



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 057

Year: 2025

Inspection Report

| | |
|------------------------------|---|
| Year: | 2025 |
| Name of Organisation: | Orchard Residential Care Ltd |
| Registered Capacity: | Four Young People |
| Type of Inspection: | Announced Inspection |
| Date of inspection: | 7th, 8th May 2025 |
| Registration Status: | Registered from the 19th August 2025 to the 19th August 2028 |
| Inspection Team: | Linda Mc Guinness Lorna Wogan |
| Date Report Issued: | 3rd July 2025 |

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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 in November 2014. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 19th August 2022 to the 19th August 2025.

The centre was registered to provide multiple occupancy, medium term care, for up to four young people aged thirteen to seventeen years on admission. The model of care was built on a strengths-based approach informed by attachment and resilience theories. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging. The approach was trauma informed, and care staff received training to understand the impact of trauma on child development. There were four 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 |
|--------------------------------------|----------|
| 4: Health, Wellbeing and Development | 4.2 |
| 6: Responsive Workforce | 6.4 |
| 8: Use of Information | 8.1 |

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the 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 3rd June 2025.

The findings of this report 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 057 without attached conditions from 19th August 2025 to the 19th August 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

This inspection found that the health, wellbeing and development of each child was promoted, protected and improved by the care they received from the team in this centre. There was a detailed policy to support them to meet the health needs of young people. Their specific health and developmental needs were identified at the outset of placement from the information the centre received upon admission. Individual needs and areas of focus were identified in consultation with young people, and this was incorporated into a monthly plan that set out targeted and specific pieces of work. There was a child friendly version of the placement plan that some young people liked to use to set goals with the support of key workers and they completed a *'getting to know me'* document.

Inspectors reviewed the care plans and placement plans and found the care plan set out the overarching health and wellbeing needs for the young people and addressed them comprehensively and in detail. This guided the development of the placement plans with specific actions to meet identified needs within a set timeframe. Key working and individual work schedules were developed on a monthly basis and the health and wellbeing individual work the team completed was evidenced on the care records.

There was evidence that all young people were encouraged and supported to live a healthy lifestyle and develop healthy routines. They were encouraged to shop for and prepare budget friendly, healthy meals. Efforts to reduce the consumption of high sugar drinks in the centre was successful. The care team and young people participated in theme nights celebrating the food and culture of different countries.

The inspectors found that education and training programmes were valued by the team and young people were supported and encouraged to attain their full potential educationally to promote their general wellbeing and development. Inspectors found that young people were encouraged to develop their individual hobbies and recreation activities based on their interests and talents and they were involved in

community activities and sports clubs. The team recognised the mental and physical benefits of engaging with animals and encouraged this with young people where possible.

Three of the young people were over 17 years of age and actively preparing to move on to independent living. The centre had developed an aftercare assessment document to identify the needs and skills required as they prepared for moving from care. This included topics such as health awareness, personal hygiene, emotional regulation, consent, safe sex, effects of drugs and alcohol, sleep hygiene, online safety and stress management. Inspectors found there was good oversight of this work, and this was evidenced in daily logs and key working records. Additionally, the centre developed a comprehensive after care information document for young people to take with them as a resource guide when they moved on.

All social workers interviewed were complimentary of the efforts of the team to provide education to young people about health and wellbeing, engage them in activities and sport and support them to live a healthy lifestyle. The team were described by social workers and Guardians ad Litem (GALs) as being warm and caring, committed, focused on individual needs and accepting of diversity. It was also described as ‘a fabulous centre where the team stick with young people and ‘go above and beyond to support the children.’

While it was challenging to source general practitioners (G.Ps) for young people not originally from the area, the manager and team were relentless in making every effort to ensure that this was resolved. All young people had access to a G.P. by the time of this inspection.

Three of the young people had a general medical assessment following their admission and the other young person was recently registered with a G.P and the medical review was planned.

All young people had attended the dental and ophthalmic appointments with appropriate follow up treatment planned. A record of all medical appointments was maintained on individual care records.

Some young people were availing of specialist and therapeutic supports that were in place prior to admission and the centre received copies of relevant assessments. Where need for specialist services or clinical supports was identified during placement, the centre worked closely with the supervising social workers to identify

appropriate professionals to undertake the work. One young person was waiting for funding to be approved to recommence with a previously used therapeutic service.

Medication management policies and procedures were in place, and this was supported by mandatory medication management training. Inspectors found that medication was secured in line with policy and there were detailed records of administration of medication. There were regular audits of medication management and an audit of theme 4 of National Standards for Children's Residential Centres, 2018 (HIQA) was completed in February 2025. Some deficits were identified and issues requiring action were identified and responded to. If a medical error occurred, there was a prompt review of what happened and identified learning or procedural changes were communicated to the team. There were signed consents on file for the centre to administer pro-re-nata (PRN) and over-the-counter medication such as paracetamol to young people if required.

| Compliance with Regulation | |
|-----------------------------------|------------------------|
| Regulation met | Regulation 10 |
| Regulation not met | None Identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 4.2 |
| 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

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The organisation had a staff retention policy that included a robust induction procedure and continuous professional development through training, supervision, and appraisal processes.

The induction consisted of the model of care operated across the organisation, knowledge of policies and procedures, training in safeguarding and behaviour management. Induction was ongoing after staff were assigned to an individual centre, where the internal managers facilitated familiarisation with the day to day running of the centre and the electronic recording system. Staff who spoke with inspectors commented positively on the induction process, and felt it was beneficial to prepare them for work in this centre. This was particularly true for staff members who were working in Ireland for the first time. They received additional supports to help them settle into the centre and understand the expectations of the role.

