



**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:	South
Type of inspection:	Announced-Follow Up
Date of inspection:	21 September 2021
Centre ID:	OSV-0004189
Fieldwork ID	MON-0033961

## About the centre

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

The centre was based in a four bedroom detached house on the outskirts of a large city.

The aim of the centre as outlined in their statement of purpose and function was to provide residential care for up to four boys aged between 13 and 17 years of age. In some circumstances, based on the individual needs of a young person, placement beyond 18 years may be considered. The aim of the centre was to reduce risk in order that the young people could return to their communities. The centre worked in conjunction with a psychologist as part of the children's residential services in the South region.

The objective of the centre was to provide a high standard of care and interventions to enable the young people to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community.

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

Number of children on the date of inspection:	3
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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 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
21 September 2021	09:15 hrs to 16:30hrs	Sharron Austin	Inspector

## What young people told us and what inspectors observed

The quality of the care and support provided to the young people continued to be good. Staff were child-centred in their interactions and interventions with the young people, despite some challenging behaviours and safety concerns. The current dynamic in the centre had given rise to safety concerns for individual young people as a result of bullying and risky or destructive behaviours. Two of the young people had utilised the complaints procedure to raise their safety issues. In response, weekly professionals meetings attended by the acting centre manager, deputy regional manager and the young people's social workers were taking place to ensure safety planning to address the concerns.

There were three young people living in the centre at the time of the inspection. Two of the young people were attending school on the day of inspection fieldwork. An educational placement had been identified for the third young person recently admitted to the centre. However, they had not yet commenced in this placement and were visiting family on the day.

The inspector spoke with two young people on their return to the centre. They said that although they would prefer to be living in their family home, they understood why they were living at the centre, and spoke about what they would like to happen in terms of their plan for the future. These young people told the inspector that they had positive relationships with staff members, and could talk with them if they needed to.

Young people in the centre were aware of how to make a complaint and they explained that they could speak to their families and centre staff, if they were unhappy or worried. While they felt safe generally in the centre, they gave examples of when they had felt less safe, or were angry about incidents involving the behaviours of other young people living there. These concerns were being managed at the time of the inspection. They also said that "there are not enough staff" at times and "sometimes I can't go out on an activity" because of this.

Overall, young people received good quality care by a staff team which endeavoured to prioritise and meet their individual needs. While the dynamics in the centre gave rise to some challenges, these were being addressed. Although minimal, staffing resources had impacted on several occasions, where planned activities had to be re-scheduled.

The next section of the report provides the findings of this inspection in relation to how the centre was managed and how its governance and management arrangements influenced the quality of care provided to children. These findings are consistent with what young people told the inspector.

## Capacity and capability

This was a follow-up inspection to assess the progress made in relation to the actions identified to address non-compliances during the previous inspection in March 2021. As such, the selected standards for this inspection related primarily to the capacity and capability of the service.

There was an appropriate governance and management structure in place, and regional managers were heavily involved in reviewing and strengthening systems of reporting and monitoring of practice and day-to-day operations of the centre. Supports had also been put in place to progress the implementation of the model of care for the centre. Some examples of improvements were systems of recording children's information, oversight of time off in lieu hours and staff returns. Meetings were established at various levels across the service to improve communication and collaboration, and there was significant support provided to the centre manager. In addition, a review of the service was underway which would inform an annual report on its overall quality and safety.

Although improvements and regional supports to the centre and the centre manager were evident, challenges remained. One priority area identified was the lack of implementation of a national rota which was intended to replace sleeping night staff with waking staff. This was slowly progressing but had yet to change. While the centre was allocated a sufficient number of full-time permanent staff, sick leave levels fluctuated and were moderate at times. Typically the centre was able to secure agency cover, but on a minimum of occasions, activities and appointments for young people had to be rescheduled due to staffing levels.

This inspection found that there was a disconnect between the view of regional managers, the centre manager and staff, on the level of progression of the service, and some of this was closely connected with legacy issues in the centre which remained unresolved for some. Regional managers were satisfied with the rate of progress and had further initiatives in place to sustain positive change. However, staff who met with the inspector did not hold this view. Furthermore, just prior to inspection, the centre manager had recommended the temporary closure of the centre. This was assessed by external managers who were satisfied that the centre did not need to close, and that it was operating at a satisfactory level. This inspection found that overall, despite many positives in the centre, there was a need for cohesion between the centre staff, managers and regional managers to bring about the required cultural and operational changes. This was brought to the regional manager who was committed to ensuring progress was made.

