



**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:	Announced
Date of inspection:	8 th and 9 th June 2022
Centre ID:	OSV-0004162
Fieldwork ID	MON-0036953

About the centre

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

The centre is managed by the Child and Family Agency and can accommodate up to three children at any one time. The centre offers medium to long-term placements to both genders, male and female aged 13yrs to 17yrs of age. The centres aim is to provide a safe, caring environment characterised by the quality of the relationship developed with the young people in their care, in which the centre addresses the issues that are preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, the centre will work to prepare each young person for a successful transition to an agreed placement of choice 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.

The centre work to ensure that their care practice is always young person centred and that the centre maintains a needs led, multidisciplinary approach to looking after the young people in our care.

Number of young people on the date of inspection:	3
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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 summarise 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
8 th June 2022	09.30 – 17.30	Hazel Hanrahan	Lead Inspector
8 th June 2022	09.30 – 17.30	Mary Lillis	Support Inspector
9 th June 2022	09.00 – 17.00	Hazel Hanrahan	Lead Inspector
9 th June 2022	09.00 – 17.00	Mary Lillis	Support Inspector

Views of children who use the service

The centre was a two storey house located in a suburban area. The centre was served by public transport such as bus and railway line to the city, nearby suburbs, and to neighbouring settled areas. Also, the area offered a range of activities such as sport, art and a library. The centre had access to two vehicles to support children to and from activities, education, family access and appointments.

There were three children living in the centre at the time of the inspection. Inspectors observed children and staff interactions on the day and the children were comfortable in their company. Inspectors observed how staff created opportunities to speak with children about their school day and laughter was heard around the house. The relationship between them both appeared effortless in their exchanges.

The inspectors spoke with two children and one parent and listened to their experiences of the service.

The premises offered a warm, positive child friendly environment that was decorated with warm colours. Paintings created by children were displayed in the house that included individualised hand prints of children and staff. There were also areas that showcased positive encouragements created by staff. These encouragements observed by the inspector were positive statements offering encouragement and motivation to children undertaking exams. It was clear from inspectors' observations and speaking with staff that managers had considered the positive impact a child's living environment can have on them. Children were included in the design of the environment, and had decorated their bedrooms not only on admission to the centre but during their time there. Children were also afforded opportunities to earn extra pocket money which in addition helped them learn life skills. The centre had a small outdoor space which was equipped with a seating area and a basketball net which was enjoyed by the children.

The staff were described by a child as *'all nice'* and children told inspectors that they *'felt safe in their bedroom'* and that *'the staff and young people make it feel safe'* which further added to the positive environment within the centre. When asked about the centre, children said:

- *'done bowling with some staff'*
- *'done cooking, made cupcakes and brownies'*
- *'like the sitting room, comfy'.*

Play was an important learning tool used by staff with children. This was done through different platforms such as keywork sessions, board games, group settings and one-to-one work. It offered children an opportunity to take part in and interact with the world around them. Children said that staff organised;

- *'day trips'*
- *'bowling' and*
- *'basketball and can never beat [one staff member]'*.

Maintaining family links for children was promoted and central to the work undertaken by staff and managers. This not only included parents but also sibling contact. A child told inspectors that staff advocated on their behalf to be able to see their siblings. Managers also recognised the importance of friendship groups to children and promoted keeping this contact. A child said that staff *'organise with family and friends'* to visit them and that *'friends come sometimes'* to the centre to see them.

Inspectors found that the centres model of care was embedded in the service and developed to each child's individual needs. From document review and speaking with staff, inspectors found that staff were sensitive in how they facilitated children's educational, emotional and health needs and their integration into the community by joining football and basketball teams. Although all children were aware of the different types of plans in place for their care, one child said that they had not seen their updated Care Plan. One child was still awaiting contact and a visit from their new social worker and said that staff had advocated on their behalf to resolve this. All children were aware of how to make a complaint and managers had arranged for an independent advocacy group to visit the centre and speak with the children.

A parent spoke positively about the centre and voiced that they were supported throughout. The parent said that they knew their child was kept safe *'from talking with my daughter she is safe and being looked after well'*. The centre was described by a parent as having;

- *'good communication'*
- *'get updates every month'*
- *'all very welcoming'*
- *[staff] 'friendly'*
- *'supporting daughter in getting to school'*.

The parent told inspectors that the centre was supportive in keeping family ties in place and this was facilitated through having visits at the centre or at other venues with their child. The parent stated that the staff at the centre had *'given privacy'* to them as a family at these visits.

