



# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	18 and 19 January 2024
Centre ID:	OSV-008615
Fieldwork ID	MON-0042436

## About the centre

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

The children's residential centre is located in a purpose built two-storey house, with a private garden, in a suburban area of a large city. The service provides residential placements for children and young people between the ages of 12 and 17 years of age on admission. The centre has six bedrooms that can accommodate 6 children. The centre was part of the Tusla statutory provision of national children's residential services in the Dublin North East region. The children and young people who needed medium to long-term residential care were referred to the centre through the Separated Children Seeking International Protection Service.

The aim of the centre is to provide a high standard of individualised care and intervention to enable each child to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community or to live independently. The service also aims to support children to enhance their lives and development on a physical, social, emotional, and recreational basis.

The centre uses the Tusla nationally approved model of care to achieve positive outcomes for children. The approach focuses on the use of a therapeutic connection between children and the staff team to promote positive outcomes. Placement support plans are created and structured using this model of care. The service endeavours to work in partnership with children, their families, social workers and other professionals. The involvement of the children is central to all care interventions.

The centre is managed by a social care manager and supported by a deputy social care manager. The social care manager reports directly to the deputy regional manager who reports to the regional manager. The service has four social care leader posts and 10 social care worker posts.

At the time of inspection the social care manager and deputy social care manager were employed on an interim basis. Five social care worker posts were vacant and covered by agency staff.

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

**Number of children on the date of inspection**

5

## **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 summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

### **1. Capacity and capability of the service**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
18 January 2024	09:40 hrs to 19:30 hrs	Sharon Moore	Lead Inspector
18 January 2024	12:00 hrs to 20:30 hrs	Susan Talbot	Support Inspector
19 January 2024	08:00 hrs to 16:00 hrs	Sharon Moore	Lead Inspector
19 January 2024	07:40 hrs to 13:40 hrs	Susan Talbot	Support Inspector

## What children told us and what inspectors observed

There were six young people living in the centre at the time of the inspection. Five were aged between 14 and 17 years old and one 18 year old young person remained living in the centre as part of their aftercare plan. During the inspection all young people living at the centre were invited to speak to inspectors about their experience of living in the centre. Inspectors spoke with two young people under 18 years and one social worker.

The centre was located on its own large grounds with sufficient parking and onsite recreational facilities in a suburban area of a large city. It had good access to public transport and amenities. Prior to the centre opening in July 2023 renovations were undertaken to enhance the living and working environment. The centre was observed to be warm, bright, homely, comfortable and nicely decorated. Each young person had their own bedroom and four of which had private bathrooms. Young people could decorate their rooms to their taste and had adequate space and storage for personal belongings. The centre had sufficient communal spaces where young people could relax and interact with each other and private spaces if they preferred to take quiet time alone. The garden was large and its use was observed during the inspection.

The two young people who spoke with inspectors about their experience were happy living in the centre. They were positive about the care and support that they were receiving from the service. They described their days as busy, with school, prayers and activities of their choice. They had opportunities to go out to meet their friends or could invite them to the centre. They said they liked their home and had plenty of space in their bedrooms including for their possessions. They had suitable space for their homework. One young person said it was the best place that they had lived in Ireland. Other comments made by the young people included:

'I like the staff and get on with the other boys living here'

'I am happy here'.

'I enjoy the different activities- going out on trips, seeing friends and attending the mosque'

'I can go out to meet my friends or they can come to visit me'.

The young people said that staff encouraged and supported them in their education health and wellbeing. The young people knew about their rights, said they were listened to by staff and felt included in decisions about their care. Young people spoken to by inspectors had an understanding that they would

remain at the centre until they were 18 years of age. One told the inspector they were aware they could see their records if they wish but had not yet chosen to do so. Some of the comments made by young people included:

'I am having difficulties at school- it is hard to understand some words and I need extra help'.

'The best thing is the staff- they are good to you and help you to have a good time- they provide us with what we need'

'Staff have given me information about getting around the city and where it is safe to go'.

'Everything is good, nothing is bad'.

'We have house meetings and key workers- if you need something, you can discuss this and they will listen to you'.

'I told staff about health problems I was having and they sorted them'.

In terms of improvements, young people spoke about the need to have an allocated social worker and better communication with the social work department and these issues had been the subject of complaints they had made.

One young person said 'I am not sure who my social worker is now - I was told my social worker was being changed, but no one has come to see me yet'.

Inspectors had the opportunity to observe breakfast, lunchtime and dinner time. Young people and staff eating together was promoted and there was a good variety of homemade and wholesome food available. Young people were given choices about the food they would like to eat and could put their preferred food on the shopping list. Young people were encouraged and supported to cook and this happened regularly.

The social worker who spoke to the inspector said most of their contact was with social care leaders and occasionally the centre manager. They said they valued the regular updates of direct work with young people undertaken in key worker sessions. They went on to say 'they really look after children's needs and really put children at the forefront of service delivery'.

