



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South West
Type of inspection:	Unannounced
Date of inspection:	8-9 June 2023
Centre ID:	OSV- 0004182
Fieldwork ID	MON_0040243

About the centre

The following information describes the service provided by this assessment and resource centre in relation to its residential respite provision.

The service is located in the outskirts of a large town with good access to public transport and local amenities. The house has four bedrooms which are available to children staying for a respite break, and one family room available for parents and younger children/babies. Approximately 50 children in foster care are accessing the service. The service offers joint visits for siblings placed in different care settings and also supports contact visits with their parents. Children are referred directly to the service by their individual social workers from across two service areas. The service is open to children of different ages, up to 18 years of age. This includes children who have experienced earlier childhood trauma and children with learning difficulties or disabilities. Priority is given to supporting foster care placements under pressure or at risk of breakdown.

The service implements a programme of respite care for each child which is offered at weekends and school holiday periods, with occasional overnight stays during the week, as capacity allows, in relation to its wider family assessment work. Generally children are allocated a maximum of 21 days, but this can be reviewed and extended in certain cases taking into account the best interests of children.

The assessment and resource centre is a locally managed service, and is overseen by a service manager and deputy service manager who are accountable to a child care manager within one of Tusla's service areas. The service employs four social care leaders, one of whom is designated as a placement co-ordinator and 11 social care workers.

Service values include:

- Protecting and safeguarding children
- Providing compassionate, collaborative and holistic care
- Promoting dignity and respect
- Partnership and participation
- Promoting the family unit.

The service aims to provide a space for children and their families, including foster carers, to obtain therapeutic support, connect, develop skills and re-charge.

Number of children on the date of inspection:

One

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
8 June 2023	09.00-17.00 (on-site)	Sue Talbot	Inspector
9 June 2023	09.00-17.00 (remote working)	Sue Talbot	Inspector

What children told us and what inspectors observed

Overall, the inspector found that the service was of high quality, child-centred and actively promoted children's rights. Respite visits were carefully planned to maximise opportunities for children to meet with their siblings and friends. Programmes of care reflected children's individual and diverse needs, and were responsive to their age and understanding. The staff team sought to provide a safe and supportive environment where children could have fun while also helping them to deal with past losses and harms. Children told the inspector they really enjoyed their time there. All social workers and foster carers praised the quality of the service and the levels of joint working in place to meet children's needs and improve their outcomes.

The inspector spoke with six children by phone. They said:

'I am able to choose what I do. I like going to the cinema and to see castles. The staff are very nice and kind. I have no problems when I go there'.

'The staff talk to you and ask you what you want to do. We go different places'.

'There are lots of activities you can do, suitable for all ages. It is set up just for you, what you want. There is always someone there for you, and staff are very welcoming.'

'Staff are there at night to help you if you need it. They try and help you out with a problem if they can'.

'The house is kept really tidy, they make good food, and I help with the washing up. Everything is perfect'.

'Staff are nice and helpful and kind. I like everything about the place'.

All children spoken with were aware of the purpose of the service. They said they had been told about how to make a complaint and about advocacy organisations who could help them.

Feedback was also received from six children who completed a survey of their experiences. Five children said they knew what their rights were, this included their right to say no if they did not like something, to complain or attend meetings. They were aware they could speak to their foster carers, social worker and centre staff to get the help they needed and were aware they could ask more questions before agreeing to things. One child, however, said they did not know what their rights were. All said they got to see enough of their family and friends, and that they felt safe and supported.

The service had a number of different ways in which it sought to capture the individual experiences of children. These included house meetings and exit interviews. Overall, these records showed that children enjoyed attending the centre and were regularly asked for their ideas about how the service could

improve their experience. The direct words of children were clearly captured in their case records - 'I am happy with life now'.

The inspector spoke with 10 foster carers by phone. They told the inspector about a number of ways in which the respite service had also made a difference to their lives, including their capacity to continue to care for children. This included being there for them in an emergency, or providing a 'breathing space' for them to focus on their own needs. They said that introductions to the service were well managed. All foster carers shared a common view that the service provided was excellent, although some foster carers also told the inspector that it would be great if they could have additional nights or stays and if they were informed about future visits at an earlier point. They reported positively on the willingness and responsiveness of the service to offer additional support when this was needed. Comments made included:

