



**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:	11 & 12 October 2022
Centre ID:	OSV-0004165
Fieldwork ID	MON-0037982

About the centre

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

The aim of the service, as outlined in the statement of purpose and function, is to provide a safe, caring environment characterised by the quality of the relationships they develop with the young people, in which they can address the issues preventing them from living at home. Where this is not possible, the service works to prepare the young people 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 feasible to help to prepare them, to live independently, initially with the support of aftercare service.

Children aged 13 – 17 years, on admission, can reside in the service. Younger children can be considered where appropriate approvals are in place.

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 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 service 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 service 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
11 October 2022	09:00hrs to 17.50hrs	Una Coloe	Lead Inspector
12 October 2022	09:00hrs to 16:00	Una Coloe	Lead Inspector

What children told us and what The inspector observed

From what young people said and what the inspector observed, it was clear that young people were provided with good quality care in the centre. Young people who spoke to the inspector were positive about their experiences in the service and they enjoyed the activities provided by staff. From a review of files, the inspector found that young people were listened to and provided with opportunities to give their views on their care and the day-to-day activities. The staff team was child-centred in approach, supported the young people to reach their full potential and advocated on their behalf. At the time of the inspection there were four young people living in the centre.

The centre was a two storey house located on the outskirts of a main town with access to a range of amenities including shops, schools and leisure activities. The centre was renovated in recent years and was warm, clean, comfortable and nicely decorated. The garden area was well-maintained and the young people were involved in creating a sensory garden and vegetable patch. There was sufficient play equipment appropriate to the age and development of the young people living in the service.

The inspector spoke with two of the four young people living in the centre and two young people completed a questionnaire. All of the young people reported that they felt safe and liked living in the centre. The young people said they had keyworkers and identified staff they felt comfortable talking with. Both of the young people who spoke with the inspector said that they got on well with the other young people living in the centre. One young person said they could talk to the managers if they needed to and were aware that they could access their information and files, if they wished. The young people who spoke with the inspector said they liked the meals they received, had helped staff in preparing dinners and were provided with opportunities to contribute to meal planning on a weekly basis. They said that they had opportunities to decorate their room and did not identify anything they would like to change about the service.

One young person showed the inspector garden furniture they had painted, wooden flower boxes they had made and vegetables they had sown with the assistance of staff. They described activities they participated in and enjoyed including football, playing on the trampoline and spending time in the games room. The young people said that staff brought them on outings to the cinema and shopping trips.

Two of the four young people said they had an allocated social worker. While one young person said that they saw their social worker "sometimes", the other young

said they were not visited regularly and did not feel listened too. One young person who did not have an allocated social worker said they were happy that staff had made a complaint on their behalf regarding this issue. The fourth young person said they did not have a social worker, did not feel they were involved in decisions regarding their care and was not aware that they had a care plan. Two young people outlined on a questionnaire that they were aware of their rights but one young person, although they had identified staff they could talk to, was not aware of who to talk to if they felt unsafe. The inspector alerted the centre manager to this issue.

The inspector observed positive interactions between staff and young people and observed staff playing football with young people. There was a friendly and positive atmosphere during the course of the inspection.

All young people were given a copy of the child-friendly statement of purpose upon admission. Staff went through this booklet with the young people to ensure they knew what to expect while living in the centre. This outlined the care and placement planning process, routines and expectations while living in the centre and the complaints process.

The inspector spoke with two family members to obtain their views on the service. Both family members were very happy with the care and support provided to the young people. They were satisfied with the contact from the team and advised that they were provided with a weekly updates on the young people's care and the progress they were making. One family member said the "staff are very nice and they're doing their best" while another family member said "staff are doing as much as they can" to help the young person. Family members described how staff had supported the young people in relation to their specific needs. A family member expressed concern about two young people not having a social worker and they said that they were worried about how the children's educational needs were being met. They described that they were working together with the staff team to support the young people to reach their potential. The staff team had devised education plans and liaised with local schools to source suitable alternative educational placements to support the young people to progress in their education. A family member reported that they were was happy with the supports provided in relation to mental health needs and outlined that staff had brought the young person on holidays during the summer.

The inspector spoke with two social workers, a principal social worker and a Guardian ad Litem. The professionals all provided positive feedback about how the service operated and how the young people's needs were being met. They said that staff provided regular updates on the young people's care or concerns which needed their attention and described communication from the team as good. They outlined that the young people had positive relationships with staff. One social worker described

that staff team as “brilliant”, while another said staff were “very responsive”. While there were delays in progressing actions to meet the educational needs of two children, external professionals outlined the plans to address the young people’s needs in this area to the inspector. The inspector discussed a concern with a principal social worker regarding two young people living in the service who did not have an allocated social worker. She provided assurance that a statutory visit was scheduled and a strategy meeting planned to progress actions required from their care plans.