## Capacity and capability

Overall, the governance arrangements in the centre needed strengthening to ensure effective oversight of the service. The providers operation of the service was reliant on the use of agency staff as half of the social care worker posts were vacant. Staff were not supervised in line with Tusla's supervision policy and agency staff received no supervision in their role. The criteria for admission outlined in the statement of purpose and function' was not adhered to and the statement of purpose and function did not accurately reflect the service provided for young people. In addition, operational policies and procedures were not effectively implemented in the service. Improvements were required in communication systems, quality assurance systems and workforce planning around staff resources. Management roles and accountabilities were not clear with regard to the management of work place issues within the centre and there were no formal local procedures in place to ensure that workplace issues were addressed in line with national policy. Personal development plans that supported the identified practice development needs of staff were not in place. A formal framework for auditing centre records by managers and a review of the procedure for the use of the installed child protection alarms were also needed.

This centre was inspected against fourteen of the National Standards for Children's Residential Centres. Inspectors found the service compliant with four standards, substantially compliant with five standards and not compliant with five of the standards examined. During the course of the inspection, inspectors spoke with Tusla managers and social care leaders, however, all the social care workers who were rostered over the three shifts periods during the inspection were agency staff.

The centre opened in July 2023 and was located in a recently renovated premises that was found to be suitable for the service and well maintained. The centre's statement of purpose and function was implemented and signed in July 2023 by the regional manager, the deputy regional manager and interim social care manager. It clearly set out and described the service that the centre aimed to provide for young people aged twelve to 17 years. The statement of purpose and function described the model of care as a strength's-based model of care, which focused on promoting the young persons' sense of well-being, while also managing the risks that may present using the Tusla nationally approved model of care. However, the statement of purpose and function refers to another residential centre and the key policies to be followed in that residential centre. The staff who spoke with inspectors clearly understood the model of care, purpose and function of the centre. Young people's records indicated that a copy of the service mission

statement, statement of purpose and function and welcome booklet were given to each young person shortly after their admission. However, the admission criteria outlined in the statement of purpose and function were not fully adhered to as two young people did not have an allocated social worker on admission and this is discussed in more detail later in the report.

The operational policies and procedures in place for the service were the National Tusla Policies and Procedures for Mainstream Children's Residential Centres. The inspection found that not all of these operational policies and procedures were effectively implemented in the service. The service did not operate in line with the national admission policy which requires the child's social worker to provide the child's statutory care plan prior to the admission taking place. The service had accepted three young people with no statutory care plan and another young person with an out of date statutory care plan. The national policy on care planning also required the service to develop a placement plan for children that outlines the actions that the centre will undertake in order to meet the aims and objectives of the statutory care plan. However as the centre progressed the admissions without statutory care plans that identified the current needs of each young person they could not ensure that placement plans in place were meeting these needs.

The management structure for the service was clearly defined and staff spoken to were aware of their roles and responsibilities. There were generally clear lines of accountability in place. The interim social care manager with responsibility for managing the centre was suitably qualified and experienced. They reported to a deputy regional manager who in turn reported to the regional manager. Direct oversight of the service by managers did not occur routinely outside of normal office hours. Both the interim social care manager and the interim deputy social care manager worked Monday to Friday 9-5pm which is standard practice for all children's residential services in Dublin North East , oversight of the service outside of these hours at night and weekends was provided through an on-call arrangement. There were on- call arrangements at night and at the weekends. However, on occasions, the interim social care manager or deputy were rostered to work as staff members on the floor at weekends, and in these circumstances, the lines of accountability were not always clear to all staff.

Improvements were required in local quality assurance including auditing at centre level. While there was some limited evidence that auditing by the interim social care manager and the deputy regional manager had been undertaken, there was no collated reports on findings of the majority of audits with the exception of medication audits. Emails were sent to the staff team in regard to findings from



manager's review of young people's records, however, there was no evidence the actions identified had been followed up and further reviewed. There was some evidence of the deputy regional manager signing and dating key children's residential care including admission, significant event notifications (SENS) and complaints registers. There was however no other information available with regard to their assessment of the quality of the work undertaken, gaps they had identified and follow up actions required. The deputy regional manager told inspectors that they visited the service monthly and undertook regular service audits using an audit tracker. However, despite being requested, records of service audits regarding the quality of work and care provided to children or completed audit trackers were not provided to inspectors. In September 2023 the provider completed a review of the purpose and functioning of the centre since it had opened in July 2023. Two centre actions were identified, the children's advocacy service to be invited to the centre to meet with the young people and the providers practice assurance and monitoring team were to be informed when all vacancies had been filled. The children's advocacy service visited the centre in December 2023. The review also noted that five young people did not have up to date child in care plans and that all placement support plan forms were missing a 'curfew testing time' which had been brought to the attention of the centre manager on the day of the visit. However a review of all young people's absence management plans found that only one had a 'curfew testing time'.