- 'They are great, everybody is lovely. He comes back to us refreshed'.
- 'Nothing is too much bother for the staff team, and she keeps wanting to go back'.
- 'The service is brilliant. The staff are really good with the children. They go the extra mile to make things easier for me'.
- 'I find the service to be very good. I have no complaints. They are very caring and safety conscious. I feel happy leaving the children with them. The children come home bouncing'.
- 'The children come back happy after their visits. They always have the best time when there'.
- 'We are new to the service, but delighted with it, and they do lovely things with children. They have asked us everything about the children's needs and tell us about how the visit has gone'.
- 'I cannot think of a better system for us. The children really look forward to going, and it is a life-saver for us.'
- 'All is great, and everything is working out really well for him. Staff are really nice, friendly and welcoming'.
- 'It is a great facility to have, unfortunately we do not get enough of it. We would be lost without it, it helps us re-group as a family'.
- 'All the staff are lovely and very caring toward the child. They want to know their interests. I trust them completely'.

The inspector spoke with five social workers by phone. They said the service provided was 'fantastic' and that staff paid good attention to meeting children's individual needs. Staff were seen to actively promote the voice of children and encouraged their engagement in decisions about what they wanted from their stay. Social workers reported huge benefits for the children, with lots of favourite and new experiences to enjoy. They considered the sibling access provided by the service had helped to strengthen children's sense of identity and their family

relationships within a safe and nurturing environment. They reported positive benefits too for foster carers 'allowing them to catch their breath.'

Social workers thought the staff were well-trained and suitably experienced in caring for children with complex needs or disabilities. They valued receiving regular reports which detailed the child's stay and their progress on each visit from the point of admission to returning home, including evidence of changes in their social skills and independence. Comments included:

- 'They provide a really good respite service, with lots of activities for the children, and clearly recognise their needs for safety and security'.
- 'Overall brilliant service, only downside is that it is a busy service. It would be good if they had more availability'.
- 'I am very impressed with the service. Children return home raving about their visit'.
- 'The service is very attuned to children's needs. Staff work closely with other professionals to make sure children's needs are properly met'.
- 'The service is invaluable to children and foster carers. I wish the service had more space for other children'.

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

Capacity and capability

Overall, this service was well-led and managed, with clear systems and governance arrangements in place to provide safe and effective care. The service had a detailed annual plan to support its ongoing compliance with relevant legislation, national standards and guidance. Management oversight of care delivery was strong and supported continual service improvement. Management roles and accountabilities were clear, and worked well for out-of-hours support and delegation of duties. The service reflected effective team and partnership working with a shared focus on the wellbeing and lived experience of children.

The service had a well-developed range of policies and procedures, appropriate to its service context, with evidence of good anticipation and planning for future service development needs. Service staff were suitably experienced, knowledgeable and skilled in providing care to meet a wide and diverse range of children's needs. Therapeutic approaches reflected the complexity of children's needs and supported their active engagement in planning and reviewing their care. This meant that the service was able to deliver a high standard of child-centred, trauma-informed care that was actively informed by learning from research and evidence-based practice.

Over the past year, the capacity of its social care workforce had been strengthened with the addition of two social care leader posts to the overall staffing establishment. This was in response to increased demand for regular respite as well as extended programmes of support for some children. The service made efforts to accommodate bookings in line with the priorities highlighted by children, their social workers and foster carers, within their agreed allocation. Ongoing service development work was informed by regular review and feedback from children, their families, foster carers and partner agencies. The service had a well-established Service Development Oversight Group (SDOG) which helped shape its future direction. The staffing rota had been recently reviewed in consultation with staff and was reported by managers and front-line staff to be working well. Handovers were responsive to the timing of activities that were happening for children. Ways of working and service delivery reflected a strong child-centred culture.

The model of service was clearly set out in its Statement of Purpose and Function (SOP). The service offered support to a diverse range of children aged from 0 to 18 years. This included children who had experienced significant emotional, mental health and behavioural challenges, or whose development was delayed.

The service had a clear ethos, aims and objectives for how it worked with children to reduce risk and explore with them (and relevant others), the underlying causes of their distress and behaviour. The ethos of the service promoted 'empowerment through partnership and participation'.

The roles and accountabilities of managers and staff were clearly outlined in booklets given to children, their parents and foster carers. On admission, staff spoke with children and went through their respite booklet, explaining their rights, and that the care they received would be in line with the National Standards for Residential Care (2018). Posters and information within the centre aimed to inform children, their parents and visitors about the mission statement of the service and its model of care. The residential accommodation - bedrooms, play, kitchen, sitting room and dining facilities were of a high standard, child-centred in décor, with a good range of toys and equipment available to meet children's diverse interests.

