



**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 West
Type of inspection:	Unannounced
Date of inspection:	21 and 22 October 2024
Centre ID:	OSV-004193
Fieldwork ID	MON-0044796

About the centre

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

The children's centre is based in a single-storey dwelling on a housing estate close to a town centre. The centre cannot accommodate young people requiring the use of wheelchairs. The centre's living accommodation comprised of a sitting room/dining room, kitchen, games room, three bedrooms and one staff office. There are recreational facilities of a grassed area at the back of the building. The centre has two cars available to young people.

The centre provides short/medium/long term placements which incorporates 24/7 staffing support. The delivery of this programme is underpinned by statutory care planning and individually assessed needs.

The centre provides care for up to two children of mixed gender aged 13 to 17 years and offers short, medium or long-term placements. Only in circumstances where all other options have been explored and exhausted may care be provided for children of 12 years or under as per national policy. In some circumstances, based on individual needs of a young person, placement beyond 18 years may be considered. This is based on the approval by the regional manager and will be reviewed as required.

The aim of the service is to help realise the full potential of each young person in accordance with their care plan. It aims to provide a residential setting wherein children/young people live, are cared for, supported and are valued that underpins their healthy development. Young people are supported to engage with services to address these needs.

Day-to-day service delivery is overseen by a manager and deputy centre manager, supported by four social care leaders. In addition, the service employs eight full-time equivalent social care workers and two part-time relief social care workers. A regional manager and a deputy regional manager provide overall leadership and governance of the service.

The following information outlines some additional data of this centre.

Number of children on the date of inspection

2

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
21 October 2024	11:00 hrs to 19:00 hrs	Lorraine O'Reilly	Lead
22 October 2024	07:30hrs to 15:00hrs	Lorraine O'Reilly	Lead

What children told us and what inspectors observed

This inspection took place to review and assess the actions from the compliance plan from the previous inspection in October 2023. There were significant risks to children's safety and non-compliances with National Standards for Children's Residential Centres, which the service had committed to taking actions to address.

Overall, inspectors found that the service had improved in its capacity to provide a safe and effective service to children residing in the residential centre since the previous inspection. The care provided was tailored to children's individual needs. This was evident through the observations of the inspector and by talking with staff and the management team, an external professional and the children residing in the centre.

Children told the inspector about what it is like to live in the centre. They liked the children's meetings as they could tell staff about things that they wanted. Children also knew how to make a complaint if they wished to do so. The children were also engaged in supports specific to their needs. Other positive things children said were:

- 'I like it here'
- 'staff are nice'
- 'I have my own room'
- 'I get to do activities'
- 'staff are good...I get on with them'
- 'they listen to me and help me'
- 'I picked the new floor for the hall'
- 'We can choose our own food...plan our meals'.

When asked was there anything the service could improve on, they said:

- 'I would like to move to a bigger house'
- 'it can be noisy in the mornings'
- 'It's a lot of people in a small house'.

Both children were engaged in education and other various activities. Children told the inspector that they were able to go swimming as they had memberships to the local swimming pool, going out for dinner and trips out to various places. They also enjoyed their own time outside of the centre. They felt that staff listened to them.

Staff reported that the service had improved since the last inspection. They told the inspector that things were much more settled in the centre as they were now providing care for two rather than three children. The number of significant incidents that children were exposed to had decreased significantly. They reported the same concerns as the children in terms of the house being too small and said that they were aware of plans to move to an alternative premises with more space and capacity to accommodate more children. Due to the size of the house, it was noisy at times given there was one hallway connecting all of the rooms and children residing there had different routines in terms of what time they got up in the morning.

The inspector also made efforts to contact other professionals working with the children residing in the centre at the time of the inspection. The inspector spoke with one Guardian ad Litem. A guardian ad litem refers to a person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests. The guardian ad litem told the inspector that the centre was very homely and staff were very supportive of the child. They said there were significant improvements since the previous year. For example, they said there were many professional meetings about future planning. Their concern was the lack of space within the small house for conversations with the child and they would often take the child out for privacy. They were satisfied with the level of care provided within the centre and with the links that the centre maintained with the child's care team. While efforts were made to speak with children's allocated social workers at the time of the inspection, these were unsuccessful.