Capacity and capability

The service was last inspected in February 2021 against eight of the National Standards for Children’s Residential Centres (2018). This inspection found that the service was compliant with all of the eight standards assessed.

There was a stable and committed management team in the service. There was a fulltime centre manager who was supported by a deputy centre manager. The centre manager reported to a deputy regional manager, who had overall responsibility for the quality and effectiveness of the service provided. The management team had developed comprehensive governance, management and oversight systems to ensure that the service being delivered was safe and in line with the statement of purpose and function. Management structures were clearly set out and staff said they felt supported in their roles. The young people living in the service were safe and received a good quality care.

The statement of purpose and function had been reviewed in January 2022. This clearly set out the aims and objectives of the service and outlined the model of care and support to be delivered. The statement of purpose and function described the care and support needs that the service intended to meet and the management, governance and staffing arrangements. The service accommodated children between the ages of 13 and 17, on admission. Children younger than 13 could be accommodated if, if there was approval from the area manager. The model of care in operation, adopted a wellbeing outcome focused framework, through providing a therapeutic environment which promoted the physical, psychological and emotional safety of the young people. Staff understood the model of care and this approach was embedded in practice. Each young person received a copy of the young person’s booklet 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.

There was an experienced and dedicated staff team who understood the complex needs of the young people and strived to ensure that practice in the service was

delivered to a high standard. The service was adequately staffed at the time of the inspection and there were no vacancies on the team. There were two members of the staff team on long term leave but this had not impacted on the young people or their care as two consistent agency staff were assigned to the service to complete their shifts. There was an effective system to allocate tasks between the team on a daily basis and progress in relation to these tasks was monitored during each shift. Staff reported that morale on the team was good, and there was effective working relationships between staff and management. The service review for 2021 outlined that although COVID 19 had impacted on staffing levels at times, this was managed effectively due to the commitment and flexibility of the core staff team.

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 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 was adequate staff in the service to provide safe and effective care to the young people. The staff team were committed and experienced. They were child-centred and provided consistent care to young people.

Judgment: Compliant

Quality and safety

Children received good quality care and practice in the service was child-centred. The staff team supported the young people to pursue activities and to maintain contact with families. Individualised direct work was carried out with the young people which focused on their identified needs, and staff worked consistently with young people to address the underlying causes of their presenting behaviours. The team were proactive in advocating for the rights of young people.

The centre was well maintained, homely and nicely decorated. It was clean and comfortable, with flowers and art work on display. There was ample space for young people to spend time together as a group or on their own, if they wished. Some of the young people had completed a project in the garden. For example, the young people had planted a vegetable garden, painted furniture and developed a sensory area in the garden. The grounds of the centre and the garden were well maintained and there were colourful flowers in communal areas which added to the homely feel of the service. There was sufficient play equipment to suit the age range of the young people and they had access to a games room. The young people who spoke to the inspector were happy living in the service and had been consulted with in relation to their views about decorating their room, for example.

Young people were supported to maintain positive relationships with their family and to develop links with the local community. Staff provided transport to and from family visits and facilitated visits from family and friends in the centre, if the young people wanted this and it was part of their care plan. It was evident that staff communicated regularly with family members, provided updates on day-to-day care and informed them of significant events that occurred. Family members who spoke with the inspector were happy with the contact from staff. Staff supported the young people to develop interests and participate in activities in the local community such as swimming and exercise classes. Staff also encouraged the young people to participate in activities such as football, garden projects, cooking and games. This was led by the placement planning process and in line with the young people's wishes. Young people were encouraged to participate in weekly meetings with staff. This provided an opportunity for young people to discuss their views about the service and plan meals and activities for the following week.

Not all young people living in the service had an allocated social worker. Two of the four young people had an allocated social worker and they had visits from their social worker as required. Centre records showed regular phone contact between staff and the allocated social workers. Where there were concerns in relation to specific risks, the management team had held strategy meetings with social workers to manage these risks. However, two young people did not have an allocated social worker and had not been visited in line with the requirements of regulations. The management team had advocated for the young people and submitted a complaint to the social work department on their behalf. The inspector addressed this gap with a principal social worker in the relevant social work department. The inspector was assured that there was a plan to prioritise the allocation of a social worker and a statutory visit was scheduled for both young people, the week after the inspection.