Additional areas of further improvement were identified on this inspection. From a review of the centre management and social care leader meeting records, it was clear that discussions were held in relation to areas of care provision and staffing, however, the records of these meetings were not comprehensive and did not provide evidence of clear decisions or actions agreed, persons responsible or timeframes for completion. As a result, accountability for implementing actions was low, and the impact of non-action could not be measured.

A service development group, initially established in October 2019 to provide direction and oversight of the implementation of actions identified for the development of the service remained in place. It comprised of centre managers and staff and a psychologist for children's residential centres in the South region. While meetings were scheduled to take place every six weeks, the group had met twice in 2021. This diluted the effectiveness of this group in ensuring necessary changes in the centre happened.

A national audit tool had been implemented in April 2021. This was a continuous 12 week audit programme against the National Standards for Children's Residential Centres, to provide oversight of the safety and quality of care provided and identify any gaps in levels of compliance. The audit tool looked at every aspect of the service such as children's care records, health and safety, infection control and staff supervision. This was completed electronically by designated staff with oversight by the centre manager. On foot of the recent cyber-attack on Tusla, one full audit had been completed to date. The centre manager acknowledged that alternative arrangements for completing and tracking audits of practice were not developed.

The centre's statement of purpose had been revised following the previous inspection in March 2021 to reflect relevant changes and description of the service provided. The model of care to be provided to the young people remained to be fully implemented. However, internal and external specialist psychological and practice supports were put in place to support its implementation.

The culture within the centre was described by some staff as "tough", "negative" and "fragmented", as a number of staff continued to hold unresolved legacy issues. Despite a debriefing provided to the staff team to address this, sustained change had not happened and this had some impact on the culture within the centre.

Over the course of the inspection visit, the inspector observed child-centred discussions during a staff team meeting, which explored various approaches taken or being considered in relation to the individual young people. Staff gave good examples of direct work undertaken with young people. Observation of the discussions demonstrated that staff competencies to carry out this work were perhaps under-utilised, and their knowledge and expertise was not fully recognised and therefore did not inform learning in the centre and bring about the level of consistency required.

In summary, this inspection found that this centre had strong regional supports and governance systems in place. However, day-to-day management of the centre, including implementing already established basic monitoring and reporting systems needed to improve. While progress was being made in some areas, sustained change required cohesion and shared goals between managers at regional and centre level and the staff team. The lack of transition to the Tusla national rota was not sustainable, and did not support the centre team to use its resources effectively or efficiently, and this required action.

**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.

There was an appropriate governance and management structure in place. While improvements and regional supports to the centre and the centre manager were evident, challenges remained which impacted on the senior managers' abilities to drive continuous improvement within the centre.

Judgment: Not compliant

**Standard 5.3**

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

The centre had a revised statement of purpose and function. While internal and external specialist psychological and practice supports were put in place to support the staff, the model of care to be provided to the young people remained to be fully implemented. As such outcomes for young people could not be measured until such a time that the model was fully implemented and staff were competent in its delivery.

Judgment: Not compliant

**Standard 5.4**

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

A review of the centre was underway which would inform an annual report on its overall quality and safety. A service development group remained in place to provide direction and oversight of the implementation of actions identified for the development of the service. However, the effectiveness to implement or sustain any change would continue to be impacted by the existing culture within the centre, combined with a need for cohesion between the view of regional managers and centre staff, on the level of progression of the service.

Judgment: 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> <p><b>Regulation 6: Staffing</b></p>
<p>While the current roster was planned and scheduled to have a sufficient number of staff on duty, sick leave had and continued to have a significant impact on staffing levels as well as the lack of available agency staff in the region on occasions. There were occasions where this had or potentially impacted on young people’s activities or attendance at appointments.</p>
<p>Judgment: Not compliant</p>
<p><b>Standard 7.1</b> Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.</p>
<p>While managers and staff demonstrated a good level of commitment to the care of the young people, the cumulative effect on the centre’s capacity to plan for and provide individual support consistently on a day-to-day basis was constrained by significant workforce absences, lack of a fully implemented model of care and insufficient evidence of follow up to ensure accountability for practice.</p>
<p>Judgment: Not compliant</p>

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 1.6:</b> Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.	Not assessed
<b>Standard 2.4:</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Not assessed
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Not assessed
<b>Standard 5.1</b> The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Not assessed
<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.	Not compliant
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Not compliant
<b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Substantially compliant
<b>Standard 6.1</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Not compliant
<b>Standard 6.2</b> The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.	Not assessed
<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.	Not assessed
<b>Standard 6.4</b> Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support	Not assessed
<b>Standard 7.1</b> Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support	Not compliant

