



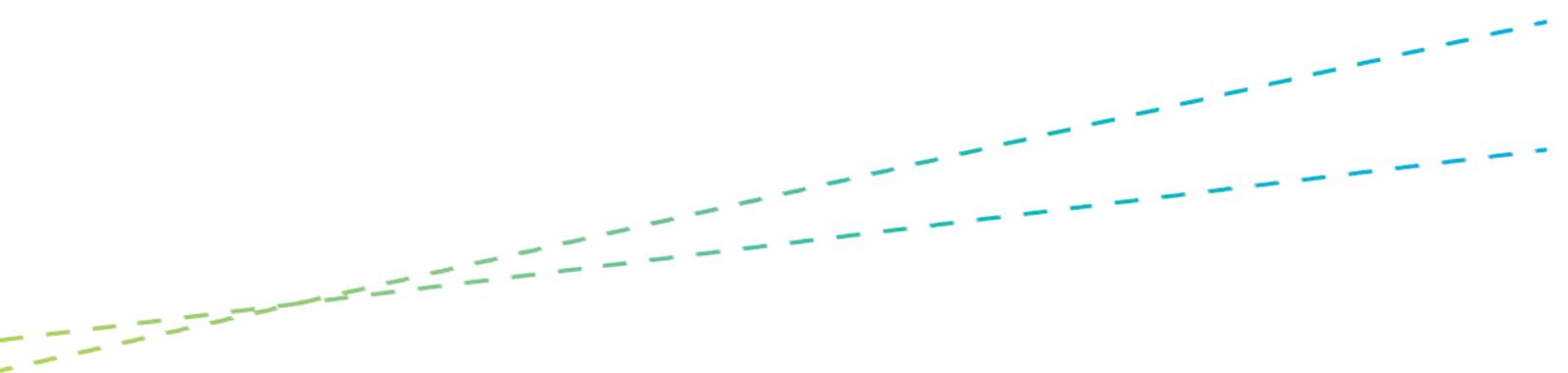
**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 118

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Harmony Care
Registered Capacity:	Four young people
Dates of Inspection:	16th and 17th July 2019
Registration Status:	Registered from 09th September 2019 to 09th September 2022
Inspection Team:	Linda Mc Guinness Joanne Cogley
Date Report Issued:	16th October 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in September 2016. At the time of this inspection the centre was in its first registration and in year three of the cycle. The centre was registered without attached conditions from the 09th of September 2016 to the 09th of September 2019

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was described as being informed by the principles of cognitive behaviour therapy (CBT) and applied behavioural analysis (ABA) which was delivered through the use of the therapeutic relationship. It outlined the model as providing support and nurturing to young people, maintaining links with their families and facilitating them to be involved with their young people's care. There was a focus on separation and loss, anger management and social skills. The programme was designed to support young people to develop internal controls and new coping mechanisms.

The inspectors examined aspects of standard 2 'management and staffing'; aspects of standard 5 'planning for children and young people'; standard 7 'safeguarding and child protection' and standard '10 premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 16th and 17th of July 2019. There was one young person living in the centre at the time of inspection with another in special care and due to return.

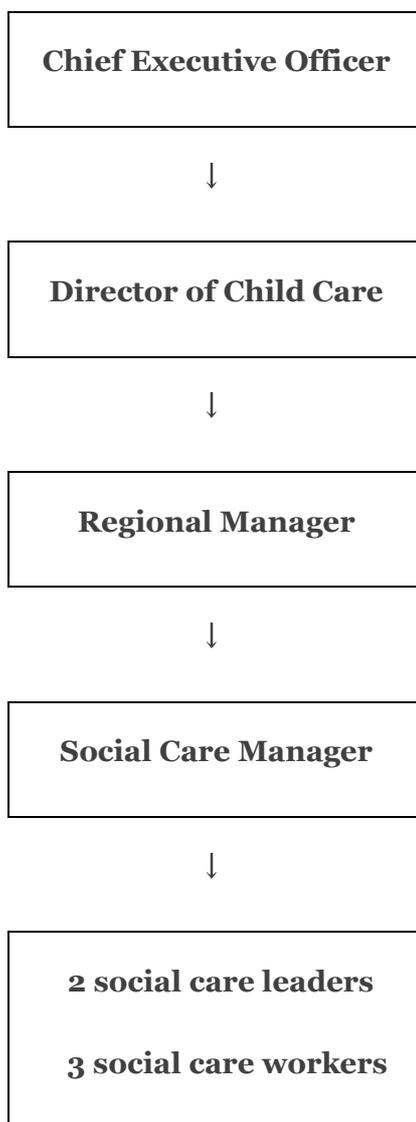
1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) All the staff team
 - b) centre management
 - c) one young person
- ◆ An examination of the centre's files and recording process including:
 - young people's care files
 - policies and procedures
 - daily and weekly records
 - young people's booklet
 - handover records
 - team meeting minutes
 - management meetings minutes
 - centre registers
 - young people's meetings
 - governance records and centre audits
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) One young person
 - b) the centre manager
 - c) the regional manager
 - d) two social care leaders
 - e) two social care workers
 - f) the social workers for both young people
 - g) the social work team leader for one young person
 - h) the guardians ad litem for both young people
- ◆ Observations of care practice routines and the staff/young person's interactions and attendance at a handover meeting

