



**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:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	16 - 17 January 2024
Centre ID:	OSV-0004162
Fieldwork ID	MON-0042457

## About the centre

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

Our aim is to provide a safe, caring environment characterised by the quality of the relationships we develop with the young people in our care, in which we can support children and families with issues that may be preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, we will work to prepare each young person for a successful transition to an agreed placement/aftercare arrangement and will do so up to a point to be determined by their age, need or development whereby circumstances are such that it becomes more feasible to help prepare them to live independently, initially with the support of our aftercare service.

We work to ensure that our care practice is always young person centred and that we maintain a needs led, multidisciplinary approach to looking after the young people in our care. Our work is conducted through both the Care and Placement Planning processes and complies with the requirements of the *National Standards for Children's Residential Centres 2018* and the *Childcare (Placement of Children in Residential Care) Regulations, 1995*.

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

<b>Number of children on the date of inspection</b>	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
16 January 2024	10:15 hrs to 19:00 hrs	Adekunle Oladejo	Lead Inspector
16 January 2024	10:15 hrs to 19:00 hrs	Sheila Hynes	Support Inspector
16 January 2024	11:00 hrs to 13:00 hrs	Erin Byrne	Regional Manager
17 January 2024	09:00 hrs to 17:00 hrs	Adekunle Oladejo	Lead Inspector
17 January 2024	09:00 hrs to 17:00 hrs	Sheila Hynes	Support Inspector (Remote)

### What children told us and what inspectors observed

Inspectors carried out an unannounced routine monitoring inspection of the centre. There were three young people living in the centre at the time of the inspection. Overall, young people living in the centre were in receipt of rights-based, good quality care and support that identified their individual strengths and abilities. The provider promoted the health and wellbeing of young people and supported access to education and training.

Young people's experiences of the service were established through speaking with two young people who agreed to speak with inspectors. One young person exercised their rights not to engage in the inspection process and this was respected. Inspectors spoke with one parent, three social workers, and reviewed a sample of care files to gain an insight into the young people's lived experience. From what young people told inspectors, what the inspectors observed and from the review of care records, it was clear that young people were being provided with good quality care.

The centre was clean and decorated in a child-friendly manner. Walls in the communal areas had paintings created by the young people, including personalised handprints of each young person which were used as a décor to enhance the homeliness of the centre. Inspectors observed that staff interaction with young people was warm and respectful. Young people presented as comfortable in the company of staff and managers.

Both young people who spoke with inspectors stated that they were aware of their rights, and were supported to exercise these rights. A young person told inspectors that they were working with an external advocate to progress a complaint they had made, and they spoke about the support given to them by the staff in respect to accessing an external advocate.

Young people's diversity was respected through care practices in the centre. Inspectors observed that young people were supported in making choices around day-to-day routines such as their food choices, and they were encouraged to assist staff in preparing meals. Young people said that they had access to ethnic food. Young people told inspectors that they were provided with the opportunity and supported to decorate their bedroom to their individual preferences and tastes. While one young person told inspectors that staff did not know much about their religion, inspectors found that staff supported and facilitated young people to attend religious events and to be part of their religious communities. Staff and managers told inspectors that they were educating themselves as a team in order to gain a better understanding of young people's religious diversity in the centre.

Young people were positive about the arrangements in place in respect of their health, wellbeing and educational needs. They told inspectors that they were regularly supported by staff to access medical services, and other health and social care services as required. Young people also told inspectors about their school placements, favourite subjects and future ambitions. They told inspectors that they felt safe and were aware of who to talk to if they had any issue or concern. They said that they were aware of records kept about them and that they were able to access such records on request. Some of the comments made by the young people included:

- "I know all about my rights."
- "I have no worries."
- "I don't feel unsafe and if I do, I know who to go to."
- "Staff are all very good."
- "I can read my daily logbook."
- "I would ask my keyworker, if I need any information."
- "I know grinds is available if I need it."
- "I like school, my friends and music class."
- "I would like a job in music."
- "I can cook meal like lasagne, pasta bake, and Spaghetti Bolognese."
- "Staff don't know much about my religion."