Significant works to the house were required at the time of the last inspection. There had been property damage to many areas of the house which needed to be addressed. The inspector was shown around the residential centre by one of the children residing there. The residential centre had recently been re-painted, new floors were being put in place and the damage evident during the last inspection had been addressed.

While work required was almost complete, this was ongoing and new flooring was being installed on the first day of inspection. Staff and children were required to leave the centre for several hours. Children were made aware of the work that would be undertaken and this had been discussed with them in a children's meeting when staff apologised to them for any inconvenience caused by the necessary works. Children were taken out to go swimming and had dinner locally until they could return to the centre.

There was an open plan sitting room, kitchen and dining area which was the main communal living space within the centre. There was a staff bedroom where staff would sleep overnight and this had an adjoining bathroom. Further down the hallway, both of the children's bedrooms were on opposite sides to one another. There was also a shower room and main bathroom. The third bedroom had been transformed into another living space for children and a staff office was at the end of the hallway.

This inspection found that of the nine standards inspected against:

- Six were compliant
- Three were substantially compliant.

The next two sections of the report provides the findings of this inspection on aspects of management and governance and the quality and safety of the service.

Capacity and capability

At the time of the last inspection in October 2023, there were significant and immediate risks identified. Essential systems of governance were not effectively addressing the level of crisis the service faced on a daily basis. There were significant concerns about the safety of the children which included peer assaults, bullying and children being exposed to escalating risks given the diverse range of challenging behaviours. Of the nine standards assessed at that time, eight were not compliant, and the service was found to be substantially compliant in one area. Following the inspection, assurances were provided with regard to addressing the risks identified during the inspection. The provider also agreed to implement a compliance plan which progressed throughout the 12 months prior to this follow-up inspection. This inspection occurred to ensure that the identified risks had been adequately addressed.

Overall, there was significant improvement since the last inspection of the service. The service provided to children was appropriate and safely met their individual needs. Satisfactory measures were in place to deliver a safe and good quality service to children residing in the centre. Of the nine standards re-assessed during this inspection, six were found to have come into compliance with three substantially compliant with National Standards for Children's residential centres.

The provider was committed to addressing deficits identified in their service improvement plan which was introduced following the 2023 inspection of the centre. While some of the actions were completed at the time of this inspection,

others had progressed and required ongoing commitment from the service to ensure full compliance with the relevant standards.

There was improved governance arrangements in place since the previous inspection. There was increased contact with the regional management team to ensure improved compliance with national standards and as a result improve service for children residing in the residential centre. This had led to several of the actions in the compliance plan having been completed and those that remained outstanding were being worked through at the time of this inspection. Areas of improvement were documented in various records, as were areas which required further work.

The residential service had updated its statement of purpose and function as required. This meant that the changes made reflected what was different about the service since the previous inspection. For example, reducing bed numbers and adding further information about criteria for admissions to the residential centre.

Since the last inspection, the residential service had regularly reviewed the care provided to children residing in the centre. Management had a greater presence in the residential centre with an increased availability to children and the staff team. There were regular consultations between external therapeutic support services and the staff within the centre. This meant that support was offered to staff and communication was shared between professionals about how to best meet children's individual needs.

Children's records were of good quality and children availed of appropriate specialist services as required. There were improvements in the oversight and management of complaints which were clearly recorded.

Further actions in the compliance plan were in the process of being addressed at the time of this inspection. For example, while improvements had been made with regard to the quality, timeliness and oversight of significant event notifications (SEN's) a review of practice was ongoing at the time of the inspection. In addition, there was ongoing work occurring to secure an alternative premises for the residential service which had progressed since the last inspection.

Further information in relation to these points are set out in the standards below.

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.

Improved oversight, leadership and management was a finding of this inspection. Some actions agreed to in the compliance plan submitted following the inspection of the service in 2023 had been completed. This inspection found that while there was increased governance and leadership through the actions completed, some actions were ongoing. The management team were aware of these and were tracking them to completion while supporting the team providing care and support to the children residing at the centre.

A service improvement plan had been developed by the service and a tracker was due to be implemented the month following the inspection. A decision had been made to delay introduction of this improvement plan tracker in order to align with the national quality improvement framework (QIF) which was due for annual completion across all children's residential centres in the South region in November 2024. While the system for monitoring and tracking progress had yet to be put in place, there were examples of improved leadership and governance through various actions taken since the last inspection.

