



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 212**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Teach Nua Care Services 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>9<sup>th</sup> &amp; 10<sup>th</sup> September 2024</b>
<b>Registration Status:</b>	<b>Registered from 22<sup>nd</sup> December 2022 to 22<sup>nd</sup> December 2025</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> November 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 Assurance 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 22<sup>nd</sup> of December 2022. 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 as a single occupancy service to accommodate a young person aged between 13 – 17 years and providing a family orientated therapeutic model of care. This was accomplished through the RAP model of care (Response Abilities Pathways) which provides strength-based strategies for young people. A social learning theory approach in the work with young people was also utilised.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child Centred Care and Support	1.5
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	6.3

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 person, 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 14<sup>th</sup> of October 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 21<sup>st</sup> of October 2024. This was not deemed to be satisfactory and the inspection service received a second CAPA on the 6<sup>th</sup> November 2024 with 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: 212 without attached conditions from the 22<sup>nd</sup> of December 2022 to the 22<sup>nd</sup> of December 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 9: Access Arrangements

#### Theme 1: Child-centred Care and Support

#### Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The centre had a written policy on contact with families that outlined for staff the importance of contact with family and significant people in their lives by encouraging and facilitating full and open contact between each young person and their family in accordance with their statutory care plan. The inspectors found that all those interviewed demonstrated an awareness of the importance of family contact and provided examples of the ways in which they supported the young person to maintain regular contact with their family. There were clear family contact arrangements in place which had been agreed with the social work department and had been subject to review at statutory care plan reviews. Sibling contact was encouraged and consideration had been given to the possibility of siblings being placed together. The young person's placement plan detailed family contact arrangements and had a focus on encouraging positive relationships with the young person's family. The centre maintained a record of all family contact on the young person's file.

Inspectors were satisfied that the centre supported and encouraged the young person to develop their interests, talents and hobbies. At the time of the inspection the young person was involved in a range of activities in the community including youth clubs, horse riding and had also attended a number of summer camps. The most recent care plan for the young person stated that the staff had assisted them in developing good social skills and they were interacting positively with peers in their locality. Special occasions including birthdays were celebrated in the centre with parties in the community and the young person had attended their friends' birthday celebrations. The young person also enjoyed celebrating family members birthdays and other special occasions and was assisted by staff in purchasing presents and planning these events.

The young person had appropriate access to a landline telephone, television and other appropriate media. The centre had policies in place in relation to the use of electronic communication and electronic devices and safeguards in place to ensure



appropriate and safe access to the internet. The young person had an avid interest in reading which was supported and encouraged by the staff team. The young person took great pride in showing the inspectors their extensive book collection during the inspection.

Compliance with regulations	
Regulation met	Regulation 9
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

#### **Actions required**

- None identified.

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The inspectors were satisfied from a review of records and interviews that the team placed great emphasis on supporting the young person to achieve their potential in learning and development. The young person was attending a suitable school and had full attendance. They were supported by the team to travel to school independently and encouraged to attend extracurricular activities including a summer school programme. The inspectors found that the team had developed good communication and collaborative relationships with the young person's school. The principal of the school had attended the young person's care plan review in May 2024 and reported that the young persons had made significant progress in their education. They also commended the team on their level of cooperation and for ensuring the young person completed their homework.

The young person's social worker told inspectors that the young person did not require any educational assessments or additional supports with their education at

the time of the inspection. At the young person's statutory care plan review the school had identified that the young person would benefit from the care team undertaking individual work with them in specific areas of education over the summer break. Inspectors found evidence on file that the centre had responded to this by working with the school in sourcing additional resources and completing this work with the young person.

The centre maintained an education folder which contained comprehensive educational records including school reports and certificates of achievement. There were appropriate facilities in the centre for the young person to complete their studies and a homework routine was in place. The allocated social worker spoke highly of the efforts made by the team to support the young person in education. The young person met with the inspectors and stated that they were happy in their school placement and felt well supported by the care team.

