



**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:	South
Type of inspection:	Announced
Date of inspection:	12 and 13 April 2022
Centre ID:	OSV-004190
Fieldwork ID	MON-0036682

About the centre

The centre is located in a single storey building on its own grounds on the outskirts of a town. It offers medium to long-term residential care for up to four young people, either male or female, aged between 13 to 17 years.

The centre aims to provide a high standard of care and interventions to help the young people address their life experiences, develop alternative skills and coping strategies in order to live safely in their communities.

At the time of this inspection, there were four young people living in the centre and all were male.

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
12 April 2022	10:00hrs to 17:15hrs	Tom Flanagan	Inspector
13 April 2022	9:30hrs to 17:00hrs	Tom Flanagan	Inspector

What young people told us and what inspectors observed

There were four young people living in the centre at the time of inspection. Inspectors spoke with three of the young people who were on their Easter break.

The young people told the inspector that the staff were kind and looked after them well. They said that they did a lot of the things they liked and were happy here. For example, one went to a music gig recently and planned to go to another. Another said that staff encouraged him with his interest in playing music. The third young person told the inspector that staff were going to take them trekking to mark a special occasion.

Each young person said that they could keep regular contact with their families and that staff brought them to meet their brothers and sisters on a regular basis. They said that being in the centre had helped them in various ways. For example, one said they had developed more confidence and become more independent. Another talked about the fact that they could cook but that staff had given them more opportunity to do so and that their skills had developed.

Two of the young people said that they felt safe here but one young person said that they didn't always feel safe here but they knew that staff would protect them. All of the young people knew how to make a complaint and one young person said that they had made a complaint recently and felt listened to.

Each young person knew that there were regular child-in-care reviews and told the inspector that their social workers met them beforehand to discuss their views. They could choose whether to go to the reviews or not. One young person said that their social worker met them after the review to go through the plan with them. Two of the young people said they would talk to their keyworkers about their concerns.

The inspector observed the young people interacting with staff and found that staff were respectful towards them.

One parent told the inspector that they received a lot of information about the centre before the young person was admitted. They got on well with the centre manager and found the staff to be friendly and obliging. They were always willing to accommodate the young person whenever the young person wanted to see family members. They said that they were always kept informed by staff about any incidents in the centre. They were also invited to take part in child-in-care reviews and felt listened to.

The inspector spoke to the social worker for each young person and to one aftercare worker. They described the staff team as experienced and proactive in meeting the young people's needs. They felt that staff provided a safe environment for each young person even though there were tensions at times and they had to deal with behaviour that challenged. They described good working relationships between the staff and professionals and said that staff kept them informed in a timely manner of any changes in the young people's circumstances or of any concerns that arose. Each of the professionals said that they were provided with adequate information about the centre at the outset and that the centre manager was proactive in ensuring that they were consulted about all decisions affecting the young people.

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

Capacity and capability

Management structures were clear and there were good systems of governance and adequate resources in place.

The previous inspection of the centre took place in November 2020 against eight of the national standards. The centre was found to be compliant with three standards, substantially compliant with one, and in moderate non-compliance with four standards. This inspection found that improvements had been made since the previous inspection. The centre manager was appointed to a permanent position. Social care leaders were now available in sufficient numbers to provide leadership and there was more consistency of staffing. A national suite of policies and procedures had been introduced and implemented. Managers were proactive in anticipating and managing risks and in ensuring the safety of the young people.

The centre was well managed by an experienced centre manager, who was supported by a deputy centre manager and four social care leaders. There were 10.5 whole time equivalent social care workers. The staff were experienced and skilled and they provided good quality care. There was a sufficient number of staff in place to provide the level of care required by the young people. The inspector reviewed the staff roster which showed that there was consistency of staffing and an adequate number of staff on duty throughout the day and night. On occasions where managers judged that extra staff were required for evening shifts, they were able to use agency staff for this purpose and this was sanctioned by senior managers. The centre manager and deputy centre manager alternated in providing on-call out-of-hours support for staff.

At the time of the previous inspection there was a shortage of social care leaders which impacted on the smooth operation of the centre. One of the effects of this shortage was that most of the staff team had not had supervision for at least six months. Managers put a contingency plan in place to address this. An external manager was delegated to provide supervision for the social care workers and there was evidence that regular supervision was taking place. However, some staff found that this arrangement did not meet their needs and the centre manager acknowledged that this situation was not ideal. At the time of this inspection, there were four social care leaders. One social care leader was in a temporary role and another social care leader was on long-term leave. A permanent social care leader was due to take up their post in early May 2022 and the centre manager told the inspector that, following the new appointment, all supervision of social care workers will again be allocated back to the social care leaders, who, in turn, will be supervised by the deputy centre manager.

