



**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:	West
Type of inspection:	Unannounced
Date of inspection:	30 September and 1 October 2024
Centre ID:	OSV-0004201
Fieldwork ID	MON-0044870

About the centre

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

Our aim is to provide medium-term residential care for children/young people between the ages of 10 and 17 years, who cannot at this point in their lives live in a family-type setting, and who require the additional supports and interventions that a residential environment can provide. Centre's goal, is to build a sense of belonging for the children and young people, by providing them with a stable placement that fosters positive attachments and provides opportunities for them to participate and contribute to the daily living space. It is recognised that there are exceptional circumstances when children as young as ten years of age may benefit from this support to thrive, and it is hoped that over time; they may be ready to transition to family-based care.

Our objective is to assure a high standard of care and support in accordance with evidence based best practice, in a manner that ensures each child safety and wellbeing and enables them to access the supports and interventions necessary to address the circumstances of their admission to the unit and have a full and rich life.

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 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
30 September 2024	10:00 hrs to 18:30 hrs	Adekunle Oladejo	Inspector
1 October 2024	08:00 hrs to 15:30 hrs	Adekunle Oladejo	Inspector

What children told us and what inspectors observed

The inspector carried out a routine monitoring inspection of the centre. At the time of the inspection, there were three children living in the centre. The children were invited to give feedback about their experiences of living in the centre and all three spoke with the inspector. From what the children said, the records reviewed and what the inspector observed, it was clear that children living in the centre were provided with good quality, child-centred care and support.

All children were positive about their experiences in the centre and they spoke to the inspector about the support that they received from the staff. All children spoken with told the inspector, that they knew their rights and that they were involved in decisions about their day-to-day care. In addition to this, all children told the inspector that they got on very well with staff and that they were "treated with respect". One child told the inspector that they were supported to do things that they liked and that they were happy living in the centre. Further examples of comments made by children were:

- "Staff spoke to me about my rights"
- "I can raise my views and I can express my opinion"
- "I couldn't asked for better keyworkers, they help me with everything"
- "I can talk to my keyworker if I have any worries"
- "I am getting on well with everybody"

All children said that they 'felt safe' and that they knew who to go to if they have any worries or concerns. One child told the inspector that "staff are all nice, you can go to anyone here if you need any help". Another child told the inspector that they speak to people in their family network about any issue they have. The child further said that if they chose to speak to staff, they "will do anything they can to help". All children told the inspector that they knew how to make a complaint and they all said that they felt listened to.

The inspector observed that the centre was homely, clean and appropriately decorated. All the children spoken with said that the centre 'is a nice place to live'. They said that they were 'supported to decorate their bedrooms to their personal liking'. Inspector observed that the staff's interaction with the children was warm and respectful. Children were observed spending time with staff and they presented comfortable and relaxed in the company of the staff.

All children who spoke with the inspector expressed their views about the centre's practice in regards to behaviour management and measures in place to promote independent living skills. One child said that "staff helped me to understand everything going on". Another child told the inspector that they were "getting enough support and preparing for aftercare". One child expressed a mixed view about a restrictive measure that was put in place. They told the inspector "at first I agreed with the reason but now it feels stupid".

All children were positive about the arrangements in place in respect to their health, wellbeing, educational needs and access to their records. They told the inspector that they were regularly supported by staff to access medical services, and other health and social care services, as required. One child said that "staff support me with my health". A child spoke about their education, favourite subjects and future ambitions. They told the inspector that their "favourite subject is woodwork" and that they would "like to be a carpenter". The child's keyworker told the inspector that they were supporting the child around 'do-it-yourself' projects within the centre. In addition, all children said that they were aware of the records kept about them and that they were able to access them on request.

The inspector spoke with a parent, the allocated social worker for two children and a social worker team leader for one child. Inspector also spoke with a Guardian Ad Litem (GAL).¹ All professionals and the parent that spoke with the inspector, expressed positive views about the care and support provided to the children. They said that the staff practice respected children's rights and that staff were responsive to the children's needs. The inspector was further told that they were satisfied with the level of contact with the centre staff and that staff were good advocates for the children.

