inspection:	Unannounced
Date of inspection:	22nd & 23rd February 2022
Registration Status:	Registered from the 14th May 2020 to 14th May 2023
Inspection Team:	Sharon McLoughlin Eileen Woods
Date Report Issued:	14th April 2022

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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 14th of May 2019 to accommodate a single occupancy arrangement for a one-year period. At the time of this inspection the centre was in its second registration and was in year two of a three-year cycle. The centre was registered without attached conditions from 14th May 2020 to the 14th of May 2023.

This centre was established to provide high-quality residential care for one young person from the age of 13 to 17 years old on admission. The model of care was informed by the principles of Cognitive Behaviour Therapy (CBT) and the Applied Behavioural Analysis (ABA) behaviour support approach. There was one young person 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	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff, and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 23rd of March 2022. 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 6th of April 2022. 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: 155 without attached conditions from the 14th May 2020 to the 14th May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

From a review of centre records and interviews with staff, management and the social work department, inspectors found the staff team to be child-centred in the interventions and approaches they used in practice with the young person. The placing social worker described how centre staff were strong advocates for the young person and that they had established a good relationship based on trust and support. Information was available on the young person's file that described the expectations of the centre and the complaints system in place. There had been a change made to the person identified as the complaints officer and this had not been altered in the young person information. This must be rectified, and the young person informed of who the new complaints officer is. The young person chose not to speak to inspectors, so were unable to confirm if they were aware of who the current complaint officer was.

Information about the centre and the complaints systems were also available to the parents and social workers. The young person was informed of their right to make a complaint to external agencies such as EPIC, the Ombudsman for Children or their social worker and there was a stamped addressed envelope available for the young people to send any complaints independent of the staff team.

While the records refer to these external advocacy agencies for children there was no reference in any of the documentation to the Tusla "Tell Us" Policy and procedure. The staff in interview were also unaware of this policy. The centre management in consultation with the allocated social worker must make sure that the young person is made aware of their right to voice a complaint about any aspect of the service they were receiving from Tusla. The staff in the centre must also be familiar with the Tusla "Tell Us" Policy and procedure so that they can support the young to voice their views and opinions.

The centre had recently reviewed their complaints policy and procedure and had defined complaints into two categories, formal and informal complaints. The informal complaints were defined as ones that could be managed in the centre and responded to immediately by staff. The formal complaints were complaints that require the involvement of the centre manager and were notified to the allocated social worker. The key worker was identified as the person responsible for informing the young person of the outcome of the complaint and their right to appeal the decision made.

As the system becomes more embedded the management must ensure that they maintain good oversight that the complaints system is working and is effective. Also, that each of the people assigned to oversee the complaints are doing so and that the young person views and opinions are responded to in a timely manner.

The allocated social worker was satisfied with the complaints procedure in place and that they were notified of all complaints; formal complaints through the significant event notification system and informal complaints through the week progress reports which identified if the young person had made any complaints during the previous week.

The centre maintained a register of complaints made by the young person, these were reviewed and tracked by the by the centre manager and in recent months, following restructuring of the senior management team, by the Quality Assurance Manager. The inspectors reviewed the register of complaints, there were 11 entries since the centre opened in 2020. There was evidence that these were all responded to by staff and resolved for the young person. There were no appeals made to the decisions reached.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed.
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	None identified

Actions required

- The management must ensure that all staff in the centre are familiar with the Tusla “Tell Us” Policy and procedure so that they can support the young to voice their views and opinions.
- The young person’s information leaflet must be updated to reflect who the current complaints officer is and their role.

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 centre was found to be operating in compliance with their statutory obligations as outlined in Children First 2017 and The Children First Act 2015. The centre has child safeguarding policy and procedures in place, the centre’s child safeguarding statement had been reviewed by the Tusla child safeguarding statement and compliance unit (CSSCU) and they had issued a letter deeming them to be compliant with their regulatory requirements. The staff team had completed training in Children First and safeguarding and there was evidence when they became aware of a child protection concern that they reported this appropriately. The allocated social worker was also satisfied that the staff had an awareness of child protection and how to identify abuse and report it. One issue however identified by inspectors was that there was confusion over the name of the current designated liaison person. This had changed in recent months and the staff were referring to the previous person which was not in line with their current up dated policy.

The review of records showed that staff had a good awareness of keeping young people safe with on-going and continuous work was being carried out with the young person in regard to peer relationships, internet safety and self- care. This was a core focus of key working and conversations had with young person. The allocated social worker was satisfied that the staff were addressing these issues with the young person and assisting them to keep themselves safe.

The staff when interviewed described broadly the safeguarding practices while in the centre but did not demonstrate robustly how these are implemented on daily basis in their interactions with each other and the young person. They were also not fully aware of the protected disclosures policy with some staff referring to the mandatory

reporting procedures. Management must ensure that all staff are made aware of the protected disclosure policy and procedures and safeguarding practices.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- Management must ensure that all staff are made aware of the protected disclosure policy and procedures and are aware of how to implement it if required.
- Management must ensure that staff are aware of safeguarding practices used in the day to day care provided.
- The registered provider must ensure that all staff are aware of who the designated liaison person is following recent changes to the management structure.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

From a review of centre files, the young person's health and development needs were strongly promoted and addressed by the staff team. The staff consulted with the parents of the young person about their medical history and have the relevant information on file as made available by the social worker. The statutory care plan on file also addressed the medical needs if the young person and identified persons responsible for meeting these needs.

