



**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:	Follow-up
Date of inspection:	17 February – 18 February 2025
Centre ID:	OSV005720
Fieldwork ID	MON-0046336

## About the centre

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

The centre is managed by the Child and Family Agency and can accommodate up to three children or young people, both male and female, at any one time. The children are aged between 13 and 17 years of age upon admission to the centre. The centres aim is to provide a residential setting wherein children or young people can live, are cared for, are supported and feel valued. The centre provides residential care to children or young people who require therapeutic interventions to address vulnerabilities and behaviours of concern. The centre works in conjunction with other professionals and has access to a psychologist.

The centre also provides care for children aged 12 years and under only in exceptional circumstances and in accordance with the National Policy in relation to the placement of children aged 12 years.

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

Number of children on the date of inspection:	3
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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
17 February 2025	10:30 hrs – 19:30hrs	Hazel Hanrahan	Inspector
18 February 2025	10:00 hrs – 17:30hrs	Hazel Hanrahan	Inspector

## What children told us and what inspectors observed

The centre is a bungalow house located on a campus setting that houses other buildings that were used by Tusla. The centre is served by a main motorway to a neighbouring city and towns that offer access to schools, community groups and a range of activities such as sports, library and arts. The campus consisted of a swimming pool, a church and a school that the children could use. The centre has access to two vehicles to support children to and from activities, school and contact with friends and family.

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. The inspector spoke with three children and two social workers and listened to their experiences of the service.

The premises did not have access to a lot of natural light which, as a result, the hallways were cold looking and did not offer a warm feel to the house. Cool colours were used on the walls throughout the centre, which added to the cold feel of the different spaces in the centre. The layout of the premises had a large games room situated in the centre, with the corridors wrapping around it and windows at each section where children or staff could look into the room. The kitchen had the most natural light and appeared to be the focal point where the children and staff gathered. The overall design of the centre did not offer a welcoming and homely environment.

There were three children living in the centre at the time of the inspection and conversations were heard throughout the house when the children arrived back from activities. The inspector greeted one of the children who was playing on their games console whilst also trying to watch Harry Potter. Another child came to speak with the inspector and talked about their passion for fishing. The child showed the inspector their fishing rod and worms, talked about how they had caught rainbow trout and showed pictures. The child appeared excited when talking about their passion smiling throughout and how staff had helped them to cook the fish for dinner. The child told the inspector that they go fishing with their friends and that they really enjoy it.

The inspector spoke with three children who described the staff and the service as follows;

- “been good, find it very good”.
- Life has “gotten better since I moved her”.
- “got all the help and support”.

- Staff "have been great to me, never look at the past".
- Staff "gave me the trust".
- Staff make it "feel very homely".
- "Really appreciative of them all".
- "First place I feel at home".
- "If I ask them for something, they help me out".
- "Very good, like always encourage me".
- "Consider [staff] as my own family".
- Staff "take me to disco's".
- "I help sometimes with dinner".
- "I like it here".
- Staff "take me swimming".
- "I like my bedroom"

The inspector spoke with two social workers who spoke positively about the staff and managers and the care and support provided to the children. They said;

- "doing really well".
- "Staff are great".
- "Always supportive".
- "Communication is great".
- "Staff bring [child] to appointments, listen to [child], support [child] well".
- "everything is working well".
- Staff "brought [child] to funeral".
- Take child to school.
- Child "settled in really well".
- Staff "very attuned to [child].
- Staff language used "more positive, kind and attuned to child".
- Staff "really getting to know [child]".
- Staff take child to school and help child with their homework.
- Staff "very good with [child] and [child] is happy".
- "Fantastic staff".
- Child "experiencing for the first time their needs being met, being taken to appointments and developing their own skills through different activities".

One child showed the inspector their bedroom and told the inspector that they had not dressed their bed yet. The child told the inspector that they were able to pick out their own bedding for their room and put posters on the wall of the games they liked. The child was also able to purchase a small fish tank for their room that homed a goldfish. The child showed the inspector pictures of their family that were framed in their bedroom along with their favourite toy.

## Capacity and capability

The service was previously inspected by HIQA on the 2 – 3 October 2024 against 12 of the National Standards for Children’s Residential Centres (2018). That inspection found six of the standards were not compliant and six of the standards were substantially compliant. The inspection on 17 – 18 February 2025 found that management and staff had made a great deal of progress on the actions outlined in the compliance plan to come back into compliance with the national standards. All but one of the actions outlined in the compliance plan, had been completed. Management had strengthened the audit process, management of risk that included indicators of child sexual exploitation had shown improvements and the restrictive practice register was detailed and of good quality. Management had liaised with the deputy regional manager and Tusla Recruit regarding workforce planning due to vacancies on the staff team. As a result, four positions had been approved.

However, the inspection found that leadership needed to be strengthened in the service to establish clear roles and responsibilities of the staff team at all levels. A change in the management personnel had occurred in 2024 and as a result the roles and responsibilities within the team were not clear. The impact, there was not a clear understanding of duties, responsibilities and expectations at all levels and as a result this impacted on staff morale. Management had not focused on nurturing the culture within the service and investing in building constructive and supportive working relationships with the staff team.

