



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:	25 January – 26 January 2023
Centre ID:	OSV004166
Fieldwork ID	MON-0038965

About the centre

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

The centre is a mainstream children's residential centre. It provides medium to longer term placement for up to four children aged 13 – 17 years of age. The aim of the centre as outlined in the statement of purpose and function is to provide a safe and caring environment that is characterised by quality relationships with children. Care is provided using an attachment and trauma informed model of service. The service hopes to prepare each young person for a successful onward transition be that to home, to another placement or to independent living.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	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 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
25 January 2023 on-site	9:30 hrs – 17:30hrs	Mary Lillis	Inspector
	9:30 hrs – 16:30hrs	Jane McCarroll	Inspector
26 January 2023 remote	08:30 hrs – 17:00hrs	Mary Lillis	Inspector
	14:00hrs – 16:00hrs	Jane McCarroll	Inspector

What children told us and what inspectors observed

Inspectors carried out a routine monitoring inspection and found that the young people living in the centre received a caring, rights based, individualised service. At the time of the inspection, there were four teenage girls living in the centre. One young person was present in the centre during the on-site inspection.

Inspectors spoke with three young people and four of their relatives, as part of the inspection process. Views of the service were mixed. Some young people and their families reported positive experiences, while others were unhappy. One young person was met with in person and two spoke with the inspector on the phone.

The residential centre is located in a large detached two story house in a cul-de-sac at the outskirts of a large town. The centre had a garden to the front and side of the house, which was well maintained.

The house was clean, warm and welcoming. There was sufficient communal space with two sitting rooms, one of which was called the beauty room. There was a large, bright kitchen with a six seater dining table. There were two bathrooms, one on each floor, these appeared clean and functional if a bit dated. Each young person had their own bedroom, which they personalised to their taste. In the downstairs hallway there was a fish tank with three large goldfish. There was a small gym and activities room located outside across a courtyard.

There were parts of the centre which were homely and bright such as the kitchen and the beauty room. The beauty room had artwork created by the young people on the walls, colourful floral wallpaper as well as a vanity unit. There were also parts of the centre which required more attention with regard to decoration and maintenance. For example the paintwork in the hallway and the sitting room would have benefited from being refreshed and there were damp patches on one bathroom ceiling.

The inspectors observed relaxed, warm and friendly conversations between the staff and the young person present at the time of the inspection. For lunch the staff and young person sat at the dining table to eat together. The young person reported that this happened every day for lunch but she could choose to cook her own food if she wanted. The staff and young person laughed and joked about holidays and activities they had experienced together. The young person showed inspectors a photograph herself and a staff member taken during one of these activities. They teased each other about who was the best cook in the house, voting on who was the best. They

also discussed matters such as plans for the day and tasks that needed to be completed that week. The atmosphere was comfortable and companionable.

The young people who spoke with inspectors had mixed opinions about what it was like living in the centre saying:

- "Good, got me own bedroom...decorate it however I want".
- "You can have the craic, the banter".
- "It's great, just brilliant" in a sarcastic tone.
- "It's not a home".

All the young people who spoke with inspectors, reported that they have been invited to their child-in-care reviews (a meeting organised to discuss the plan for a child's care). One young person reported that she attended in the past but not recently saying "I haven't been to one in ages". One said she went to all the reviews while another said she never attended them.

All the young people spoken with were able to describe aspects of the plan for their care, for example how often they met with family or where they would live when they turned 18 years of age. However, all of the young people reported they had not seen their written care plan (the written document outlining the plan for a child's care based on the child-in-care review). One young person reported "I don't know what that is" and another said "I've never gotten one". However, the majority of young people said that they had looked at the records the centre held on them with one saying "I looked at the first page, but it's boring" and the other reported "I asked a few times and I did read them".

While the young people had mixed views on whether their rights were explained to them or not, they demonstrated knowledge of some of their rights such as privacy, the ability to make a complaint and access advocacy. All the young people spoken with reported that they felt safe in the centre and had not experienced any bullying.

The young people who spoke with inspectors reported that they had privacy. One young person said she had "my own space". Another young person explained their curfew for summer and winter months and how they had "three hours every day" free time (time away from the residential centre and staff).

All the young people spoke about being involved in activities which were important to them examples included youth groups, religious activities, sports activities and visiting extended family. One young person said she was not supported to the same extent as others in the centre in terms of transport to and from such activities.