Inspectors spoke with three social workers who spoke positively about the service and how the staff and managers were always available to speak with them. Social workers said that staff would *'always let you know what's happening'* for the child and that child protection concerns were always reported to them in a timely manner. Staff at the centre were described by the social workers as:

- *'very supportive'*
- *'meeting children's needs'*
- *'have been amazing'*
- *'no concerns very happy'*
- *'family always welcome to visit' the centre*
- *'very good relationship with family'*
- *'very experienced'*
- *'very invested in service'.*

Social workers said that staff were supportive to children and their families in maintaining their relationships. A social worker said that they *'advocate for access that suits'* the child's needs. The centre was described by a social worker as being proactive in bringing children to and from access visits so that they could take place. A social worker discussed how staff and managers were accommodating in helping a child continue their education through completing their school plan from the centre.

Capacity and capability

The centres statement of purpose and function had been updated a month prior to the inspection to reflect the change in the management structure. The centre manager role was undertaken by an acting centre manager who was supported by one acting deputy centre manager. Documents reviewed showed that the acting centre manager had a regular presence in the centre, attended professionals meetings if required, met children and staff and reviewed children's care files. Inspectors found that the acting centre manager had oversight of the management of the centre which included oversight of records, attendance at handover meetings and the implementation of children's placement plans. The centre had a full staff team in place made up of social care leaders, social care workers and relief staff. A deputy regional manager had responsibility for the operational management of the overall centre. There was a clear and effective management structure in place where roles and responsibilities and lines of reporting were robust, workable and effective. Staff who spoke with inspectors said that they felt supported and were informed of the change in management structure. Staff said that this was also communicated to children. Children told inspectors that they knew who the centre manager was. Staff and managers who spoke with inspectors were clear of their role in the delivery of the service and in meeting the primary care needs of each child.

Social care leaders were recorded on the rota who coordinated each shift and the allocation of tasks to ensure it was delivered in a safe and effective way. The centre utilised the same relief staff to cover any staff leave to maintain stability and consistency in the service. Inspectors found that the staff team was experienced in providing care to children. The team had received adequate training pertinent to their role and in areas such as the model of care that underpinned their practice, child protection and safeguarding and the model of behaviour management that was in place. Inspectors

reviewed management meetings minutes and found that areas of discussion focused on placement planning, review of significant events, the voice of children, training and the individual needs of the children. There was a focus on service development and improvement. Inspectors reviewed a number of records such as placement plans, child protection referrals and found there was appropriate oversight by managers.

Inspectors examined the centres management of children missing from care and found that there was good multi-agency working embedded in the centre. Inspectors saw evidence of effective joint working between professionals to keep children safe. Staff carried out keywork sessions with children that explored the reason for missing episodes and how to stay safe. The centre had recording practices in place and protocols were clear. Staff and managers had an awareness and understanding of these. The centre had up-to-date risk management plans in place for each child. Inspectors found that missing from care incidents were reported to the relevant organisation in a timely manner, in line with the national protocol, Children Missing From Care, A Joint Protocol between An Garda Siochana and the Health Service Executive Children and Family Services. The centre also followed protocols for the social worker and family to be notified. Inspectors found that the manager had oversight of the vulnerabilities of children missing from care and used the required 'Need to Know' form to inform social workers of specific concerns about their welfare. However, inspectors found delay in the convening of a professionals meeting and delay in the use of the centres escalation procedure in responding to the increasing risk of children missing from care.

Further assurances were sought from the centre manager following the inspection through a provider assurance report. The information received provided a detailed account of the safeguarding activity and practice undertaken by staff and managers in response to children missing from care. This included confirmation that a professionals meeting was held.

The centre had a statement of purpose and function in place that reflected the nature of the service. It outlined the aims and objectives, facilities, care and support needs delivered to children. However, inspectors found that further information was needed to accurately describe the number of placements the centre could provide. Additionally, the centre had in place a friendly version of the document for children, and parents and or guardians. This offered information on the service provided to children.

Standard 3.3

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice

The centre had good multi-agency working embedded in their working practice and reported children missing from care to An Garda Siochana in a timely manner, in line with the national protocol. While there was a delay in the convening of a professionals meeting, further assurances were sought that a professionals meeting took place along with further action.

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 had a detailed statement of purpose and function which described the full extent of the service and facilities provided to children. Further information was needed to accurately describe the number of placements the centre could provide.

Judgment: Substantially Compliant

Standard 6.1

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

Regulation 6: Staffing

The centre had a full staff team in place that was made up of social care workers and social care leaders who were experienced and committed to providing support and care to the children. The centre used two relief staff who were familiar with the children and the day-to-day running of the centre.