Statements contained under each heading in this report are derived from collated evidence.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 14th August 2019. Following a factual accuracy process a second draft was issued on 22nd of August. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. An initial CAPA was received but deemed to not fully meet registration requirements. It was proposed by the registration committee to attach a condition to the registration of the centre due to deficits identified during the inspection process and the registered provider was informed of this in accordance with the relevant process. The centre proprietor was also afforded the opportunity to make representations in respect of the proposal to attach a condition. This written representation was received and considered by the registration committee along with the CAPA. As part of the representations the proprietor committed to providing a core consistent staff team for the service. The final CAPA was received on 3rd of October 2019. A decision was made to register the centre without attached conditions on the basis of the revised CAPA submitted. The CAPA is deemed to be a commitment to implementation of all required actions and this will be assessed on an on-going basis by the Alternative Care Inspection and Monitoring Service.

The findings of this report and assessment by the inspection service of the final submitted action plan deem the centre to be continuing to operate in adherence to the 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: 118 without attached conditions from the 09th of September 2019 to the 09th of September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates and addresses. However, it was observed that the parent's details for one young person who had been recently discharged were not included and that father's details were not recorded for others. This had not been picked up despite the register having been signed by a senior manager.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a policy in relation to the recording and notification of significant events. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. Review of care files and centre registers found that significant events were subject to oversight by centre management and notified promptly. Social workers who were interviewed confirmed that they were satisfied with the prompt notification of significant events.

3.2.2 Practices that met the required standard in some respect only

Training and development

Staff received a brief overview of the model of care during induction and full training was provided at a later date by the clinical team. Inspectors found that some staff had been working in the centre for six months or longer before they received training in the stated model of care. The policy in respect of the model of care which outlined the guiding principles of CBT and ABA did not refer to staff training. Inspectors reviewed the training records in the centre and found that staff had completed

training in Children First Tusla e-learning programme. Some staff members had yet to complete the organisation's child protection programme. All staff had completed training in a recognised model for the de-escalation of behaviours and physical intervention. One person within the organisation was a trainer in this programme.

Fire evacuation was included in the onsite induction process however this training did not include the use of fire extinguishers. Comprehensive external fire safety training was still due for new staff at the time of this inspection. Individual staff members had received supplementary training in support of their work with young people which included report writing, bullying and suicide prevention, supervisee training, keyworking and effective leadership amongst others. There was a training schedule for the coming months and inspectors found that in general training in the centre was responsive to the needs of young people. It was noted however, that staff had not completed training in relation to substance misuse which was a significant issue for young person until their recent discharge from the centre.

Organisational management must ensure that core training programmes including child protection, fire safety and the model of care are provided in a timely manner to newly appointed staff.

3.2.3 Practices that did not meet the required standard

Management

The centre had a full time manager who had been in post for two months prior to this inspection and held a relevant qualification. This person had five years' experience in residential care. They had worked as a social care team leader from November 2017 prior to taking up their role as acting centre manager in November 2018. The manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed centre registers, young people's daily logs and care files as part of their governance of centre. Inspectors observed that issues requiring attention were noted on some of these registers which were not highlighted by their oversight. Additional measures are needed to ensure that all deficits are noted. The manager also chaired staff team meetings and handovers and attended child in care reviews and professionals meetings. There was no deputy manager post but the manager was supported in their role by a two social care leaders who worked regular lines on the roster. The manager stated that the regional manager would step in for periods of their annual leave although they would not be present in the centre Monday to Friday.

There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends. This was shared by the centre managers and child care leaders across all houses within the organisation however inspectors noted that sometimes the child care leaders would be on overnight shifts when they were on call which would not allow them to provide adequate support if required.

The centre manager reported to the regional manager and was supervised by this person. The social care manager described a system of auditing whereby the regional manager conducted two audits per year on site in the centre which were assessed against the National Standards for Children's Residential Centres, 2001. These audits required the creation of an action plan and there was evidence that they were discussed at team meetings and were overseen by the regional manager. Inspectors found that there was only one such audit by the regional manager on file in the centre. This took place on 21st and 22nd January 2019. It was noted that the audit primarily had a quantitative rather than qualitative focus such as whether specific documents were on file and if they had been signed. The auditor did note that there were missed opportunities for keyworking with young people and inspectors concur with this finding. Staff members were not interviewed during the auditing process and inspectors found that this highlighted a deficit in the system which is discussed under standard 7 of this report. There were informal discussions with the young people whilst the auditor was on site. The centre manager completed reports for senior management however this was a self-reporting mechanism as to the operation of the centre and it was not subject to quality assurance. Inspectors found that oversight of care practice and planning for children and young people was not strongly evident in the centre across care files, registers and records and must be improved.

There was also a peer auditing system whereby a manager from another centre within the organisation reviewed systems and documents in place in this centre. This was described as being part of the governance system within the organisation however this person had no line management responsibility. Staff members interviewed were unclear as to this person's role with the exception that they provided training within the organisation.

The organisation also held regular managers' meetings which were well attended. There were a wide number of operational and service delivery issues addressed at this forum as well as risk management. These records did not however, reflect discussions related to care practice and the planning of care for young people.