In this inspection, HIQA inspected the service against eight of the National Standards for Children’s Residential Centres (2018). Three of these standards were assessed under capacity and capability and five were assessed under quality and safety. Of the three standards under capacity and capability, the inspection found that:

- One standard was compliant,
- One standard was substantially compliant
- One standard were not compliant.

The centre continued to operate without a full staff team. Since the previous inspection, a social care leader and two part-time social care worker positions had become vacant and one more social care worker position would become vacant a week after the inspection. Four positions had been approved by Tusla to be recruited. A sample of the staff rota was reviewed and there were sufficient numbers of staff on shift to provide a safe service to children. Improvements were required in supporting staff through the changes taking place in the centre

amidst staff vacancies. While external supports were offered and provided, the core issue of the pressures and concerns from staff had not been addressed.

This feedback by staff, detailing the negative impact on their health and well-being from the pressures was relayed by HIQA to the deputy regional manager for assurances. This was due to concerns regarding the safe and effective work environment.

Management had strengthened the audit process where more frequent audits were taking place on a monthly basis. However, the audit process needed time to be further embedded into practice to ensure that all information and gaps in practice were identified.

A tracker was developed to monitor and measure progress made on actions outlined in the centre's compliance plan. The inspector found that all but one of the actions outlined in the compliance plan, related to this inspection, had been completed.

The practice of completing of risk assessments in the centre had shown improvement in the identification and assessment of potential harm. When risk was identified management and staff developed a plan for the management of these. These assessments were placed on the risk assessment register and the restrictive practice register. These were detailed and of good quality. In spite of this improvement, further training and discussion was needed to build confidence and knowledge, at all levels in the team, to determine when risk assessments or restrictive practices were no longer needed.

Practice, knowledge and understanding in the management of risk, that included indicators of child sexual exploitation, had shown improvements.

Practice of seeking the views of children, by management and staff, had been strengthened through children's meetings and the introduction of 'connect meetings' between children and the centre manager. The handling of complaints was child-centred, where children were provided with a safe space to discuss their concerns and to be heard. Children were provided with feedback on the decisions made and the outcome of their complaint.

At the time of the inspection, a child under the age of 12 years was residing in the centre. This was in line with the centres statement of purpose and function in that it provided a service for children aged 12 years and under only in exceptional circumstances and in accordance with the national policy.

The statement of purpose and function was reviewed annually by management and staff and was up to date having been reviewed in January 2025. There was a

child friendly version of the statement available to children who resided at the centre. This child friendly version was provided to children as part of an information booklet upon admission.

After the previous HIQA inspection on 3 October 2024, compliance plan actions indicated Tusla's commitment to implement significant changes to practice. There was no evidence that meaningful measures were put in place to support staff with the change processes that took place. There was no forum where management addressed any resistance to or the concerns and fears of staff to the changes and to look for ways of how to address them proactively. As a result, it was found that the transformation of the service presented several challenges that included a lack of clear communication and a collaborative approach to problem solving between management and staff.

Supervision was taking place on a more regular basis. As this was an area that was being strengthened by management in the centre, further embedding into practice was needed as there were inconsistencies in quality.

Team meetings had improved in quality of discussions and standing agenda items. However, a review of the effectiveness of the team meetings from fortnightly to weekly was required to ensure that the actions were achievable for staff against the backdrop of staffing deficits.

### **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.

Since the previous inspection, a tracker was developed to monitor and measure progress made on actions outlined in Tusla's compliance plan. The inspector found that all but one of the actions outlined in the compliance plan, related to this inspection, had been completed. This included professional development plans, regular audits, risk assessment completed, new filing system, child protection and welfare concern briefing, restrictive practice a standing agenda item at team meetings and mandatory training.

The staff team comprised of two social care leaders, social care workers, relief and agency staff. All of these positions reported to the centre manager. The centre's staff rota was reviewed and where agency staff were required to bridge gaps in vacancies during live nights, a full-time social care leader or social care worker also worked alongside the agency staff. This was in line with the actions outlined in Tusla's compliance plan response from the previous inspection. If the centre manager was out on leave, the deputy centre manager acted as the alternative centre manager for this period of time. The centre manager reported to the deputy regional manager, who had overall responsibility for the delivery of

the service. The deputy regional manager reported to the regional manager of the national children's residential services.

There was also an 'on-call' system in place where managers were rostered on-call during evenings and weekends to provide additional advice and support and all staff were aware of this. From document review, this system was effective and used by staff where advice and support were required related to the mental health needs of a child.

The management personnel in place were still relatively new and needed further time to embed and develop a culture of collaboration. The inspector found, through observations and interviews, management at all levels had not focus on nurturing a positive culture within the service and investing in building constructive and supportive working relationships with the staff team. This lead to a tense atmosphere within the centre. Staff and management told the inspector that the centre had gone through and were still going through a time where roles and responsibilities within the team were not clear. The impact, there was not a clear understanding of duties, responsibilities and expectations at all levels and as a result this impacted on staff morale as it did not foster a collaborative and accountable work environment. This needed to be further explored so as to minimise any adverse effect this may have on achieving positive outcomes for children, in times when the service environment was changing.

