



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 135

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Harmony Residential Care
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	1st and 2nd December 2020
Registration Status:	20th of February 2021 to 20th of February 2024
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	5th February 2021

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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 20th of February 2018. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 20th February 2021 to the 20th of February 2024.

The centre was registered to accommodate four young people aged 16 to 17 upon admission in a semi-independent, individual apartment setting. Their model of care was described as utilising a trauma informed, positive behaviour support model to promote the further development of life skills. The underpinning model of care principles being the application of a cognitive behaviour therapeutic approach in a trauma informed context. 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
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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, 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 on the 21st December. 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 30th December 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: 135 without attached conditions from the 20th February 2021 to the 20th February 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulations 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.

The inspectors found that senior management within the organisation and internal centre management held responsibility for workforce planning for the centre. Management members had been assigned to implement the recruitment procedures. Inspectors found that the competencies and capabilities of staff were being managed on an ongoing basis to ensure best care practices were being followed. Discussions and planning with regard to the centres workforce arose at senior management meetings, during supervision and was included in the monthly reports issued to senior management by the centre manager.

The staff team comprised of two social care leaders and six social care workers who were led by a centre manager who worked regular office hours Monday through to Friday. Two qualified regular relief staff were available to support the staff team and covered the various types of leave. Shift patterns included two staff completing overnights and a single day shift seven days per week. The staffing levels were found to have been sufficient in meeting the needs of the young people for example facilitating access arrangements, education, activities and the general day-to-day duties and responsibilities.

The inspectors found from interviews and questionnaires that there was a good level of experienced staff in the centre. Of the eight core staff, two social care workers who joined the staff team in August and October 2020 had little experience in working with young people in the residential care environment prior to commencing their work in the centre. Upon review of the staff rota the inspectors found that the centre manager considered the experience of staff members when devising the staff rota so that there was a good balance of experienced staff on shift at all times.

There was a number of staff retention measures in place in the centre. These included ongoing staff training, supervision, clinical team availability, the employee assistance system and a staff handbook. An additional element of the organisations approach to

staff retention included progression plans for staff. However, since the last inspection by the Tusla Alternative Care Inspection and Monitoring Service in December 2018 a total of 15 staff had left their posts in the centre. Reasons cited to the inspectors in interview and from the review of inspection documentation included internal promotion and transfers which amounted to a large proportion of staff, staff who wanted to pursue other work and others, for personal reasons. In these instances, protocol included conducting exit interviews with those staff who left the organisation. The centre manager had conducted one such interview during their time as manager to date in the centre. The inspectors found from the review of the paperwork that their feedback was mostly positive but stability of the staff team was identified as a point of learning from their time in the centre. It was not practice to conduct exit interviews for staff members who left the centre for promotional or transfer purposes within the organisation. The inspectors recommend for learning and service improvement purposes that exit interviews are conducted with staff members who leave the centre for promotional or transfer reasons.

The inspectors found that other staff no longer worked in the centre as a result of failing to pass their probation. For others it was as a result of resignation and dismissal and disciplinary procedures being invoked by senior management. In follow-up senior management had conducted some interval reviews regarding these with one outstanding at the time of this inspection. Learning yielded from these reviews included extending the induction period, developing further the continuous professional development programme and providing additional staff training. The director of social care must ensure that the outstanding internal review takes place without delay and that learning from the process is acted on.

The centre had a policy and system in place for formalised procedures for on call support at evenings and weekends.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The staff recruitment policy was contained within the child safeguarding policy. The procedures for safe recruitment included establishing an interview panel of two, a selection process and obtaining full Garda vetting, three verifiable references and holding a qualification required for the post, that was verified by the organisation. Inspectors found that elements of the centre’s recruitment procedures were not being followed and gaps included interviewers not being trained in interviewing skills and partial verification of a curriculum vitae. The inspectors observed copies of up-to-

date Garda vetting and verified references and qualifications in the sample of staff files. Upon review of one staff member's curriculum vitae the inspectors observed that there was a gap in their employment history for a significant period of time. Whilst it was addressed by the interviewers at the interview stage the inspectors were unable to decipher the relevant interview notes. The inspectors were provided with the relevant information following the inspection. The director of social care must ensure that all aspects of the centres recruitment procedures are operated in practice and that handwritten records of interview notes are legible.

All staff employed in the centre had either a recognised or relevant qualification. The centre manager who had previous management experience and had completed a course in leadership and management had been in post one year at the time of the inspection. In interview and from inspection records the centre manager was described as supportive to the staff team.

The inspectors observed job descriptions and contracts of employment during their review of a sample of staff files. They were found to have been up-to-date, accurate and securely held in line with regulatory requirements. The written code of conduct was contained within the centres child safeguarding policy and staff in interviews demonstrated knowledge of the requirements contained therein.

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.

Staff in interview and through questionnaire displayed a good understanding of their roles and responsibilities and were aware of the reporting lines in place. From the review of young people's files and centre records the inspectors found that there was a good focus on care of the young people and staff being knowledgeable of their individual needs and of individual plans in place for them.

