



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Harmony Care Residential
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	25th & 26th September 2023
Registration Status:	Registered from 12th April 2023 to 12th April 2026
Inspection Team:	Lisa Tobin Catherine Hanly
Date Report Issued:	27th November 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 1: Child-centred Care and Support, (Standard 1.3 only)	
3.2 Theme 2: Effective Care and Support, (Standard 2.5 only)	
3.3 Theme 6: Responsive Workforce, (Standard 6.1 only)	
4. Corrective and Preventative Actions	16

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 as a preparation for leaving care centre on the 12th April 2020. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 12th April 2023 to 12th April 2026.

The centre was registered to provide care and accommodation, in self-contained apartments, 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 informed by a therapeutic based approach of cognitive behaviour therapy that focused on the total behaviour of the young person. There were three 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	1.3
2: Effective Care and Support	2.5
6: Responsive Workforce	6.1

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.

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 27th October 2023. 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 8th November 2023. 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 2023 to the 12th April 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors found that the young people in the centre were empowered to have their voices heard and were part of the decisions being made about their care planning. The organisation had a policy on consultation with young people which outlined how staff listened to and considered the voice of the young people. From the admission process the young people were informed of what to expect while living in the centre and the supports available to them. A welcome booklet was provided to each young person on admission which gave them an understanding on their rights, the complaints process and what to expect on a day-to-day basis. The young people were offered to engage in their Child in Care reviews (CICRs), their placement planning meetings and aftercare meetings which they attended on some occasions. If they did not wish to attend their CICRs, they completed a review form in order to have their voices heard in their absence.

Inspectors reviewed the young peoples' key working documentation and found that there were numerous pieces of work undertaken which linked with the young person's care plan actions, placement planning goals and aftercare goals. On review of these reports, it was evident to inspectors that the staff team were capturing the young people's voices in what they were saying and responding to same, for example one young person highlighted they wanted to live in a certain area of the country and that now was being looked into. While reviewing placement plans, inspectors found that they did not accurately reflect all the work undertaken by the staff team and recommend that the key working reports link with the placement plan goals to track the progress and identify where further follow up is required. Inspectors saw that goals remained the same for long periods of time on placement plans despite inspectors seeing evidence of ongoing key working taking place with the young people. The centre manager must ensure an effective review mechanism is in place to ensure placement plans remain reflective of the work undertaken by the staff.

Young people's meetings took place every week and the minutes reviewed showed a good overview of the items discussed along with policy and opportunities for the young people to voice their own issues. Inspectors saw evidence of the young people being offered to chair the meetings, however they declined and reported they liked the current format of staff leading the meetings. Young people were facilitated to make either informal or formal complaints should they want to air a concern. Inspectors saw that an informal complaint around staff's availability to spend time with young people had been raised twice this year by the young people. As a result of this, inspectors saw a discussion with the staff team at the team meeting to ensure staff were available to the young people and to have this integrated in the daily shift plan. However, when inspectors spoke with one social worker and one guardian ad litem, they were not aware of the informal complaint. Both felt this was something that should have been brought to their attention. Inspectors were shown information post draft report which showed an email sent to both the social worker and GAL regarding the informal complaint as part of a weekly report. Despite the centre following their procedure for informal complaints, a review on what constitutes an informal complaint in this instance would be required as it referred to staff practices and not a general house issue, which by the centres policy would constitute the formal complaint process.

Each young person was assigned a key worker and a case manager on their admission. They were responsible for updating the young people's files, placement plans and completing key working pieces with the young people. Inspectors interviewed both a key worker and a case manager and found that both were aware of their roles and responsibilities. Key workers completed an information piece with the young people as part of their admission where they were informed of their rights and of advocacy services available to them. The welcoming booklet given to the young people also outlined contact details for advocacy services and they were given stamped addressed envelopes if they wanted to contact them in private. The current group of young people did not wish to engage in meeting with an advocacy agency when offered by the staff team. This booklet also informed the young people of their right to access their records. Centre policy outlined that prior permission was required from the social work department before this could commence. Given the nature of the centre's statement of purpose, to care for older teenagers leaving care, a more encouraging approach could be adapted for freer access to records created within the centre. Two young people completed questionnaires, and both stated that they felt they could talk to the staff if they had any issues. Both young people spoke positively about the centre and about the care they received.

The young people were encouraged and supported to engage in their interests and hobbies. This included football, pool, cooking and spending time with friends. The young people were supported with transport when this was possible and facilitated with resources to travel independently.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed at this time
Practices met the required standard in some respects only	Standard 1.3
Practices did not meet the required standard	Not all standards were assessed at this time

Actions required:

- The centre manager must ensure that any complaints identified by the young people are responded to appropriately in line with centre policy and procedure.