Service managers had implemented a comprehensive risk management and reporting framework, including a risk register, which ensured regular review of risks to children, staff and the safe running of the centre. The effectiveness and impact of controls in reducing risk was carefully considered.

Service managers sought to create a team culture where high standards of practice could flourish and they closely monitored performance trends. Organisational development priorities, and progress against action plans were clearly recorded and monitored by members of the service development

operational group in their monthly meetings. The management tracker in use flagged progress in a number of areas such as service development, staffing and building-related issues. It included planned actions in relation to the ongoing review of policies and procedures and staff training programmes.

However, this inspection also found that service managers had not yet addressed what were long-term and significant issues in relation to the layout and use of space within the building. The office workspace for social care and administration staff was inadequate, and temporary solutions were not fit for purpose. The continued placement of the organisation's large printer within a corridor used for family meetings and conferences among other activities, breached fire regulations and disability access. This was recognised as an organisational risk, but had been ongoing for the past 14 years. It was also raised as an issue of concern in previous HIQA inspection reports, but remained unresolved. The inspector discussed this further with the senior regional manager responsible for the safe running of the centre, and emphasised the urgency in seeking an immediate alternative option. Planning permission had recently been re-activated to extend the premises, but there were no agreed plans or timeframes in place for progressing the work.

The service manager played an active part within wider service area alternative care meetings. This helped to continually strengthen the responsiveness of the service, enabling connections to be made with wider changes in local fostering and residential services. Monthly social care leader and care team meetings had clear agendas that ensured effective communication and shared understanding of priorities in supporting continual improvement in the quality of practice. The inspector's review of such records showed well-focused discussion and decision-making, with good engagement of front-line staff. This helped ensure all team members were aware and promoted a consistent approach in managing risk and meeting the individual needs of children.

Management oversight of the quality of care records was strong, with effective use made of audits, with review and sign-off of children's records by social care leaders and managers. Service managers had used learning from a recent review by Tusla's monitoring officer to improve recording of direct work with children. This was helping to ensure a comprehensive picture was built of the starting points and progress being made in helping children strengthen their skills, resilience, and confidence over time. The approach was also shaped by ongoing conversations with the children's social workers and their foster carers about the areas where children required additional support.

The service had a well-developed system of weekly and monthly audits. This covered all aspects of service delivery spanning risk assessments and information about complaints, concerns and incidents. There had been no complaints made by children, foster carers or other professionals about the respite service in the

past year. Significant events notifications were low, and complied with the expected standards of reporting to Tusla's monitoring officer. There was appropriate scrutiny of the use of restrictive practices. Health and safety issues were also regularly reviewed and audited, and any accidents were clearly recorded.

Management review of children's case records focused on the progress made and learning from implementing children's individual work reports and placement plans. This helped identify areas where management oversight or workforce training needs required follow up. Learning from such audits was routinely captured and unresolved issues were escalated to the service area's senior child care manager as required.

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 effectively led, governed and managed. Service managers promoted a culture of self-challenge, openness and learning in shared work to address children's individual needs and improve their outcomes. However, the lengthy delays in addressing the staff accommodation and unsafe positioning of the large printer used by the service required urgent action.

Judgment: Substantially compliant

Standard 5.3

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

The service had a clear and up-to-date statement of purpose that outlined the service offer and care approach. This was widely understood by children, their foster carers and social workers. Centre staff clearly recognised their individual and team accountabilities for achieving the required standard of care.

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 service had well-established systems of governance that promoted a strong child-centred, rights-based approach to the delivery of care. Management oversight of care practice was good. Audits were effectively used to support continual service improvement. Feedback from children was regularly sought to inform learning about what works.

Judgment: Compliant

Quality and safety

Overall, this inspection found that service staff, at all levels, had a strong focus on the promotion of child-centred and individualised care that clearly recognised children's rights and the people and things that were important to them. The care approach prioritised the safety and protection of children, while enabling their confidence and skills to grow in a supportive risk-taking environment. Care practices promoted open communication and trusting relationships with children, their parents and foster carers. Team and individual casework was tailored to the ongoing identification and meeting of children's individual needs, enabling them to feel empowered and to make their own choices. As a result, children reported high satisfaction levels with the service, with every effort made to promote their engagement and voice in striving for continual service improvement.

