



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	West
Type of inspection:	Announced
Date of inspection:	18 – 19 March 2021
Centre ID:	OSV - 0005764
Fieldwork ID	MON - 0032130

About the centre

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

The centre's aim is to provide a respite and support service for children and young people who are living at home or in foster care aged between five and 17 years of age (younger aged children will be considered when they are part of a sibling group that require respite together). This service is for children and young people who have been identified as requiring additional supports to ensure they have the best possible chance of remaining in family style living.

The centre's objective to provide a high standard of care and a range of interventions to enable children and young people and their families to address some of their life experiences so they are better equipped for family life.

The centre's ethos is that children and young people are kept safe from harm and have the right to have a voice in decisions that affect them. We work to ensure that their individual needs are met, they are happy and healthy and have the opportunity to grow in family styles living giving them the best possible chances in life. We place an emphasis on:

- providing a secure, predictable and caring living space
- positive parenting
- promoting education or training/ work placements
- teaching skills to children and young people so they can cope better with their emotions and express themselves safely and appropriately
- promoting an active healthy lifestyle
- providing opportunities to engage in activities, hobbies and interests to improve community integration, peer interaction and self-esteem.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	Four
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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
18 March 2021	1000hrs to 1730hrs	Lorraine O' Reilly	Inspector
19 March 2021	1000hrs to 1730hrs	Lorraine O' Reilly	Inspector

What children told us and what inspectors observed

From what children, their foster carers and social workers told us, children were well-supported, cared for and listened to when they stayed at the centre. Children's rights were appropriately identified and embedded within their daily routines. They were actively engaged in discussing their individual needs, what was important to them and their views were taken into account when decisions about their care were made.

The inspection was undertaken remotely given the current COVID-19 restrictions. While this did not allow for observation of children and staff in the centre, the inspector spoke directly with children, staff, foster carers and social workers, to capture their experience of the quality of the service being provided.

Four children placed in foster care were staying at the centre for a respite break at the time of the inspection. These children spoke positively about the centre, valued the support they received and felt that their rights were respected. They described the centre as 'fun' and 'relaxing'. Some of their comments included:

- 'I have really good fun'
- '...they [staff] cook my favourite foods'
- '...staff are really nice'
- '...they [staff] can't do anything better'
- 'they [staff] sit down and talk to you, it's really good'
- 'I like going there'
- '...it's very good, relaxing and you get to meet other people'
- '...they help if I'm lonely or feeling down'.

Three children told inspectors that they rated the centre '10 out of 10' and one child rated it '100 out of 10'. All of the children would not change anything about the centre, and they were happy that their views and opinions were listened to, and that they were asked what they would like to do while staying at there. Children explained that they went to the centre 'for a short break', they played games, played snooker, did various activities and watched cartoons.

Foster carers who spoke with the inspector described the centre as 'cosy' and 'homely'. They were given appropriate information about the centre and were involved in decisions about children's care. They described the care provided as of good quality and told the inspector they 'couldn't speak highly enough of the centre and staff'. They said they regularly receive feedback after children had stayed in the centre. They were assured that staff were always available to them, described the staff team as 'very supportive' and that they 'always listen to us'.

Social workers who spoke with the inspector had very positive feedback about their experiences with the centre, describing the quality of care as 'exemplary'. They told the inspector that the children they placed there had positive experiences when they stayed there. They were satisfied that children's individual needs were met and children were involved in planning their time and activities during their stay. Social workers spoke about good communication with staff members and management, and that any risks to children were managed and reported in a timely way. Social workers spoke about how well the centre matched children who stayed there, which ensured that their individual needs were met, and that children's safety was the main priority.

Children were aware of their rights and were supported by staff in the centre, and they were treated with dignity and respect. Children's views were sought and their rights were promoted in various ways such as at their 'conversation café' and one-to-one discussions. They said that their relationships with staff were good and that 'staff listen to us, they really listen'. Their quality of life was promoted by staff through listening to children about what activities they wanted to do, and for example, changing the menu to meals they would like to eat. They also contributed to discussions about their respite arrangements.

Children felt comfortable when they stayed in the centre. They each had their own bedroom, and felt staff respected their privacy. Children felt that they had their own space and could go to their bedroom or one of the sitting rooms when they wanted time on their own.