While the parent and professionals expressed positive views about the centre, a GAL told the inspector that they had an issue with regards to how written information was shared. Although the centre was following policy in respect to information sharing, the GAL stated that they had to seek written information from the children's social workers but they could get verbal update from the centre manager through phonecalls.

The next two sections of this report provide the findings of this inspection on the governance of the centre and how this impacted on the quality and safety of care provided to the children.

¹ 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.

Capacity and capability

There were effective governance and management systems in place that promoted the delivery of high-quality, child-centred care and support. There were appropriate number of staff working in the centre and they received supervision in line with the provider's policy. Records kept about children were up-to-date, securely stored and appropriately shared with relevant professionals. However, staff's performance appraisals had not been formally completed as required by the National Standards for Children's Residential Centres.

There were clearly defined governance arrangements and structures that set out lines of authority and accountability. The centre was managed by a manager who had the overall responsibility and authority for the delivery of the service. The centre manager was appointed in July 2023 and they were part of the management team in the centre prior their appointment. They were supported by a deputy centre manager. There were four social care leaders who reported to the managers and supported them in the day-to-day operations of the centre. External oversight of care practices was carried out by the regional manager who visited the centre at regular intervals. The regional manager supervised the centre manager and reviewed the centre's records including children's care records. The inspector interviewed the regional manager and found them to be knowledgeable about the care practices in the centre.

The management team - which consisted of the centre manager, deputy manager and team leaders - had meetings to discuss matters pertaining to governance and oversight arrangements, quality and service improvement, consultation and participation with the children. Each child's care and support needs were also discussed and the centre's practice was reflected upon. The inspector found that these meetings supported the managers to strategically plan the service provided and drive effective decision-making. However, the centre management meetings took place infrequently, ranging from monthly to every four months, and this is an area for improvement to ensure that meetings take place at consistent and regular intervals.

The centre's management team had ensured that individual accountability was clear in respect to the roles and responsibilities of all staff in the centre. There were arrangements in place whereby the manager delegated responsibilities for aspects of practice in the centre to a number of staff. Delegated tasks included training, fire safety, health and safety checks and staff roster. These were clearly recorded and the oversight was provided by the centre manager and their deputy.

There were effective systems in place to identify and manage risk. At the time of the inspection, the manager maintained a risk register which outlined a number of risks. Inspector found that relevant risks were identified and effectively managed. Each identified risk was assessed with appropriate controls identified to mitigate the risk and the person responsible for the implementation of the control was clearly outlined. Individual risk assessments were completed for specific risks that related to each child in the centre. Inspector reviewed a sample of these risks and found that they had been appropriately identified, assessed and adequate measures were put in place to manage risks.

There was effective workforce planning in place. There were appropriate numbers of staff employed in the centre with regards to the number and needs of the children and the centre's statement of purpose. From the sample of staff rosters reviewed by the inspector, it was evident that there was a good mix of staff on duty with the necessary experience and competencies to meet the children's needs.

Staff who spoke with the inspector said that they felt supported in their roles and that the management team were accessible to them. Both the manager and deputy manager were present during the course of the inspection and the inspector observed that they were readily available to both staff and children. There was an on-call system in place at evenings and weekends. This was provided on a rotational basis by the centre manager, the deputy centre manager, the regional manager and a deputy regional manager. This ensured that staff had access to immediate support and guidance in relation to any issues or concerns that arose during periods outside of working hours.

Arrangements were in place to promote staff retention and continuity of care to ensure that children experienced stability. Workforce planning took account of staff leave and measures were in place to ensure consistent staff who were familiar to the children were on shifts. The provider had an employee assistance programme in place to manage and support staff with the impact of working in the centre. Staff told the inspector that they were aware of the supports available to them and that they had found this to be beneficial.

There was a clear supervision policy in place and staff received regular supervision from appropriately qualified and experienced staff in line with the time frame set out in the provider's policy. From the samples of supervision records reviewed, inspector found that overall, the quality of supervision was good. Supervision records reflected in-depth discussion about planning for children's care and staff learning and development needs. Actions were agreed and it was evident that

these were followed up on. Clear rationales for delays in completing supervision were noted on the supervision files, and written records of supervision were maintained and signed by both the supervisor and the staff member. However, improvement was required to ensure that each individual staff member's performance is formally appraised as required by the National Standards for Children's Residential Centres.