Each young person had an up-to-date care plan at the time of the inspection which were detailed to guide their care needs. There was a delay in obtaining the care plan for two young people who did not have an allocated social worker but the

management team had liaised with the social work department and resolved the issue. While actions outlined in care plans had progressed for two young people, the progress of actions, specifically relating to the educational needs of two young people required further review. The staff team had considered the impact of COVID 19 and the young people's educational background and adequately supported the young people in relation to their education/training needs. Despite this, further supports were required to ensure the young people achieved their potential in learning and development. This was identified as a concern by staff, management, family members and professionals involved. A strategy meeting between the staff and management team and the social work department was scheduled to take place two days after the inspection to consider and plan the next steps to ensure the young people's educational needs were met.

Placement plans reviewed by the inspector were good quality, informed by care plans and the up-to-date needs of young people. The young people had three keyworkers assigned to them who had responsibility to ensure actions identified in the placement plan were carried out. Individualised direct work aligned to the themes of the placement plan was carried out on a planned and opportunity led basis. The work with young people was reviewed every two weeks at team meetings and the overall placement plan was reviewed and updated every 12 weeks.

Young people were supported to develop independent living skills and in their transition from childhood to adulthood. The inspector reviewed one young person's file in relation to aftercare planning and found their assessment of need was completed and a plan was in place to support the young person's independent living skills. The inspector found that staff worked with all young people to support them to develop independence and self-care skills in line with their age and development. This work with young people was guided by the young people's individual needs and outlined in their placement plan. Staff and managers told the inspector that supporting young people to learn to cook, budget, develop self-care skills was a routine normal process of the day-to-day life in the service.

The service had a positive approach to the management of behaviour and this had been effective in dealing with issues arising for the young people. Placement support plans were comprehensive, regularly reviewed and provided guidance on the key risks for the individual young people. Incidents of behaviour that challenged were well managed and young people were supported appropriately following an incident. Staff had up-to-date training in the Tusla-approved approach to managing behaviours that challenged.

Concerns relating to young people's mental health were well-managed. Incidents were responded to quickly and young people were referred to support services when required. There was one incident of a young person going missing from care and this

was responded to in line with policy. The inspector found the staff team were very proactive and persistent in addressing the concern.

Restrictive practices were implemented, when required, to keep young people safe. They were routinely recorded, risk assessed and reviewed. It was evident that while restrictions were necessary at times, to keep young people safe, managers had oversight and reviewed them to ensure the least restrictive measures were in place and for the shortest duration possible. In addition, restrictive practices were reviewed with social workers in line with the young person's safety plan. There was also a process to discuss and review the effectiveness of restrictive practices at team meetings and it was evident that the restrictions were adapted as required, according to the presenting risk.

There was a system in place to notify reportable events in line with Tusla national policy and procedures. The inspector found that significant events were reported to the relevant personnel, as required. Centre managers had oversight of all significant events and they were routinely discussed at team meetings with staff to identify learning in relation to the management of incidents. The inspector reviewed the significant event log and a sample of significant events and found that incidents were well managed and there were no trends identified.

The service promoted the safety and welfare of young people. Managers acted as the designated liaison people (DLP) for the service and staff were aware of their responsibilities in line with Children First: National Guidance for the Protection and Welfare of Children. The inspector found that child protection concerns were referred to Tusla through the portal, and in line with Children First. In most cases referrals were submitted to Tusla in a timely manner but there was a delay of five days reporting one child protection concern as it had initially been reported to the social work department as a complaint. This was identified by the service and action was taken to address the concern immediately and managers subsequently reported the concern through the portal, in line with the correct process. The inspector found that this was an isolated incident and managers in the service had appropriate knowledge of their responsibilities in line with Children's First. Child protection concerns were recorded on a centre log and there was evidence of the management team communicating with Tusla to seek updates on the referrals. The service responded to the concerns and incidents appropriately, held strategy meetings with relevant social workers and implemented safety plans to safeguard young people. 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.

Risk management systems were effective. There was a risk register and risk assessments carried out in relation to centre risks. When individual risks relating to the children arose, these were assessed and recorded on the individual placement

support plans. The inspector found that there was a proactive approach to the management of risks and strategy meetings occurred with the social work department when required to address the risks collectively.

There was an up-to-date safety statement in place. There were appropriate fire safety management systems in the service. Daily, weekly and monthly fire safety checks were recorded and there was evidence of managerial oversight on the records. Fire drills were carried out on a regular basis and it was evident that drills were prioritised when there was a new admission to the service. All staff had up-to-date fire training and there was adequate firefighting equipment throughout the centre which had been recently serviced. The management team had completed health and safety audits and incidents and accidents were appropriately reported through the national incident management system.