This inspection highlighted a number of issues which should have been noted and addressed through robust governance structures. Overall, inspectors found that measures in place did not constitute a robust quality assurance system in terms of compliance with national standards and review of planning and outcomes for young people. Senior management must ensure that governance and oversight system are fit for purpose and more closely linked to planning for young people.

Following the onsite process inspectors met with and held interviews with social work departments and the guardians ad litem for the two young people still on the centre register. During these interviews a number of issues were brought to the attention of the inspectors including concerns about the experience of the management and team, supervision and safeguarding of one young person, structured planning and the mix of young people. Concerns were expressed that the placements were not entirely suitable to meet the needs of young people and ensure their safety. It was not evident however that all these concerns were formally brought to the attention of senior management within the organisation to allow them to adequately address the issues.

Staffing

Inspectors found that there was not enough staff to meet the purpose and function and required safety management plans. Staff members were moved from this centre to fill gaps in another centre within the organisation. There was an organisational induction programme which staff attended over two days. This included review of the policies and procedures, health and safety and practice guidelines for working in the centre. There was also a centre specific induction and staff members worked alongside established members of the team for their first shift. There was a probation period and reviews took place within stated timeframes.

This centre had a staff complement of the social care manager, two social care leaders and four social care workers one of whom was on maternity leave. All the core team held a qualification in social care or related field. The social care manager indicated that a new staff member was due to join the team imminently when they completed reference checks and induction. While management aimed to have a balance of experienced to inexperienced staff on shift there was not yet a person qualified to the level of childcare leader on each shift. Five of the current team have been appointed to the centre since April 2018 and there was a notable lack of experience on the team. Many of the new staff did not have previous experience working in children's residential centres.

There was one established relief worker who was studying for a qualification at the time of inspection and four other relief workers had been appointed in the previous two months. Eight staff had left employment in the centre since April 2018 with five leaving in the six months prior to this inspection. Inspectors noted that five staff members from this centre had moved to work in other centres within the organisation.

Inspectors noted across records and interviews that staff were required to work elsewhere in the organisation if the need arose and that they were informed that they were contracted to the organisation and not a particular centre. Between January and April 2019 core members of this team had completed in excess of 30 overnight shifts in other centres. This often left one core team member working alongside relief or agency staff. Minutes of management meetings indicated that staff members were frustrated at having to spend time in other units. Inspectors found that eighteen different staff members as well as the core team covered shifts in the centre since January 2019. Best practice recommends that young people are cared for by staff that they know and that understand their needs.

The director of social care must ensure that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable core staff team to ensure consistency of care.

Review of collective risk assessments in the centre indicated that a team of at least twelve would be required to safely provide 2:1 staffing for one young person and 1:1 staffing for two others with the possibility of waking nights. This level of staffing was not in place at the time of the planned transition of one young person from special care.

Inspectors conducted a review of a sample of staff personnel files and found that these contained, curriculum vitae, up-to-date Garda vetting and copies of qualifications. There were completed application forms on file but there were no transcripts of interview notes. It was found that reference checks were not robust enough in that some staff did not have references that had been verbally verified as required by the Department of Health circular 1994. Others had been verified however there was no date or detail as to who completed this task. One staff member had a reference from a relative and another reference had not been sought.

Supervision and support

The centre had a policy that stated supervision would be conducted four to six weekly and inspectors found that it was occurring within these time frames. The manager supervised the two social care leaders and one of these provided supervision to the social care team. The social care manager had oversight of the supervision and provided guidance and direction. Issues arising from supervision were discussed at management meetings. Both supervisors were trained in the provision of supervision which was provided by a social care manager/trainer within the organisation. Inspectors reviewed the content of the training provided and noted that it was primarily focused on support and professional development and did not include a focus on the implementation of placement plans as required.

Inspectors viewed a sample of the team meeting records and found that six meetings were held in the seven months since the start of 2019. Some staff members had missed a significant numbers of the meetings with six people absent at the meetings in January and March. Management explained that during a period of crisis in the centre that the team were providing waking night shifts and it would not be expected that they would stay in for a meeting following a night shift. While staff members read and sign the minutes of meetings it is noted that if a meeting is missed it is at least 8 weeks between team meetings. Given the complex needs of each young person in the centre and the significant preparation required in placement planning and to respond to issues of risk, inspectors recommend that meetings take place more frequently than once per month and that attendance is maximised.

Meetings were attended by the centre manager and on occasion by the regional manager. The director of care had attended one team meeting in that time. There was no set agenda on the record of team meetings. The records evidenced discussions relating to day to day operations in the centre, team debriefing, medication, health and safety, staffing, record keeping and staff training amongst others.

Inspectors found that while there was evidence of discussion related to providing consistency of care, it was difficult to track decisions and outcomes related to implementing care plans and placement plans for young people from these records. Inspectors recommend that there are improvements in how planning discussions at team meetings are recorded and that actions agreed and outcomes from previous meetings are always reviewed.