Management roles and accountabilities within the centre management team were not always clear with regard to management of practice issues and work place issues. Where practice and work place issues arose, meetings with staff were generally not formally documented and it was unclear who was accountable for the oversight and management of the issue and actions were not clearly set out. Inspectors found that more regular and structured oversight of the care of the young people was needed. The frequency of supervision of Tusla staff was not in line with Tusla policy. There was no supervision arrangement in place for agency staff. Therefore, no formal supervision of agency staff had taken place in the six months prior to inspection, despite the assignment of a keyworker role to an agency staff member. The interim social care manager was responsible for the supervision of the interim deputy social care manager and two social care leaders. The interim deputy social care manager supervised two social care leaders. The social care leaders were responsible for the supervising the social care workers. This service was in operation just over six months at the time of the inspection, and the provider had failed to ensure that the service had sufficient staffing resources employed to operate the service. The daily operation of the service relied on the ongoing use of agency staff to cover vacant social care worker posts. At the time of the inspection, the centre manager and deputy manager were

interim positions, and five of the ten social care worker posts needed to operate the service were vacant. Managers told inspectors that staffing has been an ongoing issue since the opening of the service in July 2023 and one social care worker vacancy was in the process of being filled. A review of the staff roster over six months prior to the inspection showed that agency staff had been needed to staff the service at least five days each week and the service consistently had shifts where no Tusla employed social care worker was rostered.

At the time of inspection there was no Tusla employed social care worker on any of the three shift periods during which inspectors were present. While, there was a recruitment process underway at the time of the inspection to fill these posts on a permanent basis, young people experienced an inconsistent staff team due to the number of agency staff needed to operate the service on an ongoing basis. Permanent staff were completing overtime in order to ensure that appropriate staffing levels were in place to operate the service.

The service contracted agency staff through two different companies to operate the service. Inspectors were informed that the contractual agreements with these agencies were managed by Tusla nationally. The interim social care manager was provided with a brief overview document referred to as a 'compliance pack' on each agency staff member that included details of qualifications, experience and training. The deputy regional manager reported that while the area was working with the national recruitment office to address the staffing gaps the daily operation of the service would continue to require the use of agency staff until at least the end of 2024.

Risk management systems were in place, however, not all risks were included in the service's risk register. The risks associated with the consistent requirement for the use of agency staff to operate the service and the risks of having an interim manager and deputy manager had not been identified. Identified risks were effectively managed. The risk register had a range of risks identified including health and safety risks and lack of medical screening. The risk register was reviewed regularly and updated by the centre manager. No risk had been escalated to the regional risk register. The majority of the risks on the register reviewed by inspectors reduced over the previous six months. Risks in relation to individual young people were recorded on individual risk assessments. Staff who spoke to inspectors were aware of the risk management system in place. While no restrictive practices were in place at the time of the inspection child protection alarms had been installed on the bedroom doors of all young people following the identification of this need on the risk register in August 2023. Following an incident in January 2024 the use of the child protection alarms was included as a future

safeguarding measure that would be put in place for all young people should the incident reoccur. Following this decision the provider did not review the Tusla national procedure with staff, there was no local procedure in place and no direction had been given to staff in the event their use would be required. Improvements were required in the management of young people's records, as copies of some documentation were not on file. There were effective arrangements in place for the retention of records and a children's register was in place. Young people understood how they could access a copy of their personal information.

Communication was not always effective in the service. On the first morning of inspection, staff were unaware that managers were not rostered to be in the service that day. Team meetings took place every two weeks and inspectors reviewed a sample of these meetings and found that while they had a comprehensive focus on each individual young person's needs there was limited discussion on broader care practice, centre and organisational issues. In the three months prior to inspection on only three occasions was an agency staff member present at a team meeting. Therefore, this coupled with the lack of supervision for agency staff was of concern to inspectors, as opportunities to discuss key issues as a team are essential to ensure good quality consistent care for children. In addition, given the identified workplace relationship issues and practice issues in the service, there was little evidence of an ongoing focus on team building, maintaining positive workplace relationships or practice development in team meetings. Daily communication arrangements for staff coming on shift were in place. The service had a staff communication log which was held on a computer. Inspectors were told that staff were expected to read the communication log when they came on shift and the log was updated by staff on shift daily. There were daily shift handover meetings in the morning and at night where shifts were planned, individual young people discussed and tasks allocated to the staff team. Centre managers were not generally present for shift handover meetings. The interim deputy social care manager told inspectors that when they are on duty in the service they do a check in meeting with staff on the day shift. These meetings were not documented.

**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.

Improvements were required in the governance of the service. While, there were experienced interim managers in place, systems of management oversight such as staff supervision were not consistently implemented in line with policy for all staff. While the management team managed many risks effectively, not all risks were included in the service's risk register. Management roles and accountabilities were not always clear. There were limited formal local processes in place to audit the quality of work and care provided to children. Clear local procedures for the management of work place issues in line with national policy were needed. Communication systems were not always effective.

**Judgment:** Not Compliant

**Standard 5.3**

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

The residential centre had a publicly available statement of purpose however it did not clearly reflect the day to day operation of the residential service. It also referred to another named residential centre.

**Judgment:** Substantially Compliant

**Standard 6.1**

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

**Regulation 6: Staffing**

The provider resourcing of the service was not robust, as the managers were employed on an interim basis and the operation of the service relied on the use of agency staff. This situation had been ongoing since the centre opened in July 2023. There were five social care worker vacancies at the time of the inspection. The interim manager endeavoured to maintain consistently in the agency staff that were rostered, but, this was not always possible. Therefore, the continuity of care and maintenance of relationships for children could not be ensured as the

workforce plan for the service was to continue using agency staff to operate the service until at least the end of 2024 while the provider continued to try to fill the existing vacancies.

