



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	West
Type of inspection:	Unannounced
Date of inspection:	14-15 August 2024
Centre ID:	OSV_005764
Fieldwork ID	Mon_0044201

About the centre

The following information has been submitted by the centre and describes the service they provide.

The respite service was established in 2018, and is managed by Tusla, the Child and Family Agency. It can accommodate up to four children, male and female, at any time, aged between 5 and 17 years of age. Younger aged children are considered when they are part of a sibling group or a family that require respite together. The service aims to provide a respite and support service for children who are living at home or in foster care. It is available to children who have been identified as requiring additional supports to ensure they have the best possible chance of remaining in family style living. At the time of the inspection, a total of 17 children and their foster carers/families were using the service.

The service objective is to provide a high standard of care and a range of interventions to enable children and their families to address some of their life experiences so that they are better equipped for family life. The centre works to ensure that children's individual needs are met, that they are happy and healthy and have the opportunity to grow, giving them the best possible chances in life. The ethos of the service is that children are kept safe from harm and have the right to have a voice in decisions that affect them.

Care delivery is underpinned by a trauma-informed approach to understanding the child in the context of their overall life experiences. Interventions are tailored to meet the needs and risk levels of each child. The staff team encourage positive attachments and building of relationships to provide a therapeutic environment where children can learn new skills to live successfully within families.

Number of children on the dates of inspection	2 children on 14 th August 3 children 15 th August
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- Speak with children and the people who visit them to find out their experience of the service
- Talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- Observe practice and daily life to see if it reflects what people tell us.
- Review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
14 August 2024	08.50 hrs to 17.20 hrs	Sue Talbot	Inspector
15 August 2024	07.45 hrs to 16.20 hrs	Sue Talbot	Inspector

What children told us and what inspectors observed

Overall, the inspection found that the service provided a high standard of child-centred care which was underpinned by effective partnership working with children, their foster carers and social workers. Children's individual support needs were sensitively considered within planned programmes of care to help promote their development and improve their outcomes.

Children's view and experiences of the service were established through observing their interactions with staff, speaking with them and their foster carers and with centre staff, as well as reviewing their care and centre management records. The inspector spoke with two children, and three children also provided feedback through questionnaires. The inspector spoke with four foster carers and also spoke with four social workers/social care leaders and with a Guardian ad Litem¹ in order to gather other views about the outcomes for children and the quality of joint working arrangements.

Children said they loved visiting the centre, that the staff were great, and that they were able to do their favourite things:

'I always look forward to going there, staff listen to my needs and wishes.'

'I take a 'chill pill' when I'm there- I get to do the things I enjoy and it helps my stress'.

'My key worker is great and helps me with the stuff I need to learn'.

'I love the place. I only have good things to say about the service. The facilities are so good'.

Children's daily records also provided a clear picture of their experiences and showed they were actively involved in planning their day:

'I had a good day, it was fun and happy'.

'My life has changed so much for the better since xx (the service) came into my life'.

¹ Court appointed social workers to represent the best interests of children in legal proceedings.

The inspector observed all staff interacting warmly with the children, ensuring they had the support and supervision they needed to engage in tasks and keep themselves safe. There was a lot of banter and fun within conversations with children as well as clear guidance and reminders of boundaries to help them in their interactions with others.

The inspector spoke with foster carers of children who had been using the service for some time as well as those who had recently started to visit. Foster carers said:

'The service is a 'Godsend'. It's an amazing service- a real home from home. The children love each and every one of the staff. They know their likes and dislikes. All are fantastic. They love going there, and I can relax knowing they are in safe hands and well looked after'.

'I would be lost without the service. It is going really well for the children. Staff follow the structured routines that work for them at home. They document children's care plans all the time, have regular contact with me, and listen to any feedback I give.'

'They are a brilliant team- I have confidence in them. They are totally there for the child. We feel less alone now. There is good two-way communication'.

'xx (service) is like another parent, another voice for the child - we communicate and work closely together, and have clear shared ways of supporting the child which are helping them to thrive'.

Foster carers thought that introductions to the service were well-managed and took account of the pace and adjustments needed by children as well as ensuring the arrangements worked well for them. They spoke about seeing a real difference in the children and how the parenting approaches used by staff were also helpful to them - 'they teach them skills in coping and how to manage their feelings'. They also valued being included in regular reviews of the children's progress so that any challenges could be openly discussed, and the best ways for responding were agreed.

