



# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Announced
Date of inspection:	02 December – 03 December 2024
Centre ID:	OSV0004170
Fieldwork ID	MON-0045531

## 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 five children or young people, both male and female, at any one time, aged between 13 and 17 years of age that are in medium to long term residential care. The centre also provides care for children aged 12 years and under only in exceptional circumstances and in accordance with the National Policy in relation to the placement of children aged 12 years.

The centre additionally provides care and support for a young person who is in the transition between living in care and independent living and who may also be over the age of 18. This process is facilitated in the independent living accommodation which is attached to the centre and is subject to a risk assessment.

The aim of the centre is to improve overall wellbeing and achieve positive outcomes for each young person living in the centre. Partnership working is undertaken with young people, their families and carers, their social workers and all other people with a bona fide interest in their welfare in order to provide the best possible care for each young person.

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

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

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

As part of our inspection, where possible, we:

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

In order to 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
02 December 2024	10:00hrs – 18:30hrs	Hazel Hanrahan	Lead Inspector
03 December 2024	09:00hrs – 17:30hrs	Hazel Hanrahan	Lead Inspector

## What children told us and what inspectors observed

The centre is a large two storey house set in a residential area. The centre had a small but adequate outdoor space which was equipped with a seating area and a basketball hoop. The centre is served by a main motorway to a neighbouring city and towns that offer access to schools, community groups and a range of activities such as sports, library and arts. The centre has access to three vehicles to support children to and from activities, school and contact with friends and family.

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. The inspector spoke with three children, one family member and one social worker and listened to their experiences of the service.

The centre was decorated in a cosy manner with pictures scattered throughout the premises and calming colours on the walls and carpets. From observations and speaking with staff, the inspector found that they had considered the positive impact a child's living environment can have on them. Christmas was celebrated by the children and staff and managers had decorated the premises with large, colourful Christmas trees, Christmas wreaths and Christmas ornaments that were dotted throughout the premises. Children told the inspector that they were part of decorating the Christmas tree with staff and placing the Christmas ornaments around the premises.

The centre had access to a large green space in the residential area where the centre was located. A child told the inspectors that staff would play sport activities with them when the weather was good. The centre was equipped with one sitting room that had a television, books and games that catered to meet the children's needs through different activities. One room was a sitting room. A second room was used as a space for children to have time away if they needed their own space or to meet with family, friends and professionals.

There were four children living in the centre at the time of the inspection. The inspector could hear laughter between the children and staff and from observations their interactions appeared to be relaxed and at ease with one another. One child greeted the inspector and asked about what they were doing. The child told the inspector that they:

- "loved" their bedroom
- were able to pick out the toys, colours and pictures in the room
- the staff were nice.

Two children spoke with the inspector and talked in a positive light about staff, and said that:

- “they listen to me”
- “they help me with school”
- Staff helped and supported [the child] move into their independent living accommodation.

The inspectors was invited to attend and have dinner with children and staff on one occasion during the inspection. From observation, children gathered around a large table with staff and appeared comfortable in their surroundings. A variety of food was placed on the table in bowls for children to decide on the quantity they wished to eat. The staff and children laughed and joked between them and talked about what had happened in their day. One child showed an art piece that they had created in the shape of a flower and described how they made it. Another child talked about the topic of hair and beauty. This designated time provided a valuable opportunity for staff and children to get to know one another better as it increased communication which in turn supported staff to understand the events taking place in the children’s lives.

The inspector spoke with one social worker who described the staff as;

- “amazing”
- “encouraged [child] to go to school”
- “staff encourage [child] to talk to social worker”
- Staff have ‘buy in from the [child’s] family” and
- Staff ‘got [child] to the dentist which is a miracle in itself”.

The inspector spoke with one family member who described the service provided by staff as;

- “amazing”
- “great help”
- “can’t praise them enough”
- “help with education and bring [child] to school” and
- Child “much happier” and their “behaviour has improved”.

## Capacity and capability

The inspection found that leadership was demonstrated and evidenced at all levels, alongside a good culture of learning in the service. There were clear lines of authority and accountability. A change in the management structure had occurred since the previous inspection where a new deputy centre manager had been appointed to take up this position. The deputy centre manager had previously held a position of social care leader in the centre. The new deputy centre manager had the support of a centre manager who had been in position since 2001. An alternative care manager had responsibility for the operational management of the overall service. The staff team was made up of social care leaders, social care workers, relief and agency staff.

In this inspection, HIQA found that, of the five national residential care standards assessed under capacity and capability:

- one standard was substantially compliant
- four standards were compliant.

Management regularly undertook a number of audits. The audits identified tasks that required completion and risks that the service faced. At the time of the inspection, the service was not operating with a full staff team. There were three vacancies, one for a social care leader and two for social care workers. Two of the agency staff were transitioning into full-time Tusla contracts and then they would remain assigned to work at the residential care centre. The centre manager had sourced consistent and regular agency and relief staff that worked the additional hours to bridge the gaps in the rota. Regular workforce planning was undertaken to plan against any negative impact or risk to children's continuity of care due to the reduction in the staff team.