Inspectors spoke with a parent and the allocated social worker for each of the young people living in the centre. They told inspectors that they were very happy with the service. They all expressed positive views about the care and support provided to the young people. They described care practices in the centre to be child-focused, which promoted each young person's rights and they were very complimentary of the staff team. They said they had good working relationships with the staff team and that the placement had made a positive impact in the lives of the young people. Professionals and the parent said that staff kept them informed in a timely manner of any developments in the young people's care and support needs or of any concerns that arose. They described the staff team as "lovely" and that staff were proactive in meeting the young people's needs. The quality of care provided was described as "fantastic".

Professionals and the parent said that staff provided a safe environment for each young person. They commented that although there were complex issues surrounding young people's care, they told inspectors that staff had a good understanding of each young person's complex needs, and that staff worked in partnership with them in order to meet these needs and promote better outcomes for the young people.

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

## Capacity and capability

Effective governance arrangements were in place that promoted positive outcomes for young people living in the centre through child-centred, care and support. There were effective management systems in place which ensured that a good quality of care was being provided to the young people. Management structures and governance arrangements were clearly set out. Staff who spoke with inspectors were aware of their roles and responsibilities. The lines of authority and accountability were clear.

The centre was managed by an experienced manager who had overall responsibility for the day-to-day practice within the centre and reported to a deputy regional manager. The centre manager was supported by a newly appointed deputy centre manager. In addition, there were four social care leaders who supported the management team in the day-to-day operations of the centre.

Management arrangements external to the centre were clear and effective. Oversight was provided by a deputy regional manager who supervised the centre manager and visited the centre on a regular basis to meet the manager and review the centre's records, including young people's care records. The deputy regional manager received regular updates from the centre manager and provided support to the centre management team as required. Inspectors spoke with the deputy regional manager and found them to be very familiar with the young people and the day-to-day operation of the centre.

There were systems in place to identify and manage risks in the centre. In addition, there were mechanisms in place to escalate identified risks which could not be managed within the centre. At the time of the inspection, managers maintained a risk register and inspectors found that all relevant risks had been effectively identified, managed and reviewed on a regular basis. Individual risk assessments were also completed for specific risks that related to each young person in the centre as required. Inspectors reviewed a sample of these risks and found that they had been appropriately identified, assessed and adequate measures put in place to manage these risks.

Inspectors found that there were effective arrangements in place to facilitate communication within the staff team. Team meetings were consistently held on a weekly basis and alternated between in-person and online attendance. A sample of team meeting minutes reviewed by inspectors reflected a set agenda with good discussion about key issues for the individual young person, including positive events, and issues and challenges that arose. Significant events, complaints, child protection concerns and risk registers were reviewed at team meetings for trends. Learning was discussed and where required, follow-up actions were identified along with the person responsible for the implementation of agreed actions.

There was effective workforce planning in place. Inspectors reviewed a sample of the staff rosters which showed that there was consistent and adequate numbers of staff on duty each day. From the sample reviewed, it was evident that there was a good mix of staff on duty with the necessary experience and competencies to meet the young people's needs. Young people benefitted from a stable staff team that was adequately supervised to ensure the delivery of consistent care to the young people. There were three staff vacancies in the centre at the time of the inspection, and two of these were in respect of relief staff. However, inspectors found that these vacancies had not impacted on the provider's capacity to provide sufficient staffing levels based on the assessed needs of young people and the centre's statement of purpose. Many of the staff had been working in the

centre for a number of years, and as such young people were familiar with all staff working in the centre.

There were arrangements in place for out-of-hours support for the staff. This ensured that staff had access to immediate support and guidance in relation to any issues or concerns that arose during periods outside of working hours. This support was provided on a rotational basis by the centre manager, deputy manager and social care leaders if required.

There were arrangements in place whereby the centre manager delegated responsibilities for the day-to-day oversight of some aspects of operations in the centre to a number of staff. Delegated tasks included fire safety checks, health and safety checks and medication checks. These were clearly recorded and the oversight of these was provided by the centre manager and their deputy. Any gaps identified from these checks were brought to the attention of the managers for review and appropriate follow-up.

There was a culture of learning in the centre which enhanced the lived experience of the young people. For example, staff actively reflected on their practice and engaged in learning opportunity to gain a good understanding of young people's care and support needs. All staff were up to date in relevant training, such as fire safety, first aid, medication management and manual handling. Supervision was carried out in line with the provider's policy, and a written record was maintained of each supervision. Where there was delays in completing supervision, the reason for this was recorded. Supervision records sampled by inspectors was of good quality, and reflected in-depth discussion about planning for young people's care. It clearly set out key discussions between the supervisor and supervisee on areas such as care practice issues, key work planning, learning and training needs, with agreed decisions, further actions and the person with responsibility clearly outlined.