From a sample of records reviewed by the inspector, the inspector found evidence that the regional manager and deputy regional manager had regular contact and meetings with the service managers as well as with the social care team. This was done through a variety of forums such as team meetings and visits to the centre. These occurred to discuss various issues arising and to implement an improvement plan for the service.

The quality and oversight of the team meetings had improved since the last inspection. The recording of team meeting minutes had improved as well as providing updates on issues impacting on children residing in the centre. Senior managers were present at team meetings which were well-attended by social care staff. Discussions occurred about the children, health and safety, any child protection issues, feedback from regional meetings, information from consulting with children and the management of risk.

Following the previous inspection, managers requested that the health and safety advisor review the centre's health and safety statement to ensure this was in line with national policy. This task had been completed. Team meetings included the health and safety advisor talking about risk assessments and the risk register with staff. A review of the centre risk register had occurred by regional management including the quality, risk and service improvement (QRSI) officer who had commenced in their post since the last inspection. Some risks were not recorded in

the risk register at the time of the last inspection such as supervision. The risk register had been updated at the time of this inspection and included these risks.

Since the last inspection, governance review meetings were established and a sample of those meetings were reviewed by the inspector. Records were found to be comprehensive, covering all areas required by a governance team to maintain good oversight, progress made and what had yet to be addressed. Areas of discussion included significant events, risks, audits, policies, health and safety, fire safety, complaints, supervision, training and maintenance.

There were areas of improvement in the centre since the last inspection. For example, supervision was taking place in line with policy, including the option of external supervision with a regional social care manager as required. Following the inspection, the service provider outlined a programme of additional training to be provided to centre staff in the prevention and management of children's behaviours of concern. Records of staff training were up-to-date and a system had been put in place to monitor the completion of mandatory training. While maintenance works of the building were slow to progress, they were almost complete at the time of this inspection with some works completed while the inspector was in the residential centre.

While the governance review meetings were a welcome addition, they also highlighted areas of concern. For example, there was a large number of SEN's not received by the SEN review team and this was reported to the regional manager. There were management meetings held to address this issue and it was escalated appropriately to ensure gaps in reporting do not re-occur and to also take any learnings from the issue. The deputy regional manager told the inspector that there was a draft review report awaiting the approval of the national director of children's residential services at the time of this inspection.

An out-of-hours support system remained in place at the time of this inspection. While the centre had local procedures in place for these arrangements, the deputy regional manager and centre manager reported that this was being discussed at national level at the time of the inspection, with the view to standardising the out-of-hours policies on a national basis.

Children's placements were at high risk of breakdown at the time of the last inspection. The causes included poor quality risk assessments and management, a lack of effective multi-agency safety planning and behaviour management strategies. These issues had been addressed through the service's compliance plan as well as sourcing alternative more appropriate placements to meet children's needs, as required.

While there was increased governance and leadership through the actions completed, some actions were ongoing. There was a large number of SEN's not received by the SEN review team and at the time of inspection the draft review of the process had been completed and was awaiting final approval.

Judgment: Substantially compliant

Standard 5.3

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

At the time of the last inspection, the centre was not suitable to accommodate three children with complex needs and behaviours. Following the inspection, the regional manager took the decision to restrict the number of children the centre could safely accommodate, to two.

The inspector reviewed the current statement of purpose to ensure that the necessary changes that management had committed to had been made. The bed occupancy number of this service had been reduced from three beds to two due to the size limitations of the building. The current statement of purpose and function had also been updated to ensure it included the provision for children aged 12 years old or under within its admission criteria.

From conversations with staff and children, they were aware of the changes made and of the contents of the statement of purpose. Children told the inspector that while they would like more children to stay there, they also knew that the building was too small to accommodate this.

Judgment: 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.

Since the last inspection, the residential service had regularly reviewed the care provided to children residing in the centre.

Information relating to complaints, concerns and incidents was recorded, acted on and monitored. There was a complaints log and tracker in place which maintained good oversight and a timely response to children's concerns. Staff advocated for children by contacting their social workers and other external professionals to inform them about the complaints made by children. At the time of this inspection, all complaints had been closed and no appeals to the outcomes of complaints were made. The complaints log and tracker had been updated to reflect this.

Additional measures put in place since the last inspection included the regional manager and deputy regional manager attending staff meetings and well as improved governance meetings. There were also a number of workshops and consultations with the team and management of the service to discuss how to best meet children's needs.