The risk identified for the service related to the three vacancies had been escalated to the alternative care manager and was placed on the risk register. Two of the agency staff were transitioning into full-time Tusla contracts and that they would remain assigned to work at the residential care centre. The centre manager had sourced consistent and regular agency and relief staff that worked the additional hours to bridge the gaps in the rota.

There was no separate forum in place for management meetings between the centre manager, deputy centre manager and the social care leaders. The absence of a management meeting forum was a missed opportunity to bring key leaders together to discuss strategic planning, team collaboration and make informed decisions to assess problems and to propose working solutions.

Risks were well managed in the centre where staff and managers undertook risk assessments to identify and assess sources of potential harm and developed a plan for the management of these identified risks. These were detailed and of good quality.

There was a statement of purpose and function in place that outlined the service they aimed to provide and the age range of children the centre catered for. A child friendly version of this document was also made available to children. Further improvement was required to ensure that management continued to meaningfully implement the centres model of care for children transitioning back home. The statement of purpose and function outlined that the centre would *'provide care to young people on a shared basis'* in order to support social work teams to sustain the long-term placements of young people in their family homes. There was a lack of clarity and understanding from staff and management related to the implementation of this specific service provision. This was escalated to the alternative care manager to provide assurances that the concerns identified were appropriately managed. Satisfactory assurances were provided.

A review of supervision records showed that this was taking place on a regular basis. The supervision records were detailed and consisted of discussion about the children who resided in the centre and their care planning needs. It also looked at the training and developmental needs of the staff.

Minutes of team meetings were of good quality with standing agenda items that included children's placement plans, significant event notifications, risk assessments and child protection concerns. In addition, detailed discussions were had in relation to each child's care planning needs and progress.

All information, including information held on each child who resided in the centre, was handled securely and safely in line with legislation. The centre's register was of good quality and up to date. The children's files were well maintained, with up-to-date information about the child's care planning needs. There was good communication and information sharing between different agencies involved in the care planning needs of each child. Management and staff promoted children's right to access any information held about them in the centre.

## **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.

Leadership was demonstrated and evidenced at all levels, alongside a good culture of learning in the service. Management frequently undertook a range of



audits into how the service was being delivered that included some of the following; governance, fire precautions, care practice and complaints. Any gaps in practice along with risks were identified and placed on the risk register. Risk assessments were undertaken to identify and assess sources of potential harm and a plan was developed for the management of these identified risks. The handling of complaints was child-centred and complaints raised by children were resolved swiftly by management.

A change in the management structure had occurred since the previous inspection where a new deputy centre manager had been appointed to take up the position. The deputy centre manager had previously held a position of social care leader in the centre and was familiar and knowledgeable about the operation of the centre and the care planning needs of the children. The new deputy centre manager had the support of a centre manager who had been in position since 2001 and brought extensive knowledge to the role that supported a more efficient and effective management approach, in times when the service environment was changing. Inspectors found, through observations and interviews, the centre manager had focused on nurturing the culture within the service and invested in building a constructive and supportive working relationships with the staff team. This approach resulted in a positive atmosphere and ethos within the centre of management and staff working to achieve a high standard of care for children.

There were effective management structures in place where roles and responsibilities and lines of reporting were clear. The staff team comprised of social care leaders, social care workers, relief and agency staff. All of these positions reported to the centre manager. If the centre manager was out on leave, the deputy centre manager acted as the alternative centre manager for this period of time. The centre manager reported to the alternative care manager, who had overall responsibility for the delivery of the service. The alternative care manager reported to the regional manager of the national children's residential services.

Management regularly undertook a number of audits that included; governance and management, fire precautions, medication management, accommodation and supervision. A sample of these audits were reviewed by the inspector who found that these audits were undertaken by the centre manager and were of good quality. The audits identified tasks that required completion and risks that the service faced. These included the completion of a training needs analysis, maintenance issues for the centre to be repaired and staff to complete fire training course. The risk identified for the service were three vacancies the service had in the staff team. This had been escalated to the alternative care manager and reviewed on a regular basis with the centre manager. This risk was placed on the risk register.

The audit process provided management with operational oversight to support them to identify and mitigate risks in a timely fashion.

The inspector found that there was no separate forum in place for management meetings between the centre manager, deputy centre manager and the social care leaders. The centre manager told the inspector that management meetings did not take place and that information sharing with social care leaders and the deputy centre manager took place in supervision. Supervision did not provide a meaningful forum for management discussion related to service delivery. The inspector found that the absence of a management meeting forum was a missed opportunity to bring key leaders together to discuss strategic planning, performance review, team collaboration, set priorities and make informed decisions to assess problems and to propose working solutions.