Social workers/social care leaders and the Guardian ad Litem said:

'The service has a great staff team- they know the children really well and are very good at liaising with us in the delivery of care. Children have responded well to clear and consistent approaches for the management of their behaviour. The

service provides a structured learning environment and opportunities for children to grow and develop’.

‘They know what works for xx (child). They are persistent in their approach and the child loves going there’.

‘We wish we had more of this kind of service- it has a great staff and management team, and is well-run’.

Social workers said the service was effective in its approaches to supporting children with complex or additional needs, ensuring clear routines and good modelling of appropriate relationships. They went on to say that children have a really good experience when they visit the centre and that it provides a safe space for them. Children’s visits are regular, well-planned and take good account of the needs of other children placed at the same time.

Social workers reported that the service provides a high level of support for foster carers, which has been instrumental in preventing placement breakdown. They valued its holistic and professional approach to meeting children’s needs and its leadership in implementing children’s individual programmes of therapeutic care. Social workers said that the priority the service gave to holding regular reviews helped them to be well-informed about the progress children were making and any emerging issues of concern. They also said that the management team are ‘on the ball’ and will quickly follow up anything that needs to be actioned.

One social worker said:

‘What xx (service) had done to support children is beyond exceptional- they are patient in their approach and have encouraged relationships of trust and safety with them. The service allows an important breathing space for children to enable them to explore their needs. Staff also respectfully and gently collaborate with the children’s primary carers in building and reviewing approaches to help sustain their placements’.

The next two sections of the report provide the findings of this inspection on aspects of management and governance and the quality and safety of the service.

Capacity and capability

The service was well-led by a skilled, stable and experienced management team. Managers clearly recognised their leadership roles and accountabilities for the delivery of safe and effective care; with evidence of good governance, organisation, co-ordination and delivery of their individual and shared responsibilities. Front-line staff were well-supported in the management of children's complex behaviours and in matters relating to their welfare. The centre management team worked closely with the social work department in prioritising support for children and their foster carers to ensure it reached those who needed it most, making best use of available resources. There were well-established external management structures in place. A regional residential services manager and deputy regional manager had good oversight of the quality of care delivered and of ongoing service capacity challenges. The centre manager provided on call out-of-hours support on a rotational basis alongside managers of other centres and regional managers. Overall, these arrangements worked well.

The service was inspected against 12 of the National Standards for Residential Care (2018). The service was:

- Compliant with 11 standards
- Substantially compliant with one standard.

The service was previously inspected in December 2022. Of the nine standards then inspected, six were compliant, two were substantially compliant and one was not compliant.

The management team consisted of a full-time social care manager, two deputy centre managers, four social care leaders and 10 social care workers (permanent and relief). At the time of the inspection, three out of four social care leader posts were filled. Of the 10 social care worker posts, 6.14 posts were filled. There were four vacancies, and one social care worker had a part-time contract. All staff were working above their contracted hours, with the management team also regularly providing additional support to cover gaps in the rota. The whole staff team was responsive in working together to enable the continuation of children's programmes of care. Staff cover had become significantly more challenging in recent months, with evidence of growing risks in relation to the continued availability of the service. At the time of the inspection, bed capacity had been reduced from four to a maximum of three children staying at any one time. In addition, due to staffing shortfalls, on two recent occasions, the centre had been closed for two nights. Two children were on a waiting list to access the service at the time of the inspection.

The culture of the service was child-centred and improvement-driven, and was underpinned by effective team working and sharing of learning. Managers and staff were striving to consistently deliver a high standard of care and support, working closely with other professionals, foster carers and parents to effectively meet children's ongoing development and safety needs. This included regular eight-weekly review of children twelve years and younger, with six monthly review of older children. Foster carers and other professionals spoke positively about these arrangements, which supported a strong team approach in meeting children's individual needs and monitoring their outcomes. Front-line staff told the inspector that the management team was very supportive, 'little things are noticed, and our work is valued.' They also reported feeling respected, that their views were listened to, and that they were always consulted as part of management decision-making.