The service provided a wide range of individual and shared fun-based activities for children to choose from so that their stay could be tailored to their specific needs and preferences. Play was effectively used to help build children's confidence and meet their sensory needs. A range of therapeutic approaches were used to empower children, which also encouraged open conversation about their worries and where they needed help. Staff effectively used stories to help children recognise and start to talk about their losses, pain and anxieties.

The values of the service were clearly set out in its annual plan, and were further explored in policies and procedures which aimed to ensure the needs and voice of every child was placed at the heart of organisational activity. Management and case records of children reflected the high standards of practice set out in organisational policies, including promotion of children's rights. Records detailed care practices to help prevent children feeling stigmatised or discriminated in matters such as their care status, sexuality, disabilities, cultural or ethnic

background. Individual plans effectively recognised the uniqueness of each child, their cultural and ethnic heritage, gender and any specific disability or emotional or behavioural needs they presented with. Care approaches sought to build on their individual strengths and interests, with a shared purpose to enable all children to reach their full potential.

Staff training in promoting equality and diversity had been prioritised by service managers. Staff had recently attended training in relation to children's sexuality and sexual orientation, and case records sensitively recorded children's views and queries to encourage the development of their individual identity as they moved through the different stages of childhood. Further training was being planned to support enhanced awareness and continual improvement in practice in supporting children from other ethnic, faith or racial backgrounds.

The culture of the service was founded on the promotion of a child-centred, rights-based approach to the delivery of care. High priority was given to engaging and listening to children through the development of open and trusting relationships. The service had implemented a range of activities to support building of children's confidence and social skills. Individual work with children sought to strengthen their voice and ensure their views were given due weight in decision-making. Casework evidenced regular individual time and feedback from children, their families and foster carers. This helped to promote shared understanding of children's needs and recognition of their progress and outcomes.

The use of visual memory books worked well in enabling children to see changes in their lives and experiences over time, and they were actively involved in shaping its content. Memory books reviewed by the inspector made great use of photos to signify children's enjoyment of a range of activities and their developing relationships with siblings and friends. Front-line staff reported that children loved this activity and that it positively reinforced their sense of personal identity and of the people and things that mattered most to them.

Children's rights were clearly set out in a range of information booklets that were routinely provided to children. Records evidenced follow-up discussion on how to complain or access advocacy support in line with children's age and understanding. Children's views were actively encouraged. Staff acted promptly in reassuring children of the importance of their feedback, and helped them to identify and raise any issues. They appropriately acted on the behalf of children to bring their concerns to the attention of others. The focus on children's rights and empowering them was reinforced through daily activities, informal chats and through regular house meetings. Continuity of school attendance or sports activities and children's transport requirements were carefully considered within offers of placements.

The culture of the service sensitively promoted the dignity and privacy of each child including their right to personal space, communication, and the maintenance of their personal information and records. Each child was informed about 'who needs to know' about their care needs, and the reasons why such information was being shared. Staff had a good understanding of their responsibilities for sharing the contents of their care records, while also explaining limits to sharing of confidential personal information. Children were encouraged to choose which bedroom they would like to use, and their personal belongings were respected and kept safe. They were encouraged to bring items from home, if they wished, to personalise their room. An inventory was undertaken to ensure nothing was lost. One of the highlights for children on their visits was their receipt of pocket money which they were supported to spend as they wished.

Children were asked what name they would like to be called. This was carefully noted on their records, including where they wished to be known by another name. Their preferred routines, activities and food was carefully noted and provided for. Personal care was sensitively given to children who needed assistance, within a supportive and structured approach for recognising their development needs and disabilities.

An exit interview was completed with each child who had completed their programme of support or was ageing out of the service. Children leaving the service were encouraged to share their tips about making the most of their visits for the benefit of other children staying. This enabled ongoing learning from children's feedback and their ideas about how the service could further improve.

Each child's admission to the centre for respite was informed by a referral from their social worker. This was screened by the placement co-ordinator, deputy and service manager, in line with agreed service criteria. Additional information was requested as required, including multi-disciplinary assessments, and presented for consideration to an admissions panel meeting. Once the referral was agreed, introductions and pre-admission visits were arranged. This assisted the child in getting to know the service and enabled staff to explore and refine the placement priorities for each child.

Children's records contained all relevant documents as set out within the placement of children in residential care regulations. Admission checklists provided a comprehensive picture of children's needs and of actions required to protect their rights. Impact risk assessments helped to inform the matching process in relation to their individual needs and support requirements, taking into account the needs of other children staying at the same time. Such impact risk assessments were regularly reviewed as children got to know and built relationships with each other. Each child had an individual activity plan which was regularly reviewed.

