



**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:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	4 – 5 November 2024
Centre ID:	OSV-0008615
Fieldwork ID	Mon-0045215

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

<b>Number of children on the date of inspection</b>	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

In order to 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>
4 November 2024	10:30 hrs to 18:30 hrs	Mary Lillis	Inspector
5 November 2024	07:30 hrs to 16:30 hrs	Mary Lillis	Inspector

## What children told us and what inspectors observed

This report details the findings of a follow up inspection of this children's residential centre. The centre had previously been inspected in January 2024. At that time, the centre was inspected against 14 standards and found to be compliant with four standards, substantially compliant with five and not compliant with five standards. Following that inspection a satisfactory compliance plan was submitted. On this occasion, the inspector carried out an unannounced inspection, the purpose of which was to confirm that the actions agreed following the January 2024 inspection had been put in place. Overall, the inspector found that the actions had been completed. As a result, the service's capacity to provide good quality, safe and effective care had improved.

There were a total of five teenagers living in the centre at the time of the inspection, three young people aged 14 to 17 years of age and two young adults, who had recently turned 18. While the centre's statement of purpose noted that they had capacity to accommodate six young people, due to staffing challenges, no further admissions were being considered at the time of inspection.

The centre was situated in a suburb of a large city with easy access to public transport and amenities. The centre was observed to be warm, bright and well maintained. The inspector noted some homely touches such as photographs of young people in the sitting room. There was sufficient communal space for young people, which allowed them to interact or have a private space if desired. Each young person had their own bedroom, and four bedrooms had an attached shower room. There was a large garden area.

During the inspection, the inspector spoke with or met all the young people and young adults living in the centre. As well as having the opportunity to meet a young adult who had recently moved out of the centre and was visiting during the inspection. The young people who met the inspector reported that the service was a "good place" to live. The young people and young adults spoke about the service very positively. A young person reported that they are "happy in [the] house". While the young adults noted that they did not want to leave and one said they were glad the place they would soon move to was close by. The young adult who had recently moved out noted they liked to come visit from time to time.

Young people spoke positively about the staff in the centre. One young person noted that they had the same key workers "since moving in, [I] get on with them". While it was noted the service was short staffed, young people said that it

didn't stop them doing anything. Young people and staff were observed to eat together and engage in open friendly conversation. They spoke about a range of topics such as plans for the day or week, hobbies and interests and daily routines. For example both staff and young people spoke about food they enjoyed eating and cooking. They discussed the culture nights they part took in, where by a member of staff or young person would cook a meal from their own culture. One young adult joked with staff that there had not been an Irish night and staff made good-humoured protests saying that most nights were Irish night.

The people in the centre were treated with respect and their rights were promoted. Young people knew about the complaints procedure. One young person noted that if a "problem occur in the house, I just talk with [the centre manager] and usually it gets sorted". The inspector had the opportunity to observe a house meeting that took place during the inspection. During the meeting young people were encouraged to express their views about daily life in the centre and raise any issues. This meeting was attended by two young people and two young adults as well as the deputy centre manager and a staff member. While the majority of the young people and young adults noted they did not have concerns or issues to raise, the inspector observed a staff member skilfully raise an issue on behalf of a young person during the meeting. The young people and young adults appeared happy and relaxed in each other company and open to discuss all the topics raised.

As part of the inspection, the inspector spoke with a number of professionals who were familiar with the young people and the centre. This included, two social workers, an aftercare worker and a guardian ad litem. A guardian ad litem refers to a person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests.

All of the professionals were very positive when speaking about the service. They reported that staff advocated for young people and took account of their religious and cultural needs. They noted that the building was beautifully decorated and was well maintained. All professionals noted that there was good communication from staff and management, with managers often attending meetings about a child's care. A number of professionals described how staff supported young people in attending education and making decisions about their own education. Three professionals described staff as being good advocates for the young people. The professionals spoken with were not aware of any concerns regarding staffing and noted that young people had not raised concerns or issues about the level of staffing in the service. Some of their comments included:

- "Fabulous service, like a real home. Really lovely".