The service had a clear risk management system in place which was overseen and regularly reviewed by the centre manager. Risks were appropriately recorded on the centre and regional managers' risk registers. The main concerns related to the sufficiency of staffing. A range of workforce strategies had been developed at a regional and national level to help address current challenges in the recruitment, retention and stabilisation of the workforce, with regular meetings taking place with Tusla's HR team. The service supported student placements and sought to fill gaps in its capacity through deployment of agency staff. However, there was limited success in attracting staff. This was considered to be largely due to other career options for social care graduates which do not require overnight or shift work. At an operational level, adjustments had been made to the rota and to levels of service availability until vacant posts could be filled. Significant efforts were made to minimise disruption to the planned visits of children. However, the need for additional staff was urgent to ensure the service could continue to safely operate and return to supporting up to four children at a time, in line with its statement of purpose.

The service had clearly defined leadership and governance structures in place, with effective delegation and co-ordination of roles and duties amongst the management team. The centre manager ensured regular audit of its governance, service delivery and care practice. Management audits indicated a high level of compliance with statutory regulations and organisational policies and procedures. Areas for improvement were clearly identified and promptly addressed. Management support and monitoring was strong and provided a clear focus on achievement of children's goals and positive outcomes. Health and safety matters were effectively overseen and were regularly discussed and recorded which ensured the safety and comfort of the children and of staff and visitors to the service. Staff training was well-structured and the training programme was

informed by regular review of the training needs of staff. All staff had completed Tusla's mandatory training courses and benefited from additional therapeutic advice and guidance from other agencies.

Supervision of staff was well-managed. The inspector reviewed a sample of supervision records and overall found a good level of compliance with the standards set out in Tusla's policy and guidance. Records had a clear focus on the achievements and competencies of staff. All supervisors had completed supervision training, and supervision contracts were in place for all staff.

Supervision ensured ongoing monitoring of relevant care activity and the progress of plans or changes required in meeting children's individual needs. The induction and supervision of new staff was well-structured and provided clear direction and reflection on the expected standards of care delivery. Arrangements for continual professional development, were well-managed, with regular discussions with staff on the areas where they would benefit from additional knowledge and skills.

However, there were some recent instances where planned supervision had not taken place in line with the expected level of frequency given the need to ensure the rota was fully covered. This had not impacted on the quality or overall performance of the service as managers were accessible, and a culture of informal supervision and strong peer-to-peer support was embedded within its day-to-day operations.

Team meetings were held on a fortnightly basis, they had a clear structure and ensured effective monitoring of the delivery of agreed actions. The levels of staff attendance at recent meetings had reduced given the ongoing staffing capacity challenges. However, there was a clear system for communicating discussions and decisions to all staff, and checking that meeting records had been read by the whole team. The inspector observed a staff meeting and reviewed a sample of recent records. These reflected a high standard of discussion in relation to the effectiveness of children's individual care programmes, with regular review of ongoing risks to their wellbeing and safety. The management of significant events was routinely discussed within team meetings and learning was shared to aid reflection on trends and the effectiveness of staff interventions. Priority was given to meeting the emotional support needs of each child and actions required to repair relationships with peers following such incidents.

Information governance and information-sharing was well managed. The child care register was appropriately completed and kept up to date, reflecting all respite admissions and discharges. Children's case records were well managed and contained relevant documentation as set out in child care placement regulations. Children were encouraged and supported to read their daily logs and support plans, and to sign and give feedback on their records. The recording of key

working sessions was good and provided a clear picture of children's views and experiences. There was sensitive use of their drawings and words to explore their feelings and ways to help strengthen their coping skills. Social work professionals told the inspector they valued the timeliness and quality of records shared with them at reviews and following each child's stay. Shift handover arrangements were clearly recorded and relevant issues were also noted in children's individual records. All records showed regular review and sign-off by the management team. Confidential personal information was appropriately archived when children no longer required the service.

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The service was well-led, managed and governed. Managers and staff clearly recognised their statutory responsibilities and accountabilities for the delivery of a high quality, safe and effective service. The culture of the organisation was child-centred, and the care approach was underpinned by effective team working and a shared drive to help improve children's outcomes.

Judgment: Compliant

Standard 6.1

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

Regulation 6: Staffing

The service had relevant workforce development plans in place to address capacity gaps and sought to expand its approaches to attracting, recruiting and retaining staff. However, the centre had to reduce its availability to children over recent months, and there was a growing risk of delays for children newly referred to the service. Managers were working to make best use of their resources and to minimise risk to children's individual plans and programmes.