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 4.3</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 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

The management structure in the centre consisted of a centre manager, deputy manager and four social care leaders. Inspectors found that there had been a number of changes in the management arrangements in the nine month period prior to the

inspection with the manager and deputy manager both going on extended leave for a number of months. During this period the social care leaders acted up in the managerial roles which staff reported had been difficult for the team and the young person due to the constant changes. The inspectors were satisfied overall from interviews that the manager and staff understood their roles and responsibilities. There was however a lack of clarity in terms of reporting lines and confusion amongst the management and care team regarding the specific responsibilities of the two registered proprietors who held positions as director of services and quality assurance auditor. All those interviewed confirmed that the registered providers were accessible to them and visited the centre on a regular basis. The registered proprietors must ensure that all those working in the centre are clear in terms of the reporting and organisational structure in the organisation.

The centre had procedures in place to protect staff and to minimise the risk to their safety including training in a recognised behaviour management programme, debriefing following incidents, a lone working policy and an on-call system. There was evidence in staff meetings that policies and procedures had been discussed with the staff team.

Inspectors found there was a positive dynamic amongst the management and the care team. All those interviewed reported that the return of both the manager and deputy manager had resulted in a greater level of stability and consistency of care approach for the team along with an improvement in staff morale. There was evidence across centre records that staff were encouraged to use their professional judgement and to make decisions. It was clear to inspectors that staff enjoyed working in the centre, they felt supported in their work and were committed to the young person in their care.

Inspectors found at the time of inspection that the majority of staff had completed all their mandatory training. While there were opportunities for additional training, the majority of this was generic and online. Inspectors recommend that a training analysis is conducted to identify specific training needs for the team in relation to the current young person in placement. The centre had access to a clinical psychologist who had attended team meetings and provided guidance which the team reported was beneficial in their work with the young person.

The centre made efforts to create a culture of learning, development and reflective practice with shift evaluations taking place, staff debriefing following serious incidents and discussions of significant events at team meetings. Inspectors found

that while staff had access to supervision this is an area that required improvement. In addition, the centre manager completed a monthly Significant Event Review Group (SERG) form which recorded all significant events and was an agenda for discussion at the organisation's governance meetings. Inspectors reviewed the minutes of the governance meetings and found that while the information presented in the SERG form was of a good standard, there was no record of any analysis of the SERG form or of any feedback mechanism to the care team in team meetings or staff supervision to inform them of any learnings or patterns to inform practice.

A review of records evidenced that team meetings were taking place on a monthly basis. There had been issues with low attendance for a period at the start of 2024 which had been addressed by management and inspectors found that attendance had improved prior to the inspection. A review of team meeting minutes also highlighted that there had been issues with the team in terms of a consistent team approach. This coincided with the period that the centre manager was on leave. There was evidence that these issues had been addressed at team meetings and through mediation and there had been an improvement in practice since the return of the manager in June 2024.

The centre had a supervision policy in place. Inspectors found from the review of supervision records that the centre manager, deputy manager and social care leaders had provided supervision to staff in the year prior to inspection. One of the social care leaders who provided supervision during this period did not have the relevant supervisor training. Inspectors recommend that the registered providers must ensure that all those who provide supervision in the centre have the required supervision training. There were gaps in the frequency of supervision as the centres policy of supervision occurring every four to six weeks had not been adhered to. At the time of the inspection the centre was using two different templates to record supervision, both of which were not being utilised effectively and the quality of recording required improvement. Inspectors did not find evidence of a focus on key areas such as placement planning and key working in the records reviewed and there was a lack of evidence of a review of agreed actions from one session to the next. Inspectors noted that the frequency of supervision and the standard of recording had improved with the return of the deputy and centre manager from leave in June 2024. An audit of the centre's supervision records conducted by the organisation's quality assurance auditor in the week prior to the inspection did not identify the deficits found by inspectors. The inspectors recommend that the auditing of supervision is more robust with a greater emphasis on quality going forward.