- “[staff] very aware of cultural needs.”
- “very child centred”
- “They go above and beyond for [young person]”

## Capacity and capability

The inspector found that overall the governance arrangements in the centre had been greatly strengthened since the previous inspection in January 2024 but further improvements were required with regard to the oversight of risks and staffing. Improvements were noted in the centre’s compliance with National Standards for children’s residential centres. The service was inspected against 12 standards and found to be compliant with nine standards and substantially compliant with three standards.

The provider had ensured that the residential centre had effective leadership in place, with clear lines of accountability. While risks were being well managed and had minimal impact on the young people in the centre, not all risks identified were included in the centre’s risk register, limiting the oversight and management of the risks.

While all reasonable steps had been taken to address staffing challenges, the availability of an adequate number of staff remained a risk. Despite bespoke and targeted recruitment campaigns, progress in addressing staffing deficits had been slow. Oversight and management of risks relating to staffing challenges was good, as the management team had taken effective steps to minimise the potential impact of staff vacancies on young people. Both the professionals and young person who spoke with the inspector reported they had not seen any negative impact as a result of staffing challenges.

The staff team understood their roles and responsibilities. They were supported by management to provide good quality care and support to young people. The centre manager promoted a culture of learning in the service.

Overall, the inspectors founds that there was effective arrangements in place for information governance and record management. Records were found to be up to date and provided a clear picture of the individual young people and up to date plans for their care.

## 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.

The inspection of this centre in January 2024 identified a number of areas relating to the governance and management of the centre which required improvement. Examples of non-compliances identified included; lines of accountability which were not always clear, an absence of some centre risk from the risk register and limited practices in place to audit the quality of care provided to young people. This inspection found that the identified compliance plan actions were completed and the leadership, governance and management systems in place ensured that the care provided in the centre was safe and effective. However, not all areas had been effectively addressed and further improvements were required with regards to the oversight of risk management in the centre.

There were clearly defined governance arrangements and structures in place. Following the previous inspection of the service, appropriate actions had been implemented to ensure awareness for all staff on governance arrangements in the centre. Staff who spoke with the inspector were clear on their roles and lines of accountability at all times. Governance arrangements were noted to have been discussed in team meetings, which was an identified action in the service's compliance plan.

The centre was well managed. The day-to-day running of the centre was managed by an experienced centre manager. The centre manager reported to a deputy regional manager. The deputy regional manager visited the centre regularly to provide oversight of the service. The manager was supported by a deputy centre manager and a small team of social care leaders and social care workers. At the time of the inspection, there were six and a half vacant posts which were being filled by agency staff.

There was a good system of regular auditing within the service. There was evidence that audits were being carried out on a quarterly basis albeit that actions from audits at times, were slow to progress to conclusion. For example, the inspection in January 2024 identified that not all children had an up to date care plan on file as required. While requests were made, by the centre manager, to the social work department, this remained an issue and the action was identified as outstanding in April and August audits of centre records. At the time of the inspection copies of the care plans were in place for all children. The centre



manager told the inspector that this issue was escalated at meetings with the social work department and new referrals to the service would not be accepted without required documentation.

There was a risk management framework and supporting structures in place for the management of risk. However, not all risks identified in the service were included in the services risk register. For example the risk of young adults being accommodated in the service with children, while being appropriately managed through individual risk assessments and individual work, was not listed on the centres risk register. Risk assessments and plans were held on the young adult's files. This meant that the steps being taking to mitigate and reduce this risk were not clearly stated outside of those individual's files.

Another risk absent from the centre risk register related to the delays in identifying aftercare placement for young people approaching 18. The lack of identified aftercare places resulted in uncertainty for young people and had potential to reduce the service's ability to plan and support these difficult transitions.