Staff and managers undertook risk assessments in the centre to identify and assess sources of potential harm and developed a plan for the management of these identified risks. These assessments were placed on the children's risk register, the centre's risk assessment review log and the restrictive practice register. The inspector reviewed some of these risk assessments and registers and found that they were detailed and of good quality.

Management maintained a complaints register for the service with two complaints made by children in 2024. The inspector reviewed the two complaints and found that the complaints raised by children were resolved swiftly by management. The handling of complaints was child-centred, where children were provided with a safe space to discuss their concerns and to be heard. Children were provided with feedback on the decisions made and the outcome of their complaint.

Judgment: Compliant

### **Standard 5.3**

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

There was a statement of purpose and function in place that outlined the service they aimed to provide and the age range for children they catered for. The centre catered for children aged 13yrs to 17yrs who required medium to long term residential care. At the time of the inspection, a child under the age of 12yrs had secured a placement in the centre. This was in line with the centres statement of purpose and function in that it provided a service for children aged 12yrs and under only in exceptional circumstances and in accordance with the national policy.

In addition, a service to support a young person who was transitioning from residential care and leaving the care system was made available, following the

completion of a risk assessment. This service was facilitated through an independent living space which was attached to the centre. At the time of the inspection, one young person was in the process of preparing their transition from their residential care placement within the centre to this independent living accommodation. The inspectors observed the independent living accommodation with the consent of the young person and found that the young person was happy with the approach taken to ensure that they had sufficient time to continue to develop their independent living skills and continue with their education.

The statement of purpose and function was reviewed annually by management and staff and was up to date having been reviewed in March 2024. The statement of purpose and function described the model of service provision that would be delivered to children who secured a placement. From speaking with management and staff, the inspector found that they were familiar with the contents of the statement of purpose and function and were confident that it reflected the model of care provided to children. However, through the review of one child's file who had transitioned back to their family home, with the support of the centre staff, the implementation of the services model of care was tailored more around support to the child's family members. The focus of the staff's work on the family members rather than the child was identified and discussed at a team meeting reviewed by the inspector. This in turn impacted on the visibility of the child's needs. Further improvement was required to ensure that children who were transitioning back to their family home continued to be afforded the meaningful implementation of the centres model of care.

The statement of purpose and function also outlined that the centre would '*provide care to young people on a shared basis*' in order to support social work teams to sustain the long-term placements of young people in their family homes. Through interviews, a review of documentation and a child's file, it was found that there was a lack of clarity and understanding from staff and management related to the implementation of this specific service provision. Staff and management could not explain to the inspector what the definition of '*shared basis*' was and what this looked like for the service and the child. Upon review of a child's file who was classed as transitioning back to their family home on a '*shared basis*', it appeared in fact that the child had been at home for nine months. The impact, the statement of purpose and function did not clearly describe the aims and objectives of this specific element of the service. Thus, was not in line with the national standards for residential care services for children. The impact was staff and management could not meaningfully or effectively implement this service provision as it was lacking clear information of how the centre would meet the child's needs.

This was escalated to the alternative care manager to provide assurances that the concerns identified were appropriately managed. Satisfactory assurances were

provided by the alternative care manager, who confirmed that a review of the statement of purpose and function would be undertaken to ensure that sufficient information is included to clearly describe the centre's *'shared basis'* service provision.

The inspector found that a child friendly version of the statement was available to children who resided at the centre.

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 service had experienced a change in the management structure since the previous inspection where a new deputy centre manager had been appointed to take up position. The deputy centre manager had previously held a position of social care leader in the centre and was familiar and knowledgeable about the operation of the centre and the care planning needs of the children. Through document review and observations, the centre manager was visible and accessible to staff and children. Also, there was an 'on-call' system in place where managers were rostered on-call during evenings and weekends to provide additional advice and support and all staff were aware of this. An alternative care manager had responsibility for the operational management of the overall service. The staff team was made up of social care leaders, social care workers, relief and agency staff. The centre manager reported to the alternative care manager, where the alternative care manager reported to the regional manager of the national children's residential services.

At the time of the inspection, the service was not operating with a full staff team. There were three vacancies, one for a social care leader and two for social care workers. The centre manager told the inspector that two of the agency staff were transitioning into full-time Tusla contracts and that they would remain assigned to work at the residential care centre. The centre manager had sourced consistent and regular agency and relief staff that worked the additional hours to bridge the gaps in the rota. The inspector found that the staff vacancies did not negatively impact on the managers ensuring that the service operated in line with the statement of purpose and function. Management ensured that the needs of the children who resided in the centre could be met in a safe manner by enlisting the support from relief and agency staff to cover the gaps in the rota.

The centre manager undertook regular workforce planning to plan against any negative impact or risk to children's continuity of care due to the reduction in the staff team. These measures included the use of relief and agency staff to fill the vacant shifts on the rota. The inspector reviewed a sample of the staff rota's and found there were sufficient numbers of staff on shift to provide a safe service to children.