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The purpose and function of this centre was to prepare young people for leaving care. It was noted how the staff focused on independence, life skills and addressing ongoing current issues for the young people which included sourcing any services that were required to support them. There was evidence of effective communication and cooperation between the services involved and the centre to ensure the best outcomes were achieved for the young people. Strategy meetings, placement planning meetings and aftercare meetings occurred for the young people which showed how the services and centre came together in order to address goals and actions identified for the young people and where necessary look at alternative plans. Young people had the opportunity to participate at these meetings and in general their attendance was positive and participative.

Inspectors found that there was regular contact with social workers, aftercare workers and family members where appropriate. In some circumstances, the social workers took on the role of informing family members of the plans in place for the young people. There were care plans on file for two young people and centre minutes for a third young person from a CICR. Evidence of escalation to the social work department was in place for the remaining care plan not on file. All young people had an aftercare worker assigned, however only one young person had an aftercare plan in place. There were reported issues regarding non-engagement from the young people in order to complete their aftercare plans. Staff had requested the aftercare plans from the aftercare workers. The current cohort of young people are due to turn eighteen next summer therefore they require to have their care plans and aftercare plans in place to ensure they are appropriately prepared for their transition or discharge.

Inspectors reviewed the policy on planning for leaving care and it outlined general plans that will be arranged between the centre, social workers, and aftercare workers in line with the child's care plan. During interviews, inspectors were informed of a much more formal approach with set aftercare meetings occurring within specific timeframes which increased in frequency as the discharge date approached. There was very little reference within this policy to the work that was due to be undertaken with the young people on a more practical and emotional level to prepare them for their next stage, however the key working records on file showed the areas of development that were in place to prepare the young people for discharge. Inspectors had been given the incorrect policy during inspection and were furnished with an updated policy from July 2023 post draft report which gave further guidance around the leaving care process. Inspectors found there was a Discharge Support Strategy in place as part of the discharge policy which outlined supports available to the young people from the centre.

Inspectors had access to some documents relevant to the last young person that was discharged. There were discharge planning meeting minutes that outlined the details for the last week of care for the young person and the potential obstacles that could occur and a plan with how they could be managed. Actions were identified to specific people involved with the young person to ensure they had a positive ending to their time living in the centre. Following on from this, inspectors had access to the young person's discharge review meeting which took place a couple weeks after their discharge. This was a space where the staff team reviewed the overall placement of the young person from the initial admission right through to discharge and any learnings they identified.

There were exit interviews available for inspectors to review from two previous residents. These were undertaken after the young people had left the service and gave their insights into what it was like living in the centre. This information was then used as part of the service improvement and shared with the team. An example that was given was the use of child friendly language, rather than saying peer access, the young people wanted it stated as meeting their friends. This was encouraged by the team to speak with the young people in this manner. Inspectors recommend further integrating this concept into the files as inspectors saw evidence of young people referred to by number for example, YP 1, in their own documents but also the term peer access in their logs rather than meeting friends as requested by the young people.

On leaving the centre, young people were provided with their essential documents such as their passport and medical documents. Staff prepared an information leaflet with relevant numbers and contacts for the area that the young person was moving to. They were supplied with a care package which gave them essentials for their new home with food vouchers and toiletries.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed at this time
Practices met the required standard in some respects only	Standard 2.5
Practices did not meet the required standard	Not all standards were assessed at this time

Actions required:

- The regional manager and centre manager must ensure that the organisations policy on planning for leaving care reflects the practices undertaken by the team.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found that workforce planning was undertaken at all levels where it was discussed at team meetings, regional management meetings and at senior management meetings. There had been deficits in the centre's staffing complement, and this had been named on the centre risk register since April 2022. This risk register was updated regularly by the centre manager and the regional manager as changes occurred in the staffing ratios. Achieving minimum staffing levels was identified as an ongoing challenge. The inspectors were informed of pending changes to the staff team but the plan to respond to this did not provide evidence that minimum numbers of staff will be in place to comply with Alternative Care Inspection and Monitoring service (ACIMS) regulatory notice on Minimal Staffing Level & Qualifications CRC Settings, June 2023. Inspectors were informed that recruitment was ongoing on a constant basis in order to address this. Inspectors did not find any impact on the care of the young people as a result of the staffing issues.

The staff team at the time of inspection consisted of a centre manager, deputy centre manager, three social care leaders, one acting social care leader and four social care workers. One of the named social care leaders was on planned leave. The current staff group were appropriately qualified and experienced to manage the needs of the young people. During interviews with staff, they demonstrated their knowledge of the young people and how they were supporting the young people in preparing them for independent living.

There were six relief staff available to support the team when annual leave and sick leave occurred. The relief staff were in the centre regularly and the young people were familiar to them. During the summer months of 2023, two relief staff took on permanent lines on a temporary basis due to staffing shortages.