Judgment: Compliant

Quality and safety

The staff and managers provided a good quality service to the children who were placed there and the staff were clear on its purpose and the care and support needs of children who required medium to long-term placement within the centre. Admission of new children to the service was well planned and social workers of children already in the centre said that they were notified of new admissions and assessed the impact that this might have had on children. Children and their families were also given child friendly information on the service and what they should expect.

Arrangements for safeguarding children were in place and all staff were trained in Children First National Guidance for the Protection and Welfare of Children, and of the Children First Act 2015. Staff who talked with inspectors were clear on areas such as managing concerns about children and protected disclosures. Staff were proactive and identified further training needs in this area for their development.

The work undertaken by the staff at the centre was underpinned by an approved model of care. Staff and managers explained that this model of care supported the staff to promote physical, psychological and emotional safety around the ongoing needs of the children. The process of the model of care also determined when it needed to adapt to the changing needs of children or was no longer required. This approach was embedded well at the centre. Each child placed in the centre had an allocated social worker. The staff had a good working relationship with each social worker in relation to the overall plan for each child. Inspectors reviewed three children's files and found that they each had an up-to-date placement plan that reflected their care plan. Children were fully engaged in their care and support in the centre through keywork sessions, and the model of care that underpinned the centres practice. Children were allocated a keyworker who completed direct work with children that was reflective of their placement plan. This was reviewed after 12 weeks and reassessed to identify further areas of development and life skills to benefit the child.

The care plans reviewed were of good quality, information was clear and it detailed the support and care needs of the child. All care plans were up to date in line with timeframes set out in the regulations. Children said that they were aware of their care plans and were invited and some had attended the meetings. Staff said that children were made aware of the importance of attending meetings about them. If children did not wish to participate staff said they gained the child's views and presented these at the meeting. Documents reviewed showed regular contact between staff, social workers and other relevant professionals. Children's records did not always show contact between the child and their social worker. However, as most of the children had their own personal phones inspectors were not able to determine all social work contact with the children. Records showed social work visits to the centre were undertaken where they saw and spoke with the child.

The centre had an approved method of managing behaviour and staff were trained in this model. This was reflected in the behaviour support plans that were in place for each child. Each plan reviewed was up to date and focused on each of their needs. The behaviour support plans provided staff with the opportunity to help children to take responsibility for their behaviour, look at healthy behaviours and unpick what was being communicated by the children. Inspectors found that the centre had developed good communication with parents and social workers and provided updates on each child's activities. A parent and social workers told inspectors how the staff were child centred and that they were kept informed by staff in a timely way.

The manager and staff completed risk assessments related to children from the point of referral to the centre. Risk assessments involved the identification and evaluation of sources of potential harm and the management of those identified risks. The centre put actions in place to reduce or prevent these risks. The risk assessments contained a whole range of actions dependent on the risk. Some actions identified included specific pieces of work undertaken through the centres model of care such as discussion with the children on how to stay safe online and in the community. Inspectors found on reviewing documentation that the centre had a number of restrictive practices in place that focused on children's access to communication and family contact. The centre had undertaken risk assessments of the needs of the children and had monitored, recorded and reviewed the use of restrictive practices. Where the centre had identified restrictive practice as necessary they had consulted with the child. However, the centre had not in all cases identified some practices as being restrictive in nature and therefore had not always recorded or assessed the restrictive impact on the child. Inspectors found that on occasion the restrictive practice had been used for a prolonged period of time and that the centre had not sought to continually reduce or eliminate the use of its restrictive practices. The centres review process looked at the vulnerabilities and risks of each child, however, it was not used to identify opportunities to trial alternatives that were less restrictive and or for a shorter period of time.

The centre had a system in place to notify reportable events in line with Tusla national policy and procedures. The centre was in the process of developing a system to collate information on significant events to support oversight of trends and inform their practice of care.

Children were safe in the centre and there were clear system's in place to ensure concerns about children were reported in line with Children First. The centre records showed that there was one outstanding child protection concern in relation to a child residing in the service. Inspectors found that all significant event notifications were sent in a prompt manner and social workers said that they were happy with how incidents were managed by the centre. Staff who spoke to inspectors were knowledgeable of their responsibilities in reporting child protection concerns and had identified areas of further training.

The centre provided different platforms for children to have a say and encouraged them to have their voice heard in matters that affected them in the centre and at care plan meetings. Children had a say in activities the centre provided, planning meals and had their own platform in the shape of children meetings. The centre offered a wide range of activities and provided children with the opportunity to pursue their hobbies and interests that included football, swimming and gymnastics. Staff actively encouraged children to take part in activities that were important or interesting to them.