Whilst centre management and staff's knowledge of the policies and procedures guiding their practice was identifiable to the inspectors some improvement is required with regard to their knowledge of the child protection and safeguarding policy and procedures. Inspectors found that there was a deficit in knowledge in how staff allegations of abuse were managed and of the thresholds of harm that must be met before they are required to submit reports to Tusla.

Staff in the centre were supported to effectively exercise their professional judgment and use collective accountability at team meetings, supervision and through the on-call arrangements in place. From the inspector's review of centre records there was a system for protecting staff members and minimising risk posed to them. Mechanisms in place included the provision of ongoing training in a recognised model of behaviour management, health and safety procedures, risk assessments, debriefing, training, supervision and supplementary supervision as required. There was a culture of learning and development with the use of a programme for continuous professional development enhancing this in addition to ongoing training and support available to the staff team by management and the clinical team.

The forums in place for implementing reflective learning practices included supervision, shift evaluations, daily handovers and team meetings. Team meetings were held monthly which was in line with centre policy. However, the inspectors recommend that they are scheduled on a more regular to ensure that there is consistency amongst the team in supporting and caring for the young people in placement especially during times of staff changes within the centre. Regional management meetings, internal management meetings and significant event review meetings were also found to have been taking place monthly.

Staff were being provided with regular supervision by trained supervisors in line with policy. Supplementary supervision was also provided and recorded too. Supervision records were signed and of good quality. Staff were provided with supervision training through the continuous professional development programme the content that included the purpose and function of supervision. Inspectors observed the records relating to the centre's probation and appraisal system for management and staff. As a support staff had access to an employee assistance programme and to the organisations clinical team.

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

The inspectors found that the staff team were provided with regular training and where required, refresher training. Internal core training provided by the organisation included behaviour management, model of care, first Aid, GDPR and Children First: National Guidelines for the Protection and Welfare of Children, 2017. Fire safety training was provided by an external company and there was evidence of staff having completed PPE HSEland training. Training certificates were viewed by the inspectors during the review of a sample of staff files. The staff team were either

trained in these areas or were booked onto the next available training dates. Staff in the centre were facilitated and supported to attend training and education appropriate to their roles.

As reported under 6.3 in this report a deficit arose with regard to staff's knowledge around reporting procedures. Children's First training programme needs to be reviewed to ensure that staff are aware of their role around the thresholds for reporting. The director of social care must ensure that centre management and staff are provided with refresher child safeguarding training with a particular focus on identifying and responding to reasonable grounds for concern.

A comprehensive training needs analysis had just been developed by the organisation at the time of the inspection. The structure of the training needs analysis was clear and based on three different levels of training; organisational, team and individual level training. The centre manager had in place a centre based training needs analysis to monitor training completed by staff. Some deficits were observed by the inspectors regarding the recording of information as it was not clear when some training was completed or when training required renewing. The implementation of the newly developed training needs analysis for the centre is due to take place following the inspection.

New staff team members were provided with a policy led induction with related records stored on staff files.

Compliance with Regulation	
Regulation met	Regulation 6 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	Standard 6.1 Standard 6.2 Standard 6.3
Practices did not meet the required standard	None identified

Actions required

- The director of social care must ensure that the outstanding internal review takes place without delay and that learning from the process is acted on.
- The director of social care must ensure that all aspects of the centres recruitment procedures are operated in practice and that handwritten records of interview notes are legible.
- The director of social care must ensure that centre management and staff are provided with refresher child safeguarding training with a particular focus on identifying and responding to reasonable grounds for concern.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The director of social care must ensure that the outstanding internal review takes place without delay and that learning from the process is acted on.</p> <p>The director of social care must ensure that all aspects of the centres recruitment procedures are operated in practice and that handwritten records of interview notes are legible.</p> <p>The director of social care must ensure that centre management and staff are</p>	<p>The director of social care will ensure that the outstanding internal review will take place in consultation with our HR department. The internal review will be completed by 31.01.2021. Learning identified from the internal review will be actioned for completion as soon as possible.</p> <p>The policy in relation to recruitment was updated 30.12.20 to include the importance of legible handwritten records. The interview record sheet and manager's induction form was also updated on 30.12.20. The director of social care will ensure that the centre follows the policy in place.</p> <p>Policy review took place on 30.12.20. A specific training module was also</p>	<p>All actions identified in the internal review will be completed. In addition, the director of social care will ensure that internal reviews take place in line with our internal review policy.</p> <p>Additional training will take place with current and new managers in relation to recruitment and interview documents.</p> <p>The centre manager will review all CPWRF reports and ensure they are in line with</p>

	<p>provided with refresher child safeguarding training with a particular focus on identifying and responding to reasonable grounds for concern.</p>	<p>developed. The additional training will take place with the staff team on 27.01.2021. In addition, 1:1 additional training will also occur with each staff member. This will be completed by 31.01.2021. A child safeguarding tracker will be developed and in operation by March 2021.</p>	<p>reporting procedures and identify any areas of learning. The director of social care has also identified the need for a child safeguarding tracker in line with our child safeguarding statement. The development of same will also allow for ongoing review.</p>
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