Therapeutic services were offered to the children residing in the centre. These services included both internal and external services. Inspectors observed children attending various appointments and their records also reflected these arrangements. This had improved since the last inspection particularly given one bedroom had been changed into a space where children could meet with staff and external professionals when required to do so.

The quality of the information recorded in children's placement support plans had improved since the last inspection. They were detailed documents outlining how best to support children residing in the centre, which were individual to each child's needs. Children's views were recorded and improvements had been made in terms of all staff being available to meet with children when required.

Since the last inspection, a schedule had been put in place to ensure the deputy manager or centre manager were available to the children on a daily basis. Management were on-site for at least two hours per day with this dependent on children's schedules, team meetings and other daily activities. During the inspection, all staff and management were observed to have friendly and warm interactions with children who were aware of who the management team were and spoke to the inspector about all staff in a positive manner.

At the time of this inspection, plans were progressing to secure an alternative property in the local area as a replacement property of a larger size for this residential service. Ongoing consultation with the relevant departments within Tusla were occurring to progress plans with regard to this.

Further arrangements had been put in place to assess the safety and quality of care provided to children in the residential centre. At the time of the last inspection, there were gaps identified in terms of the completion, quality and

timeliness of SEN's. Through their compliance plan following the last inspection, several measures were noted to address this deficit under this standard including a full review by management to adequately assess this issue.

The regional manager had completed a review of all SEN's and identified further gaps in reporting following the last inspection. This issue was appropriately escalated and had been addressed at the time of the inspection. A further oversight mechanism was the introduction of a review of SEN's with the staff team within the centre. This was put in place to encourage learning, reflection and ownership by the team to events which occurred within the centre. Supervision was also used to discuss SEN's when required. Learnings from such reviews were brought to staff team meetings. These arrangements were reflected in the centre's records and management meeting minutes. This showed a commitment to improving team practice and demonstrated good progress since the previous inspection.

While measures had been implemented to address the deficits under this standard, some were still being reviewed and developed at the time of the inspection. For example, full oversight of the reporting of SEN's and the development of a QIF. While these were in development at the time of the inspection, a further sustained period of time would be required to determine if the service could achieve full compliance with this standard.

Judgment: Substantially compliant

Quality and safety

Children received care and support respectful of their rights. Children were supported to participate in decision-making, express their views and were also informed of other rights such as how to make a complaint. Their views were obtained through various forums such as individual work and children's meetings. Children's feedback was presented to staff at team meetings in terms of their views and requests. For example, one child asked when another resident would be moving in as they wanted to have more children within the centre and it was explained that this would occur when it was appropriate.

Since the last inspection, there were two children discharged and one new admission to the residential centre. A collective risk assessment occurred which looked at the needs of a new child moving in as well as the impact on the children who were already residing in the residential centre. There was increased oversight by management of admissions and they had committed to escalating any issues

arising at an earlier stage to ensure any concerns would be addressed promptly. Staff had also been provided with additional training and support to meet the individual needs of children.

The dignity and privacy of each child was respected with regard to personal space, interactions and daily life within the centre. Children were also consulted with about the use of the third bedroom when the number of children residing there had reduced from three to two.

Children spent time away from the residential centre to attend school, activities, appointments and to spend time with family or friends. When restrictions were required to ensure children's safety, the reasons were explained to children and there were clear records of why limitations were put in place.

Children were engaging in internal and external support services which were meeting their individual needs. When children made the decision not to engage, their choice was respected and sometimes they chose to re-engage when they felt it was more appropriate for them.

Mandatory training was completed by staff as required and this was recorded on the staff training log. Staff had received training in *Children First: National Guidance for the Protection and Welfare of Children (2017)*. Child protection and welfare notifications were submitted in a timely manner. Staff were further supported in developing therapeutic intervention through consultations with external professionals to tailor individual work with children. This focused on staff promoting positive behaviour with children with an emphasis on safety, self-awareness and protection.

Restrictive measures were appropriately assessed and clearly recorded. A restrictive practice register was maintained and demonstrated the need for the use of such measures to maintain children's safety within the residential centre.

There were concerns about the building at the time of the last inspection. The required actions had been taken to address the concerns such as repairs, maintenance and fire safety issues. There were more regular health and safety checks occurring and risk assessments were completed as required.