All the young people spoken with knew how to make a complaint but they had different views on how staff responded when issues arose or complaints were made.

Two of the young people explained that if they needed to make a complaint they would go to either their keyworker or the centre manager. A third spoke about the Tusla "Tell us" complaints procedure. One young person said that she never had to make a complaint because "they (staff) see the situation, they try to sort it before you have to make a complaint". Another young person reported she was not happy with how issues or complaints were handled by staff and management.

Inspectors sought the views of children's relatives, social workers and guardians ad litem (GAL, court appointed advocates for children in care) as part of the inspection. The four relatives spoken with had differing views on the service. Two relatives were happy with the service. One reported that the staff "seem to treat her right". Another relative described the placement as a positive one for the young person, who benefited from the routine and boundaries in the centre. Two other relatives reported that they were unhappy with the service in general. One of these parents reported they were "counting the days" till their child turned 18 years of age and no longer had to live in the centre. The other parent reported they were not happy with the service but did not give specific examples of why.

Three of the relatives spoken to said that they were happy with the support the centre staff provided in relation to family visits. They described how staff encouraged family contact, invited them to visit the centre and drove the young person or the relative to and from visits. One relative was unhappy with the length and number of visits they had with their child. This parent reported that staff were not doing enough to encourage their child to engage with her family.

A social worker, social work team leader and a guardian ad litem were spoken with as part of the inspection. All three professionals described their experience of the service as very positive. They reported that there was good communication and joint working with the staff and management in the service. They noted that notifications were sent to them in a timely manner and were followed up on appropriately. They reported that child protection concerns were managed well and in line with *Children First: National Guidance of the Protection and Welfare of Children (2017)*. They noted that staff and management were child centred in their practice and had advocated for the rights of the children in their care for example advocating for the swift lessening of any limits placed on children, as soon as it was safe to do so. Two professionals reported that the staff and management spent time to develop a trusting relationship with the young people in their care. One professional noted that management were "clear and confident" and that there was a "committed team" working in the centre.

Capacity and capability

The centre was last inspected in April 2021. At that time the centre was inspected against eight standards and found to be compliant with seven and substantially compliant with one standard. This inspection found all standards inspected against to be compliant.

There were effective management systems in place in the centre. Management structures were clearly laid out and staff were aware of their roles and responsibilities. The centre was managed by an experienced social care manager and deputy social care manager. The service was overseen by a deputy regional manager. There was a consistent staffing team and no staffing vacancies in the centre at the time of the inspection. On-call arrangements were organised so that staff had access to managerial support during evenings and weekends.

Risks were well managed within the centre. There were systems in place to identify and manage risks, as well as escalate those that could not be managed within the centre. The management maintained a risk register and the risks were reviewed on a regular basis. Risks on the register sampled by inspectors were assessed appropriately and had appropriate controls in place to mitigate the risk.

The quality and safety of care provided to children was regularly reviewed by the management in the centre to support better outcomes for children. This was achieved through a number of mechanisms such as team meetings, audits, trending analysis and self-assessments. Team meetings were used to discuss individual children, their needs and actions to support them. Regular audits were carried out by centre management on areas such as the quality of a young person's record and specific areas of practice for example how young people are supported to practice their religious beliefs.

The provider had arrangements in place to review practice within the centre to support best practice, provision of a quality service and promote the rights of a child. As part of this management carried out standardised self assessments on an annual basis to evaluate if practice was well led, child centred and safe. This information was provided to the Practice Assurance and Service Monitoring (PASM) Team. Monitoring visits were conducted by the PASM team yearly. The most recent report noted a level of "substantial assurance" with adherence to the principals of a well lead and child centred service. Management also conducted trending analysis on information such as the number and type of significant event notifications sent to social workers. These practices allowed management to identify good practice and areas of improvement within the service for example a

good practice was that young people's meetings took place regularly and an area for improvement was the quality of discussion within these meetings.

A culture of learning and development was found in the centre. Staff were up to date in all mandatory training such as Children First, first aid and fire safety. Management kept track of this training in a database and alerted staff if training certificates were due to expire. It was evident that additional training was obtained for staff based on the individual needs of the children in the centre for example training on the impact of trauma on brain development. Engagement by staff and management in reflective practice (examining and learning from your own actions) was apparent both in team meeting minutes and in interviews with staff. The provider developed a suite of national policies and procedures which were implemented in 2021. Staff and management received training in these policies and used them to guide daily practice.