One inspector attended a handover meeting on the second day of the onsite inspection. This meeting was attended by the centre manager and the two staff

members coming on shift. None of the staff from the previous shift attended the handover meeting. There was a review of the handover document and a shift plan was created for the day. The social care manager gave guidance and direction during the handover process. Senior management must ensure that the handover is attended by staff members who have completed the previous shift.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.***

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The director of social care must ensure that robust oversight of care practice and planning for children and young people is evident in the centre across care files, registers and records.
- The centre manager must ensure that staff are appropriately vetted in line with expected requirements
- The director of social care must ensure that there are sufficient suitably qualified and experienced staff to fulfil the purpose and function and to implement agreed risk management plans.
- The director of social care must ensure that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable core staff team to ensure consistency of care.
- The centre manager must ensure that team meetings are held more frequently and adequately attended.
- The centre manager must ensure that team meetings capture the discussions and interventions relating to placement planning more effectively. The record should contain a review of agreed decisions and actions from previous meetings.

- The centre manager must ensure that supervision reflects discussions on care practice and the planning of care for young people as well as professional practice and staff development.
- The director of social care must ensure that core training programmes including child protection, fire safety and the model of care are provided in a timely manner to newly appointed staff.
- The centre manager must ensure handover meetings are attended by all relevant personnel including those who have completed the previous shift.
- The regional manager must ensure that management meetings sufficiently address the planning of care for young people

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Children's case and care records

With the exception of an up-to-date care plan for the young person inspectors found that files were well maintained and contained all relevant information. Routine oversight by the centre manager was evident across the files however there was a lack of evidence of senior management oversight and this must be improved.

There was evidence that centre management had written to the supervising social work department requesting the outstanding care plan for one young person and the outcome of child protection notifications. The social care manager gave guidance and direction to staff in respect of report writing. There was a system in place for archiving of records. There was evidence on the records that the young people's views were sought in respect of their plans.

3.5.2 Practices that met the required standard in some respect only

Discharges

There had been five discharges from the centre since the last inspection. Two of these were planned and the other three of these were unplanned as in they were not in line with the stated care plan. The decisions were taken in order to ensure the safety of young people and staff in the centre. However, there was no formal review of unplanned discharges to inform service development and ensure that these situations did not arise again. There was a formal debriefing process for staff to analyse what took place and receive support from management. This would not meet the requirements of a robust review to determine what went wrong and if measures could be put in place to avoid it happening again. Such a review should consider referral information, mix of young people, pre admission risk assessments, experience and training of the staff team and required therapeutic supports for example.

Statutory care planning and review

A child in care statutory review meeting had taken place within one month of the admission of the young person currently living in the centre however an up to date care plan had not yet been provided at the time of inspection. The minutes of the meeting were on the young person's file.

Young people's placement plans were drawn up in the centre following child in care review meetings. There was evidence on consultation with young people and that they were helped to prepare for their statutory review meetings. Some key working and individual work was evident across the files although inspectors noted that much of this work was opportunity led and that often the planned work identified after case management and team meetings did not take place as intended. An internal audit identified that there were missed opportunities for keyworking. A number of issues had been identified as requiring focused work for the young person resident, however the majority of the work which had taken place related to a return to education and many of these were informal discussions off site.

There was a lack of evidence of senior management oversight on the individual young people's plans where deficits could have been identified and addressed.

Other professionals also indicated that there was a lack of structure to placement planning and work with one young person. Social work departments and other professionals must bring any concerns or issues requiring improvement formally to the attention of centre and senior management within the organisation with clear expectations as to what response is required.

Inspectors found that there needed to be improvements made in the placement planning process to ensure evidence of a more effective link to care plans, clinical input where appropriate, keyworking and the supervision process. The placement plan must be more specific in terms of goals, actions required, persons responsible and timeframes. Key working plans and schedules should be reviewed regularly and discussed in staff supervision. Robust oversight and governance by senior management must have a focus on placement planning.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors interviewed the supervising social workers for the two young people currently on the register in the centre. One social work department acknowledged the delay in sending an up to date care plan to the centre. One of the social workers no longer felt that the placement was suitable and meeting the needs of their young person and this remained under review with all professionals. The other social work department expressed some concerns to the inspectors but they had not brought these issues formally to the attention of senior management within the organisation. Inspectors recommend that there is open and transparent communication between the social work department in the best interests of the young person. They acknowledged that the young person was making progress in the centre albeit at a slow rate. They expressed some concerns in respect of a child protection issue which arose since the young person was admitted and had communicated with centre management about this issue. The social worker confirmed that they received prompt notifications of significant events concerning their young person and that they were invited to professional and strategy meetings.

3.5.3 Practices that did not meet the required standard

Suitable placements and admissions

There was one young person living in the centre at the time of inspection. A second young person was placed in special care; however, it was agreed that they were to return to the centre in the weeks prior to the inspection but this was postponed.

A review was conducted of the collective risk assessments that were created to evidence whether it was safe for these two young people to be placed together. Inspectors found that these assessments did not effectively address the combined vulnerabilities and potential risk taking and exploitative behaviours of the young people. Given that both young people had been living in the centre for periods, the staff and managers were fully aware of the extreme risks that were associated with their placements. Inspectors found that risk assessments had not been used to effectively determine whether it was safe for the young people to live together. A number of the sections scored young people at the highest levels of risk but it was still proposed to place both together. During interview staff members expressed serious concerns about their ability to keep both young people safe and the potential impact of one young person on the other. These concerns were also expressed by the guardians ad litem for the young people and social workers who felt these were not heard and addressed. Centre management must satisfy themselves that they can provide suitable and safe placements for young people prior to admission.