There had been ongoing consultations occurring with regard to the procurement of an alternative building for the service and this had progressed at the time of this inspection. The inspector was informed that a new premises had been identified, which would be more suitable for the operation of a children's residential centre and accommodate up to four children. While the move to an

alternative premises had been identified as a priority for a number of years, this remained outstanding at the time of this inspection.

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

Staff in the centre informed children of their rights and this was demonstrated through a review of various records, through speaking with staff, external professionals and children residing in the centre. For example, children were aware of how to make a complaint and were supported in doing so when required.

There was a culture of respect for children within the residential centre. Supporting children to exercise their right to participate in decision-making and expressing their views was evident through a review of children's records, through individual work with children and through observing children's interactions with staff during the inspection.

Children's views were also obtained through children's meetings. This was when children could voice any concerns, needs, wishes or views. These items were then brought to the staff meetings for discussion. Children made requests for things such as gym memberships, day trips, a picnic table and items for their bedrooms, all of which were responded to and accommodated, where possible.

Feedback from children's meetings was presented to staff at team meetings. The staff team and management ensured that feedback was provided to children and this was documented in their daily logs. A sample of the daily logs were reviewed by the inspector and it was evident children received feedback in a timely and appropriate manner.

Children's religious and cultural differences were acknowledged and they were supported by staff when they wanted to further explore and express their beliefs. For example, money was made available to facilitate children to participate in different religious celebrations. Children were also asked at children's meetings if they wanted to attend any religious ceremonies or activities.

Children's dietary requirements and preferences were taken into consideration and children were actively involved with this. For example, children were involved in meal planning, preparing meals and purchasing food from their preferred shops.

Records of meal planning were maintained and these discussions were also recorded in the meetings with children. Food which children ate was also recorded in the children's records. These records were reviewed during the inspection and found to be up to date and reflected good practice in this regard.

Judgment: Compliant

Standard 1.2

Each child's dignity and privacy is respected and promoted.

The dignity and privacy of each child was respected with regard to personal space, interactions and daily life within the centre. The actions that the residential service had committed to in their compliance plan had been completed at the time of this inspection.

Children's personal space had been further protected by the placement of thumb locks on their bedrooms. Children kept their personal belongings in their rooms and had decorated their rooms to their own personal preferences where appropriate. The decoration and requests made to change aspects of their bedrooms were appropriately considered and responded to but some requests could not be approved due to safety concerns following risk assessments.

Children were consulted with about the use of the third bedroom when the occupancy of the centre reduced from three children to two children. Plans had been made to change one bedroom into a games room. Upon reflection of that plan, it was decided that the third bedroom would be a communal relaxation space. The inspector observed this room to have armchairs, artwork, television and space to store activities and games. Both children told the inspector they did not really use this space as they had their own bedrooms but could meet with people there if they needed to.

Children spent time away from the residential centre to attend school, activities, and appointments and to spend time with family or friends. The amount of free time children had was considered and agreed with all relevant people as required. Decision were clearly recorded in their absent management plans and placement support plans.

Restrictive practices in use in the centre were appropriately assessed, managed and reviewed. All incidents of restrictive practices were reviewed by centre management. Any limits placed on the privacy of children were in line with their assessed needs, had a clear rationale and were documented in their records. This

was particularly evident in individual work completed with children and through risk assessments which detailed why any limits were put in place. Such restrictions were discussed with children's social workers and were reviewed within appropriate timeframes. This was evident through a review of placement support plans which were updated to reflect any changes made, the restrictive practice log as well in meeting minutes.

Judgment: Compliant

Standard 2.1

Each child's identified needs informs their placement in the residential centre.

During the previous inspection, there were significant gaps in the arrangements for admitting children to the centre. The collective risks assessments were poorly completed and did not provide a clear picture to inform the suitability of a child's placement and the compatibility of their needs with other children already placed.

The standard of collective risk assessments had improved at the time of this inspection. Despite there being only one new admission to the centre since then, the collective risk assessment was of good quality and took account of the needs of the child already residing in the centre and the impact on them as well as meeting the needs of the child being admitted to the centre.

Management had committed to escalating emerging concerns at an earlier stage to ensure risks were managed promptly and effectively. This had not been required at the time of this inspection. Regional managers told the inspector that the crisis management procedure had been reiterated to the centre staff and management team as part of a risk workshop presented by the regional manager.