Management had strengthened the audit process where more frequent audits were taken place on a monthly basis. These audits included; medication management, supervision, Significant Event Notifications, children's files and restrictive practice. A sample of these audits were reviewed by the inspector who found that these audits were undertaken by the deputy centre manager. The audits identified tasks that required completion such as children files to be updated with specific information and significant event notifications to be signed off by staff. However, the audit process needed time to be further embedded into practice to ensure that all information and gaps in practice is identified.

Staff and managers had improved the practice of completing risk assessments to identify and assess sources of potential harm and developed a plan for the management of identified risks. These assessments were placed on the risk assessment register and the restrictive practice register as required. The inspector reviewed some of these risk assessments and the restrictive practice register and found that they were detailed and of good quality. Staff and management undertook regular review of the risk assessments and restrictive practices in place at team meetings. However, from speaking with management and staff there was a lack of clarity and understanding of when risk assessments or restrictive practices were no longer needed. Further training and discussion

was needed, to build confidence and knowledge at all levels, related to the review process and closures of risks.

From document review and speaking with staff, practice, knowledge and understanding in the management of risk that included indicators of child sexual exploitation had shown improvements to effectively respond to and reduce these potential risks. This supported a holistic approach in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)* in identifying the range of issues in a child's life that may make them more vulnerable to harm. This is further discussed under quality and safety section of the report.

Seeking the views of the child by management and staff had been strengthened. A new template had been introduced to capture children's voice at dedicated meetings with them. Children's meetings were held weekly that provided children with the opportunity to have a say in the day-to-day running of the service. The inspector found that the quality of the children's meetings was good. There was good recording of the topics discussed and concerns that children wished to raise. These included children requesting horse riding lessons, discussions about a child's free time and a conversation about a new admission of a child to the centre. The inspector found that feedback on previous actions were discussed at the next children's meeting, providing a space where children could be heard and where issues could be explored and resolved.

In addition, the centre manager introduced 'connect meetings' with the children to strengthen children having a voice in matters that affect their life. These meetings offered an opportunity for the centre manager to speak with the children on a monthly basis to understand their life in the centre and to assess what was working well and what needed to be improved. This forum was a new process introduced prior to the inspection and it was too early to determine its effectiveness.

Management maintained a complaints register for the service with two complaints made by children in 2024. The inspector reviewed the two complaints and found that the complaints raised by children were resolved in a timely manner by management. The handling of complaints was child-centred, where children were provided with a safe space to discuss their concerns and to be heard. Children were provided with feedback on the decisions made and the outcome of their complaint.

Judgment: Substantially Compliant

**Standard 5.3**

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

There was a statement of purpose and function in place that outlined the service Tusla aimed to provide to children or young people and the age range they catered for. The centre catered for children and young people aged 13 years to 17 years who required medium to long term residential care. At the time of the inspection, a child under the age of 12 years had secured a placement in the centre. This was in line with the centres statement of purpose and function in that it provided a service for children aged 12 years and under only in exceptional circumstances and in accordance with the national policy.

The statement of purpose and function was reviewed annually by management and staff and was up to date having been reviewed in January 2025. The statement of purpose and function described the model of service provision that would be delivered to children and young people who secured a placement. It documented that the service aimed to provide a therapeutic living environment, which *'promotes physical, psychological and emotional safety'*. Through document review, speaking with children and through observations, the inspector found that staff were committed to implementing the model of care by promoting positive attachments, ensuring safety and encouraging positive experiences and fun with and for the children and young people. From speaking with management and staff, the inspector found that they were familiar with the contents of the statement of purpose and function and were confident that it reflected the model of care provided to children.

The inspector found that a child friendly version of the statement was available to children who resided at the centre. This child friendly version was provided to children as part of an information booklet upon admission.

Judgment: Compliant

**Standard 6.1**

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

**Regulation 6: Staffing**

The centre had experienced a change in a number of management roles in the service in 2024. These positions included the deputy regional manager, centre manager and deputy centre manager. In addition, the service had gone through a change in practice, across all levels, of how the service was to be delivered. After the previous HIQA inspection on 3 October 2024, assurances were provided that outlined significant changes to practice. The inspector found that no meaningful

measures were put in place to support staff with the change processes that took place. Staff told the inspector that *"you are not listened to", "people are getting burnt out", "and told have to get on with it" and "it's not open, honest and transparent"*. The inspector found that there was no effective forum where managers addressed any resistance to and or the concerns of staff to the changes and to look for ways of how to address them proactively. As a result, it was found that the transformation of the service presented several challenges that included a lack of clear communication and a collaborative approach to problem solving between management and staff. Staff told the inspector *"we need mediation to air it out"*.