The absence of these risks from the risk register meant that they were not being routinely reviewed in line with other centre risks. Oversight of the risks were reduced as there was no recorded review by external manager and there was a potential that actions taken to minimise risks were not discussed or understood by all staff.

**Judgment:** Substantially Compliant

### **Standard 5.3**

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

In January 2024, it was found that the statement of purpose did not fully reflect the day to day running of the centre for example the admissions criteria outlined was not fully adhered to. The statement of purpose had been reviewed and updated by management since the inspection in January 2024. The statement of purpose now reflected the day-to-day operation of the service. It included the aims and objective of the service and the care needs that the service intended to meet and admission criteria. It clearly detailed the managerial structure and the policies and procedures that under pinned the work carried out in the centre. Staff who spoke with the inspector and the sample of individual work in young people's records demonstrated that the model of care was understood by staff and

management. Practice regarding admissions will be discussed further in standard 2.1.

A "welcome booklet" outlined the statement and purpose of the service in child friendly language.

**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**

Staffing resource remained a concern for the service, despite all actions from the service's compliance plan being completed. That being said, the impact on young people was minimised by the effective steps taken by the centre and external management teams to reduce the risk.

A permanent social care manager and deputy social care manager were in post at the time of the inspection. There were four social care leaders and three and half social care workers employed by the provider in the service. This means that six and half of 14 (46%) social care posts remained vacant, at the time of the inspection. In addition, a further two staff members were unavailable due to long term leave.

A bespoke recruitment campaign had been run for the service in September 2024. This attracted very few candidates with only one person taking up a role as a result. The service was part of a rolling recruitment campaign being run by the provider and management were working closely with Human Resources regarding the vacancies including possible future bespoke campaigns.

The high number of social care staff vacancies was noted as a risk on the service's risk register. Steps were being taken by management to mitigate the risk of low staffing levels and its impact on young people. The decision was made not to fill a bed when a young adult moved out until such time as staffing had improved. Management endeavoured to employ regular agency staff to cover gaps in the roster. Management reported that if it was not possible to have staff known to the young person on shift, they would ensure that this happened during the week when they and the deputy centre manager were present in the centre thus, ensuring continuity of care. The sample of rosters reviewed by the inspector

demonstrated that while there was a reliance on overtime and agency staffing there was sufficient staff available for the number and the needs of young people, at all times. In addition, the inspector noted that there were social care workers familiar with the young people and centre operations on shift at all times, albeit that at times these were regular agency staff.

The inspector observed during the inspection that agency staff members were integrated into the team, attending handovers and discussions about young people's progress with goals.

There was a clear procedure in place for when a social care leader was not available for a shift. The social care worker with the most experience and knowledge of the service would take on the role of shift lead. Staff who spoke with the inspector reported that this procedure was working well for the team.

While staffing remained a concern, the impact on the young people in the service was minimal. The professionals and young person who spoke with the inspector noted that they knew the staff well and at no time had any activities or appointments been changed or cancelled due to the lack of staff.

**Judgment:** Substantially 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.

The inspection of this standard in January 2024 found that staff were not supervised in line with national policy and agency staff received no supervision. From communicating with staff and management and the review of documentation such as supervision, training records and team meeting minutes the inspector found that all actions identified in the compliance plan following the previous inspection of the centre, were completed and ongoing. These actions ensured that the workforce was supported in delivering child-centred, safe and effective care and support.

An audit of supervision was conducted by the deputy regional manager and the results of this audit were noted to have been discussed in supervision sessions, as well as team meetings. A schedule of supervision sessions was in place for both permanently employed and regular agency staff.

A review of a sample of supervision files showed that at the time of the inspection, supervision was occurring regularly, in line with the Tusla national policy. Supervision was used to reflect on practice, address any practice issues and hold staff to account when necessary. Training and development were regularly discussed and support was provided when appropriate. There were personal development plans in place on all the sampled staff supervision files.