The centre had an up-to-date safety statement in place and all staff had undergone fire safety training. Inspectors found that all children had a personal emergency evacuation plan (PEEP) in place which identified their individualised needs. The centre conducted fire safety drills with new children admitted to the centre and new staff joining the team. There was a process in place to ensure consent was given by parents and or carers to ensure children's health needs were met. Staff completed individual work with children that focused on their overall health and wellbeing. This helped children build knowledge and understanding on their health. Keywork sessions were recorded in detail on each file. Staff supported children to attend health services when required.

The centre had a policy in place in relation to medication management. Inspectors reviewed a sample of medication administration and reconciliation records and found that the staff had a good understanding of the prescription and non-prescription medications a child was taking. One child self-administered their own medication and the centre had undertaken a risk assessment to inform their decision-making and how to manage the child's safety. These records were appropriately maintained by the centre.

Standard 1.5

Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.

Regulation 8: Access arrangements

Children were supported to maintain contact with their parents, siblings and friends in line with their best interests. This was facilitated within the centre and by staff transporting the children to agreed locations.

Managers and staff supported the children to integrate into the community through activities by helping them join and attend sporting activities.

Judgment: Compliant

Standard 2.2

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Regulation 23: Care Plan**Regulation 24: Supervision and visiting of children****Regulation 25: Review of cases****Regulation 26: Special review**

The care plans reviewed were of good quality, information was clear and it detailed the support and care needs of the child. All care plans were up to date in line with timeframes set out in the regulations. The placement plans reflected the care plans. Placement plans were individualised to the needs of the child and clearly identified actions to meet these needs. The placement plans were implemented, monitored and reviewed through the use of the centres model of care. Managers and staff had regular and effective communication between relevant professionals.

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 centre provided children with a homely environment that was safe and comfortable. Children were provided with their own bedrooms which they decorated on admission and throughout their time there. Children shared communal bathrooms. The centre allowed for privacy for children as it had two sitting rooms and spacious communal areas that facilitated visits from family and friends.

The centre had an up-to-date safety statement and fire records that were inspected were found to be recorded appropriately.

Judgment: Compliant

Standard 2.6

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

The centres model of care assisted staff to implement plans that supported children to develop independent living skills and this was tailored to each child's needs.

Judgment: Compliant

Standard 3.1

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

Staff acted appropriately to incidents of child protection concerns in line with Children First. Staff demonstrated knowledge in how to manage child protection concerns and how to report this.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The centre were consistent in their approach that supported the development of positive behaviour of each child. This was undertaken through a child's placement support plan that was tailored to each of their needs. The plans helped to develop positive behaviour by having routines, house rules and boundaries in place.

The centre had restrictive practices in place at the time of inspection. It was found that on occasion the restrictive practice had been used for a prolonged period of time and that the centre had not sought to continually reduce or eliminate the use of its restrictive practices. The centre had not in all cases identified their practice as being restrictive in nature and therefore had not always recorded or assessed the restrictive practices impact on the child.

As a result, the restrictive practices log reflected some of the restrictive practices in place but needed to be updated to reflect all restrictions that were used by the service.

Judgment: Substantially 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 centre had in place information and consent surrounding the medical needs for each child. The centre also had a medication management policy and procedure. The centres model of care along with the placement support plan worked towards supporting health needs as outlined in their care plan.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice	Compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
Quality and safety	
Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Substantially Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.	Compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0036953
Provider's response to Inspection Report No:	MON-0036953
Centre Type:	Children's Residential Centre
Service Area:	Dublin Mid Leinster
Date of inspection:	8 th and 9 th June 2022
Date of response:	

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

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

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

Compliance plan provider’s response:

Capacity and Capability

Standard : 5.3	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <ul style="list-style-type: none"> • The Person in charge (PIC) reviewed the purpose and function on the 10 June 2022 to amend the typo. <p>Going forward the Purpose and Function will be reviewed by the PIC and signed by the registered provider to ensure that all information contained within is accurate.</p>	
Proposed timescale: 10/6/2022 Completed	Person responsible: Person in Charge

Quality and Safety

Standard : 3.2	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 3.2: Each child experiences care and support that promotes positive behavior.</p> <ul style="list-style-type: none"> • All practices that are assessed as restrictive practice will be recorded as such. • The Person in Charge (PIC) will ensure that restrictive practice that is in place has been accurately assessed as needed through a risk assessment to ensure the young person’s safety. • The risk assessment will hold details of review and plan to eliminate the restrictive practice in a timely manner based on the individual child needs. • The PIC will maintain a log of restrictive practices undertaken in the centre, which will be reviewed on a monthly basis. 	
Proposed timescale: 08 /07/ 2022 Completed	Person responsible: Person in Charge