The centre continued to operate without a full staff team. Since the previous inspection, one social care leader, two part-time social care worker positions had become vacant. One more social care worker position would become vacant a week after the inspection. As a result, the staff team was made up of eight social care workers and two social care leaders along with relief and agency staff. Upon review of documents and speaking with management, discussions and actions had been completed with Tusla Recruit related to workforce planning to mitigate against any disruption to children's continuity of care due to this reduction in staff team. As a result, four positions had been approved. These included two social care leader positions advertised, one social care worker part-time position approved and one social care worker due to commence in position. Furthermore, management had introduced measures that included enlisting relief and agency staff to fill the vacant shifts on the rota. The inspector reviewed a sample of the staff rota's and found there were sufficient numbers of staff on shift to provide a safe service to children. However, from interviews with a number of staff the inspector found that the staff vacancies did negatively impact on the team. Staff told the inspector that *"staffing issue has worsened", there is a "dependency on agency staff", if "down staff we can't do paperwork – puts a lot of pressure and stress on staff" and staff are "accused of not managing time"*.

Further improvements were required in supporting staff on the team through the changes taking place in the centre amidst staff vacancies. While external supports were offered and provided, the core issue of the pressures and concerns from staff had not been addressed. This feedback by staff, detailing the negative impact on their health and well-being from the pressures was relayed by inspector, at the time of inspection, to the deputy regional manager for assurances. This was due to concerns regarding the safe and effective work environment and in order to ensure prompt action would be taken to address concerns highlighted by staff during the inspection.

Six supervision records were reviewed by the inspector which showed that supervision was taking place on a more regular basis. Supervision was provided

by the centre manager, deputy centre manager and social care leaders. The supervision records reviewed were more detailed and consisted of more reflective discussion about the children who resided in the centre, their care planning needs, complaints and individual support work undertaken. It also contained the training and developmental needs of the staff. Also, discussion with staff regarding the range of therapeutic supports available to them if required was had in supervision. This included mediation and Employee Assistance Programme (EAP). However, where staff raised concerns regarding the practice and system changes that were taken place in the centre no actions were assigned to manage these. While this was an area that was being strengthened since the previous inspection, further embedding into practice was needed as there were inconsistencies in quality.

The inspector found that professional development plans (PDP's) had been completed by staff. The PDP's set out goals that were completed by the staff member, what they wished to achieve and progress in their development in the role. This needed to be further explored in individual supervision sessions with staff by management.

The inspector reviewed the minutes of team meetings and found that they had improved in quality of discussions and standing agenda items. These included children's placement plans, significant event notifications, risk assessments, restrictive practice, audits, children's meetings and child protection concerns. In addition, actions were devised which were assigned to a designated staff member to complete. Team meetings had changed from fortnightly to weekly meetings that focused on the sharing of key information related to the day-to-day operation of the service. Upon speaking with staff they described the team meetings as "*excessive*", "*we are always trying to catch up*". A review of the effectiveness of the team meetings was required to ensure that the actions were achievable for staff against the backdrop of staffing deficits.

Judgment: Not Compliant

## Quality and safety

Three new children had been admitted to the centre since the previous inspection on the 3 - 4 October 2024. Managers and staff completed collective risk assessments for children prior to them coming to live in the centre. The collective risk assessments were detailed and took into account all available information and where feasible, information from a child's previous placement. The admission process for children transitioning into the centre was not always well planned. For two of the children the managers and staff worked together with the children's social worker to make the change in the child's life as smooth as possible. Yet, for the third child their admission to the centre was not well planned. This was in part due to the emergency need of a placement for the child after all other options had been explored and exhausted by the social worker.

Staff and managers had in place a programme of activities for when a child was admitted to the centre. The programme consisted of a number of activities for the child to complete with the support of staff. This programme afforded children the opportunity to ask any questions and have any queries or concerns answered in relation to getting to know and understand their new environment.

In this inspection, HIQA found that, of the five national residential care standards assessed under quality and safety:

Three standards were compliant

Two standard was substantially compliant

Improvements had been made in relation to fire safety in the centre. A number of fire safety works were carried out within the residential centre in line with the compliance plan. Fire safety signs were now displayed throughout the centre. Floor plans were visibly displayed in the centre and these plans provided a clear and accurate representation of the building's layout, identifying the location of exits. The emergency lighting in the centre was observed to be functional to provide sufficient illumination to enable all children and staff in the centre to evacuate the premises safely during a blackout. However, one fire safety action from the compliance plan remained outstanding. This related to the adjustment of fire safety doors in order for them to close properly.

All children had a personal emergency evacuation plan (PEEP) in place which identified each child's individualised needs. All children had undertaken a fire drill after they were admitted to the centre.

The Deputy Regional Manager undertook a child protection and welfare briefing to the staff team on the 11/12/2024 in line with the action outlined within their compliance plan, following the previous inspection of the centre.

There was a log of child protection concerns maintained in the centre by staff and managers that included the status and outcomes of referrals. Child protection concerns were reported by staff in a timely manner and in line with '*Children First: National Guidance for the Protection and Welfare of Children (2017)*' (*Children First*). There was good practice where staff identified indicators of where a child was at risk of child sexual exploitation. However, practice required a more in-depth ongoing educational approach to educate children on how to recognise concerning behaviour and identify characteristics of exploitative relationships. This was discussed with the Deputy Regional Manager, who was in the centre at the time of the inspection.

There was good practice in supporting a child through a mental health episode where they recognised the child's warning signs and acted immediately to support them.