**Judgment:** Not Compliant

### **Standard 6.3**

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

The frequency of supervision of Tusla staff was not in line with Tusla policy. There was no supervision arrangement in place for agency staff and no formal supervision of any agency staff had taken place in the six months prior to inspection. This included the agency staff member who was assigned as keyworker to a young person. Agency staff did not routinely attend team meetings. Personal development plans that supported the identified practice development needs of staff were not in place.

**Judgment:** Not 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**

There were effective arrangements in place for the retention of records and a children's register was in place. Young people understood how they could access a copy of their personal information. Most records were up to date, however copies of some young people's documents had not been placed on their file. There were absence management plans on file but only one had a curfew testing time.

**Judgment:** Substantially Compliant

## Quality and safety

Overall, inspectors found that while the service was child-centred and staff actively promoted children's rights, the provider could not ensure that the care and support provided by the service to each young person was based on their individual identified needs. The service was found to have placement plans in place for young people that were not based on the young person's up to date statutory care plan. The staff team sought to provide a safe, culturally sensitive and supportive environment where young people could have fun while also being supported to positively manage their feelings and emotions. However the provider had failed to put an effective structure in place so that all relevant information about each young person was made available to the staff team to ensure that placement planning was based on the young person's current identified needs and that there was effective management of any risks that may be present. The safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate. Young people were observed to be relaxed, comfortable in the centre and have a good rapport with staff. The centre building was clean, warm and decorated to a high standard, with effective use made of furnishings that reflected young people's cultural heritage. The layout was open and allowed sufficient space for individual and social activities including for mealtimes and parties and cultural celebrations with their friends. Young people were supported with their daily routines based on their individual needs. They were provided with a small allowance to enable them to personalise their bedrooms and to meet the requirements of their faith. Each young person's dignity and privacy was respected and promoted. Bedroom privacy and house rules were clearly identified as part of the admission process and were subject to further discussion in young people's house meetings.

Both Tusla staff and agency staff who spoke to inspectors clearly understood their roles and responsibilities for keeping children safe, supporting their individual needs and promoting children's rights. Young people were informed of their rights and were supported to exercise and understand their rights in a manner that was appropriate to their age, ability and stage of development. Staff spoken to by inspectors were attuned to the trauma young people may have experienced and the challenges for young people in seeking international protection. Staff were sensitive to the young people's separation from their families and their daily worries around the safety of their family members. Young people were supported and encouraged to maintain telephone contact with their families and the potential for family reunification was explored. Their friendships were encouraged and supported. Special occasions such as birthdays were celebrated. While young people were supported to have contact with family and friends, only one young

person was actively involved in social and leisure activities as part of the local community.

Staff encouraged and supported young people to pursue their goals and achieve their full potential. A review of young people's records showed that the vulnerability of the young person and the likely impact of any previous adverse childhood experiences were recognised. Young people were supported to strengthen their literacy and communication skills. Staff were aware of potential cultural differences and differences in laws and customs from the young people's countries of origin. Staff focused on supporting young people to maintain their identity while also encouraging their understanding of Irish culture, customs and laws. Young people's own words were used to describe the nature and depth of their feelings in describing the impact for them.

Each young person had access to information, provided in an accessible format that took into account of their communication needs. The daily logs for each young person provided a clear picture of ongoing recognition of their faith and cultural needs and of areas where they required additional support in promoting their independence and language skills. Centre staff had commenced working with young people on developing memory books that recognised their heritage and captured key events such as new activities they were helped to explore, including their first day at school wearing the school uniform.

Young people were listened to and given choices about their care, had access to an advocacy service and were supported to participate in making informed decisions about their care. Key worker relationships were in place and promoted a strong focus on the recognition and protection of children's rights. The national young person's advocacy organisation has been to visit the young people and they were encouraged to access external support. However young people's participation in and seeking their agreement to decisions about their care and risks including signing their key worker records, absence management and safety plans needed to be strengthened. Observations by inspectors, interviews with young people and a review of young people's records demonstrated efforts were made by staff to engage young people and to hear their voice. However, this was not always clearly recorded within young people's care records or daily logs.

Risks in relation to self-harming or suicidal thoughts were identified in young people's individual crisis support plans. Behavioural risks or potential sources of conflict were outlined within young people's individual plans. There was no use of physical restraint in the centre. Most staff had accessed training in crisis prevention and behaviour management. There were no restrictive practices in

place. Child protection alarms had been installed on bedrooms doors however at the time of inspection these were not in use. It was of concern however to inspectors, that these alarms were installed in a centre which operated live nights.