Judgment: Substantially compliant

Standard 6.3

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

Service managers held regular team meetings and prioritised the supervision and training of staff and their welfare. Staff were familiar with organisational policies

and procedures, and their accountabilities for delivering safe and effective programmes of child-centred care. Induction and probation arrangements for new staff were well-managed. Arrangements for continual professional development were prioritised. The training needs of the whole staff team was effectively identified and addressed, with good coverage of mandatory training. Supervision overall, was well-managed, although recently there had been some delays in its frequency. However, this had not impacted on the quality or the performance of the service, given staff had good access to informal supervision and management guidance when needed.

Judgment: Compliant

Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

Regulation 21: Maintenance of Register

The service had clear and effective arrangements in place for information governance and the management and review of records. The child care register was well-managed, kept up to date and reflected all children's admissions and discharges. Information about children, their progress and challenges they face was sensitively and effectively shared with foster carers, their families and social workers. Good practice was seen in the approach taken to encouraging children to read and sign their records.

Judgment: Compliant

Quality and safety

The overall quality and performance of the service was good and reflected the standards of care set out in organisational policies and procedures. The service provided a high standard of child-centred care, and sensitively planned its approaches in meeting the complex needs of children using the service on a respite basis. The service had effectively implemented its arrangements for the delivery of therapeutic care, and ensured children's individual support plans contained clear and agreed actions to promote their development and safety. Children's safety, health, wellbeing and development was clearly prioritised and regularly monitored and reviewed. Risks to children were clearly identified and thoughtfully managed to help them build their self-esteem and coping strategies.

There was evidence of well-targeted actions that was helping to improve outcomes for children.

The service strongly promoted children's rights by listening to them and protecting their dignity and privacy. Feedback from children was sought in a number of ways, with regular follow up with young people on the ideas they brought forward or changes they would like to see happen. This was captured within a 'Feedback Book', in which children could write ideas, requests or general observations and which was overseen by managers. Issues identified were shared and agreed in team meetings and were followed up with the children. The approach reflected an embedded way of working that placed the children at the centre of service operations.

Ideas were additionally shared and built on within 'Conversation Cafes' which were held monthly to enable children to tell the staff team what they thought worked well, anything they were not happy about, or changes they would like to see. This approach sought to explore children's experiences of their stays over time and identify any particular requests they had to inform their next visit. A range of activities and special occasions were promoted to maximise children's participation and self-esteem. There had been no complaints made by children or their families since April 2022. This was in large part due to the ongoing communication and contact staff and managers had with children and their families so that any issues were promptly identified and addressed, with preferences recognised and responded to.

Children's admission was carefully planned and took account of specific routines and approaches for managing their behaviours that worked best for them. The centre manager held a pre-admission meeting with the child's social worker to plan the introduction of the child and their primary carers to the service. There was one introductory visit undertaken at the pace of the child, enabling them to understand what the service was about and what it could offer them. A 'Welcome' album was in place which provided information on children's rights and house rules. This was written using simple language and explained the role of keyworkers and the therapeutic approach used. Admission arrangements took account of matching requirements with other children placed at the same time. Visits were informed by a respite planner which was aligned to the staff rota. Children were supported to keep in touch with their families when they were away from home, and, as required, staff transported them to school or community-based activities to help maintain their relationships and routines.

Admission checklists were effectively used to ensure all relevant pre-admission paperwork was in place. All children had an up-to-date care plan with good systems of information exchange between the centre management team and

external professionals. Placement plans and progress reports were aligned to the priorities identified within the child's care plan. Staff at all levels had a very good awareness of children's needs which was being continually built on and reviewed with foster carers and other professionals prior to and following each visit. There was good, ongoing reflection within the team about the experience of each child, any challenges they were experiencing, and the progress they were making.

The service setting was bright, spacious, and well-maintained. The environment was clean, homely and child-centred with a range of toys, books and games available. Each child had their own bedroom with shared use of two bathrooms. The grounds were safe, with sufficient space to allow for a wide range of sports and play activities. The Child Safeguarding Statement and Children's Charter were clearly displayed in the home and actively used to inform care practice.

Health and safety arrangements were well-managed in relation to the premises, its grounds and vehicles used for transporting the children, with regular management audits to ensure the standards of performance were maintained. Fire prevention and safety arrangements were compliant with the required standards, with regular fire drills and checks of emergency lights, fire doors, alarms and equipment. Any faults were clearly logged and followed up. New staff were made aware of their responsibilities, and all staff had received fire safety training. There was a strong focus on ensuring children new to the service were aware of fire evacuation procedures. All children's records sampled contained a personal emergency evacuation plan (PEEP). Younger children's records reflected the additional support and reassurances they may need, including holding their hand or taking a favourite toy with them. Good practice was seen in that children were encouraged to sign their PEEP alongside their key worker and management team.