The training register was reviewed and found that all staff and managers had up-to-date training in Children First. In addition, staff and managers undertook training in a number of safeguarding areas.

Staff developed a positive culture with children through developing open and respectful partnerships with them. This was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills. Individual support work had taken place on a regular basis with children that documented their journey and supports needed in their life. However, for one child their placement support plan did not capture the child's mental health needs under the behaviour support section and the associated risks and supports required.

There was a restrictive practice register in place in the centre and this was now more detailed and of good quality and recorded the reason for the practice, the duration and the date it came to an end. The restrictive practice register ensured that there was an effective mechanism in place that identified, recorded and reviewed the use of restrictive practice in the service.

Staff and managers were experienced and knowledgeable of the approach in meeting the individual needs of children. Staff supported children to develop their skills and knowledge in order to meet the individual needs of each child. This promoted the development of a positive environment between staff and the children. Managers and staff promoted children's health and well-being, and

supported their integration into their local community. Staff now undertook weekly meal plans and the children were consulted with at the children's meeting and on a daily basis.

### **Standard 2.1**

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

Three new children had been admitted to the centre since the previous inspection that was conducted on the 3 October 2024. The inspector reviewed the admission process for two of the children to determine the quality of practice.

Upon a new admission to the centre, the Social Care Manager initiates a comprehensive collective risk assessment in conjunction with the social worker to ensure themselves that the placement can meet the needs of all children within the centre.

Managers and staff completed collective risk assessments for children prior to them coming to live in the centre. The collective risk assessments were detailed and took into account all available information including where feasible, information from a child's previous placement. This assessment documented information about the children, their vulnerabilities, significant events in their life and their behaviours. This provided staff with information about risk factors that had been identified either within the community or in a care setting. Additionally, the assessment took into consideration the impact and possible risk the new child being admitted to the centre would have on the needs of those already living there and or, the risks presented to the child being admitted into the centre.

The admission process for children transitioning into the centre was not always well planned. For two of the children the managers and staff worked together with the children's social worker to make the change in the child's life as smooth as possible. This included organising visits with the children to the centre with the social worker to view the accommodation and meet with the new staff. This helped to support the children to gradually become more secure and in control of the changes in their life to lessen the likelihood of becoming overwhelmed. For the third child their admission to the centre was not well planned. This was in part due to the emergency need of a placement for the child after all other options had been explored and exhausted by the social worker. The inspector found, upon review of this child's file, there was no evidence of a pre-admission meeting having taken place to support them to meet the child's care planning needs. And this impacted on the other children in the centre, where through document review, told staff that *'felt it had happened very fast and that neither [children] got an input'*. They were also *'surprised at the age of the child'*.

Although this practice was not in line with the centres statement of purpose and function, due to the emergency needs of the child, and a placement at the centre

being in their best interests, management and staff worked to ensure that the child's transition to the new environment was managed as best they could.

Staff and managers had in place a programme of activities for when a child was admitted to the centre. Two of the children's files were reviewed to determine the quality of the programme. The programme consisted of a number of activities for the child to complete with the support of staff. Some of these activities included a tour of the centre, fire drill, information on complaints, the statement of purpose and function, how to access information held by the centre about them and explanation of what restrictive practice was, along with the centres model of care. Children were also made aware of their rights from the beginning of the admission process, where they were provided with a welcome pack. This programme afforded children the opportunity to ask any questions and have any queries or concerns answered in relation to getting to know and understand their new environment.

Judgment: Compliant

### **Standard 2.3**

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

**Regulation 7: Accommodation**

**Regulation 12: Fire precautions**

**Regulation 13: Safety precautions**

**Regulation 14: Insurance**

Improvements had been made since the previous inspection in that fire safety signs were now displayed throughout the centre. Floor plans were visibly displayed in the centre and these plans provided a clear and accurate representation of the building's layout, identifying the location of exits. These signs now provided information on guiding children and staff during an emergency, directing them to the nearest exits, fire equipment and assembly points. The inspector spoke with one child about fire safety and the child told the inspector of what they would do in a fire and pointed out the fire exits in the centre.

The emergency lighting in the centre was observed by the inspector and found to be functional to provide sufficient illumination to enable all children and staff in the centre to evacuate the premises safely during a blackout. The impact of management completing this compliance plan action was that it would reduce possible panic in children and ensures that the means of escape out of the premises is effectively identified.

Upon review of a fire safety report completed 18 February 2025 a number of fire safety works were carried out within the residential centre in line with the compliance plan. This included sealing of cables, plasterboard, conduit, pipes and all associated works in the attic space including fire safety sensors. The attic space

was inspected by the inspector and did not have any items stored in the space in line with the compliance plan action. An inspection of the fire safety equipment was carried out in the centre on the 18 December 2024 and all the fire safety equipment along with fire safety blankets were inspected and where necessary refilled.

Occupational health and safety meetings had been introduced since the previous inspection. These had occurred on four occasions and discussed a range of topics. These included actions from compliance plan following the previous HIQA inspection, vehicle maintenance, fire safety training, health and safety audits and first aid checks. The meetings were attended by management, social care leaders and social care workers. The meetings were of good quality and tracked actions for completion.