Developments in relation to children's confidence and skills were routinely shared with their social worker and foster carer.

Following their initial, and over subsequent stays, children's assessments were reviewed and updated, building on what each child required in promoting their safety, health, social and emotional development. Individual assessments of need were tailored to their age and personality, they reflected their cultural backgrounds and personal experiences, with appropriate recognition of their vulnerability and risks to their safety and wellbeing. The promotion of children's health, including their mental health, formed a core part of their assessments. The staff team worked closely with other professionals to ensure the placement continued to effectively meet children's needs for as long as was required.

The views and opinions of children were actively sought, valued, and clearly recorded in shared work to map and agree each child's individual placement plan. This included levels of contact for children with their siblings and parents. Information was continually gathered to build staff awareness of children's likes and dislikes, their interests, concerns and aspirations.

The recording of children's needs within their individual log books was comprehensive, with clear plans in place to ensure a consistent response to children who required a high level of supervision or support. Records indicated staff sensitively responded to children's emotional needs in ways appropriate to their age and understanding. They demonstrated staff were sensitive to younger children missing their foster carers, with efforts made to ensure care provided supported their recognised routines. Observations of children's presentation and behaviours within the centre and in the wider community were clearly captured and used to review how children were settling in and their progress in developing social skills.

Managers and staff at all levels were open to learning and review of how the needs of each child could best be met through regular discussion with them and relevant others about what was working well and what needed change. Care practice was balanced by a 'never assume' approach in relation to what was happening for each child. This was informed by feedback given by one child about the importance of staff fully recognising children's lived experience and if and how this continued to impact on their levels of confidence and skills.

The protection and safeguarding of children was well-managed, with good systems in place that ensured early identification and escalation of concerns about their welfare or safety. Notification of significant events and mandatory reporting of child protection issues was timely, and any issues of concern were closely monitored. House meetings helped children to talk about any worries they had,

and checks were made to ensure they always had people they could talk to if they had any concerns.

The Safeguarding Statement of the service was clearly displayed and set out clear standards of child protection practice in line with the Children First Act (2015) and Tusla's child protection policies and procedures. This included ensuring safe selection and vetting arrangements were in place for all staff, and coverage of mandatory safeguarding children training. The service had appropriate systems in place for the management of protected disclosures. Managers paid good attention to team development and valuing front-line staff so as to create an open and accountable safeguarding culture.

Children's vulnerability and the impact of their exposure to past abuse was sensitively recorded and monitored. Policies and procedures for protecting children from harm were comprehensive, and included recognition of on-line safety and cyber-bullying risks and child sexual exploitation. Service staff clearly recognised their responsibilities for keeping children safe, and ensured children were supported in other related areas such as understanding of healthy relationships, fire safety evacuation plans, the management of medication and road safety in line with their age and understanding.

Children's case records provided a detailed picture of the issues of concern and the underlying causes of their complex behaviours. Their placement plans were regularly reviewed and updated in line with relevant other interventions such as life story work, independence skills programmes, therapeutic play, sexual health and safe touch work. These programmes together with individual crisis support plans and risk assessments effectively promoted growth in children's self-esteem and positive behaviour.

The service had clear and well-implemented strategies for the identification, management and review of children's behaviours. The approach was centred within

a therapeutic model of care which aimed to promote and nurture children's self-esteem and self-identity. The approach also recognised the impact of children's specific learning needs on their capacity to understand and process information, including individual attention spans. Strategies promoted use of modelling behaviour and positive reinforcement of achievements.

Staff paid attention to building relationships of trust with children, ensuring they understood the house rules and boundaries in line with principles of fairness and age-appropriateness. They were also mindful of children's ongoing vulnerability to harm and exploitation, including learning about sexual health and substance

misuse risks to improve their understanding of the root causes of children's behaviours.

Each child had an individual crisis support plan which was regularly reviewed and updated. Concerns about children's behaviour, including incidents of self-harm or threats, or actual harm to others was clearly described in terms of frequency, severity and the impact for the child and others. Children's individual crisis support plans clearly outlined trigger factors, with strategies for support ranging from distraction to direct intervention in line with managing the child's level of stress and distress. These were subject to six-monthly or more frequent review, if required. Each child's case record also contained a risk assessment, with risks appropriately weighted to levels of concern. These were comprehensive, with clear descriptions of the nature of risks. The need for constant supervision during times of crisis for children was clearly outlined in their support plans.

