



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Unannounced
Date of inspection:	19 – 20 January 2023
Centre ID:	OSV 0006438
Fieldwork ID	MON-0038819

About the centre

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

Our aim is to provide a residential care placement for up to four young people in the care of Tusla aged 13 – 17 years on admission.

Our objective is to provide a high standard of care and interventions to enable the young people to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	4
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
19 January 2023	09:15 hrs – 18:30 hrs	Lorraine O'Reilly	Inspector
20 January 2023	09:00 hrs – 16:30 hrs	Lorraine O'Reilly	Inspector (remote)

What children told us and what inspectors observed

From what young people said and what the inspector observed, it was clear that young people were provided with good quality, child-centred care in the centre. Young people who spoke with the inspector were positive about their experiences in the centre and they spoke about the support that they received from staff. From a review of files, the inspector found that young people were encouraged to be involved in decisions being made about their day-to-day care as well as being actively involved in their care planning goals for their longer-term futures. The staff advocated for children's rights and this was evident through reviewing files, speaking with young people as well as feedback from external professionals. This showed that the needs of the young people were central to discussions and decisions being made about them.

On the day of the inspection there were four young people living in the centre. The inspector spoke with two young people living in the centre. They told the inspector that they were well cared for and felt safe in the centre. Both young people showed the inspector around the centre and spoke about the various living spaces. They told the inspector about the various spaces used by them such as one young person who liked to spend time in the games room while another preferred to spend time in the living room.

All young people had their own bedrooms which had been individually decorated. Young people also showed the inspector their rooms and spoke about how they had decorated them. Various personal items were on display in bedrooms. Young people spoke freely with staff and the inspector observed positive interactions which demonstrated understanding and kindness towards the young people based on their individual needs. Young people had appropriate access to various areas within the centre and could leave without restriction where appropriate. Young people spoke about staff and said things such as they are 'all kind to me', 'they treat me well' and 'support me with everything'. Children spoke about being aware of their rights and spoke about them with staff, their social workers as well as being given leaflets about them. The young people told inspectors they had regular contact with their social workers and felt they had positive relationships with them. While one young person was preparing to leave care, another young person told the inspector that the centre felt like 'home' and believed they would be remaining there which they were happy about.

As highlighted in previous inspection reports, the centre was on the grounds of a psychiatric hospital and the building was institutional in nature. The centre was a single storey building, with a long L-shaped corridor. The centre was bright and nicely decorated. On a walk around the premises, the inspector could see that there was ample private and communal space for recreational activity. There was equipment in the centre, such as a trampoline as well as in the gym, that was appropriate and accessible for all young people to enjoy alone or in groups. Young people could also access a sensory room, games room and beauty room.

The hospital campus had a range of other services onsite including a public sports facilities, and this did not ensure young people had adequate privacy. At the time of this inspection, it

had been a long-standing finding that this premises was not fit for purpose as a mainstream children's residential centre. Prior to this inspection, Tusla confirmed that plans were in place to re-locate the service to another premises. Staff were aware of these plans but the timeframe as to when this transition would be finalised remained unclear to staff and management.

The inspector spoke with young people's family members who said that they felt young people were safe and well looked after by staff at the centre. They described the staff as respectful, 'doing the best they can' and always being available to them. They were confident that staff were good at communicating with them and that they would be informed of any concerns or incidents in relation to the young people.

The inspector also spoke with a social worker and guardian-ad-litem (GAL). They provided positive feedback about how the centre management and staff were supporting the young people residing there. They told the inspector that they had seen improvements for young people since moving into the centre and that staff were child-centred in their structured and caring approach to providing care. They spoke about staff advocating for children's needs and about good communication from staff on a regular basis. Professionals were satisfied that the staff team promoted the young person's safety and wellbeing and treated young people with respect and dignity in their every-day working practices.

Capacity and capability

This inspection found that the service was compliant with seven of the eight standards assessed as part of this inspection but the premises and location of the service remained unsuitable

There were effective management systems in place in the centre which ensured good quality care was provided to young people. The centre was well run and adequately resourced. The management structure was clearly defined and staff were aware of their roles and responsibilities. The centre was led by an experienced manager and deputy manager who maintained an active presence within the team and were accessible to children. The centre manager reported to the deputy regional manager, who reported to the regional manager. The on-call system was covered by the centre manager and the deputy centre manager. This meant that staff could contact a member of the management team if required, out of hours. The centre was adequately staffed by a consistent staff team.

Staff were aware of their roles and responsibilities within the centre. The centre management and staff team demonstrated a high level of commitment to the care of the young people and the focus on each young person as an individual with their own needs was evident through interactions with staff, young people and reflected in young people's files.