A team-based approach to working was promoted through a comprehensive system of handover and shift plans. The inspector found that this system supported the staff team to effectively communicate and plan for the day-to-day care of each child in the centre. There was no policy or directive to guide practice in relation to the staff team meetings, in particular the frequency, and this was an area for improvement. For the most part, staff team meetings took place on a monthly basis as opposed to every two weeks, which was the time frame set out in the meeting records. Team meeting records reviewed by the inspector was of good quality. Team meetings were used as a forum for learning such as to provide updates to staff in respect to training opportunities and allocate time for staff to review policies and procedures. It was also used to provide general update and overview of planning and discussion in respect to placement progress for each child.

There was a record management policy in place which supported staff in the management and sharing of information. This policy also outlined the schedule for record retention and disposal. Staff who spoke with the inspector demonstrated a good understanding of this policy and they had completed relevant training in data protection, including sharing of personal information.

There was a good system in place for managing records in the centre. Records were effectively categorised and organised. Managers had oversight of the centre's records, reviewed them regularly and there was a process in place to ensure that outdated records were appropriately archived. Overall, records reviewed by the inspector were accurate and up-to-date.

Suitable arrangements were in place regarding sharing and transferring of information with social workers to support effective decision-making. Information sharing processes protected the privacy and confidentiality of the children and information was shared with relevant stakeholders on a need-to-know basis. A register was held which detailed the relevant information of each child living in the centre in line with regulatory requirements. The manager maintained up-to-date records of each child's care and their progress. Children told the inspector that they had access to their records when requested. The inspector found that

children's records were kept safe in a locked cabinet in the staff office and computer systems were password-protected. These measures meant that the privacy of children's personal information was protected and respected.

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 were effective governance systems in place and management structures were clearly set out. Staff were aware of their roles and responsibilities. There were effective systems in place to manage risk and delegations of duties were clearly recorded.

Judgment: Compliant

Standard 6.1

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

Regulation 6: Staffing

There were appropriate numbers of staff employed in the centre with regards to the number and needs of the children and the centre's statement of purpose. Staff had the necessary experience and competencies to meet the needs of the children. There were systems in place to promote staff retention and there were formalised procedures for on-call arrangements at evenings and weekends.

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.

There was a supervision policy in place and staff received regular supervision in line with the provider's policy. Written records were kept and supervision was of good quality. However, improvement was required to ensure that each individual staff member's performance is formally appraised as required. In addition, there was a need for a clear policy regarding frequency of staff team meetings to provide clarity and promote consistency.

Judgment: Substantially 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 records in the centre, including children's care records, were well maintained and up to date. Suitable arrangements were in place regarding the sharing and transferring of information. There was a register of children living in the centre which contained all the relevant details in line with regulations.

Judgment: Compliant

Quality and safety

Children living in the centre at the time of the inspection, received care and support that promoted their rights and appropriate safeguarding measures were in place. Children were supported with their health and wellbeing needs and their educational and training needs were being met. The centre was clean and appropriately decorated. The centre's layout was suitable for providing safe and effective care to the children and for meeting their needs. While a positive approach to the management of behaviour was promoted, a restrictive practice in use within the centre required review to ensure its continuous use was consistent and proportionate to the current identified risk and presenting need of the children.

Children experienced care and support which promoted their rights and respected their diversity. The inspector found that children were encouraged to develop their understanding of their rights as appropriate to their age, ability and maturity. Children were spoken with and provided with written information about the centre which clearly outlined their rights including, their rights to practice their own religion and to be proud of their individual beliefs and background, the right to privacy and the right to be consulted and participate in decisions about their day-to-day care and support needs. The inspector found that care practice was child-centred and recognised children's rights, including their rights to be listened to and to participate in decisions made about their lives.