Young people's health needs were identified and addressed in a timely way. Their health and development needs were outlined on their care plans and placement plans. They had access to GP, dental and mental health services, as required. Staff were knowledgeable about each young persons' health needs and supported them regarding their overall health and well-being. Key working records showed that young people were supported to develop knowledge and understanding of their health and development, including sexual health, smoking and self-care. Some young people had challenges with maintaining a healthy routine and this was being addressed through key working sessions and support.

Practices relating to the management of medication in the service were good. There were appropriate systems in place for the storage, administration and monitoring of medication. The inspector found that most of the prescription sheets were well-maintained. A prescription sheet for one young person contained the current prescription and discontinued medications that the young person no longer required. The centre manager outlined that the team had attempted to obtain an updated prescription and confirmed that they had received this on the second day of the inspection. This had not impacted on the administration of medication to the young person. The management team audited medication management practices on a monthly basis. There was a process to log medication errors as a significant event notification and there had been three medication errors this year. Medication errors were discussed at team meetings to share learning and implement changes to practice following an error.

<p>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</p>
<p>Young people were supported to maintain contact with their families and significant others in line with their best interests.</p>
<p>Judgment: Compliant</p>
<p>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</p>
<p>All young people had an up-to-date care plan. Good quality placement plans guided the individualised direct work with the young people. Two of the four young people did not have an allocated social worker and their statutory visit had not been completed in line with the timeframes set out in regulations. The management had advocated on behalf of the young people and the statutory visits were scheduled to take place, the week after the inspection.</p> <p>Despite the staff team supporting young people in relation to their educational needs, actions outlined in the care plans of two young people required further review to ensure the young people reached their educational potential. A strategy meeting with the social work department was scheduled to take place after the inspection to discuss further supports required for the young people.</p>
<p>Judgment: Substantially Compliant</p>
<p>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</p>
<p>The centre was clean, well maintained and nicely furnished and decorated to provide a homely environment for the young people. Maintenance issues were resolved in a timely manner and there was effective systems in place for the monitoring and oversight of the centre’s health and safety systems and fire safety.</p>
<p>Judgment: Compliant</p>

Standard 2.6

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

Young people were supported to develop independence and self-care skills in line with their age and development. This work was guided by the individual needs and outlined in their placement plan. An aftercare assessment of need was completed for one young person who required this in line with national policy.

Judgment: Compliant

Standard 3.1

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

While there was a delay reporting one child protection concern, as it was initially reported as a complaint, this inspection found that this was an isolated incident. Managers in the service had appropriate knowledge of their responsibilities in line with Children's First and child protection concerns were generally appropriately reported in line with Children First in a timely manner. Staff demonstrated appropriate knowledge in relation to the management of child protection concerns. They were aware of individual safeguarding concerns for young people and they were proactive in addressing the risks. 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.

The service's had a positive approach to the management of behaviour and this had been effective in dealing with issues arising for the young people. Placement support plans were comprehensive, regularly reviewed and provided guidance on the key risks for the individual young people. Incidents of behaviour that challenged were well managed and reported in line with the policy.

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 needs of the young people were met. Direct work was completed with the young people to address their health and developmental needs. The staff team supported the young people to maintain a healthy routine. Medication management practices were adequate and closely monitored.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	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.	Substantially 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.	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-0037982
Provider's response to Inspection Report No:	MON-0037982
Centre Type:	Children's Residential Centre
Service Area:	CFA Dublin Mid Leinster
Date of inspection:	11 and 12 October 2022
Date of response:	17 November 2022

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:

Quality and Safety

Standard : 2.2	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p> <p>The centre manager has met with the EWO for one young person on the 7th November. A strategy meeting in relation to the educational needs of one young person occurred on the 15th November and additional supports have been agreed. A meeting for the other young person is planned to occur before the 30th November 2022 to ensure a suitable plan is identified. A request for home tuition for both young people will be progressed by the Centre Manager, as an interim measure to support the children to return to school or suitable educational placement.</p> <p>In the interim the Centre has reviewed the education support plan in the centre and implemented further interventions to support the young people to re-engage with a routine that will support their education.</p> <p>In the event the plans for educational supports have not been actioned for both young people this will be escalated to the principal social worker by the deputy regional manager to be addressed by the end of December 2022.</p> <p>The principal social worker has advised the young people are prioritised for a social worker and has implemented an interim measure to ensure the care needs and statutory obligations are being met. A visit to the young people took place on the 17th and 18th October 2022.</p>	
<p>Proposed timescale:</p> <p>31st December 2022</p>	<p>Person responsible:</p> <p>Centre Manager and Deputy Regional Manager.</p>