Children were supported to exercise choice and to be involved in decisions about their care and support. For example, if children did not want to go to the centre for respite, their decision was respected and they did not attend. Also, when children were at the centre and wanted to return home, this too was also respected, and children returned home when they wanted to.

Children said that before COVID-19, staff would take them out on day trips which were really enjoyable. They said that within current restrictions this had changed and they went for walks with staff, went cycling and baked and cooked when they could not go on day trips. Children said they enjoyed these activities and enjoyed spending time with staff members.

In summary, children felt well cared for, supported and listened to. They had good relationships with the staff team. Staff provided care individual to each child's needs and this had a positive impact on children's lives. Children's voices were heard and children participated in their care. Foster carers and social workers spoke very highly about the respite service. Overall, children received a good quality service which was respectful of their individual needs and abilities.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. There was a management structure which ensured clear lines of authority and accountability. The centre had a suitably qualified and experienced centre manager in place who was supported by two deputy managers. The centre manager reported to the interim regional manager for the region who reported to the national director for children's residential care. The organisation structure was clearly laid out in the centre's statement of purpose and function.

The statement of purpose set out the range of services being provided and how these were delivered to meet residents care and support needs. It clearly defined the admission criteria, management and staffing arrangements in place. It was reviewed on an annual basis and was signed by the centre manager and interim regional manager. The age range of children who could avail of respite was lowered to five years. This was changed to allow younger children who required respite to attend the service to support their foster care placements in the longer term, and had the potential to prevent placement breakdown. There was a child-friendly version of the statement within a colourful booklet provided to children who availed of the service. The description of the service was also contained in a welcome pack provided to children and in an information booklet for parents.

Managers and staff who spoke with the inspector demonstrated a good understanding of the requirements of relevant legislation, regulations and standards appropriate to their individual roles, and this was reflected in their daily practice. At the time of this inspection, a new suite of national policies and procedures were being rolled out across the service in three stages. There was a good plan in place to ensure full implementation of these policies and procedures by the end of April 2021, which included staff training. There was good consultation with staff on the development of these policies and procedures, which prompted relevant discussions amongst the team on how their practice would benefit from their full implementation.

There were systems in place to provide assurance to managers on centre practices. The centre manager completed audits on a regular basis in line with Tusla's national audit plan. Audits directed by the centre manager also occurred on a regular basis and looked at areas including files, supervision and health and safety. The inspector found that findings were discussed at management and team meetings, and this had led to service improvements for children. For example, the centre reviewed and updated how children's information was stored and filed. Audits also noted that staff were provided with positive feedback from management when good practice was found, such as providing children with information about their rights and for maintaining a high standard in recording in children's files.

Leadership was provided to the team through daily handovers, team meetings, supervision and informal support. Staff said that the management team were always accessible and that they felt supported in their role. Team meetings occurred on a regular basis, and items discussed included detailed discussions about care provided to children. The discussion also included any requests and complaints made by and if they had provided any feedback to the team. Other items discussed regularly included staff issues, audits, house meetings, training, children's rights and feedback from management meetings.

The centre had an on-call service and staff reported that there was always a manager available to them. The centre managers, deputy regional manager and the regional manager provided on-call support at the weekends and out-of-hours. The contact from the centre to on-call mainly related to staffing and maintenance issues. For example, when storms occurred last year, trees fell around the centre.

The centre manager provided strong leadership and ensured there was a proactive response to issues as they arose. The centre reviewed significant events in the centre over the past year to see what the reasons were for the events occurring. Recommendations from such reviews were found to be acted upon in a timely way. This led to further engagement with children's therapists to ensure staff were meeting the children's needs in the most appropriate manner.

The centre had clear systems in place for escalating and monitoring risk. The centre's risk register was appropriately managed and monitored. Areas of ongoing risk were rated and assessed appropriately. It was reviewed on a regular basis and newly identified risks were added when required. For example, the risk to the effective and efficient operation of the service due to lack of staff cover was added this year because the service was impacted by COVID-19. There was a system in place to escalate risk to senior managers, however, no risk escalations were required in the previous 12 months. The service had developed a COVID-19 specific risk register for the service, which was in addition to the existing risk register in place. This was reviewed on a weekly basis.