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.

Three supervision records were reviewed by the inspector which showed that supervision was taking place on a regular basis. The centre manager provided supervision to all the staff within the centre. Supervision created a space for staff and managers to exchange information on the positive work taking place and also any challenges that were being faced where actions were devised to address them. These actions included staff attending a supervision course to aid in their role for mentoring students on placement and to liaise with the staff team for support and guidance.

The supervision records reviewed were detailed and consisted of discussion about the children who resided in the centre and their care planning needs. It also contained the training and developmental needs of the staff. Also, discussion with staff regarding the range of therapeutic supports available to them if required was had in supervision. This included coaching, counselling and Employee Assistance Programme (EAP). From document review and interviews, the inspector found that annual appraisals had not taken place. The inspector found that professional development plans (PDP's) had been completed by staff. The PDP's set out goals that were completed by the staff member, what they wished to achieve and progress in their development in the role. This was further explored in individual supervision sessions with staff by the centre manager.

A training needs analysis (TNA) had been completed by the centre manager in 2024, to identify any gaps in staff knowledge and skills. The inspector reviewed the training register and found that staff were trained in the use of a ligature cutter, child sexual exploitation and adolescent substance misuse, violence, harassment and aggression and supervision training.

The inspector reviewed the minutes of team meetings and found that they were of good quality with standing agenda items that included children's placement plans, significant event notifications, risk assessments and child protection

concerns. In addition, detailed discussions were had in relation to each child's care planning needs and progress. This was presented by each of the children's keyworkers, which looked at the next stage of implementing the centres model of care. This included educational and mental health needs, child protection concerns and medication management. Team meetings focused on the sharing of key information related to the day-to-day operation of the service. For example; risk assessments, training schedule and the identification of key risks and how these would be addressed. This included the implementation of safety plans with children where there were concerns for their mental health needs.

Though the inspector found that there was no separate forum in place for management meetings between the centre manager, deputy centre manager and the social care leaders. This is discussed further under standard 5.2.

Staff and managers who spoke with the inspector were passionate about their role in providing a safe and nurturing environment for children in care. They were also dedicated to support children in navigating the different stages of their life to achieve positive outcomes.

Judgment: 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**

The inspector found that all information, including information held on each child who resided in the centre, was handled securely and safely in line with legislation. The inspector reviewed the centre's register and found that it was of good quality and up to date. The centres register was a hard copy book that detailed all the relevant information in respect of each child who resided in the centre. This included their care status, date of birth, gender, social workers name and reason for being in care. For any child who had moved on from the centre to alternative accommodation, there was an entry on the register which had been completed by management.

The inspector reviewed two children's files and found that they were kept securely in a locked cabinet in a staff room. The children's files were well maintained, with up-to-date information about the child's care planning needs. For one child there was a slight delay in their care plan being shared with the staff team. However, the child-in-care review had only recently taken place and time was needed for the minutes to be written up. The centre manager told the

inspector that a staff member would be assigned to follow-up on this action to ensure that the child's file was kept up to date.

There was good communication and information sharing between different agencies involved in the care planning needs of each child. This included educational providers, An Garda Síochána, social workers and mental health services. Upon reviewing two children's files, the inspector found that reports and assessments were shared with staff and managers to ensure that staff were equipped with all available information to work in the best interests of the child. Management and staff promoted children's right to access any information held about them in the centre. Upon speaking with staff and children in person, the inspector found that staff supported children to access their information and supported them to read through the different documents if required.

Judgment: Compliant

## Quality and safety

Children's rights were promoted by staff and managers and children were provided with opportunities to exercise these. Staff and managers had a good understanding and knowledge of what children's rights were. Keyworking sessions were undertaken with children to ensure that they fully understood what their rights were. The children's register and children's files documented the child's identity and religious beliefs. Where children wished to explore their religious beliefs further this was translated into the child's overall care planning needs. Children were supported to maintain regular contact with their families and friends. Children meetings were consistently taking place and provided an opportunity for children to have a say in matters that effect their life. Good practice was seen in the management of children missing from care and joint working with external professionals. Inspectors found that there was good practice in the identification, recording and review of restrictive practices. However, further strengthening of staff's management of medication was required.

In this inspection, HIQA found that, of the seven national residential care standards assessed under quality and safety:

one standard was substantially compliant  
six standards were compliant.

Staff and managers promoted each child's privacy in the service. Each child had their own bedroom where they were afforded the opportunity to choose how they

wanted to decorate it and express their own personal style. The centre had communal spaces in the form of a sitting room and a meeting room that provided an alternative option for children to meet privately with their social worker, friends, family or other professionals.

Children's meetings were held weekly that provided children with the opportunity to have a say in the day-to-day running of the service. The quality of the children's meetings was good. A child's right to education was promoted by the staff and managers in the centre. The staff and managers in the centre took all appropriate measures to encourage children to participate in education.