A review of a sample of staff meeting minutes demonstrated that agency staff were now regularly included in the meetings. If a member of staff or a regular agency staff member could not attend a staff meeting they were required to show they had read the meeting minutes by signing a copy of the minutes.

The inspector found that there was effective communication between staff and the centre manager and deputy centre manager. This was achieved through a number of means including handovers, communication logs, team meeting minutes and supervision. The inspector had the opportunity to observe a morning handover. The handover included a discussion of the young people's presentation the night before, any concerns or issues arising, plans and appointments for the day. The inspectors observed that agency staff were integrated into the communication systems, which required their equal participation and was essential to ensure good quality care to young people.

The centre manager supported a culture of learning and support within the service. The Tusla staff members who were available to work, were up to date in mandatory training courses required or had plans in place regarding training. One staff member had missed a planned in-person fire safety training due to unexpected leave and was awaiting a new date. In relation to agency staff training, a training compliance report was provided to the centre manager by the agency and this indicated that all required training was up to date. Agency staff described to the inspector that the company they worked for had a system in place to log training and send reminders when training was coming up for renewal.

**Judgment:** Compliant

## Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

### Regulation 21: Maintenance of Register

The January 2024 inspection found that some young people's files did not contain all necessary information. This inspection found that there were effective information management systems in place, which allowed for the effective delivery of child centred, safe care. The files reviewed by the inspector were up to date, well maintained and easy to read. The files contained all information required by regulations. In the case of one young person with an out of date care plan, the reason for this was clearly recorded as was the upcoming date of their child-in-care review.

Young people's privacy was protected and records were stored in a secure locked cabinet. There was policy and procedures in place for the archiving and destruction of records. The manager maintained a register of the children living in the centre which contained information in line with statutory requirements. Where this information was not known, a rationale was clearly outlined in the register. The young person who spoke with the inspector noted that they knew they could look at their records but had no interest in doing so.

**Judgment:** Compliant

## Quality and safety

The staff and management team were providing high quality care and support to the young people in this centre. From observations, conversations with staff and young people, as well as document reviews, it was evident that the rights of child was central to the care provided in the centre. All actions identified in the January 2024 inspection compliance plan were acted upon and effectively implemented resulting in improved compliance in all areas relating to the quality and safety of care.

The staff and management team effectively supported the young people's engagement in religious and cultural activities. Cultural and religious needs were taken into account in day-to-day routines such as meals, as well as at times of particular cultural importance.

The staff team's care of young people was supported by young people's care plans, placement plans and placement support plans. While one young person's child-in-care review was delayed the reason for this was documented and a date had been identified for the review. Placement support plans were of good quality, taking into account the young people's experience of past trauma and cultural differences. They contained all information necessary to ensure children's safety including, clearly identified curfew times and children's absence management procedures, which staff were aware of.

Each child was safeguarded from abuse and neglect and their care and welfare was promoted. Young people were supported to develop the knowledge, self-awareness and skills for self-care and protection. Appropriate mechanisms to identify all visitors to the service had been put in place.

The staff team worked closely with young people and their social workers to ensure that they were provided with educational and training opportunities which engaged their interests and aimed to maximise their individual strengths and abilities.

### **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**

The service had been compliant with standard 1.1 in January 2024. This standard was reviewed again at this time, as upholding children's rights is an essential part of good quality and safe care. Through observation, the review of staff meeting minutes and young person's files it was evident that staff and management in the service protected and promoted the rights of the young people in their care. Young people were treated with dignity and their rights were respected including their right to privacy. Young people were encouraged and supported to express their opinions and participate in decision making. This was observed in the young person's meeting by the inspector and was also evident in individual work with young people.

The inspector observed respectful interactions between young people and staff. In addition the inspector observed, staff and management engaging in measured and considered discussions about culture and language use during a discussion about a young person's progress.