As noted in the section on staffing, inspectors raised issue with the movement of staff between centres. The lack of consistency in staffing was having an impact on the delivery of the model of care, relationship building with young people and effective behaviour management planning. This was not factored into the collective risk assessments around the placements of young people together.

The organisation had made a commitment to keep the placement open for the young person in special care. Given that they were aware they would be returning and were fully aware of their vulnerabilities, risk taking behaviours, and possible impact on other young people the referral and admission of the second young person should not have occurred. At the time of this report the organisation was reviewing the potential return of the young person from special care to the centre.

There was an age appropriate booklet which provided all necessary information about the placement. The young person spoke with one of the inspectors and indicated that they were happy in the centre and had good relationships with the staff team. They stated that they were consulted about decisions and attended their statutory child in care review.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995:

- Part IV, Article 23, Paragraphs 1 and 2, Care Plans
- Part V, Article 25 and 26, Care Plan Reviews
- Part IV, Article 24, Visitation by Authorised Persons
- Part IV, Article 22, Case Files.

The centre has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995:*

- Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

- Part III, Article 17, Records
- Part III, Article 9, Access Arrangements
- Part III, Article 10, Health Care (Specialist service provision).

Required Actions

- The centre manager and supervising social work departments must ensure that all placements are suitable and will meet the needs of young people.
- The director of social care must ensure there is a formal process for review of any unplanned discharges from the centre for service development and learning purposes.
- The supervising social worker (Tusla South) must ensure that up to date care plan is sent to the centre promptly following a child in care review meeting.
- Centre management must ensure that placement plan is specific in term of goals, actions required, persons responsible and timeframes and must be reviewed in staff supervision.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

Safeguarding

The centre had child safeguarding and child protection policies which were aligned with Children First, National Guidance for the Protection and Welfare of Children 2017. Staff members had completed the Tusla e-learning child protection programme and a social care manager of one of the centres in the organisation provided a one day child protection training.

From a review of the files sampled, inspectors found that all staff had completed the Children First e-Learning Programme with Tusla, the Child and Family Agency. The organisation had provided supplementary training in child protection however staff members interviewed were not able to fully explain the ways in which children are safeguarded against abuse. They did not reference recruitment policies, vetting, child protection policies, protected disclosures or a staff codes of conduct for example. This was not picked up by senior management through the quality assurance system and the system in place must be improved to ensure that all deficits are identified and addressed promptly.

While the staff members interviewed were aware they were mandated persons under the Children First Act 2015, none of them were able to describe the purpose or content of the child safeguarding statement. Inspectors recommend that child safeguarding training is reviewed to ensure that that is specific to the policies and procedures developed by the service and that staff fully understand how they are implemented in practice.

While inspectors did not review standard 4 of the national standards for children's residential centres inspectors noted that the young person had raised two issues which should have been dealt with through the complaints processes. One was related to a care approach which they felt was not age appropriate and the second related to the use of alarms in the centre which woke everyone up at night if young people left their rooms. These issues should have been identified through oversight and auditing processes and managed through the complaints procedure. Inspectors recommend that organisational management look into improving the alarm system to ensure that it continues to safeguard young people without causing upset and adding to the causes of challenging behaviour.

There was some evidence from centre records of interventions in place to protect young people within and outside the centre. These risk management practices included: alarms present on doors, individual risk assessments, and waking night staff if required. As mentioned previously in this report the risk assessments completed prior to admission required significant improvement. The young person interviewed stated that they were aware of the complaints procedure in place and they had a named person that they could talk to should they need to. Social workers met with young people privately if they wished.

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Child Protection

The organisation and individual centre's Child Safeguarding Statement (CSS) was reviewed during the inspection process and was found to be in compliance with their statutory obligations under the Children First Act 2015. A shorter version of the CSS was displayed in the main office.

The collective admission risk assessment reviewed prior to a young person returning to live in this centre identified areas of serious and extreme risk some of which constituted child protection risks. Inspectors did not find that the subsequent protective measures would be sufficient to safeguard the young people. The social worker for the young person in the centre informed inspectors that they had raised concerns based on the risk assessment provided but that they were informed that the return was taking place and that the centre would be able to manage.

One social worker and a guardian ad litem queried if staff supervision of young people was as robust as it should be given that a concern arose in respect of child protection between young people. Centre management stated that there was 1:1 supervision at all times and that the issue did not arise in the centre.

3.7.3 Practices that did not meet the required standard

None identified.

Required Actions

- The director of social care must ensure that child safeguarding training provided to staff is based on the service's own child protection policy so that the procedures in place can be implemented in practice within the centre. It

must be provided in a timely manner following commencement of employment.