The layout and design of the residential centre provided a safe environment for the children who resided there. The centre was well heated and there a range of colourful pictures displayed in the different rooms that made the centre homely.

There was an up-to-date safety statement in place and staff had either completed training in fire safety or training was scheduled to be completed. Quarterly inspections had been undertaken through an external provider to ensure that the centre were in line with health and safety regulations. All firefighting equipment was serviced, and a record maintained of the service dates.

There were three vehicles assigned to the centre and there was appropriate insurance in place for all vehicles in line with legislation. All vehicles had been inspected by the National Car Testing Programme (NCT) to ensure that the vehicles were road safety.

Child protection concerns were reported by staff in a timely manner and in line with '*Children First: National Guidance for the Protection and Welfare of Children (2017)*' (Children First). All staff and managers had up-to-date training in Children First. There was good practice by staff and managers in supporting children through investigations by An Garda Síochána.

Risk assessments were completed for children where safety concerns were present. The risk assessments were detailed and took into account all available information about the child, possible impact of the risk and the support required from staff, family members and or professionals.

The management of children missing from care was examined and it was found that staff and managers practiced good joint working with external professionals. When children experienced a high number of missing in care incidents in 2024, inspectors found effective joint working between professionals.



There was a restrictive practice register in place in the centre and this was detailed and of good quality that recorded the reason for the practice, the duration and the date it came to an end.

Staff and managers worked in partnership with children and this was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills. Further improvement was needed to ensure that interventions with children transitioning home continued to be regularly assessed through the model of care to determine their effectiveness to respond to the child's needs.

Staff were trained in an approved method of managing behaviour and this was reflected in the two behaviour support plans reviewed by the inspector. Children's behaviour support plans were discussed at weekly team meetings to understand underlying causes of behaviour and situations that may lead to behaviour that challenges.

There was a clear record of each of the child's medical and health information and this supported staff and management to effectively implement the care planning needs of each child. Each child was registered to a local doctor and their details were recorded on their file. Good practice was found of staff promoting a safe and positive space for children to explore their identity through individual key work sessions.

For children who were diagnosed with additional needs, staff and managers collaborated with professionals, social workers and children to promote their health and development. Staff undertook weekly meal plans and the children were consulted with at the children's meeting and on a daily basis.

There was a policy in place in relation to medication management. When medication was prescribed to a child, information was obtained by staff and managers about the type, dose, amount and other specific requirements. The centre manager had identified, through regular audits, that further strengthening of staffs practice and understanding of prescription and non-prescription medications was required. Measures were put in place for staff through training and discussion at team meetings.

Staff and managers worked with the children, schools, social workers, family members and educational providers to ensure that each child was supported to achieve their potential in learning and development. Of the four young people who resided in the centre, all four were attending an educational setting.

**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**

Through interviews and document review the inspector found that staff and managers had a good understanding and knowledge of children's rights. Staff told the inspector that key work sessions with children were undertaken to ensure that they fully understood what their rights were and how these rights were translated into their day-to-day life both inside and outside the centre. This included the right to have access to medical care, the right to access education and the right to see their friends and family in line with their care plan and best interests. This work was done by each child's assigned keyworker who would build a relationship with the child and complete key pieces of activities with them either formally or informally. For one child the keyworker worked with the child and the school to develop a tailored plan for the child to recommence their education.

The children's register and children's files documented the child's identity and religious beliefs. Where children wished to explore their religious beliefs further this was translated into the child's overall care planning needs. From document review, the inspector found that the children's identities were documented in their care plans and their understanding of why they were in residential care and their family connections. The inspector spoke with three children and found that they were all aware of their family connections. When in the best interests of the child and in line with their care plan, staff and managers promoted strengthening of family relationships through family and sibling contact. This was facilitated by the staff who brought the children to and from family contact visits.

Staff and managers promoted each child's privacy in the service. Each child had their own bedroom where they were afforded the opportunity to choose how they wanted to decorate it and express their own personal style. The inspector was provided with an opportunity to see a child's bedroom with their consent. The bedroom was decorated in colours that the child liked, a range of toys were spread around the child's room, pictures hung on the wall that related to the child's interest and there were glow in the dark space stickers on the ceiling to provide a cosmic feel for the child at night. The impact was the child had control over their own space and showed their personality through the use of different art means.

The premises had communal spaces in the form of a sitting room and a meeting room that provided an alternative option for children to meet privately with their social worker, friends, family or other professionals.

Staff told the inspector the children's meetings were held weekly that provided children with the opportunity to have a say in the day-to-day running of the service. The inspector found that the quality of the children's meetings was good. There was good recording of the topics discussed and concerns that children wished to raise. This included how each child could show respect for one another while living in the centre and also how to communicate with each other in a positive way. Staff documented how to support the children to navigate this discussion in a constructive way. The inspector found that children's meetings had occurred on a regular basis and this resulted in a dedicated space where children could be heard and where issues could be explored and resolved.