<b>Standard 8.1</b> Information is used to plan, manage and deliver child-centred, safe and effective care and support.	Not assessed
<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.	Not assessed
<b>Quality and safety</b>	
<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.	Not assessed
<b>Standard 1.2</b> Each child's dignity and privacy is respected and promoted.	Not assessed
<b>Standard 1.3</b> Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Not assessed
<b>Standard 1.4</b> Each child has access to information, provided in an accessible format that takes account of their communication needs	Not assessed
<b>Standard 1.5</b> Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Not assessed
<b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.	Not assessed
<b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Not assessed
<b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Not assessed
<b>Standard 2.5</b> Each child experiences integrated care which is coordinated effectively within and between services.	Not assessed
<b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.	Not assessed
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not assessed
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.	Not assessed
<b>Standard 4.1</b> The health, wellbeing and development of each child is promoted protected and improved.	Not assessed
<b>Standard 4.2</b> Each child is supported to meet any identified health and development needs.	Not assessed

<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Not assessed
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# 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-0033961
<b>Provider's response to Inspection Report No:</b>	MON-0033961
<b>Centre Type:</b>	Children's Residential Centre
<b>Tusla Region :</b>	South
<b>Date of inspection:</b>	21 September 2021
<b>Date of response:</b>	02 November 2021

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

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

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

**Compliance plan provider’s response:**

**Capacity and Capability**

<b>Standard : 5.2</b>	<b>Judgment: Not compliant</b>
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**Outline how you are going to come into compliance with 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.

Since the issuing of the stage 1 draft inspection report a decision was taken by the CRS South Regional Manager to temporarily close the centre. The young people placed in the centre were relocated to another CRS South property in the nearby vicinity. This property had an existing management team and the purpose was to improve structure, routine and safety for the young people and to keep their needs central to the decision to relocate. Existing staffing arrangements with support from other teams and agency were being co-ordinated in conjunction with the regional office. Prior to the closure a three month service improvement plan had been devised. This is attached for information purposes. Elements of this will be implemented in the current placement or carried into the service improvement meetings for the centre re-opening.

- A Service Review will be completed to identify what service deficits exist and what led to the ultimate closure of the centre.
- A review will be undertaken to ensure the Manager and Deputy Manager are clear on their roles and responsibilities and any Management Training needs identified will be prioritised.
- The centre will re-open with a full management structure in place including four social care leaders. Similarly any training deficits identified for the Social Care Leaders will be prioritised.
- The Centre Manager will receive supervision monthly to ensure clarity on their role and overall responsibility
- Service Improvement meetings will be convened monthly, with the first three attended by the Regional Manager. The DRM will chair the monthly service improvement meetings.
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<b>Proposed timescale:</b> <b>31<sup>st</sup> March 2022</b>	<b>Person responsible:</b> <b>Regional Manager</b>
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<b>Standard : 5.3</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.3:</b>  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 purpose and function will be reviewed in advance of the service re-opening to ensure it accurately reflects the service that we are committed to providing.</li> </ul>	
<b>Proposed timescale:</b> <b>31<sup>st</sup> January 2022</b>	<b>Person responsible:</b> <b>Regional Manager</b>

<b>Standard : 6.1</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 6.1:</b>  The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>Staff members have received a letter from the Regional Manager outlining the plan to progress the implementation of a roster which includes waking nights. There is planning underway to facilitate the team to meet in the coming weeks to discuss draft rosters and agree a process and timeframe for implementation.</li> </ul>	
<b>Proposed timescale:</b> <b>31<sup>st</sup> March 2022</b>	<b>Person responsible:</b> <b>Regional Manager</b>

<b>Standard : 7.1</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 7.1:</b> Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>• In advance of the centre re-opening CRS South will ensure that all staff have up to date mandatory training completed, a specific training input from the CRS South Psychologist on trauma and attachment and a refresher on the Welltree Model of Care.</li> <li>• Up to date PDP's will be established to review the skill base available on the team and how that skill could contribute to the day to day operations in meeting young people's needs.</li> <li>• A training needs analysis will be completed to identify any training deficits to equip the team with the necessary skills to support their work.</li> </ul>	
<p><b>Proposed timescale:</b> <b>31<sup>st</sup> January 2022</b></p>	<p><b>Person responsible:</b> <b>Regional Manager</b></p>