There were additional supports put in place for staff to meet the individual needs of children such as workshops and consultations with external professionals about tailoring individual work and engaging children effectively, in terms of their age and stage of development. The inspector reviewed several documents including a collective risk assessment, care plan and personal emergency evacuation plans. These were reflective of each child's needs and showed that consideration had been given to individual needs and abilities in preparing these documents.

Since the previous inspection, children were engaging with internal and external support services which were meeting their individual needs. This was evident through a review of documents such as placement support plans and records of

direct work with children, talking with children, staff and a guardian ad litem. While children may have chosen not to engage at a particular point in time, the opportunity for them to reengage at a later date was an option for them.

Judgment: Compliant

Standard 2.3

The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

During the last inspection, there was concern about the quality and safety of the care provided given the number and complex needs of children residing there and the restricted space within the residential centre. There were also concerns about fire safety measures which were in place that included the locking away of fire extinguishers.

The required actions had been taken to address the concerns at the time of this inspection. Repairs were ongoing during the 12 months prior to this inspection. This was evident in records such as the visitor log which recorded when repairs were being conducted as well as through discussions with management, staff and children. The maintenance and repairs log reviewed by the inspector was overseen and updated by the deputy social care manager.

Regular health and safety checks throughout the building were completed given the ongoing nature of the repair works. These were put in place as a safety measure to ensure that any maintenance works were identified, risk assessed and plans were put in place to action any requirements.

Risk assessments were undertaken when fire extinguishers were required to be locked away to prevent injury to children and staff during periods of escalation in behaviours. Another action agreed was that the locking away of fire extinguishers would be noted in the daily fire register. This was reviewed by the inspector and the actions were occurring as noted in the compliance plan. Fire safety was a routine discussion in management meetings.

There was an agreed action following consultation with children that the third bedroom would be transformed into another living space. This had been completed at the time of this inspection.

As mentioned above, there had been some progress with respect to the procurement of an alternative building for the service. However, no specific timeframe was in place at the time of inspection.

While the required maintenance works were undertaken, there was acknowledgment of the need to move the service to an alternative premises given the size of the current centre. Progression of the move to an alternative premises needed a broader organisational response to manage this issue in a more timely manner.

Judgment: Substantially compliant

Standard 3.1

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

At the time of the last inspection, there were wider organisational issues to be addressed in order to promote a culture of quality and safety within the residential centre to help build relationships of trust to enable therapeutic work to be undertaken with the children. Relationships within the peer group had significantly deteriorated, with serious incidents occurring which resulted in child protection concerns for children resident in the centre, at that time. There were marked improvements during this inspection with the safety and well-being of children being the key priority within the service due to increased oversight, staff support and more appropriate placement planning for children.

All staff in the service were trained in *Children First: National Guidance for the Protection and Welfare of Children* (2017). The centre manager maintained a record of staff completion dates on the centre's training tracker. All staff were mandated persons and could submit child protection and welfare reports as required. The centre maintained a log of all child protection concerns which was reviewed by the inspector. Centre staff liaised with the relevant social work departments to ensure that concerns were investigated and the outcome was obtained for the residential centre's records.

An external consultant specialising in behavioural support provided sessions to the staff team in respect of each child. The focus of these consultations was to provide staff with support in enabling the children to develop self-awareness and understanding for self-care and protection. Social workers and Guardian ad Litem were also invited to attend these sessions. The recommendations were recorded on children's files and these were reviewed by the inspector.

Safety, respect, bullying and harassment were features of the work undertaken by staff with children resident in the centre. The inspector reviewed individual work undertaken with children and children's meetings which reflected this clearly. There was improved transparency in the recording of concerns. The children's meeting agenda had space for children to raise any concerns or voice any issues they had. Children's placement support plans were reviewed and updated as required in terms of any changes to safety, risks and vulnerabilities.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff and the management team ensured that children experienced care and support that promoted positive behaviour. Since the previous inspection, several actions had been taken to ensure this occurred for children residing in the residential centre.

All staff were trained in the model of care and approach to promoting positive behaviours. This was further enhanced by staff within the centre being supported to become trainers, which further enhanced the availability of advice and practice support within the centre. In addition, a presentation on the use of restrictive practices was provided to the team by the deputy regional manager. Staff were also encouraged to identify what further training they required if they felt there were other opportunities to support them in their roles within the team.