A child's right to education was promoted by the staff and managers in the centre. The staff and managers in the centre took all appropriate measures to encourage children to participate in education. From document review, of the four children who resided in the centre, all children were in education. The inspector found that where children experienced difficulties in attending mainstream school, staff and managers worked with the children and educational providers to source other options. Staff and managers worked with children and educational providers where appropriate to tailor school plans to the child's needs. This included a period of reduced school timetables and identifying additional courses that would further build children's knowledge and skills in the area of work that they were interested in. Such as the completion of manual handling and safe pass health and safety awareness courses. This helped to enhance the children's learning to secure better outcomes in life and to promote their well-being.

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 design of the centre consisted of four bedrooms, one on the ground floor and three on the first floor. The bedrooms did not come with an ensuite but there was a sufficient number of bathrooms in the centre, one main bathroom on the first floor, one on the ground floor and one in the apartment. The centre also had a separate accommodation built to the side of the premises. This was an apartment that provided an opportunity for independent living for children who were leaving care and transitioning out of residential care within the centre. The apartment had its own entry point and a separate exit through a set of balcony doors. There was two staff offices on the first floor. Downstairs on the ground floor included a sitting room, a meeting room, a laundry room and a kitchen and dining room. The

inspector found that there was a warm and inviting feel to the house. The centre was well heated and there a range of colourful pictures displayed in the different rooms that made the centre homely. The colours in the sitting room were warm with a big Christmas tree decorated in bright coloured theme with lights. There were comfortable sofas in the sitting room and a working fireplace. In addition, the dining area was a big open space that brought in a lot of natural light to the house. The dining area had a large dining table and seating area that looked out onto the back garden. The seating area had Christmas figurines placed around the windows that further added to the warm character of the centre.

The layout and design of the residential centre provided a safe environment for the children who resided there. There were three emergency evacuation points within the centre for children to leave the premises in the event there was a fire or an incident that required an emergency response. There were no blockages in the hallway that would prevent access to any of the rooms or exits in the building. Managers had in place a maintenance book that recorded areas of the premises that required repairs to be carried out. The inspector reviewed this book and found that works identified to be carried out had been referred to the appropriate professional and were completed.

There was an up-to-date safety statement in place and staff had either completed training in fire safety or training was scheduled to be completed. The inspector reviewed the fire safety register and found that quarterly inspections had been undertaken through an external provider to ensure that the centre were in line with regulations. All firefighting equipment was serviced, and a record maintained of the service dates.

There were three vehicles assigned to the centre that were used by staff and managers to transport children to and from education, activities, appointments friend and family contact. There was appropriate insurance in place for all vehicles in line with legislation and all vehicles had been inspected by the National Car Testing Programme (NCT) to ensure that the vehicles were road safety. The quality of the fire safety kits and road safety kits in all three vehicles was good. The inspector tested all seat belts in the three vehicles which were in good working order.

Judgment: Compliant

### **Standard 3.1**

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

There was a log of child protection concerns maintained in the centre by staff and managers that included the status and outcomes of referrals. The inspector found that child protection concerns were reported by staff in a timely manner and in line with '*Children First: National Guidance for the Protection and Welfare of Children (2017)*' (Children First). There were 45 child protection concerns logged on the register in 2024. Upon review of these child protection concerns 41 of these were closed with four of these having been referred through the '*Child Abuse Substantiation Procedure 2024*' (CASP)<sup>1</sup>. The remaining four child protection concerns were under investigation by An Garda Síochána and remained ongoing. The inspector found there was good practice by staff and managers in supporting children through these investigations and putting the necessary therapeutic supports in place with the help of the social worker.

The inspector reviewed the training register and found that all staff and managers had up-to-date training in Children First. The centre manager had completed a training needs analysis into staff training needs in 2024. From this staff and managers undertook training in a number of safeguarding areas to support the team to effectively identify and respond to a child in need. This included adolescent substance misuse, child sexual exploitation, violence, harassment and aggression and ligature cutter training.

Managers and staff completed risk assessments for children where safety concerns were present. The risk assessments were detailed and took into account all available information about the child, possible impact of the risk and the support required from staff, family members and or professionals. Inspectors found that the manager and staff had a good understanding of each child, and recognised possible triggers for unsafe behaviour. This included the completion of a risk assessment related to a child's mental health needs and for a child transitioning back to their family home. The risk assessments supported staff to develop their knowledge of the interventions needed to keep children safe.

The staff's management of children missing from care was examined and the inspector found that staff and managers practiced good joint working with external professionals. When children experienced a high number of missing in care incidents in 2024, inspectors found effective joint working between professionals, residential care centre staff, social workers and An Garda Síochána, to keep them safe. Staff and managers had knowledge of the vulnerabilities of children missing from care and staff carried out follow up key work sessions to explore with children to explore the reasons behind the missing in care episodes. Management had recording practices in place and protocols were clear. The inspector 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 Síochána and the Health Service Executive Children*

*and Family Services*: The staff also followed protocols for the social worker and family to be notified.