At the time of the inspection, all three children living in the centre had social workers allocated to oversee their care and support needs. There were up-to-date care plans in place for each child, and there were placement plans which were developed in consultation with each child and supported the implementation of the care plan, in line with the provider's model of care. Children were supported to participate in the care planning process and express their views. Children told the inspector that they were clear about the complaints process and that they were given information about how to make a complaint. Children were aware of the external advocacy support that could further assist them in upholding and protecting their rights. Records reviewed by the inspector showed that an external advocate had visited the centre to meet with all the children and explain their role. There was a culture of respect for children's diversity in the centre. Staff supported children around their individual needs in respect to their food preferences, social, cultural and religious beliefs and values. For example, children were supported and facilitated to celebrate important religion ceremonies.

Children in the centre had meetings called 'the gathering'. These meetings took place approximately every two months and were facilitated by the centre's staff. The inspector reviewed samples of these meeting records and found that children had the opportunity through these meetings to come together and discuss matters that were important to them as a group. Matters relating to communal living had been brought up and addressed. These meetings had further enhanced the rights of children to be involved in decisions that affected their daily lives. The centre will benefit from the review of the frequency of these meetings to ensure that children have timely opportunity to express their views of the service provided.

The centre is on the outskirts of a town in the West of Ireland. It was located in a two-storey detached building consisting of five en-suite bedrooms. There was a garden to the front of the house and parking to the rear. The centre was previously renovated. On the days of the inspection, the centre was clean, homely and provided a warm and comfortable environment for the children. Both indoor and outdoor spaces were tidy and well maintained. There was a large outdoor space with trampoline, basketball hoop, swing set, climbing frame and outdoor furniture. There was a storage shed at the back of the building and a polytunnel to the side that was used to grow fruits and vegetables. Staff told the inspector that children were, at times, involved in the gardening work.

Each child had their own bedroom and bathroom and a child told the inspector that they were supported to decorate their bedroom to their personal taste. There were two sitting rooms, two staff bedrooms, three offices, a large communal kitchen, dining area and a utility room. The centre was tastefully decorated with

photo frames including artwork made by the children to enhance the overall homeliness of the centre. The centre had closed-circuit television (CCTV) in use in the outside perimeter of the building. There was appropriate signage visible in relation to the use of CCTV.

The centre's safety statement was reviewed in January 2024. The centre had three cars that were being used to facilitate children's transportation as required. All cars were insured, taxed, and had an up-to-date National Car Test (NCT). There were effective systems in place to identify maintenance issues in respect to cars and premises. The centre manager had delegated the responsibility for cars maintenance and health and safety to a number of social care staff. Oversight of these delegated duties was maintained by the managers.

There were fire safety management systems in place, including fire detection and alert systems, emergency lighting, fire doors and firefighting equipment. Routine checks were being conducted on fire safety systems and the firefighting equipment was being regularly serviced. Regular fire drills were carried out and records of these kept on file. All staff, except one, had received training in fire safety and a date has been set for the remaining staff to be trained. There were up-to-date personal emergency evacuation plans in place for each child, these clearly set out individual child support needs in the event of a fire emergency and children were aware of the evacuation procedures.

Appropriate arrangements were in place to safeguard children. There were no child protection reports made in the 12 months prior to the inspection. Staff who spoke with the inspector were knowledgeable of their responsibilities as a mandated person² in reporting child protection concerns and they all had an up-to-date training in *Children First: National Guidance on the Protection and Welfare of Children* (2017).³ Staff demonstrated a good understanding of the provider's policy on protected disclosure.

Staff in the centre worked in partnership with children and their social worker to promote the safety and wellbeing of children. Risk assessments were completed around age-appropriate activities and individual work was carried out with children to develop their understanding and skills needed for self-care and protection, in line with their age and stage of development. Children told the inspector that they knew who to talk to if they are feeling unsafe or vulnerable.

The inspector reviewed a sample of significant event notifications and found that they were well-managed and reports were sent to relevant stakeholders in a

² A person who has a legal duty to report child protection concerns.

³ National policy document which assists people in identifying and reporting child abuse.

timely manner. There was good oversight of significant events by the centre managers, who reviewed incidents and made recommendations for any follow-up actions which were implemented as required. There was a formal process in place for the external review of significant events. Significant events review group (SERG) meetings took place every month and were attended by the deputy regional manager for the West region. Samples of SERG meeting records reviewed by the inspector showed that no recent significant event from the centre had been brought to this group for review.