A review of training register indicated that all staff had completed up-to-date fire safety training to ensure that they were equipped to identify fire hazards and potential threats, preventative measures to take and to understand fire threats with the help of fire risk assessments.

Inspectors found that all children had a personal emergency evacuation plan (PEEP) in place which identified each child's individualised needs. The inspector found that all children had undertaken a fire drill after they were admitted to the centre. This practice was effective to ensure that all children who resided in the centre were to be familiar with the procedure in the event of a fire. The inspector spoke with one child about fire safety. The child pointed out the fire exits in the centre to the inspector and said that they would find a staff member for help if there was a fire.

However, one fire safety action from the compliance plan remained outstanding. This related to the adjustment of fire safety doors in order for them to close properly. Management had sourced the services of a fire safety specialist door division to conduct a site inspection but this was still pending due to the availability of the service provider.

Judgment: Substantially Compliant

### **Standard 3.1**

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

Improvements had been made in staff and managers approach to safeguarding where a culture of safety was promoted and put into practice for the welfare of children availing of their services. The Deputy Regional Manager undertook a child

protection and welfare briefing to the staff team on the 11/12/2024 in line with the compliance plan action, following the previous inspection.

There was a log of child protection concerns maintained in the centre by staff and managers that included the status and outcomes of referrals. The inspector found that child protection concerns were reported by staff in a timely manner and in line with '*Children First: National Guidance for the Protection and Welfare of Children (2017)*' (*Children First*). There was one child protection concern logged in the register since the previous inspection on 3 October 2024. There was good practice where staff identified indicators of where a child was at risk of child sexual exploitation. This risk was identified by staff to have taken place online through a mobile phone device with an unknown person. There was good practice where staff kept valuable information and shared this with An Garda Síochána. An Garda Síochána met with the child and staff supported them through this process. The child protection concern that was logged in 2024 remained open with the rationale documented as ongoing An Garda Síochána investigation.

Staff demonstrated good practice in supporting a child through a mental health episode where they recognised the child's warning signs and acted immediately. Staff sought medical advice and availed of medical services for the child. Staff listened to the child, believed what the child was telling them and provided the child with reassurance. Most importantly staff did not leave the child alone.

Managers and staff completed risk assessments for children where safety concerns were present. The risk assessments were detailed and took into account all available information about the child, possible impact of the risk and the support required from staff and social workers. A risk assessment was completed for the child who had experienced mental health needs and this took into account the child's mental health history. Staff and managers identified potential risks and undertook a room search as an adequate precaution to eliminate or reduce possible risks of harm to the child. All of the steps taken by staff and managers was discussed with the child. For the child at risk of child sexual exploitation, staff and managers completed a risk assessment in relation to their phone usage and put a plan in place of how to keep the child safe from harm while residing in the centre. Staff undertook two short individual pieces of work with the child related to online safety. This was not sufficient as within a matter of weeks staff had identified that the child was being targeted online by an individual for the purposes of child sexual exploitation. Practice required a more in-depth ongoing educational approach to educate children of how to recognise concerning behaviour and identify characteristics of exploitative relationships. Staff and managers approach to the vulnerability of children in residential care to exploitation needed to be strengthened in line with Children's First to '*manage and reduce risk to the greatest possible extent*'. This was discussed with the Deputy

Regional Manager, who was in the centre at the time of the inspection, who agreed to take the following actions;

- that management would look to strengthen practice,
- to seek support from external organisations for training to be delivered to children and staff and;
- to avail of teaching resources for individual work with children.

The inspector reviewed the training register and found that all staff and managers had up-to-date training in Children First. In addition, staff and managers undertook training in a number of safeguarding areas to support the team to effectively identify and respond to a child in need so that intervention measures can be put in place. This included child sexual exploitation and staff were scheduled to complete ligature cutter training.

Judgment: Compliant

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

The inspector found that improvements had been made in staff and management practice of working with and for children to promote and support their placement within the centre. Individual support work was taken place on a regular basis with the young person that documented their journey and supports needed in their life. However, for one child their placement support plan did not capture the child's mental health needs under the behaviour support section and the associated risks and supports required. There was a restrictive practice register in place in the centre and this was now more detailed and of good quality and recorded the reason for the practice, the duration and the date it came to an end. The restrictive practice register ensured that there was an effective mechanism in place that identified, recorded its use. However, further strengthening of this area of practice was needed related to the review process of when a restrictive practice was no longer required and not used for a prolonged period of time.

Staff and managers practice of working with children had changed since the last inspection to a more positive culture of developing partnerships with children by being open and respectful with them. This was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills. This work was done by each child's assigned keyworker who would build a relationship with the child and complete individual support work and activities with them. This was tailored to meet each of the children's needs and took into account any changes in each child's life. For all three children, staff were supporting them through the bereavement process and provided a safe space to talk, feel listened to and created a support system for the

child. Staff also supported children by keeping a track of meaningful dates such as anniversaries.

