



**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:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	27 July – 28 July 2023
Centre ID:	OSV-004164
Fieldwork ID	MON-0040923

## About the centre

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

The centre provides medium - long term care for young people, aged 13 to 17 years old, who require a placement in residential care. The centre has qualified staff and operates 24/7 with staffing and management support. The delivery of a programme of care is underpinned by statutory care planning and individually assessed needs for each young person. The centre caters for all genders of young people who may struggle with their emotional regulation and offers consistent support to children/young people within a safe, nurturing environment. The centre provides a child-centred therapeutic approach, where the staff team works holistically and inclusively with up to four children/young people.

The care provision and practices of the staff team are underpinned by a wellbeing informed approach alongside an understanding and regard for the impact trauma and attachment issues have had on the young people and their resultant behaviour.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection:</b>	4
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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 that children receive and if it was of a good quality and ensured that 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:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
27 July 2023	10:00hrs –18:00hrs	Saragh McGarrigle	Lead Inspector (On-site)
27 July 2023	10:00hrs –18:00hrs	Rachel Kane	Inspector (On-Site)
28 July 2023	09:00hrs –17:00hrs	Saragh McGarrigle	Lead Inspector (Remote)
28 July 2023	09:00hrs –17:00hrs	Rachel Kane	Inspector (Remote)

## What children told us and what inspectors observed

Inspectors carried out a routine unannounced inspection which found that the young people living in the centre received support and care from a committed staff team who worked to keep the young people safe and promoted their rights. Young people's dignity and privacy was respected and they were encouraged to exercise their rights, such as participation in decision-making about aspects of their care. At the time of the inspection there were four young people, aged between 13 and 17 years old, living in the centre. The inspectors spoke with two young people, four parents, three social workers and a social work team leader.

The residential centre is a detached house in a small cul-de-sac of similar houses in a countryside location. It was close to a town with easy access to a number of amenities. The centre had a large well-maintained garden to the rear which had a swing set, trampoline and goalposts. The centre had four bedrooms, three bathrooms, two living rooms, a staff office and a kitchen. One of the bathrooms was kept locked for staff use only. All of the rooms in the centre were clean and tidy at the time of the inspection. There was a colourful mural on one wall of the kitchen, which staff reported had been an art project completed with some of the young people. The two living rooms looked cosy and had televisions and some board games in them. These rooms allowed space for the young people to be together or to have the option to have some space to themselves.

The young people were invited to give their feedback on their experiences of the service by either talking with the inspectors on the day of the inspection, by phone call or by the completion of a survey. Two of the young people spoke with the inspectors on the day of the inspection and the other two young people chose not to give their feedback to inspectors, as is their right.

The two young people gave differing views about their experience of living in the centre. One young person reported that they didn't like living there. They reported not liking the food that was on offer and felt they couldn't talk to the staff. However, they did say they could talk to the centre manager and deputy manager. The other young person stated they felt safe and were happy living in the centre and stated there was nothing they would change. This young person reported that they knew how to make a complaint.

Both young people reported that a person from a young people's advocacy service had visited them in the centre a few months ago, and both were aware of their rights.

Inspectors observed warm and respectful interactions between staff and the young people.

The views of the young people's families were sought as part of this inspection, and inspectors spoke with four parents. The reports from parents were mostly positive. One of the young people's parents reported that while they did not get much information about the centre initially, they were subsequently satisfied with the level of contact with staff. The parent reported that they felt the centre was meeting the young person's needs and was keeping the young person safe.

Another parent spoke about how they were kept up to date with what was happening with the young person. They spoke about being invited to meetings and said "I feel I have a good say" at the meetings. This parent also said that the staff "are great - they understand how important it is for [young person] to have regular access".

One parent said they were not kept as well informed as they used to be, however, they said that staff contacted them every week before access. Another felt that they never got any contact from staff. Despite this, they acknowledged that their young person was doing very well and they were in direct contact with them daily.

Inspectors also spoke with three of the young people's allocated social workers, and a social worker team leader assigned to another young person.

All of the professionals spoke positively about the centre. They reported that there was good communication between them and the centre staff and management. They all reported that safeguarding or significant events were promptly communicated to them. The social workers highlighted the commitment of the staff to young people's rights and gave examples, such as supporting access with family, including other siblings living away from home, supporting education and effectively managing complaints by young people.

The next two sections of this report outline the findings of this inspection on aspects of management and governance of the centre and how this impacted on the quality and safety of care provided to young people.

## Capacity and capability

The inspection found that the provider was compliant with six of the eight standards assessed and substantially compliant with two standards.