The service actively promoted the safety and wellbeing of children. The staff team were aware of their accountabilities for safeguarding children placed in their care. They were vigilant in assessing and managing risk in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017). All staff had completed *Children First* and child sexual exploitation training. Child protection notifications were appropriately made and the outcomes of reports were followed up with the social work department.

There were clear programmes of work with individual children with a focus on respect and the prevention of any bullying behaviour. This included *Keep Safe* work with individual children and awareness-raising about social media risks. The vulnerabilities of children exposed to a range of past harms and abuse were recognised. The staff team implemented specific programmes of care under the guidance of specialist professionals which provided clear boundaries and nurturing support. There had been no incidents of children missing from care. Each child's

placement plan contained an absent management plan which identified curfew times and actions to take in the event of a child going missing from care.

The service had a well-developed model of care centred on promoting positive behavioural support that was tailored to children's individual needs and risks to their or other's safety. Individual crisis support plans provided a comprehensive and structured approach for the prevention, management and follow up of high risk behaviours. Staff spoken with had received relevant training and recognised the need to adapt their approaches to take account of the different ages and development stages of the children in their care. They were aware of the structures and routines that needed to be in place to keep children safe and strengthen their coping skills. Levels of support required and activities for children took account of the management of their individual risks together with their wishes and interests. Community-based activities were thoughtfully planned to enable children to have opportunities to learn and have fun. Key worker sessions were well-structured with good use of visual aids to support the understanding and participation of children. The approach was relationship-driven and focused on enhancing children's self-esteem, personal achievements and independence.

Significant event records were well-recorded and were appropriately aligned to wider incident reporting, risk management and child protection management systems. There had been no restrictive practices in place for some time, and no child had been physically restrained. Staff promptly intervened when they identified an escalation in children's behaviours and action taken was in line with children's individual management support plans. Any such incidents were followed up with the children to help explore their view of events, and foster carers and social work professionals were routinely informed. The impact for any child subject to poor treatment by another child was routinely explored. Children were advised of their right to make a complaint, and work to repair peer relationships was also undertaken. Significant events were reviewed to ensure safe and effective practice as well as identify learning from such events. When a need for additional support or staff training was identified this was addressed within team meetings. In addition, areas for learning from significant events were reviewed by the regional management team.

Children's health, wellbeing and development was actively promoted within their day-to-day care. Children were helped to enjoy a healthy diet, with a good choice of meals that took their preferences into account. They were encouraged to take part in meal preparation and tidying up the kitchen after meals. They were taught age-appropriate independence skills, keeping their bedroom tidy and managing their personal hygiene. Staff used a range of tools and resources for their direct work with children to help build their confidence and sense of achievement. These

approaches recognised the importance of children's physical, mental health and emotional wellbeing.

The staff team had a strong focus on identifying and addressing risks to children's health and development. Case records sensitively captured children's fears and worries, with a clear programme of night-time support in place for many children to help them relax and sleep. Managers had good access to consultation from a range of therapists in helping them to understand the underlying causes of behaviours of concern and build shared strategies for managing children's complex needs. Regular multi-disciplinary meetings were held to support ongoing monitoring of progress and risks.

Staff and managers had a good awareness of their responsibilities for the management and storage of medication and ensured that prior to each child's visit any changes to medication were routinely recorded. The service had strengthened its operational controls to ensure a clear and accurate picture of the levels and frequency of dosage, with appropriate sign-off by staff of medication administration records. Medication audits were regularly undertaken and indicated a good standard of practice overall.

The service assisted children with their education and learning needs. Centre staff supported children to attend school as part of their respite arrangements and assisted them in the completion of their homework. Direct work was undertaken with children encouraged their reading and writing skills. Children's individual interests, strengths and abilities were kept at the centre of staff interventions, and children were actively involved in the ongoing assessment of their progress and celebration of their achievements. Art was effectively used to support children's creativity and emotional development. Staff were aware and supportive of children moving from one school to another, recognised their anxieties and sought to help them build on their coping skills.

Standard 1.1

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Regulation 10: Religion

Regulation 4: Welfare of child

The service had a strong focus on promoting and protecting the rights of children and respecting them. The views and feedback from children was routinely sought and used to drive continual service improvement. Records clearly reflected the

experiences of children and their safety and welfare. Children's voices were woven into all aspects of service operations which led to high levels of satisfaction with the service.