- The regional manager must ensure that all staff members are aware of their specific responsibilities under child protection legislation and guidance. They must be fully aware of all policies in place within the organisation to safeguard and protect children.
- The allocated social workers must follow up to ensure that appropriate action is taken in respect of outstanding child protection concerns.
- The regional manager must ensure that auditing highlights if young people's expressions of dissatisfaction were not managed in line with the organisations complaints policy.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

This centre was a two storey house on the outskirts of an urban area. Inspectors found that the premises had suitable light, heating and ventilation and that it was decorated to a homely standard. Appliances were domestic in nature and the young people had a bedroom to themselves that they could decorate to their own taste. There were communal areas for the young people to spend time with friends, family and social workers and there was evidence of them being involved in the decoration of these areas. Facilities were adequate for the number of people living in the centre.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

The centre had a system in place whereby all maintenance issues were recorded in a maintenance register. Any issues were then brought to the attention of the CEO and a plan was made for repairs. Inspectors completed a review of the centre on day one of inspection and noted a number of issues in relation to maintenance, the majority

of which were addressed by day two of the inspection. It was reported by staff and a young person the issues identified were only recent and in some cases there was a delay from external contractors which the centre did not have control over. Any issues that could be rectified were. There were eight maintenance issues noted by inspectors that were not recorded in the maintenance register. These included: exposed wires on the light switch in a young person's bedroom, door sensors broken, floorboards on the upstairs landing requiring repairs, banister required on stairs, shower door to be replaced, fault in the fire panel, patio door panel to be replaced and soft furnishings to be upgraded. Although these were not recorded the centre manager demonstrated awareness of these issues through interview. It was also noted that the light switch and fault in fire panel were repaired at the time of inspection and the shower door and patio door panel had both been ordered. Inspectors found no evidence of internal or external management oversight on the maintenance register nor had maintenance been reviewed as part of the auditing process. Both the centre manager and regional manager must ensure oversight of maintenance issues and ensure accurate recording and reporting. The CEO must ensure all maintenance issues are addressed within a prompt timeframe.

Safety

The centre had recently reviewed its health and safety processes and implemented a new system but this was found not to be in active use. The centre safety statement was not site-specific and was generic to the organisation. This had not been signed by the centre manager or staff members. While there were accompanying risk assessments these did not deal with all of the hazards in the building including slips, trips and falls and the usage and storage of chemicals.

A number of staff were due to receive first aid training and this was scheduled at the time of inspection.

Inspectors noted that medicines could be safely stored in a secure cabinet to which young people did not have access. The recording of the administration of medication was carried out appropriately. Inspectors also reviewed driving licenses and insurance details for the centre vehicle and found these to be in order.

3.10.3 Practices that did not meet the required standard

Fire Safety

This centre had obtained written certification regarding its fire compliance before beginning operations. The centre did not have an active fire and general register in place, instead recording fire checks in the health and safety folder. Therefore, there was no place to record designated fire marshal details or any details for emergency

response. There were identified means of escape and a fire assembly point evident within the vicinity also.

Inspectors noted that fire drills were being conducted in line with the centre's policy, as were checks on fire fighting equipment, emergency lighting and the fire alarm system. However, on six occasions over an eleven month period young people refused to engage in fire drills, inspectors found no evidence of follow up drills, individual work or risk assessments to address the fact that young people would not participate in fire drills. Regular checks on the means of escape and carbon monoxide testing were not being conducted. There was no evidence of internal or external management oversight on fire safety. This may have contributed to the fact there were no risk assessments that addressed the fact that one of the fire doors in the building had been damaged. This door had been noted in the fire checks to not close properly over a prolonged nine month period with no evidence of action being taken.

It was noted that certificates of testing the fire alarm were supposed to take place quarterly however there were only 2 for the years 2017 and 2018 and one to date in 2019. There were two certificates of checking fire extinguishers in August 2016 and August 2018 but none for 2017.

From a review of the training certificates held on file, inspectors found that some staff members had up-to-date fire safety training but this was due for newer members of the team. As stated previously, in some instances there was a significant gap in this training being completed following commencement of employment. The inspection team service wrote to organisation management following inspection relating to fire safety deficits and an adequate response was received.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,
-Part III, Article 8, Accommodation
-Part III, Article 9, Access Arrangements (Privacy)
-Part III, Article 15, Insurance

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*,

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety).

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996, -Part III, Article 13, Fire Precautions.***

Actions required

- The centre manager and regional manager must ensure oversight of maintenance issues and ensure accurate recording and reporting.
- The regional manager must ensure that centre safety statement includes site-specific information.
- The director of social care must ensure that all checks relating to fire safety take place within required timeframes and are recorded appropriately, that there is robust oversight of fire safety and that staff receive training in a timely manner. An immediate action plan must be sent to the inspection and monitoring service relating to fire safety.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies to Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The director of social care must ensure that robust oversight of care practice and planning for children and young people is evident in the centre across care files, registers and records.</p> <p>The centre manager must ensure that staff are appropriately vetted in line with expected requirements.</p>	<p>To ensure this issue does not arise again, there has been a review of current documentation. Reports have been updated to ensure robust oversight is evident.</p> <p>In March 2019, a new system for verbally verifying references from colleges as submitted to R and I following inspection of one of our other centres was introduced to the organisation. Staff files prior to the</p>	<p>The organisation has appointed a quality assurance manager to further assist in ensuring that robust oversight of care practice and planning for children and young people is evident in the centre across care files, registers and records. The QA manager will also assist in developing systems to address any deficits identified. The following documents have been reviewed and updated and will be implemented week of 2nd of September 2019:</p> <ul style="list-style-type: none"> - Weekly reports - Monthly Centre Reports - Preparation Reports for Monthly Management Meetings - Template Management Meeting Minutes <p>Regional Manager will ensure all references are verbally verified in line with expected requirements.</p>