The provider had a policy in place in respect of staff's performance appraisals to identify their learning and development needs. Inspectors found that the majority of the staff had not completed an appraisal in 2023. While aspects of professional development planning was covered in supervision, improvements were required to ensure that each individual staff member's performance is formally appraised as required by National Standards for Children's Residential Centres and in line with the provider's policy. At the time of the inspection, the centre manager had completed a schedule of professional development plan meetings for each staff member for 2024.



The provider had an employee assistance programme in place to support staff in managing the impact of working in the centre. The centre management team was also progressing other local initiatives such as team building exercises for the staff and the appointment of a wellbeing ambassador among the staff team to promote the wellbeing of the staff working in the centre.

The provider had a policy in place that outlined how information was managed and shared along with a schedule for record retention and disposal. Staff who spoke with inspectors demonstrated good understanding of this policy and procedure and the confidential aspect of information sharing as it relates to their work. Staff and managers had completed relevant training in data protection, including sharing personal information safely.

The manager maintained up to date records of each young person's care, and had a register in place which detailed the relevant information of each young person living in the centre in line with regulatory requirements. Records were kept safe in a locked cabinet in the staff office. In addition, computer systems and correspondence in relation to young people were password-protected. Such measures meant that the privacy of young people's personal information was protected and respected. Young people told inspectors they have access to their records when requested.

There was a clear system for managing records in the centre. Records were effectively categorised and organised with outdated records appropriately archived. Overall, records reviewed by inspectors were accurate and up to date. Managers also had oversight of the centre's records and reviewed them regularly. Suitable arrangements were in place in respect of sharing and transferring of information with social workers to support effective decision-making. Information sharing processes protected the privacy and confidentiality of the young people and information was shared with relevant stakeholders on a need-to-know basis.

**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.

Effective management structures and governance arrangements were in place. Staff were aware of their roles and responsibilities, and there were clear lines of authority and accountability. These ensured that a good quality of care was being provided to young people.

**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**

There were appropriate numbers of skilled and experienced staff employed in the centre to meet the needs of the young people.

**Judgment:** Compliant

**Standard 6.3**

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff had a good understanding of their roles and responsibilities and a team-based approach to working was promoted through regular team meetings. Wellbeing initiatives were in place to support staff. Supervision was carried out in line with the provider's policy and a written record was maintained. Improvement was required to ensure that each individual staff member's performance is formally appraised as required by National Standards for Children's Residential Centres and in line with provider's policy, on a consistent basis.

**Judgment:** Substantially Compliant

## Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

### Regulation 21: Maintenance of Register

Effective arrangements were in place for information governance and records management in the centre. The provider kept up to date records of young people's care, and care records were securely maintained.

**Judgment:** Compliant

## Quality and safety

Overall, young people living in the centre experienced care and support that promoted their rights, health and wellbeing, educational and training needs. However, some improvements were required in respect of fire safety practices, and notification and tracking of child protection concerns.

Inspectors found that young people living in the centre received rights-based care and support from a stable and committed staff team. Staff had established positive relationships with the young people in line with the provider's model of care, and this supported staff in creating a sense of trust and security for them. Care practices in the centre respected the rights of each young person in a manner that was appropriate to their age, ability and stage of development. Young people's diverse needs in respect of their ethnic and cultural background, religious beliefs, and dietary requirements were recognised and catered for. Access arrangements with family members where appropriate, were thoughtfully planned and reflected the children's wishes, preferences and best interest. Access arrangements were regularly reviewed and issues or concerns around these were addressed to ensure that the arrangements were in the best interest of the children.

All young people in the centre had been allocated social workers who oversee their care and support needs. There were up-to-date care plans in place for each young person, and there were placement plans which supported the implementation of the care plan. Young people had been involved in decisions around issues that matter to them, and where required, they had been supported to understand these decisions. Young people were clear about the complaints process, they were given information about it and they were aware of who to go to if they have any concerns or complaints. External advocacy support was in place to ensure each young person's rights were protected and promoted. Young people were able to

make choices around their day-to-day living, and suitable arrangements were in place to support young people around their requests and choices.