Child protection concerns were reported to Tusla, in a timely manner and in line with Children First. The centre held a log of child protection concerns, including status and outcomes of referrals. All staff had up-to-date training in Children First: National Guidance of the Protection and Welfare of Children (2017). Staff sought to have good communication with social workers and schools. Records reviewed showed regular contact through email and phone. Where difficulties were being experienced in school, there was good joint working between the school and staff at the centre. Absent management plans were in place for all young people. However a review of these plans found that only one absent management plan for a young person had a 'curfew testing time'. The safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate. While there was a visitors log this was very poorly maintained, held in a folder with loose pages and difficult to read. It was not possible for inspectors to track who had visited the centre, the purpose of their visit or whom they had seen. Relevant information in relation to visits by social workers, contractors or senior managers were not captured. The log did not include records of staff undertaking identity checks with all visitors.

The staff team aspired to work in partnership with young people, their families, social workers and other relevant people in their lives. However, at the time of the inspection three young people did not have an allocated social worker and only one young person had family members living in Ireland. This made it difficult for the staff team to ensure that each young person received care and support based on their individual needs to maximise their wellbeing and personal development. Young person's meetings were regularly held and recorded, with different levels of representation. Meetings generally took place at the weekend in line with children's preferences. Young people that did not attend were given opportunities to share their ideas.

Young people were given access to their records and supported to make complaints. There was a young person's information booklet that was easy to read and described the service the centre aimed to provide for young people. The staff who spoke with inspectors clearly understood the model of care and purpose and function of the centre. A review of young people's records indicated a copy of the service mission statement, statement of purpose and welcome booklet were given to the young people shortly after their admission. The process around how to



make a complaint and young person's right to access their records was also explained. Complaints made by young people were followed up, with information shared and there was open discussion about what was fair and equal treatment for example weekly allowances. Attention had been paid to enabling young people to become familiar with their new placement, location and city, including assisting young people to understand relevant bus and train routes.

Admission checklists and collective risk assessments were completed on all young people's records. However, only one young person had an up to date child in care plan on file. Three young people had no child in care plan on file and one young person's care plan dated back to 2022. All four young people had been placed in the centre since August 2023. The admission of young people to the centre without up to date care plan made it difficult for the service to ensure that the residential placement was fully informed by each young person's identified needs and considered any risks that may be present. A review of files showed that the interim social care manager had escalated these issues to senior management. The deputy regional manager confirmed that these had been further escalated by the regional manager to the area manager for the Separated Children Seeking International Protection service. The collective risk assessments had however not fully considered the impact of meeting the faith and cultural needs of individual young people on the needs and rights of all young people living in the centre. Young people of the opposite sex who were not family members were placed together in the same residential centre leading to restrictions on the home life of all young people living in the centre. At example of this was young women living in the centre were not free to remove their head coverings on entering their home Inspectors observed that the group of young people placed in the centre had divided into two groups who had very limited contact with each other and whose needs were generally catered for separately by staff. This was found to impact on meal times in the centre, use of communal spaces, group communication and social activities in the centre.

The centre had relevant health and safety statements, policies and procedures in place, with regular review and oversight by the centre managers. Although risks were highlighted, there was limited information about the rationale for scoring levels of health and safety risk, with most risks rated as low. Contracts were in place with approved contractors and agencies which helped ensure good maintenance of the building and centre's vehicles.

Fire prevention and implementation and review of safety policies and procedures was prioritised by managers. All young people had a personal evacuation plan (PEEP) in place that recognised areas where they may require additional support. This formed an essential part of their induction to the service. Centre records

indicated that all staff have had basic fire safety training, and that further training was being sought. Agency staff advised inspectors that although they generally were not responsible for daily or weekly checks, they understood their accountabilities. The health and safety records indicated good levels of compliance with the required daily, weekly and quarterly checks including emergency lighting, fire-fighting equipment and system testing.

Young people's needs and risks to their health, safety and ongoing development overall were well identified and managed. Staff who spoke with inspectors knew the individual young people well and were strong advocates in ensuring they received the additional help and support they needed. Staff paid good attention to promoting young people's health and addressing previous risks to their development and wellbeing. Young people did not have full medical assessments and were supported with GP medical assessments following their admission. They were also supported to have regular follow up dental and optician checks. All young people were registered with a GP and gaps in their health history, immunisations and the issuing of medical cards had been identified and were in the process of being addressed. Young people were accompanied to their health appointments and interpreting support was provided as required. Further review by specialists was arranged for young people with ongoing medical issues. Young people were encouraged to be healthy in their diet and some were encouraged to participate in sports and physical activity.

Staff spoken to by inspectors were attuned to the young person's past experience of trauma and were mindful of providing safe opportunities for the young people to talk about their experiences when they felt able. They were sensitive to young people feeling homesick and the impact on their emotional wellbeing of worries about their family members who remained living in their home countries. Daily logs provided a general picture of young people's mood and presentation, and provided key details about how the service supports young people to engage in a range of physical and social activities and to have a healthy culturally appropriate diet. A respectful and nurturing approach was taken to promoting young people's wellbeing and recent development of a recipe book to celebrate young people's cultural backgrounds

Young people's records provided clear detail of additional mental health and wellbeing needs. Young people's experience of trauma and loss were recognised by the service. The records showed that staff were using the national therapeutic approach to support young people with clear mapping of changes in terms of progress being made and risks identified. However as there were no up to date statutory care plans in place for the young people , the provider could not ensure that the support plan in place for each young person was appropriate to their

current identified needs. There were service support plans in place for the young people included strategies to help them to understand the trauma they had experienced and to better manage situations that could cause stress. Young people were encouraged to consider and access counselling or psychotherapy supports. Staff noted the difficulty in fully supporting the children around their needs without having the young person's comprehensive medical history since birth and with full medical assessments not being available to the young people.