Overall, this service was well led with clear and effective management systems in place to ensure that a safe and caring service was provided to the young people. Staff were aware of their roles and responsibilities for keeping children safe. Management oversight of care delivery was good, with effective use made of audits to promote learning and quality improvement.

The service had an experienced manager who was supported by a deputy manager. There were clear lines of accountability as the manager reported to a deputy regional manager who in turn reported to a regional manager. The manager maintained records of delegated duties to the management team and other appropriately qualified staff, which included some of the deputy manager's responsibilities, who was on leave at the time of the inspection.

The staff team included four social care leaders and seven social care workers. At the time of the inspection there was one social care leader vacancy and two social care worker vacancies. To ensure a level of consistent care, the service used a core group of six agency staff to cover these vacancies. The manager was responsible for the roster and ensured there was always a mix of experienced staff on duty with new and agency staff.

There were clear induction processes in place for new staff which were understood by all who worked in the centre. A social care leader provided agency staff with formal supervision in line with policy.

A mix of experienced and new staff as well as agency staff interviewed during the inspection demonstrated an understanding of their roles, the management structure and an understanding of the national operational policies and procedures for mainstream residential centres. As part of the staff team's ongoing learning, management had planned a rollout of presentations on the mainstream residential national policies, set to commence in September 2023.

There were systems in place to ensure effective communication within the staff team. Staff team meetings were held every two weeks. Records of these meetings demonstrated detailed discussion of each young person's care. The meetings were also used as a forum to promote learning and quality improvement.

Weekly management meetings as well as daily handover meetings also took place, which ensured staff were clear with regard to their responsibilities and role in each young person's programme of care.

The manager was present on the day of the inspection and was readily available to both staff and the young people. The manager was observed gently redirecting a young person to social care staff when they made a request that could be easily managed by the staff. This ensured that staff on shift were not being undermined and it supported the young person in their understanding of the different roles of management and staff.

The on-call system in place in the centre ensured that staff on duty had access to support and guidance at all times. This was usually covered by the manager and deputy manager. In the absence of either manager, support was provided by the social care leaders on the staff team, as well as from another centre management team when required.

Risks were well managed in the centre. The risk register detailed identified risks and actions taken to mitigate the risks. It also detailed when the risks were reviewed and closed. A sample of the risks included health and safety, timely notification of child protection concerns due to internet difficulties, and allegations against staff member. All of the risks sampled were assessed appropriately and had actions put in place to mitigate them. They were also reviewed regularly.

The quality and safety of care provided to young people was reviewed by the management in the centre through the use of audits, staff supervision and detailed key-worker reports that were discussed at staff meetings. All staff reported engaging in supervision in line with policy, and staff reported they felt well supported. The manager also reported receiving regular support and formal supervision from the regional deputy manager.

Significant event notifications (SENs) were discussed at regional level and the feedback from these meetings was then shared at team meetings for learning purposes.

The provider carried out an annual service review of compliance with the centre's objectives in January 2023 to ensure appropriate actions were taken to achieve better outcomes for young people.

The review highlighted the challenges and progress made in 2022. It also identified the centre's aims for 2023, such as a focus on the model of care that underpinned practice, which is discussed further in this report.



An external review by the Child and Family Agency's (Tusla's) Practice Assurance and Service Monitoring (PASM) team had taken place in June 2023, and the centre was awaiting this report. The previous PASM report issued in October 2022 identified a number of areas for action and the centre had completed all of these actions.

The centre's statement of purpose and function had been reviewed in June 2023. It contained adequate information as required by the standards regarding the specific care and support needs the centre intended to meet. It also outlined the criteria and process of admission to the centre. The manager reported that this was available to all parents. However, one of the parents told inspectors that they had received no written information about the centre prior to their young person being admitted to the centre. A young person's booklet was given to all young people as part of their admission. This booklet was clear and included information on their rights and how to make a complaint.

## 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.

There were clear and effective governance and management arrangements in place with clear lines of accountability to deliver safe and effective care and support. Staff demonstrated a good understanding of their role and policies and procedures.

Judgment: Compliant

## Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a publicly available statement of purpose which was reviewed and updated in June 2023. It clearly described the service provided to young people admitted to the centre.

Judgment: Compliant

## Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were appropriate systems in place to monitor the safety and quality of care to the young people living in the centre. Learnings from both internal and external audits were implemented to improve the quality of the service provided.