The centre management ensured that there were service level agreements and contracts in place for the provision of services such as building maintenance systems, alarms and the provision of a general practitioner (GP) for young people.

Managers and staff were committed to the protection of the young people. Policies and procedures for the centre were developed on a national basis and implemented in 2021. The suite of national policies and procedures had been embedded within the team and they guided staff in their daily interactions with young people. There were systems in place to effectively manage risk and actions taken were clearly recorded and managed in a timely way. For example, the child protection log recorded child protection concerns and there was also a log of significant event notifications (SEN's). Some SEN's were formally reviewed at regional meetings. This meant that there was oversight from senior management of how incidents were managed and if any actions were required. The inspector reviewed a sample of the notifications and meeting minutes. Timely actions were taken and any arising issues were appropriately addressed. They also noted and identified good practice such good quality, accurate records as well as good evidence of the participation of the children.

The centre manager delegated duties to staff members and there was a written record of these arrangements. For example, the deputy centre manager held responsibility for training, health and safety and maintenance. The inspector reviewed a sample of training records and found they were detailed and of good quality. This was also evident in the team meeting minutes that training was regularly discussed and the deputy centre manager monitored the team's training requirements/ needs to ensure staff maintained up-to-date training as required and that all mandatory training was up to date..

The statement of purpose and function had been reviewed in October 2022. The centre had an up-to-date comprehensive statement of purpose which contained adequate information as required by the standards regarding aims, objectives, services and it detailed the model of care being provided to young people. The specialised programme of care, services provided, policies that informed practice and the management and staffing arrangements to meet the specific care and support needs of the young people were outlined in detail. Children younger than 13 could be accommodated when this was approved by the regional manager.

Each young person received a child-friendly statement of purpose when they moved in to the service. This described the care and placement planning process, routines, how to make a complaint and how young people were supported to maintain contact with their family. Staff spoke to young people about the service and explained the information to them. This meant that children were made aware of what service would be provided and how the service would be provided.

The quality, safety and continuity of care provided to children in the centre was regularly reviewed to inform improvements in practice and to achieve better outcomes for children. This was demonstrated through team meetings where each young person's individual needs were discussed. It was also evident through regular audits completed by the centre manager which were carried out to monitor and assess areas such as the frequency of direct work

with young people and the frequency of significant events. The daily recordings by staff also incorporated the various aspects of their model of care.

The centre had adopted and implemented a model of care that focused on meeting the individual needs of young people with particular consideration given to their lived experiences. This model of care was embedded in practice within the centre. Staff working in the centre were competent, experienced and knowledgeable on the model of care and the individual needs of young people. This meant that this approach to meet the needs of young people was embedded in their practice.

Complaints were effectively managed in line with policy. Information about how to make a complaint was made available to children and their families. Complaints and concerns were recorded appropriately and reviewed in a timely manner. Complaints and concerns were acted on and it was evident that when young people made complaints, they were actively involved in the processes involved. Complaints were monitored and analysed and learnings were taken from complaints to improve practice as well as increasing young people's awareness about any incidents. Information sharing with staff occurred at team meetings as well as being recorded in children's files. This meant that information was reviewed in a timely way and led to a better quality service for the young people residing in the centre. Examples included two instances when staff supported young people to make individual complaints about their personal belongings going missing. These complaints were investigated and upheld. Young people were given the option of having their bedroom doors closed when they were not using them or when they had left the centre on outings.

The provider did not carry out an annual review of compliance with the centre's objectives to ensure actions are time to promote improvements in work practices as required by the national standards. This is an area for service improvement. However; Tusla's Practice Assurance and Service Monitoring Team (PASM) completed a monitoring inspection within the 12 months prior to this inspection. The reason for that inspection was to support best practice and the provision of high-quality standards of care, and at all times to promote the rights and welfare of young people. The report noted overall level of 'substantial assurance' of adherence with policies, procedures and standards.

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 had effective leadership, governance and management arrangements in place. There were effective systems in place to manage risk. Staff were aware of the lines of accountability and delegations of duties were clearly recorded.

Judgment: Compliant

Standard 5.3

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

The statement of purpose and function was up-to-date and clearly set out the aim and objectives of the centre and the services provided. It included a breakdown of the management and staffing arrangements and the model of care that guided the delivery of services. A child friendly version of the statement of purpose was provided to young people on their admission to the service.