All young people were enrolled in school at the time of the inspection. School, home and faith routines including meals were thoughtfully planned in relation to individual preferences with time for homework and additional study at the request of young people. School exam results were clearly visible within children's records. However, while the young people were generally highly motivated to attend school and achieve, there were regular absences. Inspectors observed on the first day of the inspection four young people did not attend school. Some young people found integrating into a new school culture very difficult and others had health and well-being needs that made it hard for them to attend school every day. Staff were proactive in seeking meetings with the school in identifying the additional supports young people needed and file showed that additional supports were provided by the school and external agencies, including a study buddy programme, mentors and additional English language classes. School absences were regularly tracked within keyworker records and on occasions social care leaders notified the young person's social worker of the concerns around increasing absences. However these concerns had not been comprehensively reviewed by the provider to ensure that each young person's school placement, individual educational support plan and other learning opportunities were appropriate to meeting their current identified needs.

The service had appropriate medication management systems in place with weekly reconciliation. Medication errors were raised as a significant event notification (SEN) with evidence of learning being promoted. Young people were encouraged to manage their own medication which was held securely. Risk assessments were undertaken to assess young people's awareness, suitability and effectiveness of controls. These were regularly reviewed including in response to circumstances where the young person had not administered their medication as it had been prescribed. Medication audits and follow up review of these audits provided good management scrutiny of areas of medication management that needed to be strengthened. There was evidence that some actions that had been identified for improvement such as better controls and recognition of the individual needs of each young person had been addressed.

**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**

Young people received care and support which respected their diversity and protected their rights. Young people were informed of their rights and were supported to exercise and understand their rights in a manner that was appropriate to their age, ability and stage of development. Staff were attuned to the trauma young people may have experienced and the challenges young people were experiencing in seeking international protection. Young people were listened to and given choices about their care.

**Judgment:** Compliant

**Standard 2.1**

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

While admission checklists and collective risk assessments were on file for all young people they had not fully considered the impact of meeting the faith and cultural needs of individual young people. In addition, four young people were placed in the centre without having an up -to-date care plan. The provider therefore did not ensure that all admissions to the centre were considered and assessed against the centres statement of purpose to make sure that the centre could meet the needs of each young person placed as documented in their up – to- date care plan and comprehensive assessment of need.

**Judgment:** Not Compliant

**Standard 2.2**

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

**Regulation 23: Care Plan****Regulation 24: Supervision and visiting of children****Regulation 25: Review of cases****Regulation 26: Special review**

The provider could not ensure that the care and support provided by the service to each young person was based on their individual identified health, education, development and wellbeing needs. The service was found to have placement plans in place for young people that were not based on the young person's up- to-date statutory child in care plan.

**Judgment:** Not Compliant

**Standard 2.3**

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

**Regulation 7: Accommodation****Regulation 12: Fire precautions****Regulation 13: Safety precautions****Regulation 14: Insurance**

The residential centre was child centred and homely, and the environment promoted the safety and wellbeing of each young person. The centre building was clean, warm and decorated to a high standard, with effective use made of furnishings that reflected each young person's cultural heritage.

**Judgment:** Compliant

**Standard 3.1**

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

Policies and procedures were followed by staff to ensure the safeguarding of young people living in the centre. Staff and management responded appropriately to any child protection concerns in line with Children First (2017). Staff were trained and demonstrated knowledge in how to report child protection concerns. However, a review of these plans found that only one young person's absent management plan had a 'curfew testing time'. The safeguarding procedures in

place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate.

**Judgment:** Substantially Compliant

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Staff and management took a positive approach to the management of behaviours that challenged. Not all staff were trained in Tusla's approved behaviour management approach. While there were no restrictive practices in place at the time of the inspection, child protection alarm had been installed on the bedroom doors of all young people, which was of concern to inspectors given the service had staff rostered to work overnight. The provider had not reviewed the procedure in place for their use with staff and no direction had been given to staff

**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**

Young people's needs and risks to their health, safety and ongoing development overall were well identified and managed. Young people's health wellbeing and development was promoted and they were supported to develop healthier lifestyles. Young people were involved in meal planning in the centre and spoke positively having choices about the meals provided. There was a variety of food in the centre on the day of the inspection.

**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**

Young people were supported by the service around any identified health, wellbeing and development need. Young people's experience of trauma and loss were recognised by the service. Staff encouraged young people to consider and access support services. Further review by specialists was arranged for young people with ongoing medical issues.

**Judgment:** Compliant

**Standard 4.3**

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

While all young people were enrolled in school at the time of the inspection there were regular school absences and there were identified concerns with regard to young people's integration into the school system. There was no evidence that these concerns had been comprehensively reviewed by the provider to ensure that each young person's school placement, educational supports or other learning opportunities were appropriate to meeting their needs.