Judgment: Compliant

## Quality and safety

Young people living in the centre received a good quality service from the staff who worked to keep the young people safe and to promote their rights. Staff were respectful of the young people's privacy. Staff encouraged young people to exercise their rights, such as participation in decision-making about aspects of their care. Young people's placements were tailored to their needs and this was supported by the admissions policy that ensured the placements were appropriate for the young people. There was a positive approach to the management of behaviours that challenged. While the service had effective systems in place to safeguard young people, there were unknown risks around potential exploitation of young people in the community which required a more robust approach.

Staff demonstrated a good understanding of young people's rights and their responsibility to support and promote these rights, that included support and advocacy with regard to religious practices, education and family contact. The approach taken by staff was individualised in terms of the capacity and needs of each young person living in the centre. Young people were encouraged and supported by staff to participate in decision-making about their lives, such as having their views heard at their child-in-care reviews.

Each young person was provided with written information about the centre and this included information on their rights and how to make a complaint if they felt their rights were not respected. A record was kept of all complaints made by the young people. This record included details of the complaint, the response by the staff and their social worker to the complaint and whether the young person was satisfied with the response. The complaints log was audited regularly by the manager.

An external advocacy service had recently met with the young people in the centre. This ensured that young people had information and access to external supports should they not be satisfied with their treatment in the centre.

Records showed that young people had not been engaging in meetings that were facilitated by staff for them to have a voice and a say in the day-to-day running of the service over the last twelve months. Different approaches to encourage increased participation by the young people had been implemented by a staff member who had completed child and youth participation training. While it was too early to fully assess how effective these approaches were, there had been improvements and encouraging signs of increased engagement by the young people since May 2023.

Young people's right to dignity and privacy was respected in the centre. Each young person had their own room where they could have privacy and keep their personal belongings. Outside of their rooms, young people had a number of spaces in the centre where they could spend time alone or meet privately with family or social workers, who may visit them in the centre. Any limits placed on young people's privacy was done so in line with their assessed needs as part of their care plan and was recorded in the restrictive practices log. Young people's files were kept in a secure filing cabinet in the staff office.

Management and staff ensured that proposed admissions were considered in line with the centre's statement of purpose as well as consideration of the needs and rights of the young people already living in the centre. The referral process was through the regional referral pathway. A collective risk assessment was carried out before a young person was admitted to the centre. Social workers for the young people already placed in the centre were consulted as part of this assessment. Part of the pre-admissions plan included visits to the centre. Other young people were also informed of new admissions and given opportunities to raise any questions or concerns they might have.

Staff demonstrated a clear understanding of their safeguarding responsibilities and provided young people with safe care. The centre had a safeguarding statement and all staff had up-to-date training in *Children First: National Guidance for the Protection and Welfare of Children, 2017*. All child safeguarding concerns were notified by staff in line with legislation. The previous HIQA inspection report in September 2021 had highlighted an issue that, due to connectivity difficulties, centre management were completing child protection notifications on behalf of staff. However, this issue had since been rectified and staff were now completing the notifications themselves on the Tusla portal appropriately. All notifications were recorded on the centre's child protection concerns log, and these were tracked and reviewed regularly to ensure they were completed and closed appropriately.

On the whole, incidents of young people going missing from care were managed well and in line with policy. One young person was missing from care when inspectors arrived to the centre. The staff on duty were managing the situation appropriately, and the young person returned to the centre later that morning. However, the missing-from-care report did not have adequate information about one of the risks identified for that young person. There was also a delay of a few hours in contacting the young person's parent.

In cases where there were some concerning indications about potential sexual exploitation of the young people in the community, comprehensive safety plans were in place and reviewed regularly. However, where there were unknown risks around exploitation, a more robust approach was required. Staff and management interviewed showed awareness of risks around exploitation. One of the staff interviewed reported they had completed training around exploitation. However, there was a need for all staff to engage with available training to ensure they were adequately skilled to manage such risks effectively.

There was a positive approach taken toward behaviours that challenge, and all staff were trained in Tusla's approved behaviour management approach. The centre had gone through a period where some of the young people's behaviour resulted in considerable damage to property in the centre. However, staff were successful in reducing these incidents through the support provided to the young people. Social workers for the young people involved commended the staff on how they managed this period and were successful in supporting the young people to stabilise in their placements. The staff team engaged with other external professionals as well as the young people's social workers to ensure their approach with each young person was the most appropriate and responsive to their needs.

The model of care that underpinned practice was not fully implemented in the centre at the time of the inspection. However, staff were being supported by the manager and an external trainer to improve their understanding of the model so as to ensure full implementation of all elements of the model of care. Records showed adherence to the model, including that young people were now involved in evaluating their own progress as part of the model of care.