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 ensure that the centre continued to improve the safety and quality of the service. Audits were completed and complaints were appropriately managed in line with policy. The provider did not carry out an annual review of compliance with the centre's objectives to ensure actions are time to promote improvements in work practices as required by the national standards. The grounds and premises remained unsuitable and this impacted on the quality of care. While there was a plan in place to move from this building, there had been delays in addressing this issue which remained unresolved at the time of the inspection.

Judgment: Not compliant

Quality and safety

This inspection found good compliance with the standards assessed under the dimension of quality and safety. Young people were encouraged to develop and maintain positive connections with their family and other significant people in their lives as well as being encouraged to develop links with their respective communities. Each child's identified needs informed their placement in the residential centre. It was evident that children were safeguarded from abuse and their care and welfare was promoted by management and staff. There was a positive approach to the management of behaviours that challenge which was supported by policies, procedures and evident in children's files, through staff interactions with staff as well as with interviews with external professionals, management, staff and young people residing in the centre.

Admissions were well managed in the centre and systems ensured they were in line with the statement of purpose and function. The centre had a written policy on admissions to the service. This policy considered children's rights, regulations, legislation and the intended range of needs which could be met by the service, in line with the centre's statement of purpose and function. The referral process for admission was through the regional referral pathway and the referral committee consisted of a multidisciplinary team. There were some exclusions in the last 12 months which meant that not all young people referred to service

would have their needs met in the most appropriate manner if they were admitted to the centre. For example, where the level of risk of harm to others or to the young person themselves cannot be adequately managed within the centre setting. The centre did not have capacity to respond to emergency admissions.

Admissions were appropriately planned as required by the standards. When a young person was approved for a placement in the centre, a pre-admission meeting was convened by the centre manager with the allocated social worker to plan how to introduce the young person and their primary carer to the service. This would often involve the young person visiting the centre, meeting with staff and residents. The centre also considered the needs and rights of young people already living in the centre and assessed the impact of any young person moving in, on the safety and well-being of all residents. This was documented in a collective risk assessment. Inspectors reviewed a sample of these and found they were comprehensive and considered all risks individual to each young person. The risk assessments also noted how risks could be minimised in terms of their potential impact on residents.

Young people experienced care and support which respected their diversity and protected their rights. Through interviews with staff and young people, it was clear that staff treat young people based on their individualised needs. Young people were encouraged to develop their understanding about their rights as appropriate to their age and ability. Young people's food preferences, social and cultural beliefs were taken into consideration and staff were very knowledgeable about the children's individual needs. For example, at the time of the inspection, staff were particularly advocating for the educational rights of children who required alternative options and additional resources. Their right to wellbeing was promoted through the overall delivery of the service's model of care. Young people were supported to express their views and this was promoted by staff through everyday discussions and interactions with young people.

Young people had the opportunity to attend and engage in house meetings. These meetings facilitated young people to discuss and voice their views about how they wanted to be supported by staff and also to inform staff about anything they felt they would benefit from while residing in the centre. The discussions from these house meetings were brought to the staff team meetings the following day for discussion. Young people were then informed of decisions made and timely actions were taken. Some discussions included issues such as wanting to go ice-skating and wanting to spend more time on social media. The house meetings also provided feedback to young people such as positive feedback from staff who acknowledged how well they shared their living spaces. Young people were empowered to provide their own feedback to staff such as their level of satisfaction with the care that they received. This showed that young people's views were respected, listened to and taken seriously by the team.

Young people's dignity and privacy were respected and promoted within the centre. Each young person had their own bedroom and personal space. They had their personal belongings in their bedrooms and other items and activities of interest to them set up throughout the centre. For example, there was a table set up with a jigsaw which was being

completed by one young person at the time of the inspection, while another young person enjoyed spending time in the games room. Depending on their care plan, they had their own free time to spend away from the unit and this was individually risk-assessed for each young person. For example, young people had the opportunity to spend time with family, friends and go to the cinema or shopping centres. For young people who wanted to spend more time with staff than on their own, they were appropriately encouraged to develop their independence skills in a safe manner. For example, staff supported young people to develop their confidence in taking steps to try to resolve issues or carry out tasks through using problem-solving skills, and implementing information and advice provided by staff to young people during individual key-working sessions.

Young people were provided with the opportunities to develop and maintain links with their families, other significant people in their lives and their communities. Staff recognised the importance of family and other significant people in young people's lives and they maintained regular contact with parents and families about any developments as they occurred. Young people's files clearly documented family contact and how it was planned and facilitated in line with care plans and young people's views. While families could visit the centre, the young people chose to spend time away from the unit with their friends and families. Families also attended various meetings with young people such as care planning meetings, school planning meetings as well as having regular contact with the staff at the centre.