Judgment: Compliant

Standard 2.1

Each child's identified needs informs their placement in the residential centre.

Admission arrangements for the children were well-managed, and introductory visits were undertaken at the pace of the child. The centre management team worked closely with the children's social workers and foster carers in building a shared picture of the children's needs and of areas where they most needed help in keeping them safe and promoting their development. Each child's record had an up-to-date care plan. A pre-planning record was developed prior to each child's stay to provide continuity for the child and ensure information held was up to date. Admission checklists were effectively used to ensure all relevant information, including multi-disciplinary assessments were shared with the centre team.

Judgment: Compliant

Standard 2.3

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The service setting was homely, child-centred, clean and well maintained. Children spoke positively about what the service offered them. The layout of the building and its facilities was good with plenty of indoor and outdoor space for individual or shared activities. Health and safety was well-managed with regular checks of fire systems and vehicles used to transport the children. Consideration had been given to the additional support needs of younger children in promoting the safety of the environment and compliance with health and safety legislation.

Judgment: Compliant

Standard 3.1

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The service had appropriate child safeguarding systems in place that ensured effective identification, management and review of child protection concerns. Staff

had received relevant training and were aware of their responsibilities for reporting incidents of abuse and for tracking outcomes. The culture of the service promoted relationships built on respecting others. Any incidents which resulted in children being harmed were promptly addressed. Child protection issues were routinely discussed in team meetings and contact with foster carers and the child's social worker.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The service had implemented a clear framework and structure for the management of children's behaviours. Placement plans contained detailed individual crisis support plans that set out the actions to be taken to prevent, defuse and control incidents where children's behaviours were unsafe or posed a risk to others. The approach was underpinned by open discussion and assisting the child to reflect on alternative ways of behaving.

Judgment: Compliant

Standard 4.1

The health, wellbeing and development of each child is promoted, protected and improved.

Regulation 11: Provision of food and cooking facilities

Children's placement plans actively sought to promote their health, well-being and development. Children were encouraged to take an active role in food preparation and recognise the importance of a healthy diet and physical activity. Mealtimes were a shared social event with good menu choices. Children's dietary needs and food preferences were catered for.

Judgment: Compliant

Standard 4.2

Each child is supported to meet any identified health and development needs.

Regulation 9: Health care

Regulation 20: Medical examination

The health and development needs of children were effectively identified and met. Service staff worked closely with foster carers and specialist professionals in shared work to promote a consistent response to their needs. Arrangements for children who required support in the administration of medication were well-managed.

Judgment: Compliant

Standard 4.3

Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The staff team were supportive of children's learning and education. They assisted them to attend school while staying at the centre, and helped children, as needed with their homework. The ethos of the centre was focused on children's strengths, abilities and achievements with effective use made of art to help children explore their feelings and broaden their understanding of their needs.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Compliant
Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant
Standard 6.3: The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Compliant
Standard 8.2: Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
Standard 2.1: Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.3: The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2: Each child experiences care and support that promotes positive behaviour.	Compliant

Standard 4.1: The health, wellbeing and development of each child is promoted, protected and improved	Compliant
Standard 4.2: Each child is supported to meet any identified health and development needs.	Compliant
Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0044201
Provider's response to Inspection Report No:	MON-0044201
Centre Type:	Children's Residential Centre
Service Area:	West
Date of inspection:	14-15 August 2024
Date of response:	

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Capacity and Capability: Leadership, Governance and Management

Capacity and Capability: Responsive Workforce

Standard : 6.1

Judgment: Substantially compliant

Outline how you are going to come into compliance with Standard 6.1:

- The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.
- A bespoke Social Care Worker and Social Care Leader Campaign is planned for 26th September 2024 and 3rd October 2024 respectively.
- A parallel National Campaign for Social Care Workers is being run in conjunction with an agency provider in October/November 2024.

- A rolling rediscover campaign is in place to attract social care staff to return to Tusla.
- A recruitment open day is being hosted by Tusla in Limerick 14th November 2024 to promote Social Care Posts and undertake interviews on the day.
- An additional two Social Care Workers are due to commence in the Centre in October 2024.

The plan is to have the Centre fully staffed by the end of the year.

Proposed timescale:

Q4

Person responsible:

Regional Manager.

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	

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