Staff and managers had established and implemented a creative and child-friendly process of seeking feedback from young people living in the centre through young people's meetings that took place every two weeks. Inspectors reviewed minutes of young person's meeting and found that young people had the opportunity through this forum to come together and discuss matters that are important to them as a group. Feedback had been given to young people at these meetings and plans had been made for the weeks ahead.

The centre is a two-storey building located in a residential estate in a Dublin suburb with easy accessibility to public transport and a range of amenities, such as shops, schools and leisure activities. The layout of the centre provided a stimulating environment for the young people, with adequate spaces for rest, play, recreation and skill development. Indoor communal areas offered different activities for young people, such as board games, computer games, television, and art and craft. Young people and staff bedrooms were located on the upper floor while the living, dining and staff office were located on the ground-level floor. There was a small outdoor space to the back which was well maintained. This area was equipped with a basketball net, boxing bag and seating area, and provided young people with adequate space for recreational activities. The centre had two cars that were being used to facilitate young people's transportation as required.

Young people's safety and welfare was actively promoted through a range of measures and practices. The centre was clean, warm, and bright and was appropriately decorated. Each young person has a private bedroom, and young people told inspectors that they had been able to decorate their bedroom to their personal taste. The provider had a safety statement in place which was dated February 2023. There were systems in place to ensure that maintenance issues in respect of premises were addressed. Vehicles used by the service to transport young people had been insured, taxed, undergone the National Car Test (NCT), as required and appeared in good condition.

Inspectors found that some improvements were required regarding fire safety practice in the centre. Inspectors identified a fire risk during the inspection whereby combustible materials were being stored in a shed that also served as the boiler and utility room. The provider was required to address this immediate risk on the day of the inspection. The manner in which the provider responded to the risk provided assurance that the risk was adequately addressed. In addition, recording of fire drills required improvement as a more accurate record of fire drill

duration, to reflect actual time taken to evacuate the building, was required. Floor plan on display showing the locations of all firefighting equipment, needed to be updated.

There were fire safety management systems in place, including fire detection and alert systems, emergency lighting, fire doors and firefighting equipment. Routine checks were being conducted on fire safety systems and the firefighting equipment was being regularly serviced. Staff had received training in fire safety, and there were up-to-date personal emergency evacuation plans in place for each young person.

The centre was clean and maintained in good condition. However, inspectors identified some areas for improvements. Painting of some indoor areas was required to improve their overall homeliness, while loose electrical cables needed to be tidied up in order to prevent potential injury due to the risk of trips and falls.

Closed circuit television cameras (CCTV) were in use on the outside of the premises. While CCTV usage was indicated by a sign, this was placed high up on a wall on the first floor of the house and was difficult to see. Inspectors requested that such signage be made more accessible and visible to the young people in the centre. This was completed during the inspection.

Staff and managers had a good understanding of the care and support needs of each young person, including their vulnerabilities. Managers demonstrated a genuine interest in young people's safety and wellbeing. They worked collaboratively and constructively with other professionals to ensure that decisions made were in the best interest of each young person. Inspectors found this approach had promoted better outcomes for the young people.

There were systems in place for the notification of reportable events in line with Tusla national policy and procedures. Inspectors found that 44 incidents of child missing from care were reported in the centre in the previous 12 months before this inspection. A sample of these incidents was reviewed by inspectors, and demonstrated that incidents had been reported and managed in line with the agreed protocol. Significant events had been reviewed at team meetings to identify good practice or areas that required improvement. A significant event review group (SERG) was in place regionally, which involved members of management from children's residential centres in the region meeting to review specific incidents and offer objective feedback and advice on the management of incidents. This regional review group had reviewed incidents from the centre. Inspectors found that learning from these reviews had been fed back to the team.

Child protection and welfare concerns were responded to and notified to Tusla through its national reporting portal. However, there were delays in reporting some child protection concerns and others required follow up actions to ensure up to date information was available. Allocated social workers had been informed of the concerns and where required, strategy meetings had taken place with relevant stakeholders to discuss, develop and agree pathways for the management of concerns. These measures included safety planning to ensure that young people were kept safe. Staff had a good understanding of their role as a mandated person<sup>1</sup> under *Children First: National Guidance on the Protection and Welfare of Children* (2017)<sup>2</sup>. Staff and managers demonstrated a good understanding of Tusla's policy on protected disclosures.