There were professional development plans (PDP) on file for the deputy manager and a number of the care team. Inspectors found that the PDPs that were reviewed placed more of an emphasis on task completion than on professional development. Most of these PDPs on file had commenced in July 2024. They contained limited information and there had been no evidence of discussions of PDPs in supervision records viewed by inspectors. Inspectors recommend that PDPs have more of a focus on the setting and achievement of professional goals to contribute to individuals learning and development and strengthening of their practice.

The centres had policies in regards to the conducting of probation reviews and performance appraisals. All employees were required to complete a probationary period of a minimum of six months. Inspectors reviewed probation reports on file and found that while there were some delays in these being undertaken they were of a good standard. Similarly, there was a delay in the conducting of performance appraisals which were scheduled to take place at the time of the inspection.

The centre had a policy on staff wellbeing and self-care. Staff interviewed confirmed there were effective supports in place to assist with their well-being including supportive management. The organisation offered a number of workplace benefits including paid sick leave and maternity pay. Staff had engaged in self-care sessions in the centre and had the opportunity to avail of a health fund. There was also a generous annual budget made available to the centre to fund a number of team days.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</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 6.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

## **Actions required**

- The registered providers must ensure that all those working in the centre are clear in terms of the reporting and organisational structure in the organisation.
- The registered providers must ensure that a training analysis is conducted to identify specific training needs for the team in relation to the current young person in placement.
- The registered providers must ensure that the monthly SERG form is discussed at governance meetings and a mechanism is in place to ensure that information from this forum is recorded and shared with the staff team to facilitate learning and improvements in practice.
- The registered providers must ensure that all the functions of supervision are being met and supervision sessions are recorded appropriately.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	N/A		
4	N/A		
6	<p>The registered providers must ensure that all those working in the centre are clear in terms of the reporting and organisational structure in the organisation.</p> <p>The registered providers must ensure that a training analysis is conducted to identify specific training needs for the team in relation to the current young person in placement.</p> <p>The registered providers must ensure that the monthly SERG form is discussed at governance meetings and a</p>	<p>Organisational Structure discussed at team meeting on the 23.09.2024.</p> <p>Social care manager and operational manager / QA have discussed sourcing specific training for the staff team in September 2024. Operational manager / QA has contacted a professional that can deliver training to the staff team. Specific training to commence by the 30.11.2024.</p> <p>SERG was discussed with staff at the team meeting on the 23.09.2024. Discussed outcome of inspection in the governance</p>	<p>Going forward, Quality Assurance title will include operational manager, to ensure that there is clarity regarding the organisations structure and reporting.</p> <p>Management will continue to audit training as per management duties. On admission, going forward, management will review training and assess the training needs of the staff team based on the young people in the centre and the young people's needs and source training for the team, where applicable.</p> <p>Going forward, management must ensure that discussions regarding the SERG are clearly documented in the team meeting,</p>

	<p>mechanism is in place to ensure that information from this forum is recorded and shared with the staff team to facilitate learning and improvements in practice.</p> <p>The registered providers must ensure that all the functions of supervision are being met and supervision sessions are recorded appropriately.</p>	<p>meeting on the 24.09.2024 and need to be descriptive in report writing to ensure that the meetings are captured in the minutes.</p> <p>Supervision form was reviewed and updated in September 2024. All scheduled supervisions will be recorded on the updated supervision form from October 2024. The updated form includes a section that focuses on previous supervision, to ensure all topics/issues are discussed / addressed. Supplementary supervision forms will only be utilised as additional supervision outside of the supervision schedule in the event that additional issues arise / debriefs are required. Supervision will be completed by staff that have completed supervision training from October 2024.</p>	<p>management meeting and governance meeting minutes.</p> <p>Updated supervision form to be utilised for all scheduled supervisions from October 2024. Supervisors will consist of management that have completed supervision training as of October 2024. Management is sourcing supervision training to be completed by all social care leaders.</p>
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