	<p>The director of social care must ensure that there are sufficient experienced staff to fulfil the purpose and function and to implement agreed risk management plans.</p> <p>The director of social care must ensure that organisational expansion does not negatively impact on the care of young people already placed and that the centre has a stable core staff team to ensure consistency of</p>	<p>introduction of this system had older verification processes that were not effective. The centre manager has begun a process of retrospectively verifying older files in line with this new procedure and will ensure this continues going forward.</p> <p>Since inspection, there has been an active recruitment drive. The centre now has sufficient staff to fulfil the purpose and function for the young people living in the centre. The core team now consists of 7 Social Care Workers and 2 Social Care Leaders and 1 Social Care Manager to fulfil the purpose and function and to implement agreed risk management plans.</p> <p>Due to the unexpected discharge of one young person and at time of inspection some core team members were completing some of their shifts in other centres in order to meet their contractual hours. This measure was put in place to avoid a reduction in staff hours and with the aim of</p>	<p>The Regional Manager, Director of Social Care and the Centre Manager commit that the core team in the centre will not be seconded to cover shifts in other centres provided sufficient shifts are available to them in the Centre. A core staff member will not cover shifts in any other centre if this will result in their shift being covered by a relief staff member. A team of 2 relief staff with experience of working in the Centre have been identified. These relief staff will not work in other centres until any gaps in this Centre roster have been filled.</p> <p>The organisation has advertised for the position of a dedicated HR employee to assist with recruitment going forward. The organisation strives on promoting continuous professional development to support staff development/retention and to prevent high staff turnover. The organisation makes a commitment not to transfer any member of the core staff team to form part</p>
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	<p>care.</p> <p>The centre manager must ensure that team meetings are held more frequently and adequately attended.</p> <p>The centre manager must ensure that team meetings capture the discussions and interventions relating to placement planning more effectively. The record should contain a review of agreed decisions and actions from previous meetings.</p> <p>The centre manager must ensure that supervision reflects discussions on care practice and the planning of care for young</p>	<p>staff retention.</p> <p>In addition, some core staff were completing shifts in other centres in order to cover roster gaps in the other centres which resulted in their shift in this Centre requiring relief cover. This practice will cease with immediate effect.</p> <p>Team meetings will occur every three weeks.</p> <p>The team meeting structure and recording procedure has been updated to reflect the changes required. This change is implemented effective immediately and team meeting attendance is mandatory in our service.</p> <p>A review of the template has been completed and updated to reflect more prompts/discussions on care practices and the planning of care for young people.</p>	<p>of any new teams required as a result of expansion with the exception of professional development opportunities for our staff.</p> <p>The centre manager will schedule team meetings to occur every three weeks when issuing the centre roster.</p> <p>The team meeting structure and template meeting minutes have been updated to reflect changes required.</p> <p>The supervision document has been updated to promote more discussion on care practice and the planning of care for young people.</p>
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	<p>people as well as professional practice and staff development.</p> <p>The director of social care must ensure that core training programmes including child protection, fire safety and the model of care are provided in a timely manner to newly appointed staff.</p> <p>The regional manager must ensure that management meetings sufficiently address the planning of care for young people.</p> <p>The director of care must ensure that the on-call system is fit for purpose and that staff are not on duty in a centre when on call.</p>	<p>Training audits are completed when new employees commence their positions. The organisation will ensure that newly appointed staff will be trained in as timely a manner as practicable.</p> <p>As noted above, the preparation report for management meetings has been updated. In addition, the management meeting template has been updated and is now also in effect. Harmony Residential Care roles out a rigorous training schedule to employees over the course of their induction period and on-going to existing staff.</p> <p>The on-call system in place is proving effective for all members of the management team – centre managers and social care leaders. No issues have arisen. While the policy and procedure outlines</p>	<p>Training audits/supervision and centre audits will identify training needs of newly appointed employees to ensure training is completed as soon as practicable.</p> <p>Updates to preparation report for management meetings and the management meeting template allows for discussion and addresses the planning of care for young people.</p> <p>The on-call system has been updated to reflect the allocated secondary on-call person available to support staff who are on shift when they are on-call. Any issues arising will require a review and will be completed if required.</p>
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		that secondary on-call systems are available, the on call roster did not clearly reflect same at time of inspection and has since been amended to ensure this is clearly evident.	
3.5	<p>The centre manager and supervising social work departments must ensure that all placements are suitable and will meet the needs of young people.</p> <p>The director of social care must ensure there is a formal process for review of any unplanned discharges from the centre for service development and learning purposes.</p>	<p>Referrals/placements of young people will be discussed and recorded at senior management meetings reviewing suitability of placements including the mix of young people. Any issues arising or increases in risk for young people will result in placement protection meetings. At the next management meeting a review and evaluation of the current pre-admission impact risk assessment document will be completed and our risk assessment template will be amended accordingly.</p> <p>Reviews of current management documentation has occurred and the preparation report for management meetings report and management meeting template report will ensure a formal process for review of any unplanned discharges which will be recorded and reviewed for service development and</p>	<p>Placement reviews will be completed at a senior management level and any concerns in relation to the suitability of placements will be discussed and placement protection meetings/ strategy meetings will be co-ordinated to discuss the suitability of placements as required with the multi-disciplinary teams. To further support our admission process and risk management plans, the new template will include a section that requires input from current social workers on any impact they feel their young person may have on the young person referred to the service.</p> <p>The management meeting has now included a standing agenda item to the discussion list which is a review of young peoples' placement.</p>