Communication systems within the centre were effective at ensuring key information about children, care practices and risk were circulated. For example, the need for increased supervision for some children was discussed at team meetings. Staff spoke about communication within the centre being of a high standard and this was led by the management team. The management team had daily morning handovers and weekly management meetings. They also ensured one manager was present in the centre each day while the others worked from home to reduce the number of people within the centre during COVID-19.

The measures put in place to manage risks to children were effective. Individual risk assessments and impact risk assessments were completed prior to each child's

admission. The risks to each child referred to the centre as well as the risks to children already availing of the service were considered and the safety of each child was the priority. Social workers were consulted and safety plans were implemented when needed.

The centre had a comprehensive safety statement and systems that provided clear guidance for staff in key areas such as health and safety, staff wellbeing, the management of risk and emergency planning. Staff reported good systems, management oversight and recording in place to ensure safety was maintained within the centre. Staff were assigned to specific roles such as fire safety and health and safety checks. The centre had relevant protocols and procedures for infection control, including the management of COVID-19 related issues. A deputy social care manager was assigned the role of COVID-19 lead, and completed regular audits to ensure the centre had enough personal protective equipment.

Complaints were well-managed within the centre. They were overseen by the centre manager and documented in a complaints log. There had been a total of four complaints in 2020. The four complaints were closed and had been effectively resolved at an informal level. The management of complaints was routinely tracked within the monthly governance reports. There were no open complaints at the time of the inspection.

Mandatory training, currently undertaken as e-learning, helped reinforce key messages about professional accountabilities for keeping children safe and the safe running of the centre. The limits to this approach were recognised, and a return to face-to-face learning was planned when it was safe to do so. The centre had a tracker in place for mandatory training and there was a culture which promoted staff to explore other training opportunities. The centre had carried out a training needs analysis of the centre workforce for 2021. Learning and development priorities included sensory training, trauma training, restorative practice and motivational interviewing. There had been limited capacity to progress these areas of learning to date due to public health restrictions. Some training courses occurred online such as medication management.

Safe and effective recruitment and workforce planning was in place to respond to the needs of the children in the centre. These included a roster schedule, a respite planner developed with the roster, a core competencies for staff document, induction, mandatory training and regular supervision. At the time of inspection there were 10 full-time equivalent social care worker posts, two agency social care worker posts, three full-time equivalent social care leader posts, a part-time chef post, a part-time housekeeper post, two full-time equivalent deputy manager posts and a centre manager post. The centre manager and deputy managers had extensive experience working in residential centres and varying experiences in management roles. They had completed management training to assist them in fulfilling their roles as managers effectively. The centre manager had been in post for almost two years and had extensive social care experience.

The regional manager also had extensive experience at practitioner and management level.

The centre operated a 10 week rotational roster cycle which incorporated social care leaders so as to provide good co-ordination of shifts, including nights and weekends. Managers were assured that the roster met children's needs as sufficient staff were available with the appropriate skills. Staff were also flexible should changes be required to ensure that a safe and effective care could be provided for children availing of the service. Managers told the inspector that the roster was developed with the respite planner, to ensure that children received the most appropriate support.

Managers maintained a strong focus on the quality and safety of therapeutic interventions to ensure that children's needs were being met in the most appropriate way. External support and advice had been sought to ensure care interventions were safe, effective and responsive to children's individual needs, and to enhance staff knowledge, confidence and expertise. Staff had received relevant training in crisis intervention and one of the deputy managers was a trainer in this area of practice.

Feedback from children was actively sought by staff in a number of ways. They were asked for feedback in keyworking sessions, one-to-one conversations, and children could also place a note in a feedback box. Children's meetings, called 'conversation cafes' were scheduled on a monthly basis. The centre also had a feedback book where staff recorded feedback provided by children. This was brought to the fortnightly team meetings for discussion. A staff member was assigned to then provide feedback to the children about their comments, requests and queries. When children were leaving the centre they were asked about their experience and any suggestions they had to make things better. Their views were captured on a colourful child-centred one-page questionnaire.

The inspector reviewed a sample of staff files which showed that safe recruitment practices were in place. Staff files reviewed contained evidence of contracts of employment, qualifications, suitable references and vetting by An Garda Síochána (police checks), in line with nationally approved job descriptions and policy.