A positive approach to the management of behaviour that challenged was promoted and this was supported by policies and procedures. An individual crisis support plan was on file for each child which outlined any behaviour of concern and the intervention strategies to be used. This meant that staff were aware of children's behavioural patterns, including high-risk behaviour and the approach to be taken to manage such behaviour.

The manager maintained a restrictive practice⁴ register and there were two restrictive practices correctly identified and recorded. These related to the level of supervision provided to the children and the use of an alarm on children's bedroom doors to alert staff if children left their bedrooms at night time. The inspector found that the practice in respect to the use of alarms on doors required review to ensure its continuous use is proportionate to the current identified risk and consistent with the presenting need of the children. Although, the managers had oversight of this restrictive practice, records such as risk assessment and the restrictive practice register reviewed by the inspector did not show clear rationale for the continuous use of the door alarm. This meant that this restrictive practice had not been used for the shortest duration, in line with the provider's policy. In addition, at the time of the inspection, two staff members who recently joined the service had not completed mandatory training on the approved behaviour management technique, in line with the provider's policy. The centre manager was aware of the outstanding training and had a plan in place to ensure all staff were trained as required.

There had been no incidents of physical restraint carried out in the centre in the 12 months prior to the inspection. Staff practice recognised that behaviour is a form of communication. Staff focused on building trusting and respectful relationships with the children and developing an understanding of how each child behaves in the context of their individual experiences. Staff encouraged children to reflect on their own behaviour and supported them in developing effective coping strategies for the future.

⁴ the intentional restriction of a person's voluntary movement or behaviour

The health, wellbeing and development of the children was actively promoted and supported through a range of measures and practices including, the provision of a healthy diet, recreational exercise and physical activities. Health promotion initiatives within the centre prioritised the importance of good physical and mental health and this was clearly reflected in the children's placement planning process, in line, with the provider's model of care. Planned and unplanned individual key work sessions were carried out with children and staff provided guidance and advice on health and wellbeing topics such as smoking cessation, exercise and physical health, mental health, self-care, safe relationships and positive sense of identity.

Children were provided with adequate supplies of food, drinks and snacks. Staff consulted with children about their individual food preferences and took this into account in respect to meal planning. Children were supported and encouraged to learn to cook for themselves. The inspector observed a staff member and a child eating together. Mealtimes were regarded as a positive social event.

Children were guided and supported to develop skills in preparation for leaving care. For example, there was an aftercare plan in place for one child at the time of the inspection. This child was also allocated an aftercare worker, who worked in partnership with the centre staff to support the child to develop independent living skills before transitioning into the aftercare service. Individual work in regards to necessary life and social skills such as shopping, coping with stress, how to apply for a job, budgeting and healthy relationships were completed with the child. In addition, information was provided to the child around the appropriate support networks for when they are no longer in care.

Children's physical and mental health needs were appropriately cared for. Each child was registered with the local general practitioner (GP) and staff supported children to attend medical appointments and other health and social care services required. Immunisation records were maintained as part of children's care records. Staff in the centre worked with the children's allocated social worker to ensure that health and development assessments were carried out and inspector found that this informed necessary interventions and supports to meet the children's needs. These included referral for medical and psychological assessment and other services such as dental and optician, as required. Inspector found delays in progressing a referral for a specialist service for a child. From a review of records and interview with the staff and other stakeholders, it was clear that staff were following up on the delays with the child's social worker and a date had been set for the commencement of the service at the time of the inspection.

There was a medicines management policy in place which guided staff practice. All staff had received training in the medicines management and suitable arrangements were implemented for storing, dispensing and disposal of medicines. Prescriptions and medicines administration records reviewed by the inspector were up to date.

Staff recognised the importance of education in children's development and took a proactive approach to promote their engagement in education. All children in the centre were in education programmes that suited their individual needs. This provided children with a structure and routine and supported them in acquiring skills and knowledge in order to maximise their talents and potential. The provider engaged a specialist service to assess the educational needs of a child which provided further insight into their needs. The inspector found that the outcome of the assessment guided staff in identifying the most appropriate education placement for the child.