Oversight was provided by a deputy regional manager who supervised the centre manager each month and visited the centre on a regular basis to review the operation of the centre and to participate in service improvement meetings with the centre management team. The deputy regional manager was very familiar with the young people and the day-to-day operation of the centre. She received regular updates from the centre manager, including reports on a variety of audits that were completed as part of an ongoing cycle of audits.

The current statement of purpose was developed in 2020 and implemented in April 2021. It accurately described the premises and the service provided. It contained all the information required by the standard, including the facilities and therapeutic supports available to the young people and a description of the model of care which guided practice in the centre. Staff developed an information booklet for young people and their families which explained the purpose of the centre and provided sufficient information about the how the centre operated. Young people were also given a copy of the booklet setting out the model of care, which was explained to the young people on admission by their keyworkers. A parent and external professionals told the inspector that, prior to the young person's admission, they were given sufficient information on the centre and how it was run. However, the statement of purpose had not been reviewed since the introduction of the new Tusla national policies for residential centres and referenced the previous policies instead.

Standard 5.3

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

The statement of purpose clearly described the model of care and it reflected the day-to-day operation of the centre. It was also made available to young people and their families in an accessible format. However, it had not been reviewed since the

introduction of the new Tusla national policies for residential centres in 2021 and referenced the previous policies instead.

Judgment: Substantially compliant

Standard 6.1

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

Regulation 6: Staffing

There were appropriate numbers of skilled and experienced staff employed in the centre to meet the needs of the young people. However, although social care workers received supervision, this was not provided by the social care leaders who could ground their supervision in the regular observation of their practice.

Judgment: Substantially compliant

Quality and safety

The young people received good quality, person-centred care. They were encouraged and supported to maintain regular contact and good relationships with their families and significant others. They were also facilitated to pursue their own interests and to develop skills for the future. The staff team worked closely with the young people themselves, their families, their social workers and other professionals to promote their care, welfare and potential. When incidents impacted on the safety of some young people living in the centre, staff responded appropriately to these. They worked with individual young people to address their presenting behaviours and ensured that the safety and wellbeing of each young person was their main priority.

Each young person had an allocated social worker who visited them and was actively involved in their care in the centre. An up-to-date care plan was in place for each young person and child-in-care reviews took place in line with the regulations. Young people completed pre-child in care review booklets and were able to choose to attend their reviews in person or not. A parent told the inspector that they were invited to and took part in the reviews remotely since the beginning of the COVID-19 pandemic.

A placement plan was drawn up for each young person at the beginning of their placement and set out in detail how their needs would be addressed during their placement. The placement plans reflected the care plans and were of good quality. Placement support plans were up to date and set out specific guidance for staff on their responses to the young people's needs. These were reviewed monthly and updated in respect of progress or when additional needs emerged. The model of care assisted staff

in focusing their work with each young person. Progress in regard to set goals was measured on a regular basis with the involvement of the young people and the external professionals working with them. One-to-one key work sessions were relevant and the records of these sessions were of good quality. However, the records of one-to-one sessions for one young person were not up to date.

Young people were facilitated to maintain frequent and good quality contact with family members and significant others such as friends or former foster carers. They could phone their families when they wished but arrangements for face-to-face contact were made in agreement with their social workers. Records showed that young people had regular contact visits with their siblings and, when it was appropriate, arrangements were made for the young people to stay over with relatives. Staff maintained logs of all contacts with parents/guardians, family members and significant others. A parent told the inspector that staff were very friendly and helpful and that they were very accommodating of the young person whenever they requested that visits be arranged.

The safety and protection of the young people was the main priority of managers and staff. The centre had a safeguarding statement and there was a national policy and procedures on safeguarding and child protection. The centre manager was the designated liaison person for the centre and records showed that all staff were up to date with their training in Children First: National Guidance of the Protection and Welfare of Children (2017). Staff who spoke with the inspector were aware of their responsibilities as mandated persons and were also familiar with the policy on protected disclosures.

The centre manager maintained a log of child protection referrals and communicated with social workers regarding the progress of investigations. Child protection concerns were referred to Tusla through the portal, and in line with Children First. Nine child protection referrals were made during the 12 months prior to the inspection. All had been made within four months of this inspection and remained open. The majority of these were in relation to the dynamics between the young people. There were several concerns related to challenging behaviours, which were notified appropriately. Allegations were well managed, they were promptly notified to the social work department, safety plans were put in place when required, and they were allocated to a social worker for further investigation.