**Judgment:** Substantially Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 5.2:</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not Compliant
<b>Standard 5.3:</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant
<b>Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Not Compliant
<b>Standard 6.3:</b> The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Not Compliant
<b>Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially Compliant
<b>Quality and safety</b>	
<b>Standard 1.1:</b> Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
<b>Standard 2.1:</b> Each child's identified needs informs their placement in the residential centre.	Not Compliant
<b>Standard 2.2:</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Not Compliant



<b>Standard 2.3:</b> The children’s residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant
<b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.	Substantially Compliant
<b>Standard 4.1:</b> The health, wellbeing and development of each child is promoted, protected and improved	Compliant
<b>Standard 4.2:</b> Each child is supported to meet any identified health and development needs.	Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Substantially Compliant

# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0042436
<b>Provider's response to Inspection Report No:</b>	MON-0042436
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Child and Family Agency Dublin North East
<b>Date of inspection:</b>	18 and 19 January 2024
<b>Date of response:</b>	03/05/2024

## 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:

<b>Standard : 5.2</b>	<b>Judgment: Not Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b></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> <ul style="list-style-type: none"> <li>• An audit of supervision will be conducted by the Deputy Regional Manager to identify any shortcomings following which a comprehensive plan to address any issues will be developed in consultation with the centre manager.</li> <li>• The centre manager has developed a 6-month supervision schedule for all staff to include regular agency staff. All supervision will be conducted in line with Tusla's Supervision Policy going forward.</li> <li>• All agency staff will receive 1 supervision session within the next 6 weeks.</li> <li>• The risk register is reviewed quarterly at a minimum. This practice is ongoing. The centre manager will continue to conduct an in-house review with input from the deputy regional manager and the regional quality risk and service improvement manager.</li> <li>• Lines of accountability when deputy centre manager or centre manager are on shift will be clarified with staff at next team meeting 7.5.24.</li> <li>• Centre manager will review to TUSLA HR policies relating to the management of work-place issues/ practices issues and adhere to the relevant procedures.</li> <li>• Centre managers to utilise communication log/diary/roster as appropriate to document times they will not be in the centre to assure all staff are clear.</li> </ul>	
<p><b>Proposed timescale:</b></p> <p><b>30.05.2024</b></p>	<p><b>Person responsible:</b></p> <p><b>Social Care Manager</b></p> <p><b>Deputy Regional Manager</b></p>

<b>Standard : 5.3</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 5.3:</b>	
<p>The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <p>The Statement of Purpose and Function has been updated to reflect the service provided. It will continue to be reviewed annually to ensure compliance with CRS policies and procedures.</p>	
<b>Proposed timescale:</b> <b>27.03.2024</b>	<b>Person responsible:</b> <b>Social Care Manager</b>
<b>Standard : 6.1</b>	<b>Judgment: Not Compliant</b>
<b>Outline how you are going to come into compliance with Standard 6.1:</b>	
<p>The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>• A campaign for permanent SCM and DSCM was held in March 2024. A permanent SCM and DSCM has been assigned to the centre as of April 24.</li> <li>• The recruitment campaign for social care workers and social care leaders is ongoing and it is expected that the centre will be fully staffed by the 31<sup>st</sup> October 2024</li> <li>• Any future vacancies will continue to be managed under Tusla’s policies for the recruitment of social care staff.</li> </ul>	
<b>Proposed timescale:</b> <b>31.10.2024</b>	<b>Person responsible:</b> <b>Regional Manager</b>

<b>Standard : 6.3</b>	<b>Judgment: Not Compliant</b>
<b>Outline how you are going to come into compliance with Standard 6.3:</b>	
<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> <ul style="list-style-type: none"> <li>• An audit of supervision will be conducted by the Deputy Regional Manager to ensure compliance with Tusla’s Supervision Policy.</li> <li>• A 6-month schedule of supervision has been developed for all staff including current agency staff to ensure that all staff are met with in line with Tusla’s Supervision Policy</li> <li>• Personal Development Plans will be reviewed with all staff and a strategy will be developed to address any practice development needs as per Tusla’s National Strategy for Continuing Professional Development.</li> <li>• Agency staff will be included in staff meetings going forward.</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>14.06.2024</b>	<b>Centre manager</b> <b>Deputy Regional Manager</b>

<b>Standard : 8.2</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 8.2:</b>	
<p>Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>• The centre has requested all outstanding documents from the assigned social workers as a matter of urgency. This issue has been escalated to the Regional Manager for actioning with the Area Manager for Separated Children Seeking International Protection as per standard procedure.</li> <li>• An audit of all young people’s files will be conducted by the centre manager to ensure that all records are in place. Any identified actions will be brought to the attention of keyworkers for completion.</li> <li>• Centre manager will ensure that curfew testing time is documented on all young people’s placement support plans.</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>30.06.2024</b>	<b>Social Care Manager</b>