Where young people had additional needs or were identified as being a part of a particular community, efforts were made to link young people with the connected communities and supports such as alternative educational programs, occupational therapy, intellectual disability support services and community service organisations. Young people were also encouraged to participate in hobbies or activities such as joining a local youth club, joining sports clubs, learning how to play guitar or horse-riding. Special occasions such as birthday and personal achievements were celebrated and at the time of the inspection, a birthday party had been recently held for one of the residents in the centre.

The service promoted the safety and welfare of young people. All staff had completed mandatory Children First training. The staff who spoke with inspectors were aware of their roles and responsibilities as mandated persons and were aware of the Tusla policy on protected disclosure. Safeguarding and child protection was a priority of the centre staff and management. Child protection and welfare concerns in the 12 months prior to the inspection were reported in line with Children First. It was evident that staff and the management team were aware of individual safeguarding concerns for young people and they were proactive in addressing the risks.

Young people experienced care and support that promoted positive behaviour. The inspector reviewed a number of young people's significant events and found that incidents were well managed and in line with Tusla policies and procedures. The young people were supported following incidents and individual crisis management plans reflected the learning from incidents, and described the support that worked best for each young person. All staff were trained in Tusla's approved behaviour management approach. The incidents of challenging

behaviour were low in the centre and had decreased significantly over the six months prior to the inspection.

There was one restrictive practice in place for one young person and that limit was in line with their assessed needs to safeguard the young person. The restriction had a clear rationale and was documented in their care plan and placement plan. The restriction was also reviewed on a weekly basis at staff team meetings and these records showed that alternatives were discussed as well as any possible actions staff could take to review and minimise the restriction on an ongoing basis. The centre manager told the inspector that reviews would continue in order to ensure that the least restrictive procedure was in place for the shortest duration possible and to safeguard and protect the young person and their best interests. There was good oversight of significant events and team meeting minutes showed good reflective practice and learning, taking into consideration the best interests of the residents.

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

Young people experienced care and support which respected their diversity and protected their rights. Staff treated young people in response to on their individual needs. Young people were aware of and were encouraged to develop their understanding about their rights as appropriate to their age and ability.

Judgment: Compliant

Standard 1.2

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

Young people's dignity and privacy was respected and promoted. Young people had appropriate personal space where they could keep their personal belongings safe and secure. They were involved in decisions about their day-to-day care and had the opportunity to express their views and wishes. Young people were encouraged to develop their independence while being supported by staff. Any restrictions to privacy were appropriately assessed, they were developed in line with their care plans and placement plans and reviewed on a regular basis.

Judgment: Compliant

Standard 2.1

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

The required planning with the allocated social worker prior to admission occurred to ensure the centre was suited to the child's needs. The needs and rights of the children already living in the centre were considered and risk assessed as required. Children moving into the centre

were given opportunities to become familiar with the centre and residents prior to moving into the centre.

Judgment: Compliant

Standard 3.1

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

Safeguarding and child protection policies and procedures were effectively implemented in the centre. Managers and staff had appropriate knowledge of their responsibilities and took action in line with Children's First. Young people were also supported to develop their understanding and skills for their own protection. Young people told the inspector that they felt staff living in the centre.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

A positive approach to the management of behaviour that challenges was promoted in the centre and was supported by appropriate policies and procedures that guided practice. Staff were knowledgeable and had a good understanding of each young person's behavioural support needs. Records demonstrated consistency in behaviour management approaches. Relationships between staff and the young people were respectful and young people received the support and encouragement they required to engage in positive behaviour. The centre managed situations in line with the required policy, procedure and protocol.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	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>	Not compliant
Quality and safety	
<p>Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Compliant
<p>Standard 1.2 Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p>Standard 2.1 Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	Compliant

Compliance Plan for Tusla OSV – 0006438

Inspection ID: MON_0038819

Date of inspection: 19 January 2023

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 standards the provider must take action on to comply. In this section the provider must consider the overall standard when responding and not just the individual non compliances as listed in section 2.

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 has 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 service 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. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard Heading	Judgment
<p>Standard 5.4</p> <p>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>	<p>Not compliant</p>
<p>Outline how you are going to come into compliance with 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> <p>A property has been purchased. The project is planned to go out to tender seeking a construction agent in February 2023. Unfortunately for reasons outside of our control it is likely that this move will now be delayed by a period of 12 months.</p> <p>A national management team consisting of 4 Regional Managers continue to advance a standard operating procedure to support the design and creation of annual reviews for mainstream residential services. It is proposed that this will be completed by Q4 2023.</p>	

**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 registered provider has failed to comply with the following regulation(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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.	Not compliant	Orange	Q1 2024