Managers demonstrated that they had learned from previous experience in the centre and were proactive in managing behaviour that challenged. This involved several measures, including the deployment of additional staff at key times, good safety planning for each of the young people and close supervision of each young person, when required. Managers and staff collaborated well with external professionals in reviewing particular incidents in the overall context. In the months prior to the inspection, managers held weekly meetings with the deputy regional manager, social

worker, social work team leader and the service psychologist to review the situation and agree any changes that were required.

The staff team adopted a positive approach to the management of behaviour. They focussed on building trusting and respectful relationships with the young people and developing an understanding of how each young person behaved in the context of their own personal experiences. The team had the additional resource of a psychologist from the regional service to guide them in understanding complex behaviours and to recommend strategies in regard to each young person. All staff received training in a Tusla-approved approach to managing behaviour that challenges. While there had been many incidences of behaviour that challenges in the 12 months prior to the inspection, there was no incidence of physical restraint in response although records showed that staff intervened physically on two occasions. Restrictive practices were not being used in the centre at the time of inspection. When necessary, managers reported incidents to the local Garda Síochána.

Each young person had an individual crisis management plan and an absence management plan based on risk assessments. These set out the interventions to be used by staff. According to the records of significant events, there were six missing from care episodes in the 12 months prior to the inspection in regard to the current young people. These were well managed by staff with the cooperation of members of An Garda Síochána. There were no missing from care episodes for several months prior to the inspection.

Risks were managed appropriately. Prior to each admission, a risk assessment considered potential risks in relation to the young person about to be admitted and the potential impact on the current residents. Individual risk assessments were then carried out in relation to specific young people. The centre had a risk register which was reviewed regularly. Systems were in place for identifying and managing risks in the centre and escalating risks that they could not manage. Systems were also in place for the notification of accidents and incidents, and significant events notifications (SENs) were sent to senior managers, the Tusla monitoring officer and copied to the young people's social workers and guardians ad litem. The significant events were also subject to review at a regional Significant Event Review Group, the learning from which was communicated to the centre manager and staff.

The health and developmental needs of the young people were identified prior to admission and these were addressed in the centre. Medical histories, medical cards and records of immunisations were sought from the referring social workers and were available in their files. Each young person had a medical assessment on admission and they were then supported to attend appointments with their general practitioner (GP) and any specialist services, such as dentistry, mental health and talk therapy, which were required. The young people's key workers monitored their general health and

carried out individual key work sessions with the young people on a broad range of health-related topics, including sexual health and general self-care.

Systems were in place to ensure that medicines for young people were well managed. Staff were trained in the safe administration of medicines and there were comprehensive medication management policies and procedures to guide them. Accountability for medicines management was ensured by two staff signing for medicines, daily counts of the stocks of medicines and monthly audits. Controlled medicines were managed securely. Young people who could manage self-medication of other medicines were facilitated to do so.

The educational needs of the young people were prioritised and staff sourced suitable educational and vocational placements to meet the young people's needs. One young person continued in the school placement they had prior to their admission. Two young people attended schools which suited their individual needs and the fourth young person attended a vocational placement. Staff liaised with school staff when necessary and attended parent-teacher meetings. One young person was preparing to sit a state exam this summer and their key workers were providing additional support.

Each of the young people was supported to develop independent living skills. One young person told the inspector that he had developed good cooking and self-care skills. All young people were supported to develop skills for life, including cooking, budgeting and general self-care. When young people reached the age of 16 years they were supported to take additional steps towards independence. An example of this was when a young person was given responsibility for organising a substantial trip on public transport, which involved planning the journey and timetable and paying for tickets and meals. Older young people were also supported to organise meals for themselves on a regular basis. This involved planning the meal, shopping for it and cooking.

One of the young people was over the age of 16 years. They had been allocated an aftercare worker who carried out a timely assessment of needs in relation to leaving care. This was supplemented by an assessment of skills carried out by centre staff. The aftercare worker met the young person on several occasions both in the centre and in the community. The young person also had an aftercare plan and, on the day of inspection, the young person's social worker and aftercare worker met the young person in order to view accommodation options.

Staff were trained in fire safety and adequate fire precautions, including fire and smoke alarms, were in place. The fire alarm and emergency lighting were serviced each quarter. Staff and the young people participated in regular fire drills. Fire fighting equipment was located throughout the centre. Fire exits were clear and staff ensured that a personal emergency evacuation plan was in place for each young person.

The safety statement was up to date. Records showed that a nominated staff member carried out an audit of the premises and health and safety issues each month. A maintenance programme was in place and considerable works had been undertaken around the centre during the previous year. At the time of inspection there were three vehicles being used by the staff team. All had up-to-date motor tax and insurance and those that required NCT certification had these in place. They were serviced regularly and well maintained.

