



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 166

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Harmony Residential Care
Registered Capacity:	Four young people
Type of Inspection:	Remote Inspection
Date of inspection:	14th and 15th September 2020
Registration Status:	Registered from 12th April 2020 to 12th April 2023
Inspection Team:	Lorraine Egan Sinead Diggin
Date Report Issued:	18th November 2020

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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 12th April 2020. At the time of this inspection the centre was in its first registration and was in year one of a three-year cycle. The centre was registered without attached conditions from the 12th April 2020 to the 12th April 2023.

The centre was registered to provide care for up to four young people aged between 16 and 17 years of age in order to prepare them for leaving care. Their model of care was described as being informed by a therapeutic based approach of cognitive behaviour therapy which focuses on the total behaviour of the young person.

There was one child living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 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. Due to the emergence of Covid-19, this review inspection was carried out remotely. This inspection was conducted through a review of documentation and a number of telephone interviews.

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 16th October 2020. 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 29th October 2020. 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: 166 without attached conditions from the 12th April 2020 to 12th April 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1 - The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

A review group had been established by senior management to update policy and procedures across the organisation. The most recent full review had taken place in January 2020 to ensure compliance with regulations, relevant legislation and the National Standards for Children’s Residential Centres, 2018 (HIQA). Further, various revisions to a number of policies such as child safeguarding, COVID-19 and guidelines for engaging with the Gardaí had also occurred since this time. The centre manager had input to the review group regarding policy implementation.

Inspectors found from evaluation of the documents submitted that they were aligned with the national standards. In particular, the centre’s child safeguarding policy was very comprehensive and was regularly updated on determination of its relevance to the service and its impact on day to day practice within the centre. However, one gap in the implementation of the centre’s mandated reporting policy required revision. This related to the reporting of mandatory concerns currently in operation which was not in line with statutory requirements or the centre’s policy. The registered provider must ensure that the deficit in the mandated reporting of concerns to Tusla is addressed and that the staff team are provided with training on the updated procedure.

Through interviews and questionnaires, the staff team were aware of relevant legislation, regulations, policies and standards appropriate to their role. As mentioned above, in practice, staff were following a procedure that was not in line with their statutory obligations for the reporting of mandated concerns. However, they understood how to keep children safe along with demonstrating a good comprehension of the complaints processes in operation in the centre.

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-centered, safe and effective care and support.

At the time of the inspection, the centre manager was new to their post and had been working in the centre for one month. However, they were appropriately qualified and experienced for their role and despite the length of time in service, there was evidence to show an emergence of their leadership skills. The centre manager was also demonstrating accountability and authority for the delivery of care within the centre. This was observed by inspectors from a review of centre files for the period from when they commenced their appointment. It included, good documentation of records along with competent direction and guidance being provided to staff on, significant event notifications (SENs), daily handover notes, team meetings and internal management meetings. Staff members and senior management interviewed during the inspection process, indicated that they were satisfied with the support being provided to them by the manager. The allocated social worker and social work team leader stated that there was very good communication with centre management and improvements were observed by them more recently in the way in which decisions were being made regarding the provision of service delivery. They said that the staff team were proactive and expedient at implementing plans for the young person currently in placement.

There were clearly defined governance arrangements and management structures in place in the centre that set out the lines of authority internally and externally. Responsibilities were stipulated and staff and management were aware of duties and obligations associated with each person's professional role. The staff team interviewed and in questionnaires stated that external management were also available to them should they need guidance and support. Inspectors observed evidence of robust direction from the regional manager to the newly appointed centre manager and they also provided them with supervision. The manager was present in the centre from nine am to five pm Monday through Friday and were part of the on-call rota system. Their attendance was noted at internal management meetings, senior management meetings, team meetings, handovers and supervision. The internal management structure was appropriate to the size and purpose of the centre. The manager was supported in their role by a deputy manager and two social care leaders, one of whom was in an acting post.