The young person was registered with a local G.P and attended appointments where necessary. The staff team have worked consistently to get the young person to attend appointments and to address their wider medical needs. Due to complex issues attending medical and dental appointments was a big challenge for the young person, but social workers were satisfied that every effort was being made and the young person was constantly being encouraged to go to these appointments at a pace that was acceptable for them and their comfort level.

Other more informal ways health and wellbeing was being promoted by the staff was encouraging the young person to eat healthier and to engage in sport. The practical benefit of this was evidenced by the young person though support and encouragement to cease smoking.

While the placement plan did demonstrate progress being made in relation to health care needs, the young person's complex presentation did mean that at times of stress there was regression and the staff had to be mindful of this and work at the young person's pace and break the goals down into small achievable steps. The staff and manager demonstrated a good understanding of the young person and what worked for them. The inspectors observed the young person with the staff during the inspection and they presented as fit and healthy and was outside playing ball with the staff. The records show however that the young person can go days when they will have limited engagement and will struggle to sleep at night and therefore sleep during the day. The staff support the young person to reverse this behaviour, but it remerged as a pattern when the young person was stressed.

The staff were supported in their role by a psychologist who advised the team on best approaches to use about the developmental needs of the young person. This being said the inspections found that this support and guidance could be better used to review the developmental needs of the young person and to put strategies in place to assist the young person in preparing for leaving care in the coming years.

There was a policy on medication administration however the staff had not completed safe administration of medication training and this needs to be addressed.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre must in consultation with the clinical team review and revise the developmental needs of the young person and the strategies used to assist then in preparing for independent living.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The management must ensure that all staff in the centre are familiar with the Tusla “Tell Us” Policy and procedure so that they can support the young to voice their views and opinions.</p> <p>The young person’s information leaflet must be updated to reflect who the current complaints officer is and their role.</p>	<p>The Tusla “Tell Us” - policy was discussed with the staff team at the team meeting on the 24.03.2022. All staff are aware of the Tusla Policy and understand the reasoning behind it.</p> <p>The Complaints Policy has been reviewed and updated on the to reflect the Tusla “Tell Us “Policy on the 22.02.2022.</p> <p>The young person’s Information Pack has also been updated to reflect the Tusla “Tell Us “Complaint’s Policy. Updated on the 30.03.2022 Key working session was completed with young person informing him of same.</p>	<p>Policy reviews take place with the team on an ongoing basis within team meetings and via Continuous Professional Development (CPD) sessions.</p> <p>Quality assurance themed audits will take place by the Senior Quality Assurance Manager which will evaluate the team and young people’s knowledge of the complaint’s procedures in place.</p> <p>The welcome pack now includes information on the Tusla “Tell us” Policy for all Young People in the organisation. The complaints process will remain a standing agenda within the young person’s meetings.</p>

<p>3</p>	<p>Management must ensure that all staff are made aware of the protected disclosure policy and procedures and are aware of how to implement it if required.</p> <p>Management must ensure that staff are aware of safeguarding practices used in the day to day care provided.</p> <p>The registered provider must ensure that all staff are aware of who the designated liaison person is following recent changes to the management structure.</p> <p>The registered provider must ensure that all staff are aware of who the designated liaison person is following recent changes to the management structure.</p>	<p>The protected disclosure/whistleblowing policy was reviewed with the staff team at a Team Meeting on the 24.03.2022.</p> <p>Day to day procedures in relation to safeguarding practices was discussed in the team meeting that took place 24.03.22 including the Lone Working Policy and Risk Assessment Policy.</p> <p>A CPD session took place with all staff across the organisation in relation to the updates as to the DLP. It was also discussed with the staff team at the team meeting on the 24.03.2022.</p>	<p>The Protected Disclosure Policy is in the staff office contained within the Policy and Procedure folder. Policy reviews take place with the team on an ongoing basis within team meetings and via CPD sessions.</p> <p>The Safeguarding Statement is mounted on the wall in the staff office available to everyone. Safeguarding Policy in place within the Policy and Procedure folder which is located in the staff office. All Policies and Procedures are reviewed at induction stage for all new employees. Each staff member received Tusla Children First training prior to commencing employment. Once employment has commenced all employees receive in house training in relation to Children First.</p> <p>Discussion of CPWRF's and safeguarding will remain a standing agenda at the monthly team meetings. Quality assurance themed audits will take place by the Senior Quality Assurance Manager which will evaluate the team and young people's</p>
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			knowledge of safeguarding procedures in place. All staff will be informed at induction stage the details of the DLP.
4	The centre must in consultation with the clinical team review and revise the developmental needs of the young person and the strategies used to assist then in preparing for independent living.	Social Care Manager discussed this with the Clinical Team and it was agreed that staff will support young person with an initial after care needs assessment specific to centre and young person. This will then be reviewed by centre manager and clinical team every three months to identify areas young person is struggling with. Staff will receive clinical interventions from the clinical team on supporting young person to meet the identified needs. This will also be reviewed by the clinical team on a weekly basis through the weekly report.	<p>The clinical team will continue to review all weekly reports, SEN's and other relevant paperwork for Young Person to ensure that strategies in place remain effective for supporting the Young Person's progression into aftercare.</p> <p>A specific centre after care needs Assessment will be completed with young person via key working sessions and input from the clinical team via weekly report reviews.</p> <p>Centre manager and clinical team will review after care needs assessment every three months and will target areas that young person is struggling with and the staff team will receive clinical interventions to support young person to reach these needs.</p>