Judgment: Compliant

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

The inspector found that improvements had been made since the previous inspection where the use of alarms on children's bedroom doors was no longer in practice as a means to replace the provision of live staff cover. There was a restrictive practice register in place in the centre and this was detailed and of good quality and recorded the reason for the practice, the duration and the date it came to an end. The restrictive practice register ensured that there was an effective mechanism in place that identified, recorded and reviewed the use of restrictive practice in the service.

In the twelve months prior to the inspection there were four closed restrictive practices that were recorded. These related to searches of a child's bedroom as part of safety checks to ensure the well-being of the child and the removal of a television from a bedroom. The staff and managers had recorded the reason why the particular approach was undertaken, along with evidence that it had been proportionate to the identified risk. The child was included as part of the process with key work sessions being completed with the child. To ensure oversight of the appropriate use of restrictive practice, the centre manager undertook audits to determine if the restrictive practice was in line with national standards.

Staff and managers worked in partnership with children and this was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills. Staff undertook work with children around the development of healthy relationships, to empower them to fulfil their potential and to learn coping mechanisms in life. Two of the children's placement plans were informed by the model of care and they were allocated a keyworker who completed direct work with them. However, for one child who had transitioned back to their family home on a *'shared basis'*, the centre's model of care was not being effectively or meaningfully implemented. The model of care programme and assessments had not continued to be completed with and for the child to determine their progress, or identify areas of concern that required further support and development. For example; where concerns arose for a child possibly engaging

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<sup>1</sup> 'Is used by social workers who carry out what is called a "substantiation assessment", to conclude if on the balance of probabilities that a person's allegations of child abuse are founded or unfounded. Tusla conduct these assessments solely for the purpose of protecting children who could be at risk of abuse today. It will be used to assess current and retrospective allegations of child abuse' Child & Family Agency 2024.

in substance misuse there was no evidence that intervention work was carried out through the model of care with the child. Instead staff and managers used a family support pro forma document to capture work and progress being undertaken. Upon review by the inspector, the focus of the recordings centred on the child's family members with the child not visible.

Further improvement was needed to ensure that interventions with children transitioning home continued to be regularly assessed through the model of care to determine their effectiveness to respond to the child's needs.

The inspector reviewed two children's case files and found that both children had an up-to-date placement plan that reflected their care plan. The placement plan was of good quality and detailed the expectations and routines of the child, as well as how their needs would be met.

Staff were trained in an approved method of managing behaviour and this was reflected in the two behaviour support plans reviewed by the inspector. The two behaviour support plans captured the child's needs, identified all the risks and safety concerns and how external environments could pose a new set of complex risks. Children's behaviour support plans were discussed at weekly team meetings to understand underlying causes of behaviour and situations that may lead to behaviour that challenges. With an up-to-date behaviour support plan staff were able to understand the child's behaviour and to develop supports that would help the child recover after an incident.

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**

Staff and managers were trained in a therapeutic model of care and a child's keyworker adopted a theme from this model to support the child's development. The inspector spoke with staff and managers and found that they were competent, experienced and knowledgeable of the approach in meeting the individual needs of children.

The inspector found that staff provided a positive environment where children worked in partnership with them to develop their knowledge and skills. For one child, staff worked with them around identity challenges they were experiencing and also around their family relationships. For a second child, staff worked with them around their transition from residential care centre to the independent living

accommodation attached to the premises. For a third child, the focus was on exploring different foods and managing their sensory needs around this.

For children who were diagnosed with additional needs, staff and managers collaborated with professionals, social workers and children to promote their health and development. From document review, this was achieved through staff liaising with mental health services and health care services and bringing children to and from medical appointments.

Staff undertook weekly meal plans and the children were consulted with at the children's meeting and on a daily basis. The inspector was provided with one opportunity to eat dinner together with the children and staff. From observation, children gathered around a large table with staff and appeared comfortable in their surroundings. A variety of food was placed on the table in bowls for children to decide on the quantity they wished to eat. The staff and children laughed and joked between them and talked about what had happened in their day. One child showed an art piece that they had created in the shape of a flower and described how they made it. Another child talked about the topic of hair and beauty. This designated time provided a valuable opportunity for staff and children to get to know one another better as it increased communication which in turn supported staff to understand the events taking place in the children's lives.

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**

A review of two children's case files showed that there was a clear record of each of the child's medical and health information and this supported staff and management to effectively implement the care planning needs of each child.

Each of the child's case files reviewed contained details of referrals or assessments from medical, psychology or other specialist services, as required. The inspector found that staff and managers were proactive in ensuring that children's health appointments were organised and that they were transported to and from there. This included psychology, eyesight checks and mental health services.