The inspector reviewed two children's case files and found that both children had an up-to-date placement plan that reflected their care plan. The inspector found that monthly child-in-care reviews were taking place for the child under 12 years of age in line with the national policy. Each child's placement plan was informed by the model of care and they were allocated a keyworker who completed direct work with them. The placement plan was of good quality and detailed the expectations and routines of the child, as well as how their needs would be met.

Staff were trained in an approved method of managing behaviour and this was reflected in the two behaviour support plans reviewed by the inspector. Out of the two plans reviewed one was not up-to-date and did not capture all of the child's needs, as it did not identify all the risks and safety concerns related to their mental health needs and to develop supports that would help the child recover after an incident. Without an up-to-date behaviour support plan to inform assessments and decision-making, staff may not always be able to make the right decisions, for the child, at the right time. Children's behaviour support plans were discussed at weekly team meetings to understand underlying causes of behaviour.

Since the previous inspection there were five restrictive practices that were recorded. These related to restricting phone access, free time and window alarms. One restrictive practice had been closed related to a search of a child's bedroom. The inspector found that this restrictive practice was assessed, recorded appropriately and was used for the least amount of time. Upon review of the five restrictive practices in place, staff and managers had recorded the reason why the particular approaches were undertaken, along with evidence that it had been proportionate to the identified risk. There was evidence that the staff and managers worked meaningfully with the children to take account of their wishes and feelings and to implement a child centred approach. Children were included through keywork sessions being completed with them. For example; where a child's access to a mobile phone had been limited and daily checks conducted to ensure their safety, children told the inspector that they were *"happy to an extent to get it checked"* and that *"staff explain why have to have it checked and its part of my phone contract"*.

To ensure oversight of the appropriate use of restrictive practice, the deputy centre manager undertook audits to determine if the restrictive practice was in line with national standards. However, for two restrictive practices in place for approximately four months for one child, staff and managers told the inspector that they were unsure whether these needed to continue as the risks had reduced and the child had shown progress. Although staff and management had shown that they were

reflecting on the practice, it raised concerns that the review process needed to be strengthened to ensure that restrictive practice is used for the shortest duration necessary.

Judgment: Substantially Compliant.

#### **Standard 4.1**

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

#### **Regulation 11: Provision of food and cooking facilities**

The inspector spoke with staff and managers and found that they were experienced and knowledgeable of the approach in meeting the individual needs of children. Staff and managers were trained in a therapeutic model of care and a child's keyworker adopted a theme from this model as an area of focus to support the child's development. Once a theme was completed an additional theme was identified. Some themes from the model included active and healthy, safe and protected and hope. Improvement had been made since the last inspection where children were part of devising the plan for the themes identified. The inspector reviewed two children's files and found that staff provided a positive environment where children worked in partnership to develop their skills and knowledge. For one child staff supported them to develop their independent living skills through laundry chores and cooking and also developed a plan with them on how to keep safe when out on an activity with staff. For a second child, staff worked with them around what they hoped to achieve for the future. This included working to secure a part-time job.

Managers and staff promoted children's health and well-being, and supported their integration into their local community. A variety of activities were explored with the children by staff to build their confidence. This included swimming, horse riding and day trips to different areas to explore. The inspector observed a child and staff prepare their belongings to attend a swimming lesson when out on inspection. Staff also supported children by participating in the activities such as cycling to town and school with children. Staff even sourced a bike for the child under 12years and cycled around the premises with them to build up their awareness of road safety and skill. The impact of staff's continuing encouragement, was that children were now participating in local sporting clubs and afterschool activities, such as rugby, swimming and art.

For a third child staff transported them to and from discos in the local community. These discos were supervised. The inspector was provided with an opportunity to attend dinner with children and staff where the child talked about their recent disco experience. The child was open in their conversation with staff, laughing and joking. Staff found learning opportunities to talk to the child about safety, the child listened and asked questions.

For children who were diagnosed with additional needs and or a disability, staff and managers collaborated with professionals and children to promote their health and development. From document review, this was achieved through staff liaising with mental health services and bringing children to and from medical appointments. Staff and managers worked effectively in promoting the rights of and meeting the needs of children presenting with mental health needs. For example; signs of distress were always acted upon in a timely manner and the staff and managers assessed the impact of cumulative harm on the child's well-being.

Of the three children who resided in the centre, all three were attending an educational setting. The inspector found that staff and managers had commenced working with the educational providers to receive monthly reports of each child's progress to ensure that each child was supported to achieve their potential in learning and development. Staff supported children in their education by providing assistance with their school work.

Staff now undertook weekly meal plans and the children were consulted with at the children's meeting and on a daily basis. Staff ensured that the dietary requirements for children were taken into account and where children asked for different food this was made available. The inspector was provided with two opportunities to eat dinner together with the children and staff. From observation, children gathered around a large table with staff and appeared at ease with them. Conversation flowed easily between staff and children. One child talked about their beauty regime and another child talked about their favourite banana drink and their toys. This space provided a valuable opportunity for staff and children to come together to build relationships which in turn supported staff to understand the events taking place in the children's lives.