While staff were responsive to the safety and protection of young people in the centre, a review of child protection records by inspectors showed that there had been instances where notification of child protection concerns to Tusla were delayed. In addition, notified concerns had not all been consistently tracked to ensure that up-to-date information was available in respect of all notified concerns. Managers must ensure that all concerns were notified in a timely manner and regularly tracked to promote young people's safety at all times.

The staff team was positive in their approach to the management of behaviour of concerns and promoting positive behaviour. They focused on building trusting and respectful relationships with the young people and developing an understanding of how each young person behaved in the context of their individual experiences. Staff supported young people to reflect on their own actions and develop effective coping strategies for the future. All staff had been trained in Tusla-approved behavioural management techniques. There had been no incidents of physical restraint carried out by staff within the 12 months prior to the inspection.

The centre had a restrictive practice policy and procedures in place and this was followed by staff. Where decisions were made to implement a restrictive practice due to the complex needs of a young person, these had been recorded in the restrictive practice log and discussed with the young person and their social worker. A sample of restrictive practices log was reviewed by inspectors, and demonstrated a clear rationale for implementing restrictive measure. These had been regularly reviewed and had been in place for the least amount of time necessary. Risk assessment underpinning each restrictive practice was clearly documented. Centre management had been proactive in advocating for reducing restrictions as quickly as possible.

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<sup>1</sup> A person who has a legal duty to report child protection concerns.

<sup>2</sup> National policy document which assists people in identifying and reporting child abuse.

Young people had access to adequate supplies of food, drinks and snacks, which took into account each young person's culture and dietary needs. Weekly meal planning was in place and this reflected the provision of nutritious food to young people. Inspectors observed staff encouraging young people to help out while making dinner. Mealtimes were a social event and staff and young people were observed eating together.

Young people's health needs were identified and addressed appropriately. Young people had access to a general practitioner (GP), dental and other services including physiotherapy, mental health services and therapies as required. Records of immunisations were available in young people's files. Staff were knowledgeable about the young people's health needs and had completed individual work with young people that focused on their overall health and wellbeing. One-to-one work was completed with the young people on a broad range of health-related topics such as self-care, keeping safe and smoking cessation. These discussions also included budgeting.

Suitable arrangements were in place for storing, dispensing and disposal of medicine. Staff had received training in the safe administration of medication and there were comprehensive medication management policies and procedures to guide them. Prescriptions and medicine administration records were well maintained, and young people who could self-administer medication were supported in doing so.

Staff and managers recognised the importance of education and training in young people's development. They were proactive in their approach to promote young people's engagement in education and training in order for them to acquire knowledge and skills and maximise their talents and potentials, while also providing a routine and structure for the young people. The provider engaged specialist services to assess the educational needs of the young people to provide further insight into how best to meet these needs. Staff worked in partnership with schools to ensure that each young person's individual educational progress was being monitored. Where young people presented with challenges in engaging with mainstream education, efforts were made to provide alternative training programmes in line with the young people's wishes. Records of young people's education and training progress, such as assessment reports and certificates of achievements, were maintained as part of their care record. Homework support was offered to young people and extra educational grinds were available to young people who required them.

**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**

Management and staff supported young people to understand and exercise their rights. Young people were supported to participate in decision-making, express their views, including making complaints and engaging in activities relevant to their culture and religion.

**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**

The layout and design of the centre was suitable for meeting the needs of the young people. The premises was clean and appropriately decorated in a child friendly manner. Inspectors had concerns in relation to the storage of combustible materials in a shed that also served as the boiler and utility room. A clearer and more accurate record of fire drill duration is required, while some electrical cables need to be secured. There were some maintenance issues such as indoor areas that required painting and an updated floor plan was required to clearly show locations of the firefighting equipment.

**Judgment:** Not Compliant



**Standard 3.1**

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

Child protection and welfare concerns were responded to and notified to Tusla through the portal to ensure that young people were safeguarded and their care and welfare was protected and promoted. However, a review of a sample of child protection records showed instances whereby notification of child protection concerns to Tusla had been delayed and where the status of notified concerns had not been consistently tracked.

**Judgment:** Substantially Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

The provider had implemented a model of care that promoted positive behaviours, and restrictive practices were used as a last resort for the least amount of time necessary. Relationships between staff and the young people were respectful, and young people received the support and encouragement they required to engage in positive behaviour.