Each child was registered to a local doctor and their details were recorded on their file. Good practice was found of staff promoting a safe and positive space for children to explore their identity through individual key work sessions. Staff worked in partnership with children and their social worker around this topic to ensure that children were equipped with information and resources through their journey. The inspectors observed how staff and management listened to children



and respected their wishes to how they wanted their name and pronoun shared, and with whom. The inspector found that staff had undertaken education activities with children, when required, around healthy relationships and sexuality that reflected on attitudes, beliefs, values and identity. The impact was that children were being provided with knowledge and support to develop healthy relationships and to make responsible decisions in relation to their sexual health.

There was a policy in place in relation to medication management. The inspector reviewed a sample of medication administration and reconciliation records to determine the quality of practice and found that further improvement was needed. When medication was prescribed to a child, information was obtained by staff and managers about the type, dose, amount and other specific requirements. Good practice was found where staff and managers collaborated effectively with schools when the sharing of medication for a child's medical needs was required. This was recorded on the child's medication record and when the medication was returned from the school. Staff told the inspector that they had to manage a number of different medications for children and at times this presented as a challenge. From a review of audits carried out by the centre manager it was identified that further strengthening of staffs practice and understanding of prescription and non-prescription medications a child was taking was required. For one child, a medication error was logged as a child's medication dosage exceeded the limit required. Management and staff sought medical advice and support. It was also found that the required number of staff to sign off on medication was not consistently being carried out. In addition, in an audit conducted in March 2024, the centre manager found that not all medications were administered to children correctly nor recorded correctly on their file. The centre manager had taken steps to ensure that staff were supported in their role in administering medication to children. This took the form of training and discussion at team meetings. When medication had expired, staff had returned this to the local pharmacy for appropriate disposal.

Two children's placement support plans were reviewed and the inspectors found that there was good record of a child's medication information. There was good practice by staff and managers working in partnership with a child on how to manage administering their medication. Staff and managers worked in consultation with the child's social worker and a risk assessment was completed to inform their decision-making on how best to support the child to safely manage this. A medication safe was installed in the child's room to ensure that their medication was kept safe in order to prevent any risk of harm to another child. The child was not required to complete a medication record for self-administration however, staff checked their medication to track if the child was following medical advice.

Judgment: Substantially Compliant

**Standard 4.3**

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

Staff and managers worked with the children, schools, social workers, family members and educational providers to ensure that each child was supported to achieve their potential in learning and development. Two children's files were reviewed and the inspector found that they included educational referrals and reports. Of the four young people who resided in the centre, all four were attending an educational setting. Staff supported children in their education by providing assistance with their school work and any challenges that arose. One child spoke with the inspector and described how they enjoyed going to school. For another child, training opportunities through add on courses were identified for them in their area of interest.

For children who had not been attending an educational setting for a period of time, staff and managers worked with the child, their family, social worker and other educational providers to find an educational space that was tailored to their needs. Staff worked with the educational provider and listened to the child so that the educational programme would be focused on their interests, strengths and abilities. With this, additional training courses were identified that included manual handling and safe pass health and safety awareness for the child to participate in. The proactive and encouraging approach taken by staff and managers supported the child to find the path to a career that they wish to pursue as an adult.

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 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Substantially 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>	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>	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>	Compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Compliant
<p><b>Standard 4.1</b> The health, wellbeing and development of each child is promoted, protected and improved.</p>	Compliant

<b>Standard 4.2</b> Each child is supported to meet any identified health and development needs.	Substantially 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-0045531
<b>Provider's response to Inspection Report No:</b>	MON-0045531
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin North East
<b>Date of inspection:</b>	02 December 2024
<b>Date of response:</b>	05/02/2025

## 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:

<b>Capacity and Capability: Leadership, Governance and Management</b>	
<b>Standard: 5.3</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 5.3:</b>	
<p>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"> <li>The statement of purpose has been updated to include details of how the service provides shared care to one young person who is transitioning home.</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Complete</b>	<b>Regional Manager CRS</b>

<b>Quality and Safety: Safe Care and Support</b>	
<b>Standard : 4.2</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 4.2:</b>	
<p>Each child is supported to meet any identified health and development needs.</p> <ul style="list-style-type: none"> <li>All staff will complete medication management refresher training by 31<sup>st</sup> March 2025.</li> </ul>	

- The centre manager will ensure that staff are supported in relation to the administration of medication by ensuring that all staff complete medication management training on an annual basis.
- The centre manager will ensure that medication management is a regular item on the team meeting agenda.

**Proposed timescale:**

**31<sup>st</sup> March 2025**

**Person responsible:**

**Centre Manager**

## 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
<b>5.3</b>	The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially compliant	Yellow	<b>Complete</b>
<b>4.2</b>	Each child is supported to meet any identified health and development needs	Substantially Compliant	Yellow	<b>31<sup>st</sup> March 2025</b>