During interviews with staff, inspectors asked about staff cover in the centre. Inspectors were informed that the two sleepover shifts would be covered but that the day shift would not always be covered due to staff shortages or sickness. Inspectors were informed by the centre manager and the regional manager that recruitment was

ongoing in the organisation to cover the two vacancies and to help with the upcoming vacancies with three staff going on planned leave. Inspectors were informed of staff possibly moving posts within the centre, but gaps still remained. Inspectors raised the issue regarding the current changes and how they will be managed by the organisation and the potential impact on the team and the young people.

Six full-time staff left the organisation since the last inspection in November 2022, with two of them returning after a period of time to relief posts in the centre. Some staff went traveling and some took up other posts. Inspectors were informed by the regional manager and the compliance officer that the organisation was looking into all areas of recruitment regarding the questions asked at interview, to seeking staff through recruitment agency in order to address the ongoing staffing crisis.

A new wellbeing for employee's policy was introduced with a number of other incentives available to staff such as maternity/paternity pay, blended working for managers, fuel, and food vouchers to help with the cost of living. There was a staff fund available to the team which provided two activities for the team each year to help with team bonding and development. Staff spoke of being supported by management and they were always approachable to the team. Staff were asked by the compliance officer if there was anything else the organisation could implement that would be of benefit to staff that would encourage staff to remain in the organisation. The ideas from staff were taken on board to be implemented and a refer a friend scheme was also in place.

There was an on-call roster in place for managers, deputy managers and social care leaders. The policy outlined a traffic light system with three tiers of contact available if needed depending on the query or issue. Staff were aware of the on-call procedures when asked during interview and of reasons when or why to notify on-call.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards were assessed at this time
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards were assessed at this time

Actions required:

- The registered provider must ensure that the number, experience and availability of the staff in the centre are adequate having regard to the number of young people residing in the centre and the nature of their needs.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that any complaints identified by the young people are responded to appropriately in line with centre policy and procedure.	<p>A planning meeting took place with the Centre Management Team and the Senior Management Team on 07.11.2023. The following actions were identified and completed on the same date:</p> <ol style="list-style-type: none"> 1. Update to the informal complaint form to ensure complaints identified are responded to appropriately. 2. The complaints officer has updated their individual Centre Complaints Tracker to ensure this action. 3. An update to the Complaints register has been completed to prompt informal complaints being shared to the social work department. 4. An update to the Centre Policy on complaints to reflect all changes 	<p>The centre manager will ensure moving forward any complaints in relation to staff engagement is escalated to a category D complaint and investigated by external investigators to ensure fair process when received. Supporting this preventative measure is the oversight from the Senior Quality Assurance Manager via the Centre tracker.</p> <p>Biannually the Centre Manager will conduct an internal audit on complaints in addition to the senior quality assurance manager conducting themed audits.</p>

		made. All of these updates have been shared with this inspection report.	
2	The regional manager and centre manager must ensure that the organisations policy on planning for leaving care reflects the practices undertaken by the team.	The policy on planning for leaving care was reviewed on 07.11.2023 and the correct policy was issued to all employees. This will be reviewed at the next team meeting on 10.11.2023 with the entire team. The revised policy was shared with this inspection report.	The policy on planning leaving care will be reviewed in line with the yearly policy review schedule.
6	The registered provider must ensure that the number, experience and availability of the staff in the centre are adequate having regard to the number of young people residing in the centre and the nature of their needs.	The Organisation has a structured plan in place for current and upcoming planned leave. This includes the following: <ol style="list-style-type: none"> 1. 1 acting social care leader is covering a maternity line effective from the 09.10.23. 2. 1 acting social care leader will be covering a maternity line effective from the 28.01.23. 3. 1 acting social care manager covering a maternity line effective from the 12.01.23. This will leave a deficit of 1 deputy manager in this centre on 12.01.2023	The recruitment drive remains live and outside of a live recruitment drive, there will be at least four minimum recruitment drives per annum. The organisation has increased its benefits by extending the maternity and paternity scheme to all workers. This is effective as of 01.11.2023. The organisation has implemented a new contract to accept part time workers as of 06.11.2023. The Organisation and the Centre has an open risk assessment in place that is reviewed regularly at senior management

		<p>unless further personnel are identified. 1 current acting social care leader has passed the deputy manager interview and dependent on staffing levels in January 2024, to ensure correct requirements on the floor with young people, a risk assessment will be conducted at the time of the required cover to determine if it is appropriate for the acting social care leader to take this post in January 2024. If the risk assessment determines the priority is staffing requirements on the floor, the regional manager will be more available to the acting centre manager to ensure good leadership, governance, and oversight.</p> <p>There are candidates in the process of vetting and if they pass the quality assurance audit, they will be offered full time roles within the Organisation.</p>	<p>level to discuss and plan staff retention and employee benefits to promote the organisation as an employer. The risk assessment will continue to be reviewed at all forums by the senior management team.</p> <p>In line with the Organisation risk assessment on staffing shortages, should a deficit hit the minimum requirements impacting rosters and whereby relief workers cannot support the Centre, the organisation has a plan to engage agency workers for social care worker role only.</p>
--	--	--	---