Mandatory training undertaken following induction included child protection, first aid, fire training, manual handling and medication management. There was also role specific training such as Designated Liaison Person (DLP) training and mentoring for senior staff and managers. All training was up to date at the time of inspection. Records of mandatory training were maintained on a database that prompted when refresher training was due. Inspectors found that the centre was understaffed for a period of time in late 2024 to 2025 however, this did not impact on staff training and the manager ensured that care staff were accommodated to attend required courses.

Inspectors found evidence that the programme of continuous training and development was implemented in practice to ensure that care staff developed and maintained the required skills and competencies. Staff who spoke with inspectors felt that the organisation had a good focus on professional development and said that training needs were routinely discussed at team meetings and in professional supervision. Inspectors found that despite some inexperience, staff members interviewed were knowledgeable about the agreed approaches/interventions and systems in place to support the care of the young people.

Training needs analysis was a dynamic process that was based on the needs of young people, supervision, appraisals, professional development plans and input from specialists. Inspectors found evidence of additional training that care staff had undertaken that included, gender identity, diversity, self-harm and suicide awareness.

Inspectors noted that training needs were considered in the annual review of compliance. This report was a detailed overview of the strengths and challenges in the organisation.

| Compliance with Regulation | |
|-----------------------------------|------------------------|
| Regulation met | Regulation 7 |
| Regulation not met | None identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 6.4 |
| 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

Regulation 17: Records

Theme 8: Use of Information

Standard 8.1 Information is used to plan, manage and deliver child-centred, safe and effective care and support.

The inspector found that all information, including information held on each young person who resided in the centre, was maintained securely and safely in line with legislation. The organisation had a range of policies that supported information governance and provided guidance in the use of safe and effective methods to record and share information with the care teams and external professionals. These policies included data protection, guidelines for effective recording, privacy and confidentiality and access to information. There were flow charts for procedures relating to placement planning, complaints and management and notification of significant events. There were systems in place to return care records to social work departments and to safely archive centre records.

The induction process provided guidance in all systems of information management. Care staff interviewed by inspectors demonstrated their awareness and understanding of the recording systems at the centre including handwritten documentation and the electronic system in use. The centre manager provided day to day oversight of these records and care staff described the feedback process in place to ensure that all reports were accurate, legible, and notified in a timely manner. The electronic recording system facilitated external managers to have real time oversight of key records, and they received a daily update in respect of each young person in the centre. Report writing training was provided to the team.

Inspectors reviewed care records and found they were of a good quality and standard and that they supported effective planning.

The centre received relevant information at the time of referral to facilitate effective planning. These included preadmission risk assessments, assessment reports, social history and information relating to health and education. It was found that reports and assessments were shared with staff and managers to ensure that they were equipped with all available information to work in the best interests of the young people. All young people had care planning documents required by legislation and this informed robust placement planning. There was a well-established risk management framework, and each young person had risk assessments to identify

potential risk and required mitigating measures. There were systems in place to record, notify and review all incidents, complaints and child protection concerns. Review of team and management meetings and significant event review meetings showed that all the above were reviewed and analysed for learning and to inform service improvements. Implications for practice guidance or required policy changes were considered and communicated to all.

Inspectors reviewed minutes of human resources (HR) meetings that took place weekly and it was evident that the information collated was used to track trends and patterns arising from exit interviews with staff to inform developments in recruitment and retention of staff. Additionally, there were minutes available of quality committee meetings that utilised information relating to feedback from staffing, governance and oversight, review of inspection findings, training needs and the young people's committee to discuss and considered required improvements or resource implications. External professionals such as social workers were invited to provide feedback on their experience of the care provided and this was considered at local and organisational level.

There were various systems in place to capture and record young people's voices and their experience of the care being provided. This included individual work records, young people's meetings, feedback forms, a children's committee and exit interviews with young people who have moved on from the centre. In one recent feedback form completed the young person described being supported with their education and preparation for aftercare. They identified team members they had trusting relationships with and confirmed they were treated fairly, and their rights were respected. They said they were told why decisions were made even when they may not have agreed. They enjoyed the routines, and the food provided and stated they were supported to keep in touch with their families. They also provided suggestions for further improvements in the centre. Feedback forms from young people were communicated to senior management for discussion and consideration.

Young people were busy with education and family commitments and chose not to meet inspectors however all completed a questionnaire. None of them indicated that they would change anything about the centre and things they liked included the staff and key workers, the house and their rooms, activities, free time, drives with care staff and choices provided.

Management and staff promoted the young people's right to access information held about them and supported them to read documents if they wished. Some young people availed of this opportunity.

There was good communication and information sharing between different agencies involved in the care planning needs of each young person. Social workers and Guardians ad Litem interviewed all spoke positively about the quality of collaboration and communication. The centre manager and staff members interviewed demonstrated a keen awareness of the importance of protecting the privacy and confidentiality of young people's information. This was evident in practice. The general data protection policy outlined encryption of documents, use of passwords and guidance in respect of storage and retention of records. It also included information on subject access requests including how these could be requested and processed. Notwithstanding this, there was no specific information available for parents to advise them on what information is recorded and its intended use. The centre manager must ensure that families are advised about the recording practices in the centre and intended use of all personal information.

| Compliance with Regulation | |
|-----------------------------------|------------------------|
| Regulation met | Regulation 17 |
| Regulation not met | None identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 8.1 |
| 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