There was an effective system in place that monitored, recorded and reviewed the use of restrictive practices. The restrictive practices policy ensured that all restrictive practices were in place to address specific risks for individual young people. However, the restrictive practice of locking one of the bathrooms for the purposes of staff use only was not recorded in the restrictive practices log. The national policy for creating a safe and homely environment outlines that there will be no segregation of communal services in the centre and staff and young people will share all facilities, including bathroom facilities. Management and staff did not recognise this as a restrictive practice and indicated that locking a bathroom for

staff use only had always been in practice in the centre. As it was not logged as a restrictive practice, it was not formally reviewed and no rationale recorded for the practice.

Another restrictive practice in use was room searches. While there had been no room searches in the last 12 months, it was noted that two room searches were conducted in May 2022. The manager reported that while the room searches were necessary due to identified risks, the young people were not informed in advance of the room searches. Policy and practice around restrictive practices such as room searches were addressed with staff at a recent team meeting. The current restrictive practices recorded were appropriate to the individual young people in managing their presenting risks. There was also clear evidence of these practices being reviewed regularly and, in some cases, there was easing of the restriction as the level of risk to the young person decreased.

## 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**

Young people experienced care and support which respected and protected their rights. They were supported to exercise their rights and to participate in decision-making. Staff and management ensured young people understood their rights and had information about their rights.

Judgment: Compliant

## Standard 1.2

Each child's dignity and privacy is respect and promoted

Staff and management respected young people's right to dignity and privacy. Young people had their own rooms and had access to other spaces where they could be alone should they choose. Young people's care files were kept in a secure place.

Judgment: Compliant

## Standard 2.1

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

There was an effective admissions process in place. Each young person's needs informed their placement in the residential centre. The needs and rights of the young people already living in the centre were considered as part of the admissions assessment process.

Judgment: Compliant

## Standard 3.1

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

Policies and procedures were followed by staff to ensure the safeguarding of young people living in the centre. Staff and management responded appropriately to any child protection concerns in line with *Children First: National Guidance for the Protection and Welfare of Children, 2017*. All staff were trained and demonstrated knowledge in how to manage and report child protection concerns appropriately. While robust safety plans were in place for young people where there were concerns about potential sexual exploitation in the community, there were other unknown risks that required a more robust approach.

Judgment: Substantially Compliant

## Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff and management had appropriate training to understand and take a positive approach to the management of behaviours that challenged. Restrictive practices were monitored and regularly reviewed. The restrictive practice of locking one of the bathroom doors for staff use only, was not recognised or recorded as a restrictive practice and therefore not reviewed.

Judgment: Substantially compliant

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<p><b>Standard 5.2</b> 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.</p>	Compliant
<p><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p><b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p>	Compliant
<b>Quality and safety</b>	
<p><b>Standard 1.1</b> 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.</p>	Compliant
<p><b>Standard 1.2</b> Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p><b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Substantially compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Substantially 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.**

<b>Compliance Plan ID:</b>	MON-0040923
<b>Provider's response to Inspection Report No:</b>	MON-0040923
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA Dublin Mid Leinster
<b>Date of inspection:</b>	27 - 28 July 2023
<b>Date of response:</b>	

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.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

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:**

**Quality and Safety**

<b>Standard : 3.1</b>	<b>Judgment:</b> Substantially compliant
<p><b>Outline how you are going to come into compliance with Standard 3.1:</b>                  Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>All staff will receive training in Child Sexual Exploitation.</p> <p>Exploitation is a standing agenda item on staff team meetings and workshops will be completed with the team around identifying other areas of exploitation for young people in the community.</p> <p>Safety plan has been implemented for young person to alert all professionals including An Garda Siochana of known and unknown risks when young person is MCFC.</p>	
<p><b>Proposed timescale:</b>  <b>Completed by</b>  <b>31<sup>st</sup> October 2023</b></p>	<p><b>Person responsible:</b>  <b>Person in Charge: Centre manager</b></p>

<b>Standard : 3.2</b>	<b>Judgment:</b> Substantially compliant
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b>                  Each child experiences care and support that promotes positive behavior.</p> <p>The practice of locking a bathroom within the centre has been placed on the restrictive practice log and is being reviewed monthly with a view to opening same as part of an enhancement plan for the centre.</p> <p>All restrictive practices will be logged on the restrictive practice register.</p>	
<p><b>Proposed timescale:</b></p>	<p><b>Person responsible:</b>  <b>Person in Charge: Centre manager</b></p>

**Completed by 31<sup>st</sup> December  
2023**