



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 155**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Harmony Residential Care</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>12<sup>th</sup> and 13<sup>th</sup> January 2021</b>
<b>Registration Status:</b>	<b>Registered from the 14<sup>th</sup> May 2020 to 14<sup>th</sup> May 2023</b>
<b>Inspection Team:</b>	<b>Cora Kelly Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> March 2021</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

# National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 14<sup>th</sup> May 2019 to accommodate a single occupancy arrangement for a one-year period. At the time of this inspection the centre was in its second registration and was in year one of a three-year cycle. The centre was registered without attached conditions from 14<sup>th</sup> May 2020 to the 14<sup>th</sup> May 2023.

This centre was established to provide high-quality residential care for one young person from the age of 13 to 17 years old on admission. The model of care was informed by the principles of Cognitive Behaviour Therapy (CBT) and the Applied Behavioural Analysis (ABA) behaviour support approach. There was one young person living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4

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 11<sup>th</sup> February 2021. 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 11<sup>th</sup> February 2021. 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: 155 without attached conditions from the 14<sup>th</sup> May 2020 to the 14<sup>th</sup> May 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.1 Each child's identified needs inform their placement in the residential centre.**

The inspectors reviewed the centres admission policy and found that it included procedures for planned and unplanned admissions and complied with the criteria outlined under 2.1.1 in the National Standards for Children's Residential Centres, 2018 (HIQA). The young person living in placement at the time of the inspection had transferred there from another centre within the organisation. It was found from the review of centre documentation relating to admissions process that it was a planned admission and that it was processed in line with the centres admission policy. The young person was consulted at the various stages of the admissions process. The risk management system included a detailed and comprehensive centre specific pre-admission risk assessment being completed and a risk management plan developed based on the identified risks. A risk rating system was included in the risk management process. Given the single occupancy nature of the centre impact risk assessments were not required.

There was evidence to indicate that senior management and the centre manager worked collaboratively with the young person's social worker and Guardian ad Litem prior to the young person's admission to the centre. Following an array of multidisciplinary meetings, the centre was deemed as the most appropriate placement for the young person. External specialist support was also provided to ensure that the young person experienced a smooth transition based on their needs. This also included guidance being provided to senior management on staff members transferring from the young person's previous placement to the centre in order to maintain valuable relationships the young person had developed. Arising from referral documentation and a pre-admission meeting centre staff developed individual management plans and a placement plan. These were found to have been

based on the identified needs of the young person. As per policy keyworkers were appointed at the outset of the young person's admission.

It was outlined in policy that a transition plan was part of the centres admissions process. Even though the young persons' placement was a planned admission they did not have the opportunity to partake in a full transition plan to the centre. It was found that the young person had visited the centre on one occasion prior to their move, was aware of the general area the centre was located and was familiar with staff members that were transferring to the centre. Senior management must ensure that the centres policy on planned admissions, in particular an induction period is implemented in full.

Centre specific information booklets were provided to the young person and their family.

**Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.**

There was an up-to-date care plan in place for the young person and child in care reviews were being held in line with regulation. There was evidence of good communication between centre staff and the young person's social worker with regard to implementing the actions set out in the care plan. In interview the social worker and Guardian ad Litem spoke positively of the work undertaken by centre staff in responding to meeting the needs of the young person. It was clear from the review of the placement plans developed by keyworkers since the young person was admitted to the centre that they were comprehensive, outcome focused and linked to the actions contained within their care plan. They were reviewed on an ongoing basis at team meetings and during supervision. The format of the document included goals and tasks being set for implementation by the staff team and external specialist support professionals across a number of key areas that included family access, peer access, health and medical, emotional and behaviour development, education and life skills.

There was evidence to indicate that the young person was being supported to participate in their child in care reviews and placement plans in addition to their family. Centre staff were found to have supported and facilitated the young person's access to external supports as set out in their care plan.

There was good and effective communication between staff in the centre and the allocated social worker to ensure the young person was experiencing continuous care.

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

In addition to information submitted through questionnaires the inspectors were informed in interview with centre staff, the young person's social worker and appointed Guardian ad Litum that the centre was in good condition, well lit, and clean. With the absence of proper dining facilities meal times were being held at the island in the kitchen. To facilitate dining and shared meal time experiences, the inspectors, recommend that a kitchen table and chairs is purchased. The young person had their own ensuite room which they could decorate to their taste and had sufficient space to secure personal belongings. The young person outlined in questionnaire that the centre was warm, comfortable and that they could decorate it. The layout of the centres premises included indoor and outdoor communal recreational spaces. A child led approach was being taken by staff with regard to supporting the young person in displaying personal items throughout the centre. There was an appropriate number of bathroom facilities.

There was written confirmation from a certified engineer that all regulations and building controls had been met. In line with policy, daily, weekly and monthly fire safety records were being completed appropriately and were linked to the centres health and safety audits. Fire safety training was being provided onsite. Such training was outstanding for three staff members. The centre manager must ensure that the full staff team is trained in fire safety training.

The centres health and safety statement was updated following the inspection and a copy was submitted to the Alternative Care Inspection and Monitoring Service. It was found to contain processes for managing the health and safety of staff, young people and visitors including procedures for accident reporting. A health and safety handbook was provided separately to the staff team.

From the review of records relating to the centres vehicle it was found to road have been worthy, regularly serviced, taxed, insured, and being driven by staff who are legally licensed to drive the vehicle.

**Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.**

Appropriate care records were found to have been in place for the young person. From interviews and the review of documentation provided to the inspectors they

were found to have contained the required information as specified in the regulations. They were kept confidential and held in accordance with legislative, regulatory and best practice requirements.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 2.2</b> <b>Standard 2.4</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.1</b> <b>Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- Senior management must ensure for future placements that the centres policy on planned admissions, in particular an induction period in implemented in full.
- The centre manager must ensure that the full staff team is trained in fire safety training.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Senior management must ensure for future placements that the centres policy on planned admissions, in particular an induction period in implemented in full.</p> <p>The centre manager must ensure that the full staff team is trained in fire safety training.</p>	<p>This will be reviewed on an ongoing basis and reflected in practice. All new admissions will be discussed beforehand with all relevant parties and an induction will be set in a timely manner.</p> <p>Covid-19 restrictions (level 5) has impacted on scheduling trainings. However, when restrictions have been eased the staff members without fire training will receive this training. All members not trained will only work with those who are fire trained in the interim. The centre manager will complete an interim training with these staff members via CPD session by end of February 2021.</p>	<p>Senior management will oversee agreed transition plans to ensure it is in line with the admissions policy.</p> <p>The centres training analysis reflects the training needs of all staff. This is reviewed on a monthly basis. The identified staff that have not had fire training will do so when Covid-19 restrictions have been eased. At all other times the centre manager will ensure that staff have up-to-date fire safety training.</p>