	<p>The supervising social worker (Tusla South) must ensure that up to date care plan is sent to the centre promptly following a child in care review meeting.</p> <p>Centre management must ensure that placement plan is specific in term of goals, actions required, persons responsible and timeframes and must be reviewed in staff supervision.</p>	<p>learning purposes.</p> <p>As evidenced in the inspection report, the social care manager has requested the care plan for the young person. The centre has their own copy of meeting minutes on file with agreed actions. At time of report, the statutory review minutes have not yet been received.</p> <p>No formal response from the supervising social work department.</p> <p>The centre manager and social care leaders review placement plans as part of the case management process. More emphasis will be placed on the interventions to meet the specific identified goal and this is now evidenced on placement plans. As noted previously the supervision process has also been updated to reflect this requirement.</p>	<p>The social care manager will continue to request meeting minutes following a child in care review. If minutes are not received within four weeks, the centre manager will escalate this request to a senior member of the social work department.</p> <p>Review of monthly placement plans moving forward will focus on the interventions identified to meet specific goals to ensure they identify what has to be done, when the intervention will be done, who is overseeing the intervention and the outcome of same. This will allow for a more specific focus on evaluation of planning.</p>
<p>3.7</p>	<p>The regional manager must ensure that all staff members are aware of their specific responsibilities under child protection legislation and guidance. They must be fully</p>	<p>The organisation trainer is developing an exam for staff to complete post child protection training. CPD refresher sessions based on child protection legislation will be run regularly and child protection awareness will be monitored through</p>	<p>A CPD session has been developed that the regional manager will conduct with staff members throughout the organisation to review and ensure all staff members are aware of their specific responsibilities under child protection legislation and guidelines.</p>

	<p>aware of all policies in place within the organisation to safeguard and protect children.</p> <p>The allocated social workers must follow up to ensure that appropriate action is taken in respect of outstanding child protection concerns.</p> <p>The regional manager must ensure that auditing highlights if young people's expressions of dissatisfaction were not managed in line with the organisations complaints policy.</p>	<p>supervision of staff both formally and informally in the centre.</p> <p>At time of response, the centre manager has not received correspondence from allocated social workers in respect of outstanding child protection concerns. The centre manager continues to liaise with the social work department requesting a response. This will be escalated within the relevant social work department.</p> <p>The regional manager will ensure that any issues arising in relation to young people's expression of dissatisfaction will be highlighted in audits and it will be outlined if the expression of dissatisfaction was managed in line with the organisation's policy and procedures. The new QA staff member will also monitor this as part of their role and responsibilities.</p>	<p>The social care manager will continue to request outcomes of child protection concerns and escalate within the relevant social work department. Harmony Care will also escalate these requests internally where required to the Regional Manager or Director of Social Care to follow up.</p> <p>Future auditing within the organisation will now include discussions with young people and staff in relation to placement planning and care practices. A new QA staff member has been recruited with vast experience to ensure consistency in the area of auditing.</p>
<p>3.10</p>	<p>The centre manager and regional manager must ensure oversight of maintenance issues and ensure accurate recording and reporting.</p>	<p>A new system for maintenance issues is now in place to ensure the oversight of issues and accurate recording and reporting of these.</p>	<p>Maintenance issues will be recorded in the maintenance log and maintenance issues emailed to the regional manager for follow up. A new recording system has been developed to record checks of</p>

	<p>The regional manager must ensure that centre safety statement includes site-specific information.</p> <p>The director of social care must ensure that all checks relating to fire safety take place within required timeframes and are recorded appropriately, that there is robust oversight of fire safety and that staff receive training in a timely manner. An immediate action plan must be sent to the inspection and monitoring service relating to fire safety.</p>	<p>The health and safety statement is completed by the organisation's health and safety consultants. While the statement is generic to all centres following an inspection of all centres within the organisation, the health and safety consultants' complete individual audits within each individual centre. Any issues identified during audits will be actioned and items specific to a centre will be in the health and safety folder.</p> <p>Immediate action plan submitted to the inspectorate as requested. As noted in the inspection report, the health and safety file had been updated the day before inspection with a new Health and Safety Statement and other documentation such as risk assessments and risk management plans. As noted in the immediate response, fire safety checks have been completed but were not on file at time of inspection. The files are now updated. Fire training was scheduled for staff prior to inspection and</p>	<p>premises.</p> <p>The organisation has health and safety consultants who audit centres and complete action plans in response to any issues arising.</p> <p>Centre manager/ regional manager will ensure health and safety is audited as part of auditing process in line with National Standards. The organisations health and safety consultants will complete site audits of each centre and the health and safety statement will be updated to reflect same. Site specific health and safety statement for the centre has been provided. The organisations health and safety consultants are scheduling training with all centre managers and senior managers in relation to accessing a health and safety portal which allows the organisation to access fire safety and health and safety documentation in line</p>
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		will be completed on 29.08.2019 and 02.09.2019. Fire register was received from our health and safety consultants and is in effect.	with relevant legislation. The documents the organisation utilises will be reviewed via centre audits by the external and internal auditors.
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