All staff had received relevant training in managing children's challenging behaviours, and was clearly recorded within the centre's training records. Staff had not needed to use sanctions or physical interventions, including approved holds, to restrain children using the respite service. The use of restrictive interventions was carefully considered and aligned to each child's needs assessment and individual crisis support plan. It was mostly limited to wider environmental safety considerations which could be a safety risk to children, and were regularly reviewed. Advice from foster carers, the child's social worker or mental health and disability specialists was sought to promote a calm and safe environment for children with sensory needs had been identified.

There were no incidents of children missing from care while on respite. However, the service continued to use closed circuit television cameras (CCTV) within the care setting which also supported the wider service's family assessment function. The inspector discussed this further with service managers, who made a commitment to reviewing its usage for children attending the centre for respite. This included recognition that its use going forward would require an individual risk assessment outlining the rationale for its continued use for any children accessing respite care.

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 care provided by the service actively supported recognition of children's rights and their diversity. Children were empowered to take a lead role in what they wanted from the service.
Judgment: Compliant
Standard 1.2
Each child's dignity and privacy is respected and promoted.
Staff were aware and took appropriate action to ensure children's privacy and dignity was safeguarded. Individual programmes of care reflected a high standard of practice in this area.
Judgment: Compliant
Standard 2.1
Each child's identified needs informs their placement in the residential centre.
The service had well-established systems for planning and responding to children's individual needs. A strong focus on joint working with children, their foster carers, social workers and other professionals enabled a clear and structured approach to children's admission, matching, and ongoing monitoring of their progress over time.
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 effective systems and working practices to safeguard children from abuse and neglect, with relevant checks in place to ensure children's care and welfare was protected and promoted. Children's vulnerabilities were sensitively recognised within programmes of direct work to help keep them safe from harm.
Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Service staff were skilled in building open and trusting relationships with children and had a range of strategies and therapeutic tools to help address their emotional and behavioural needs. The use of restrictive interventions was limited, with a clear rationale for use of environmental controls when required, and this was regularly reviewed.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>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.</p>	Substantially compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p>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.</p>	Compliant
Quality and safety	
<p>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.</p>	Compliant
<p>Standard 1.2 Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p>Standard 2.1 Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	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-0040243
Provider's response to Inspection Report No:	MON-0040243
Centre Type:	Children's Residential Centre (Respite)
Service Area:	South West
Date of inspection:	8-9 June 2023
Date of response:	

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:

Capacity and capability	
Standard: 5.2	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <p>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> <p>The on-going issue of space and accessibility has been raised again with the Child Care Manager and Area Manager and there has been assurance that it will be raised as an agenda item for upcoming estates meeting.</p> <p>Planning permission for an extension has been granted for a second time (July 2023). Next steps would be a financial commitment to put the job out to tender and progress the works.</p> <p>Risk has been escalated again to area management (Child Care Manager), categorised as urgent and level 5 by the Service Manager.</p> <p>The matter was raised with the Regional Chief Officer (RCO) following a recent visit to the centre, who has advised that she intends raising the matter within the regional and national team in the interests of progressing the planned extension to the premises, which will address the compliance issue.</p> <p>Regional Estates meeting is due to take place on the 2nd of August 2023. This is the first Regional Estates meeting since March 2023.</p> <p>Further to visiting Airne Villa and meeting with the Airne Villa team, the RCO will be bringing the plans for Airne Villa to this meeting. The South West Estate Project Coordinator and National Head of Estates will be in attendance as well as the Area Managers, Area Business Support Managers, Regional Chief officer and Regional Business Manager.</p> <p>The Regional Business Manager (South West) will link back in with the Child Care Manager and Service Manager following this meeting on the 2nd of August to update. Following this, we will have further information on timeframes we are working towards.</p> <p>In the meantime, estates will continue to provide on-going supports to service management in terms of maximising existing space as much as possible, on-going maintenance, repair and upgrade to the building as it is required.</p> <p>Centre Management will continue to manage the accessibility issue with caution in the interim. This involves careful planning and good communication both within and outside of the team in terms of usage of space and accessibility requirements in order to ensure safety is not compromised in the event of disability access being required for any service user or professional.</p>	

Also careful and considered planning will continue in terms of space requirements within the centre for teaching staff and other MDT members to ensure there is access to adequate and appropriate space for sessions with children and parents until the space limitations in the centre are addressed by way of extension to the building.

**Proposed timescale:
2 August 2023 (first planning meeting)**

**Person responsible:
Regional Chief Officer
Regional Business Manager
Child Care Manager
Service Manager**