**Judgment:** 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**

Young people had access to healthy food and snacks. They were encouraged to learn to cook. Staff consulted with young people about what they would like to eat, and mealtime was a social event. Staff supported young people's health and wellbeing through one-to-one key work on a range of health-related subjects and other areas.

**Judgment:** Compliant

**Standard 4.2**

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

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

The health and development needs of young people were identified and addressed in a timely manner. The provider ensured that young people had access to a GP and other health and social care services. Staff supported the young people to avail of any specialist services that they required.

**Judgment:** Compliant

**Standard 4.3**

Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Young people's educational and training needs were supported. Other learning and development opportunities were put in place in line with the young person's assessed needs. Records of young people educational and training progress were maintained as part of their care record and additional support and assistance was made available for young person who required it.

**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>	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>	Compliant
<p><b>Standard 6.3:</b> The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p>	Substantially Compliant
<p><b>Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p>	Compliant
<b>Quality and safety</b>	
<p><b>Standard 1.1:</b> 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><b>Standard 2.3:</b> The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Not 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>	Substantially Compliant
<p><b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.</p>	Compliant

<b>Standard 4.1:</b> The health, wellbeing and development of each child is promoted, protected and improved	Compliant
<b>Standard 4.2:</b> Each child is supported to meet any identified health and development needs.	Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	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-0042457
<b>Provider's response to Inspection Report No:</b>	MON-0042457
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	16 January -17 January 2024
<b>Date of response:</b>	08/03/2024

## 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: Responsive Workforce

<b>Standard : 6.3</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 6.3:</b></p> <p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p> <p>Improvement was required to ensure that each individual staff member's performance is formally appraised in line with the provider's policy on a consistent basis.</p> <ul style="list-style-type: none"> <li>- Each staff Professional Development plan (PDP) will be completed by the 31/3/24 with the Person in Charge (PIC) or Deputy Centre Manager.</li> </ul>	
<b>Proposed timescale: 31/03/2024</b>	<b>Person responsible: Person in Charge (PIC)</b>

## Quality and Safety: Child-centred Care and Support

**Standard : 2.3**

**Judgment: Not 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.

Inspectors had concerns in relation to the storage of combustible materials in a shed that also served as the boiler and utility room. A clearer and more accurate record of fire drill duration is required, while some electrical cables need to be secured. There were some maintenance issues such as indoor areas that required painting and an updated floor plan was required to clearly show locations of the firefighting equipment.

- An alternate arrangement has been made regarding the storage of the BBQ cylinder – this was enacted on the day of the inspection. An updated risk assessment has been completed and will be reviewed regularly by the Person in Charge (PIC).
- The tacking for the two loose cables around the skirting has been secured. Maintenance addressed this issue and details of this have been recorded on the Centre maintenance log.
- The area that required painting has been completed on the 29<sup>th</sup> of Jan 2024.
- An updated floor plan has been developed and is now displayed within the centre to clearly show locations of the firefighting equipment.
- Learning has been provided to the staff team regarding accurately recording the timing of the fire evacuations of the time of alarm sounding to arrival at the assembly point.
- A fire drill with full participation of staff and young persons will be conducted by the 30<sup>th</sup> of March 2024. A detailed account will be recorded in the Tusla on site Fire Register.

**Proposed timescale: 30<sup>th</sup> of March 2024**

**Person responsible: Person in Charge (PIC)**

<b>Standard : 3.1</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b></p> <p>Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>However, a review of a sample of child protection records showed instances whereby notification of child protection concerns to Tusla had been delayed and where the status of notified concerns had not been consistently tracked.</p> <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) will review the Children’s First Policy with the team to refresh on the criteria of when to submit a Child Protection Notification in the team meeting on the 13/3/24 to ensure that notifications are submitted in a timely manner.</li> <li>• The Person in Charge (PIC) will ensure that all Child Protection Notifications updates are entered in a timely manner into the Child Protection Log. This will be overseen by the Person Participating in Management (PPIM) and will be reviewed on a regular basis.</li> </ul>	
<p><b>Proposed timescale:</b></p> <p><b>13/3/24 - On going</b></p>	<p><b>Person responsible:</b></p> <p><b>Person in Charge (PIC)</b></p> <p><b>Person Participating in Management (PPIM)</b></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 provider has failed to comply with the following standards(s).



Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
6.3	The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Substantially Compliant		31/03/2024
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Not Compliant		30/03/2024
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant		13/3/24 - On going

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