Each young person had their own bedroom. One young person's bedroom had an adjoining toilet and shower. In addition, there was one bath, one shower and four toilets available for the young people. There was adequate storage facilities for young people's clothes. There was a sitting room with TV and a room that the young people could use for leisure activities such as pool and other games. There was also a smaller room which was available to young people for games or to use as a quiet room. There was a kitchen-cum-dining room, which was sufficient for young people and staff to share meals together. There was a large green space outside the centre which was used for outdoor games and activities.

The centre was clean, adequately lit and ventilated. It was generally well maintained and sufficiently large for its purpose and function. However, the layout of the premises, and, in particular, the corridors, which were narrow with no natural lighting, made it difficult to create a homely atmosphere. The deputy regional manager told the inspector that funding had been approved for the construction of a new premises to be built on the site. Plans were at an advanced stage and it was anticipated that construction would begin in 2023.

Tusla protocols regarding COVID-19 were implemented and contingency plans were in place in the event of an outbreak of COVID-19 in the centre.

<p>Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives. Regulation 8: Access arrangements</p>
<p>Young people were encouraged and facilitated to maintain their relationships with their families and significant others. They were also supported to pursue their own interests in the centre and in the local community.</p>
<p>Judgment: Compliant</p>
<p>Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development. Regulation 23: Care Plan Regulation 24: Supervision and visiting of children Regulation 25: Review of cases Regulation 26: Special review</p>
<p>Good quality care and support was provided to each young person. Placement plans and placement support plans were based on comprehensive assessments of need and on the young people's care plans. Each young person had an allocated social worker who visited them and ensured their care was reviewed as required. The care plan for each young person was up to date and a copy was maintained in the young person's file. The model of care used in the centre assisted staff in focussing their one-to-one work with the young people and progress in regard to agreed goals was monitored. However, the records of one-to-one key work sessions for one young person were not up to date.</p>
<p>Judgment: Substantially compliant</p>
<p>Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child. Regulation 7: Accommodation Regulation 12: Fire precautions Regulation 13: Safety precautions Regulation 14: Insurance</p>
<p>The centre provided a safe and comfortable home for the young people. It was generally well maintained and sufficiently large for its purpose and function. However, the layout of the premises, and, in particular, the corridors, which were narrow with no natural lighting, made it difficult to create a homely atmosphere. The deputy regional manager told the inspector that funding had been approved for the construction of a new premises to be built on the site.</p>
<p>Judgment: Compliant</p>

Standard 2.6

Each child is supported in the transition from childhood to adulthood.

Each young person was supported by the staff team to develop the skills they required for adult life and independent living. Young people were assisted to make a smooth transition from the centre to their new accommodation when they were leaving care. An aftercare worker was allocated in a timely manner to assess the needs of, and develop an aftercare plan for, a young person preparing to leave care.

Judgment: Compliant

Standard 3.1

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

Safeguarding and child protection policies were implemented in the centre and these guided the staff team in promoting the welfare of each young person and in supporting them to develop the understanding and skills to care for themselves and others.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The staff team were skilled in promoting positive relationships with the young people based on trust and respect. Young people were supported and encouraged to behave appropriately and any incidents of behaviour that challenges were managed well.

Judgment: Compliant

Standard 4.2

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

Regulation 9: Health care**Regulation 20: Medical examination**

The health and development needs of young people were identified early in their placements. The staff team ensured that young people had access to a GP and medical care. Staff supported the young people to avail of any specialist services that were provided to them.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant
Quality and safety	
Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.	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-0036682
Provider's response to Inspection Report No:	MON-0036682
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	12 and 13 April 2022
Date of response:	23 rd May 2022

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 : 5.3	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided. <ul style="list-style-type: none">• The purpose and function has been amended to accurately reflect the services provided	
Proposed timescale: 29th April 2022	Person responsible: Centre Manager

Standard : 6.1	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support. <ul style="list-style-type: none">• Following the most recent appointment of a fourth Social Care Leader, the Centre Manager will ensure the supervision of Social Care Workers is redistributed among the four Social Care Leaders to ensure oversight of practice.	
Proposed timescale: 30th June 2022	Person responsible: Centre Manager

Quality and Safety

Standard : 2.2	Judgment: Substantially Compliant
Outline how you are going to come into compliance with Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development. <ul style="list-style-type: none">• The Centre Manager will ensure that each young person will have case management oversight carried out by a Social Care Leader. This Social Care	

Leader will have responsibility for ensuring key work documentation is up to date. The Centre Manager will complete monthly oversight of keywork evidenced by initials and date.

Proposed timescale:
30th June 2022

Person responsible: Centre Manager