## Quality and Safety: Child-centred Care and Support

<b>Standard : 2.1</b>	<b>Judgment: Not Compliant</b>
<b>Outline how you are going to come into compliance with Standard 2.1</b>	
<p>Each child's identified needs informs their placement in the residential centre.</p> <ul style="list-style-type: none"> <li>• The centre has requested all outstanding documents from the assigned social workers as a matter of urgency. This issue has been escalated to the Regional Manager for actioning with the Area Manager for Separated Children Seeking International Protection as per standard procedure.</li> <li>• Once received, all Young People's plans and assessments will be reviewed to ensure that placement planning is based on their identified needs.</li> <li>• The centre manager will conduct a review of the young people's care records and daily logs to ensure that the voice of the child is accurately captured. Any identified issues will be brought to the attention of staff via staff meetings and/or practice development meetings as appropriate.</li> <li>• All young people have an allocated social worker.</li> <li>• The centre will continue to conduct and record fire drills as per Tusla Fire Safety Policy.</li> <li>• The centre continues to support and promote educational attendance. The centre continues to address any identified educational needs as part of the young people's placement plans.</li> <li>• The assigned social workers will be contacted to schedule a review of all educational plans for our young people.</li> <li>• Centre manager will review the TUSLA national policy on the use of door alarms at next team meeting 7.5.24.</li> <li>• The visitors log will be reviewed and revised to ensure it contains all necessary information in a secure format.</li> <li>• Centre manager will continue to ensure that curfew testing time is documented on all young people's placement support plans.</li> <li>• The risk register is reviewed quarterly at a minimum. This practice is ongoing.</li> <li>• A review of current practice in relation to young people's meetings will be carried out by the centre manager in consultation with the young people and any identified actions to be taken will be implemented.</li> <li>• The CRA process will continue to be utilised to identify any needs relating to the care and welfare of all young people being admitted to the centre. Additionally, the admissions checklist will be used to explore young people's preferences, religious beliefs and cultural needs. This will inform further plans in relation to their care</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>

<b>30.06.2024</b>	<b>Social Care Manager</b>
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<b>Standard : 2.2</b>	<b>Judgment: Not Compliant</b>
<b>Outline how you are going to come into compliance with Standard : 2.2</b>	
<p>Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p> <ul style="list-style-type: none"> <li>• The centre has requested all outstanding documents from the assigned social workers as a matter of urgency. This issue has been escalated to the Regional Manager for actioning with the Area Manager for Separated Children Seeking International Protection as per standard procedure.</li> <li>• The centre manager will ensure that all future admissions are compliant with the centre's Admission Policy. Documentation will be requested in advance of an admission date for all future residents.</li> <li>• The care plan will inform the development of placement plans for the centre, with further input requested from any other relevant parties.</li> </ul>	
<b>Proposed timescale:</b> <b>30.05.2024</b>	<b>Person responsible:</b> <b>Regional Manager</b> <b>Centre Manager</b>

<b>Standard : 3.1</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 3.1</b>	
<p>Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <ul style="list-style-type: none"> <li>• Centre manager will review the visitors log to ensure it contains all necessary information in a secure format.</li> <li>• Centre manager will ensure that curfew testing time is documented on all young people's placement support plans.</li> </ul>	
<b>Proposed timescale:</b> <b>30.06.2024</b>	<b>Person responsible:</b> <b>Social Care Manager</b>

<b>Standard : 3.2</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 3.2</b>	
Each child experiences care and support that promotes positive behaviour.	
<ul style="list-style-type: none"> <li>• All staff are now fully compliant in relation to training in the approved behaviour management approach.</li> <li>• Centre manager will review the TUSLA national policy on the use of door alarms at next team meeting 7.5.24.</li> </ul>	
<b>Proposed timescale:</b> <b>07.05.2024</b>	<b>Person responsible:</b> <b>Social Care Manager</b>

<b>Standard : 4.3</b>	<b>Judgment: Substantially compliant</b>
<b>Outline how you are going to come into compliance with Standard 4.3</b>	
Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	
<ul style="list-style-type: none"> <li>• Assigned social workers for each young person will be requested to attend a review of their educational placement plans.</li> <li>• A review of current supports in place will be included in the educational review to ensure that each young person is fully supported to achieve their educational potential. All educational plans will be reviewed in advance of the new academic year.</li> </ul>	
<b>Proposed timescale:</b> <b>31.07.2024</b>	<b>Person responsible:</b> <b>Social Care Manager</b>



## 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 in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not Compliant	Orange	30.05.24
5.3	The residential centre has a publicly available statement	Substantially Compliant	Yellow	27.03.2024

	of purpose that accurately and clearly describes the services provided.			
<b>6.1</b>	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support	Not Compliant	Orange	31.10.2024
<b>6.3</b>	The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Not compliant	Orange	14.06.2024
<b>8.2</b>	Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support	Substantially compliant	Yellow	30.06.2024
<b>2.1</b>	Each child's identified needs informs their placement in the residential centre.	Not Compliant (moderate)	Orange	10.06.2024

<b>2.2</b>	Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Not Compliant (moderate)	Orange	30.05.2024
<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	30.06.2024
<b>3.2</b>	Each child experiences care and support that promotes positive behaviour.	Substantially Compliant	yellow	07.05.24
<b>4.3</b>	Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Substantially compliant	Yellow	31.07.2024

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