Each child's dietary requirements, cultural and religious beliefs were taken into account in daily activities. The inspector observed a number of ways in which the cultural, language and religious diversity was taken account of, this included some decorations in the kitchen referencing a religious festival. The signs noting each of the kitchen bins (waste, recycling, and compost) were written in English and two other languages. In addition records showed examples of staff advocating for interpretive services for young people in complex legal situations. Daily records also showed that during Ramadan staff facilitated the pre-dawn breaking of fast and ate with young people at that time.

**Judgment:** Compliant

## Standard 2.1

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

There had been no new admissions into the service since January 2024, due to staffing levels and the decision to provide interim accommodation to two over 18s who were awaiting their aftercare placement. The service had a written admissions policy which took account of the rights of children, regulations and legislation and the centre's statement of purpose.

The centre manager and the deputy regional manager assured the inspector that going forward the service would "hold firm" in the requirement to receive all relevant information including a comprehensive needs assessment and up-to-date care plans before a child is admitted to the service. This requirement had been conveyed to the managers in the social work department. It is vital that this information is known by the service in order to accurately determine the appropriateness of placing a new child in the centre and in order to consider the needs and rights of the children and young people already living there.

**Judgment:** 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**

All actions identified in the compliance plan following the January 2024 inspection had been completed. Each of the young people had an allocated social worker. All three young people had copies of their most recent care plans on file. As previously noted, one young person's care plan was out of date. Their child-in-care review had been due to take place at the end of October and was delayed due to a change in their allocated social worker. The inspector saw emails between the centre manager and the social work department requesting the date of the child in care review be confirmed, to ensure it was scheduled as promptly as possible. A date had been set for the review for the end of November.

All the young people had recent placement plans which incorporated goals from their most recent child-in-care reviews. The placement plans were reflective of the young people's needs and their individual goals. A sample of individual work reviewed by the inspector demonstrated that work was actively ongoing to meet the young people's needs including health, independence, education and wellbeing. There was also evidence of the staff supporting young people to access services outside the centre to meet their goals for example supporting the young person to gather documents in order to apply for a drivers learners permit.

**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**

In January 2024 the service was found to be compliant with this standard. It was reviewed again as it's essential to the day to day wellbeing and safety of young



people in the service. The inspector found that the centre was homely, inviting and promoted the safety and wellbeing of each child and young person living there. However, some improvements were required in order to ensure full compliance with fire precautions. The building was safe, secure and well maintained. It had a variety of spaces to provide opportunities for rest, play, recreation and skills development. The inspectors view is that the centre appeared to be a lovely place to live.

The premises was a two story detached house. On the ground floor of the building was a large kitchen dining room, a sitting room, a toilet, and a large multifunctional room referred to by staff and young people as the "party room" as it was often used for celebrations. There were also staff offices on the ground floor. The centre was warm, clean and decorated to a high standard. Effective use was made of decoration and furnishings that reflected young people's cultural heritage, for example in the party room there were a number of flags on the wall representing the different nationalities of people living and working in the centre. There was decorations in the party room which were noted by staff to have been from the weekend before the inspection when a birthday was celebrated.

The house had six bedrooms upstairs and a staff live night office. Four of the six bedroom had an attached bathroom and there was a bathroom with a bath, which two young people shared. Each young person had their own bedroom, inspectors did not receive permission to view their bedrooms on this occasion. Instead the inspector viewed an unused bedroom. The bedroom was clean and bright. It had a desk for study and adequate storage, including a safe for valuables or medication.

The centre was well maintained. The inspector viewed maintenance logs and issues reported were resolved. The date the issue was resolved was not always noted, while the centre manager reported that repairs happened in a timely fashion, it was not possible to track this from the information recorded. It would be good practice for this to be noted to maintain oversight of the timeliness of repairs.