As referred to above, policy documents were developed for the centre, were regularly reviewed and updated and were aligned to regulations, national standards and guidelines. A service level agreement was in place between the centre and the Child and Family Agency in respect of provision of care to young people.

There was a clear risk management framework in operation in the centre which identified, assessed and managed risk. Inspectors found good evidence of its implementation in practice in individual risk assessments and it was observed across centre records including significant event notifications (SENs), child protection and welfare reports, key-working reports, centre management and senior management reports. However, on the sample of team meeting minutes reviewed, discussions on the management and response to risk was not recorded. The system was supported by a risk assessment policy which staff were familiar with and they were also aware of who to contact in the event of an emergency. The centre maintained a risk register.

There was a list of delegated duties recorded for certain tasks allocated by the centre manager to members of the staff team. The registered provider ensured that alternative management arrangements were in place when the centre manager was absent.

Standard 5.3 - The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The statement of purpose for the centre had been reviewed and updated in the preceding two months prior to the inspection as the model of service provision had changed to provide care to young people in preparation for leaving care. An adjustment in the centre's capacity had also been approved and had increased from one young person to four young people.

Inspectors found that while the statement was mainly in line with requirements as set out in the National Standards for Children's Residential Centres, 2018 (HIQA), some criteria was not included. These gaps related to the care needs of young people that the centre intended to meet and the arrangements for the wellbeing and safety of young people placed there. Further, the statement did not outline the day-to-day operation of the centre. External management must ensure that the statement of purpose is fully aligned with the National Standards for Children's Residential Centres, 2018 (HIQA).

A child and family version of the statement of purpose was in place and social workers stated that they received this information prior to the placement of the young person in the centre. There was evidence that staff had knowledge of the purpose and centre records reflected that it was being communicated through supervision sessions and other forums.

Inspectors were informed during inspection that the model of care was being reviewed so as to align it to the centre's new purpose. While the model would continue to be informed by a therapeutic based approach of cognitive behaviour therapy, it required some modification. This change would reflect the specific needs of the cohort of young people being placed at the centre which focused on preparation for leaving care. At interview and through questionnaires, inspectors found that there were gaps in the staff team's knowledge of the model of care. However, some were able to describe in practice a number of the specific adjustments that would take place from once the implementation of the new model had concluded. This was based on the overall aims and outcomes that were to be achieved in the centre for young people preparing to leave care. External management must ensure that the review of the model of care for the centre is fully concluded and is aligned with the updated statement of purpose. Staff should be provided with training on its implementation from once the process is completed.

Standard 5.4 - The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that there were systems in place to assess and review the quality, safety and continuity of care provided to young people in the centre. Internally, the centre manager had responsibility for the completion of a monthly report which was submitted to the regional manager and included areas of focus such as risk assessments, team meeting input, supervision, internal management meeting feedback, child protection and welfare concerns and significant incident review. Since the current manager had taken up their post, improvements were seen in the content of the internal management meeting records reviewed by inspectors. This related to the discussion of policies, supervision, planning for significant event review and clear direction was noted as being provided to the management team in support of their delegated tasks and duties. There were also very comprehensive key-working reports completed and communicated to external management and also to the social work department.

External audits were taking place in the centre by the regional manager. These were detailed in format and highlighted any gaps in service provision identified on each assessment visit. Findings were communicated to the internal management team who, in turn were required to address these gaps within a set timeframe so that improvements to practice was evident. Despite the regularity of the monitoring, inspectors found that the evaluation system necessitated further development, so that the process was more consistently benchmarked against the National Standards for Children’s Residential Centres, 2018 (HIQA). However, there was evidence to show that elements of this alignment had already begun where audit tools had been forwarded to the centre for use and reflected various themes as outlined in the national standards. Inspectors recommend that this auditing process is fully implemented as soon as possible.