Judgment: Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<p><b>Standard 5.2</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Substantially Compliant
<p><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p><b>Standard 6.1</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Not Compliant
<b>Quality and safety</b>	
<p><b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p><b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Substantially Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Substantially Compliant
<p><b>Standard 4.1</b> The health, wellbeing and development of each child is promoted protected and improved.</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.**

<b>Compliance Plan ID:</b>	MON-0046336
<b>Provider's response to Inspection Report No:</b>	MON-0046336
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	South
<b>Date of inspection:</b>	17 February 2025
<b>Date of response:</b>	3 <sup>rd</sup> April 2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

**Capacity and Capability: Leadership, Governance and Management**

<b>Standard : 5.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b>                  The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <p>SCM/DSCM met with the SCL’s and identified roles and responsibilities, on the 11.02.25. This entails each SCL is case managing one young person. This involves advocating for the young person. Oversight of the young person’s file, keyworking, welltree scoring and graph’s up to date. In addition to this they have individual managerial tasks to oversee each month ie car maintenance log, reviewing restricted practice and risk assessment registers are up to date, ATM log, ensure young people’s meetings occur weekly, medication review. Minutes of this meeting are available and were distributed to the SCL’s.</p> <p>SCM has emailed all staff on the 07.03.25 to advise that he will be carrying out one to one connect meetings. This is to support staff in any areas they may be experiencing difficulties. This will begin in April 2025.</p> <p>Risk assessments and Restricted Practice are a standing item at weekly team meetings. Where risk is no longer evident, risk assessments and restricted practices are now being closed in a timely manner.</p>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>30<sup>th</sup> June 2025</b>	<b>Social Care Manager/Deputy Social Care Manager</b>

<b>Capacity and Capability: Responsive Workforce</b>	
<b>Standard : 6.1</b>	<b>Judgment: Not Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 6.1:</b>  The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p> <p>The Social Care Manager has emailed all social care staff in Comeragh Lodge to meet him for a connect meeting to discuss any issues they may have. This will begin in April 2025.</p> <p>The Deputy Regional Manager has contacted Mediation Matters in TUSLA to provide a date to provide mediation between staff and management. The Manager has signposted this for staff and this will be booked following consultation with the team on their willingness to engage in the process as advised by Mediation Matters.</p> <ul style="list-style-type: none"> <li>• One Permanent Social Care Worker commenced on March 10 2025</li> <li>• One Social Care Leader commencing On April 1<sup>st</sup> 2025</li> <li>• One Social Care Leader approved and awaiting a start date in late April 2025</li> <li>• One Social Care Leader passed interview and awaiting a start date.</li> </ul> <p>Supervision Audits remain in place by both Manager and Deputy Regional Manager to ensure there is a consistent good quality of supervision for all supervisees and ensure any action arising from supervision is followed up on without delay.</p> <p>All PDPs from individual staff will be reviewed and actioned by Management.</p> <p>With regard to staff meetings. The staffing levels have increased by 3 WTEs which will ensure a decrease in workload and decrease in tasks assigned to each individual team member. The DRM continues to attend staff meetings to ensure all tasks are appropriately assigned and delegated</p>	
<b>Proposed timescale: 30<sup>th</sup> September 2025</b>	<b>Person responsible: Deputy Regional Manager. Social Care Manager and Deputy Social Care Manager</b>

**Quality and Safety: Effective Care and Support****Standard : 2.3****Judgment: Substantially Compliant****Outline how you are going to come into compliance with Standard 2.3**

The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The Fire doors are due to be checked on 09.04.2025

**Proposed timescale:**  
**30<sup>th</sup> June 2025**

**Person responsible:**  
**Social Care Manager**

**Quality and Safety: Safe Care and Support****Standard : 3.2****Judgment: Substantially Compliant****Outline how you are going to come into compliance with Standard 3.2:**

Each child experiences care and support that promotes positive behaviour.

Risk assessments and Restricted Practice are a standing item at weekly team meetings. Where risk is no longer evident, risk assessments and restricted practices are now being closed in a timely manner.

The PSP regarding child one has been updated to reflect a behaviour support section specifically regarding the young person's mental health issues. The associated risks were and remain in the young person's ICSP. The closed risk assessment is on file and can be reactivated along with the safety plan if deemed necessary. Completed on March 12<sup>th</sup> 2025.

A discussion at staff meetings was had regarding restrictive practices on the 26/2/25 where we closed the risk assessment and removed the restrictive practice on free time for one Young Person. On 12 March again following discussion at our staff meeting we closed a risk assessment and a restrictive practice for one Young Person in relation to cycling to school. In both staff meetings we discussed the review process and have established as a team the need to close off risk assessments and restrictive practices in a timely manner to ensure they are not in place for longer than necessary. Restrictive practices and the policy is also being reviewed with all staff in supervision.

Internet safety has been booked for both young people and staff for 28 May 2025

**Proposed timescale:**  
**28<sup>th</sup> May 2025**

**Person responsible:**  
**Social Care Manager**

## Section 2:

### Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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.	Substantially Compliant	Yellow	30.06.2025
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Not Compliant	Orange	30.09.2025
2.3	The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially Compliant	Yellow	30.06.2025

<b>3.2</b>	Each child experiences care and support that promotes positive behaviour.	Substantially Compliant		28.05.2025
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