Staff worked in partnership with schools and monitored children's individual educational progress. Where a child expressed an issue with their education arrangements, the child's wishes was listened to and a suitable alternative was provided. Homework support was offered to the children and records of children's education progress, assessment reports and staff contact with school were kept as part of their care record.

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

Children experienced care and support which promoted their rights and respected their diversity. Care practices were child centred and children were encouraged to develop their understanding of their rights including their right to make a complaint. Children were listened to and they were supported to participate in decision-making with regards to their care.

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**

The centre was clean, appropriately decorated and maintained in good condition. There were fire safety systems in place and these were routinely checked and serviced. Vehicles used to transport children and staff are roadworthy, regularly serviced, insured and taxed.

Judgment: Compliant

Standard 3.1

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

Staff in the centre understood and implemented safeguarding policies and procedures in line with Children First (2017). Children were supported to develop the understanding and skills needed for self-care and protection according to their age and stage of development.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

A positive approach to the management of behaviour that challenges was promoted. There were appropriate policies and procedures that guided staff's practice. Staff had a good understanding of each child's behaviour support needs. However, the use of alarms as a restrictive practice required a review to ensure proportionality to the presenting risk. In addition, two staff members had not completed mandatory training in the approved behaviour management technique, in line with the provider's policy.

Judgment: Substantially 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

Children's health, wellbeing and development were promoted and appropriately cared for. There were systems in place for health promotion initiatives. Staff supported children's health and wellbeing through one-to-one key work on a range of health-related subjects. Children were enabled and supported to develop skills in preparation for leaving care and to exercise autonomy.

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**

Children's health and development needs were identified and addressed in a timely manner. Children were registered with and had access to a GP. Other health and social care services, including specialist services were provided in line with the children's assessed needs, as required.

Judgment: Compliant

Standard 4.3

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

Children were supported to achieve their potential in learning and development. All children in the centre were involved in education that suited their individual needs. Staff worked with each child to identify their individual interests, strengths and abilities.

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.	Compliant
Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	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.	Substantially 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.	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 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2: Each child experiences care and support that promotes positive behaviour.	Substantially Compliant
Standard 4.1: The health, wellbeing and development of each child is promoted, protected and improved	Compliant
Standard 4.2: Each child is supported to meet any identified health and development needs.	Compliant

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Compliant
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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.

Compliance Plan ID:	MON-0044870
Provider's response to Inspection Report No:	MON-0044870
Centre Type:	Children's Residential Centre
Service Area:	West
Date of inspection:	30 September and 01 October 2024
Date of response:	20 th November 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: Responsive Workforce
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Standard : 6.3	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 6.3:</p> <p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p> <p>The requirement for Team Meetings in the Centre will be held at minimum of monthly commencing from November 2024.</p> <p>All staff will complete initial Personal Development Plans with their supervisor by the end of the first quarter of 2025, these will then be regularly reviewed in line with policy.</p>	
<p>Proposed timescale:</p> <p>Q1 2025</p>	<p>Person responsible:</p> <p>Social Care Manager</p>

Quality and Safety: Safe Care and Support

Standard : 3.2

Judgment: Substantially Compliant

Outline how you are going to come into compliance with Standard 3.2:

Each child experiences care and support that promotes positive behaviour.

The use of internal door alarms (Restrictive Practice) was reviewed on the 25th of October 2024 by the management team, a risk assessment detailing this measure has been placed on the Young Persons file. This risk assessment highlighted that additional support and work was required at present given Young Persons presentation. As a result this restrictive practice will remain in place with a review date planned for 29/11/24 by which point this measure will be discontinued should these risk have reduced.

The staff members who require mandatory training in our approved behaviour management technique are scheduled to complete this on 27th – 31st January 2025.

Proposed timescale:

31st January 2025

Person responsible:

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
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.	Substantially Compliant	Yellow	31/03/2025
3.2	Each child experiences care and support that promotes positive behaviour.	Substantially Compliant	Yellow	31/01/2025

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