Management maintained a complaints register and two complaints were received in the 12 months before the inspection. The language used in the complaints log was not aligned with national policy as it noted the complaint was "resolved" or "unresolved" rather than founded or unfounded. However this difference did not impact on the young people as complaints were promptly acted upon and appropriate steps taken to address concerns. It was noted that complaints were not resolved in a timely fashion. While staff took timely steps to resolve matters factors outside of their control delayed resolution, for example the need to follow appropriate procurement (buying goods and services) procedures resulted in time delays in one complaint. Complaints were routinely discussed at team meetings for the purpose of learning from the complaint.

The centre's statement of purpose and function had been reviewed in April 2022, when it was changed from accommodating five placements to four. It contained adequate information regarding the centre's aim, services, model of care and the care and support needs of the children the centre intended to meet. This information was made available to parents and guardians in the form of the "Parents/Guardian Booklet" which was given to a young person's family when they were admitted to the centre. Young people received as copy of "the guide to living in [centre name]" on admission. These booklets outlined the rights and responsibilities of a young person living in the centre. It outlined key information such as what is a care plan and a key worker and how to make a complaint. The booklets were provided to the young people and their families on admission. Staff also spoke to the young people and explained the service to them, on admission. This meant that the young people had knowledge of the service when moving into the centre. Staff demonstrated understanding of the aims and objectives of the centre.

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 provider demonstrated effective leadership, clear lines of accountability and management arrangements to support the delivery of a safe and effective service.

Judgment: Compliant

Standard 5.3

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

There was an up-to-date statement of purpose and function which outlined the day-to-day practice in the centre including management structures, aims, ethos and model of care. This information was made available to young people and their families in accessible booklets.

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.

The provider, management and staff worked to improve the quality and safety of care provided to children. This was achieved through reflective practice, auditing practice, self-assessment, monitoring and addressing complaints.

Judgment: Compliant

Quality and safety

Young people in the centre received good quality, rights based and child centred care. The centre was welcoming and a safe place to live. Young people were encouraged to exercise their rights and their right to dignity and privacy was respected. There was a robust admissions procedure in place and the young person's needs informed their placement in the centre. Young people in the centre were safeguarded from abuse and they experienced care that supported positive behaviour.

The management implemented a robust admissions policy, which was found to ensure that the placement was a good fit for the young person and could meet

their needs. This policy considered the children's rights, legislation and standards and the needs intended to be met by the centre. The admissions reviewed by the inspectors included a comprehensive assessment of the child's needs and were in line with the statement of purpose and function for the centre.

Admissions into the centre were well planned as is required by the standards. The centre manager and the young person's social worker worked together to formulate an appropriate introduction for the young person to the centre. This included day visits, meeting staff and other young people living in the centre and an overnight stay before the young person moved in to the centre. Collective risk assessments were carried out before admission. This is a risk assessment that looks at the risks to the child referred to the centre and to the children already living in the centre, posed by the new child moving in. The collective risk assessments sampled by inspectors were comprehensive and of good quality. They identified how the placement could impact on the young person and others. They outlined current practices in place to reduce the impact and further practices or actions required to ensure all the young people's needs were met. Management reported that where they could not meet a child's needs they did not accept the referral.

Management and staff supported young people to understand and exercise their rights. Young people were informed of their rights when they were admitted to the centre and as part of regular interactions and one-to-one sessions with the staff. One staff member was appointed the role of "rights officer" and they spoke with each child on their admission and at points in the weeks following their admission. It was clear from the files reviewed by inspectors that staff and young people regularly discussed specific rights in one-to-one sessions for example everyone's right to live in a safe environment. There was a focus in the centre on equality and that each person including children in the centre were responsible for respecting the rights of others.

The young people were encouraged to exercise their right to participate in decision making and express their views, including making complaints. The young people's views were noted in the child's file, as well as in children's meeting minutes and where a complaint was made it was written into the complaints log. It was evident that these views were taken into account and acted upon. Staff worked with young people to agree a compromise where necessary.