The centre had registers in place for the recording and tracking of complaints, child protection and welfare concerns and significant events. These incidents were monitored and reviewed at monthly senior management meetings. Inspectors were informed that the analysis of the significant events were then forwarded to the centre for discussion by staff at team meetings for learning purposes. However, inspectors did not see evidence of this happening from the meeting records. Further, they were not observed on internal management meetings or at supervision sessions. External and centre management must ensure that learning from complaints, significant events and child protection concerns is consistently communicated to the staff team to promote improvement in practice. There was a robust complaints process in place in the centre and regular visits were evident where the regional manager met with young people regarding incidents that had happened. There was a strong culture of encouragement by external management to the staff team to inform young people of their rights in this regard.

The centre had not completed an annual review of compliance with the centre’s objectives but internal and external management were aware of their obligations at the time of the inspection.

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.2
Practices met the required standard in some respects only	Standard 5.1 Standard 5.3 Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that the deficit in the mandated reporting of concerns to Tusla is addressed and that the staff team are provided with training on the updated procedure.
- External management must ensure that the statement of purpose is fully aligned with the National Standards for Children’s Residential Centres, 2018 (HIQA).
- External management must ensure that the review on the model of care for the centre is fully concluded and is aligned with the updated statement of purpose. Staff should be provided with training on its implementation from once the process is completed.
- External and centre management must ensure that learning from complaints, significant events and child protection concerns is consistently communicated to the staff team to promote improvement in practice.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure that the deficit in the mandated reporting of concerns to Tusla is addressed and that the staff team are provided with training on the updated procedure.</p> <p>External management must ensure that the statement of purpose is fully aligned with the National Standards for Children’s Residential Centres, 2018 (HIQA).</p>	<p>A team meeting was held on 21.10.2020 and the feedback from inspection was discussed with the team by the Director of Social and Regional Manager. In addition to discussing this with the team, all staff members have received a memo on 21.10.2020 to read and sign in regards to the deficit in mandated reporting and how to ensure we remain compliant with our Safeguarding Policy and statutory requirements.</p> <p>The statement of purpose has been reviewed by external management and is fully aligned with the National Standards for Children’s Residential Centres, 2018 (HIQA). To update the current team on the updated statement of purpose, a CPD session will be completed with all staff in the Centre and the statement of purpose</p>	<p>Guidance has been provided to the team on 21.10.2020. In addition, to ensure this does not arise again, we have updated our employee induction form to include giving new employees the memo. In addition, feedback from the designated liaison person will occur via supplementary supervisions with team members who do not follow the updated guidelines.</p> <p>The purpose and function will be reviewed as part of Quality Assurance Audits in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) via the Organisations self-audit tool. Any deficits will be responded to via CPD sessions, feedback and action planning.</p>

	<p>External management must ensure that the review on the model of care for the centre is fully concluded and is aligned with the updated statement of purpose. Staff should be provided with training on its implementation from once the process is completed.</p> <p>External and centre management must ensure that learning from complaints, significant events and child protection concerns is consistently communicated to the staff team to promote improvement in practice.</p>	<p>will be discussed at the next team meeting. This will occur before 30th November 2020.</p> <p>External management and the clinical team have reviewed and updated the model of care policy to align it with the updated statement of purpose. CPD sessions will occur with all staff members regarding the revised statement of purpose and the updated model of care policy. This will also be discussed at the next team meeting with the full team.</p> <p>The team meeting standing agenda was updated on 21.09.2020 following preliminary feedback from the Inspection. This includes an agenda to discuss complaints, significant event reviews and child protection concerns.</p>	<p>The clinical team will update their Model of Care Training before the next training date and participants will learn how the model of care is used in our different services. In addition, our quality assurance audits in line with the National Standards for Children’s Residential Centres (2018) will also allow for a review of staff’s knowledge and understanding of the model of care and statement of purpose and its application in practice. Any deficits will be responded to via CPD sessions/ feedback and action planning.</p> <p>The team meeting minutes will be reviewed as part of quality Assurance Audits in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) via the organisation’s self-audit tool. Any deficits will be addressed via feedback and action planning.</p>
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