Centre managers received regular supervision and support from their line managers and colleagues. Supervision of frontline social care workers was undertaken by social care leaders. The vast majority of supervision occurred in line with the national policy. All staff had their own personal development plans which focussed on their individual learning needs and these were reviewed every six months. Staff told the inspector they were encouraged to take part in training courses and professional development. The learning from these courses was then shared at team meetings.

Effective governance and management systems were in place and these had a positive impact on the quality of care provided to children in the centre. The findings about the quality of care to children are presented in the next section of the report.

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5: Care practices and operational policies

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. Staff were aware of legislation, regulations, national policies and standards to protect and promote children's welfare.

Judgment: Compliant

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre was well managed with effective governance arrangements in place. There was a management structure which ensured clear lines of authority and accountability. The centre was child-centred and actively involved children in their care.

Judgment: Compliant

Standard 5.3

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

The centre's statement of purpose set out the range of services being provided and how these were delivered to meet children's care and support needs.

Judgment: Compliant

Standard 5.4

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

Actions were taken to strive for service improvement and audits were completed, reviewed and positively impacted upon the centre's provision of care.

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

Safe recruitment and workforce planning was in place to respond to the individual needs effectively. This meant that children received safe care and support.

Judgment: Compliant

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

Workforce planning ensured that there were sufficient staff available to meet the needs of children. Staff were appropriately qualified to provide child-centred, safe and effective care to children residing in the centre.

Judgment: Compliant

Quality and safety

The care and support children received was of good quality and ensured children were safe. Each child experienced care and support which respected their diversity and promoted their rights. Staff were aware of, promoted and informed children of their rights through their interactions with children.

Children were provided with information about the centre and what to expect when staying there. They received a welcome pack which contained various information leaflets, on for example, children's rights, how to give feedback and make a complaint, the role of the key worker, the National Standards for Residential Care and general information about the centre. Children also received information about an independent advocacy service that visited the centre.

There was a culture of respect for each child in the centre that promoted their right to participate in decision-making and to express their views. Children were encouraged to provide feedback and ask for things that they wanted. For example, children were invited to attend the 'conversation café'. Posters were displayed in the centre to explain when, where and why the 'conversation café' occurred. The poster had information about a drinks menu for children to choose from and a conversation menu for children to note what they wanted to talk about. Children were asked for feedback on a regular basis and also when they were leaving the service.

Children's interests were promoted on the centre. For example, children who were interested in art were supported by staff to take photographs of nature and draw

pictures. Their photographs and pictures were framed and placed on the walls throughout the centre. Another young person was supported by staff to build a fort and his creativity was encouraged.

Children had the opportunity to engage in various activities to mark certain events such as an egg hunt for Easter, an art and craft competition and pumpkin carving at Halloween and a craft and cooking competition for Christmas. Children could participate even if they weren't in the centre at the time.

Children's dietary requirements and preferences were taken into account in the daily activities of the residential centre. They were encouraged to cook with staff, to shop with staff and to choose meals to cook. Staff also supported children to develop their life skills in other areas in an age appropriate manner. For example, children were supported to develop skills such as budgeting and self-care.

There was an effective complaints process in place. Children were aware of their right to make a complaint and had made complaints when they wanted to. The four complaints in 2020 were resolved informally. They included things such as dissatisfaction with food provided at the centre. The centre manager told the inspector that children were always advised of the outcome of their complaint and that it was very important that children felt listened to, respected and involved in the process and outcome.

Standard 1.1

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Regulation 10: Religion

Regulation 4: Welfare of child

A safe child-centred service was provided by staff which ensured that young people's rights were recognised and respected. Children experienced care and support which respected their diversity and protected their rights. They were consulted and were actively involved in their program of care.

Judgment: Compliant

Standard 1.4

Each child has access to information, provided in an accessible format that takes account of their communication needs.

Children were provided with good quality information which encouraged their participation in decisions about their lives. This was undertaken in various formats to ensure information was accessible to children.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.</p>	Compliant
<p>Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p>Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p>	Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Compliant
<p>Standard 6.2 The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.</p>	Compliant
Quality and safety	
<p>Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Compliant
<p>Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs</p>	Compliant