Young people were encouraged to attend their child-in-care reviews in order for their views to be known by the wider group of individuals involved in their care and participate in decision making. If a young person chose not to attend the meeting their views were documented in a review form and presented by their key worker at the meeting. One young person's care plan was out of date, due to a

cancellation of a child-in-care review. However, the child's social worker and the centre manager had scheduled an alternative date which enabled the young person to take part in the meeting. While this resulted in the child having an out-of-date care plan it was done in the best interest of the young person to ensure that their right to participate in decision making and express their views was respected.

Staff and management were supportive of the young people practicing their social, cultural and religious beliefs. This included supporting them to engage in culturally significant activities and attend religious services. Young people were encouraged to buy and prepare food and explore fashions, including hair and makeup from their culture. Staff and management sought a balance between supporting young people to engage in activities and developing age appropriate independence skills such as using public transport and cooking.

The young people's privacy and dignity were respected. Each young person had their own room and they were encouraged to decorate it to their personal taste by choosing paint colours, putting up photographs and art work. The young people were able to spend time by themselves, the extent of which was determined individual risk assessments based on the young person's age and personal circumstances. Each young person had a curfew and an absent management plan and were aware of these.

Appropriate arrangements were in place to safeguard young people. The centre had a safeguarding statement and all staff had up-to-date training in Children First. Child protection concerns were identified, reported and managed appropriately. Management kept a log of child protection concerns including status and outcome. There were seven child protection concerns made within the scope of this inspection. Referrals were made through the Tusla portal and the young person's social workers were informed. In the concerns sampled by inspectors, staff and management took the necessary steps to keep the young people safe. There was evidence on file of individual work with the young people following any incidents. Files reviewed by inspectors also demonstrated that staff were proactively working with young people to ensure that they developed skills to keep themselves safe. There were no incidents of a child going missing from care from the centre within the scope of the inspection.

Each young person had an individual crisis management plan and behaviour management plan. These plans included detail of a young person's baseline or general presentation, and behaviours they engage in when heightened. They also identified triggering events and they included clear outline of how to support the young person to return to their baseline. These plans were discussed at every team meetings and updated as necessary. There was evidence that staff

understood the content of these plans and followed the appropriate steps when required. When the situation required it staff were noted to contact management, the Gardaí (Irish police) and medical personal for support in order to keep young people safe.

Staff and managers took a proactive approach to managing behaviours. Staff focused on building positive trusting relationships and understanding behaviour in light of the young person's life experiences. Staff supported young people to reflect on their own actions and develop effective coping strategies for the future. All staff were trained in Tusla approved behaviour management systems. There were no incidents of physical restraint carried out by staff in the scope of the inspection

At times plans for a young person's care placed limits on what a young person could do, this is known as a restrictive practice. In the 12 months before the inspection, there were a number of restrictive practices carried out by staff and management, for example limits placed on the amount of free time a young person had or limits on phone and internet use. These were recorded in the restrictive practice log, which was maintained by the centre manager.

Inspectors reviewed a sample of restrictive practices and it was evident that restrictive practices were implemented appropriately in line with young people's plans. They were regularly reviewed in line with Tusla's policy by the staff team and at frequent professional meetings. There was evidence that restrictive practices were in place for the least amount of time possible, in some cases less than 24hrs. The decision to impose a restrictive practice was made following discussion with the young person, their social workers and GALs. Professionals involved in these discussions reported that the centre management were proactive in advocating for reducing restrictions as quickly as possible.

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

Management and staff supported young people to understand and exercise their rights. Young people were informed of their rights. They were supported to participate in decision making, express their views including making complaints and engage in cultural and religiously important activities.

Judgment: Compliant

Standard 1.2

Each child's dignity and privacy is respected and promoted.

Young people's dignity and privacy was respected. Limitations were at times placed on a child's rights including privacy, these had a clear rationale, were part of the plans for their care and were reviewed regularly.
Judgment: Compliant
Standard 2.1 Each child's identified needs inform their placement in the residential centre.
The management implemented a robust admissions policy, admissions into the centre were well planned and were informed by the needs of the young person.
Judgment: Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.
Appropriate arrangements were in place to safeguard young people. The staff and management operated in line with children's first and took necessary steps to safeguard the young people.
Judgment: Compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.
Staff and managers took a proactive approach to managing behaviours that focused on relationship building and supporting young people to develop problem solving and coping skills for the future.
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 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	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.	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 1.2 Each child's dignity and privacy is respected and promoted.	Compliant
Standard 2.1 Each child's identified needs informs their placement in the residential centre.	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