The consultations with external professionals, mentioned earlier in this report, further supported staff to tailor individual work with children. This focused on staff promoting positive behaviour with children. This approach was evident through a review of individual work completed with children as well as placement support plans. Work with children was based on their abilities, knowledge and what they themselves identified as what they needed from the residential care staff. For example, managing a budget and money, developing independent living skills and reflection on events that had occurred.

Any restrictive measures in place had a risk assessment to explain why the restriction was required. From the sample reviewed by the inspector, restrictive practices were put in place to protect children and ensure their safety. Children were made aware of these reasons for restrictive practices, for example, the reasons for any bedroom searches undertaken or the need to share information with other parties to meet children's individual needs. The measures were recorded in risk assessments and also in the restrictive practice register.

The restrictive practice register was effectively maintained and had been reviewed by management the week prior to the inspection. Each restrictive practice action was numbered, described, dated and also noted how it would be reviewed. From the sample reviewed by the inspector, these were appropriate and proportionate in addressing identified risks in the centre.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
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.	Substantially compliant
Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	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.	Substantially compliant
Quality and safety	
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.	Compliant
Standard 1.2: Each child's dignity and privacy is respected and promoted.	Compliant
Standard 2.1 Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2: Each child experiences care and support that promotes positive behaviour.	Compliant

Compliance Plan

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

Compliance Plan ID:	MON-0044796
Provider's response to Inspection Report No:	MON-0044796
Centre Type:	Children's Residential Centre
Service Area:	South West
Date of inspection:	20 October 2024
Date of response:	30 December 2024

Introduction and instruction

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

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk

rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

Capacity and Capability: Leadership, Governance and Management	
Standard : 5.2	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <p>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> <ol style="list-style-type: none"> 1. Quality Improvement Framework Actions identified in the service upon completion of the document in November 2024, have been recorded on Tracker. The actions to be undertaken for further improvement in service provision have individual timelines for completion and or monitoring. Action Due: 31st March 2025 2. A presentation on the findings of the review conducted in relation to SEN's in the service was completed with staff team on 17th October 2024. Upon final approval and distribution of Report relating to SEN underreporting, a meeting with the staff will take place in February 2025 to discuss the report. Action Due: 28th February 2025 3. A centre Significant Event Notification Review meeting took place on 12th December 2024 and chaired by Deputy Regional Manager, plans for a team led SENRG are to be finalised with Deputy Regional Manager. Action Due: 10th January 2025 4. A review of current procedures in place in the service regarding reporting of SEN's will take place between Deputy Regional Manager and Centre Management. Action Due: 28th February 2025 	

Proposed timescale: 31st March 2025	Person responsible: Social Care Manager Deputy Regional Manager
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Capacity and Capability: Leadership, Governance and Management	
Standard : 5.4	Judgment: Substantially compliant

Outline how you are going to come into compliance with 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.

1. A review of recently implemented and improved procedures in the service, regarding reporting of SEN's will take place between Deputy Regional Manager and Centre Management.
Action Due 28th February 2024
2. In addition to review of SEN's at weekly team meetings, a centre led SENRG to be established in January 2025 with terms of reference for ongoing review of significant events and trends in the centre.
Action Due: 10th January 2025
3. Ongoing governance meetings to continue between Deputy Regional Manager, Quality Risk Service Improvement Officer and Centre Management on a bi-monthly basis, coupled with ongoing regular attendance at team meetings by Deputy Regional Manager to ensure that all actions contained in the QIF are completed in a timely manner.
Action Due:30th April 2025

Proposed timescale: 30th April 2025	Person responsible: Social Care Manager, Deputy Regional Manager Quality Risk Service Improvement Officer
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Quality and Safety: Child-centred Care and Support	
Standard : 2.3	Judgment: Substantially compliant
Outline how you are going to come into compliance with Standard 2.3	
<p>The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <ol style="list-style-type: none"> 1. Procurement of new property for the centre is due to conclude in Q1 2025 2. Design team to be engaged for renovations of procured property, due to be completed in Q1 2026 	
Proposed timescale: 31st March 2026	Person responsible: Tusla Estates, Social Care 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
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements	Substantially compliant	Yellow	31 st March 2025

	in place with clear lines of accountability to deliver child-centred, safe and effective care and support.			
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.	Substantially compliant	Yellow	30 th April 2025
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant	Yellow	31 st March 2026

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