The centre maintained a fire safety register and each young person had a personal emergency evacuation plan (PEEP) on file. As previously noted all staff had up to date fire safety training bar one, who was awaiting a new date for training. A fire drill had been noted to take place in July 2024 and all staff had taken part. Two young people who were in the building at the time refused to leave during the drill. These young people had engaged in a fire drill when they moved into the centre and the inspector was assured by the centre manager that this would be addressed with the young people.

The fire safety checks were completed and recorded in the fire safety register, with the exception of the six monthly fire door checks, which was blank. Managers explained that the company employed to do the fire safety checks had not installed the doors and so would not carry out checks on those doors. The inspector was told by the service managers that this was raised with maintenance but evidence of this escalation was not received by the inspector and no clear plan to address this was evident.

**Judgment:** Substantially Compliant

### Standard 3.1

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

Staff and management in the centre safeguarded young people from abuse and neglect and promoted their care and welfare. In January 2024 it was found there were gaps in some safeguarding procedures relating to visitors and to the management of absences from the centre. This inspection found that all actions identified in the compliance plan following the January 2024 inspection were completed.

The provider ensured that the residential centre operated in line and complied with relevant legislation and policies and procedure as outline in *Children First: National Guidance for the Protection and Welfare of Children (2017)*. All staff were appropriately training in safeguarding and responding to all forms of bullying.

Managers maintained a register of child protection concerns. This was reviewed by the inspector and there were no open child protection concerns in the service at the time of the inspection. Records confirmed that the staff in the service maintained contact with the social work department until child protection concerns were closed.

As per the service's compliance plan, the inspector confirmed that young people's plans contained all relevant information relating to the management of unauthorised absences from the centre, this was noted to have also been discussed with staff at a team meeting. The staff spoken with were aware of young people's curfews and the details of their individual absence management plans.

The service now had safeguarding procedures in place to confirm the identity of all visitors including agency staff on arrival at the centre. Visitors were asked to sign in and show identification to staff and sign out of the centre. Friends of the young people living in the centre were not asked to sign the visitor's book but rather staff would confirm who they were and write their names into the book. This was to create a more homely atmosphere in the centre and ensure there were few barriers to friends visiting.

Individual work with young people showed that work was on-going to support the young people in developing skills which would ensure they could keep themselves safe. This included discussions about healthy relationships and internet safety.

**Judgment:** Compliant

### Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The management and staff took a positive approach to the management of behaviours that challenged. In accordance with the services' compliance plan all staff available for work, had up-to-date training in the Tusla approved approach to behaviour management.

There was good quality placement support plans in place for the young people to support and guide staff in the management of young people's behaviour. However, in one of the three placement support plans, staff were advised to review a document which outlined individual interventions for a young person. This document was not attached to the placement support plan and was not immediately attainable from the young person's file. The centre manager acknowledged this and assured the inspector that a copy would be attached to the plan that day and going forward would be included in any future plans.

The young people's past experiences of trauma and their cultural norms were taken into account when identifying underlying causes of behaviour and situations that may be challenging for young people. This was evident from observations by the inspection, communication with staff and placement support plans reviewed.

Young people were not subject to any restrictive practices and were supported to develop skills to manage their own behaviour. For example a young person was supported to address issues directly rather than withdrawing from communication with staff or peers in question when issues arose. Some of the professionals

spoken with noted, that the staff and management were skilled in balancing the young person's need to develop independence with their need to be kept safe.

The inspector confirmed that alarms were still fitted to all bedroom doors but these were not activated. Team meeting minutes demonstrated that the procedures regarding the use of these alarms were discussed with the team and all team members had signed the restrictive practice policy to confirm they were aware of and read the policy. Staff members who spoke with the inspector identified that alarms would only be used after a risk assessment was carried out.

**Judgment:** Compliant

### Standard 4.3

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

At the time of the inspection all young people were engaged in education. As per the service's compliance plan the educational placement plans for young people had been reviewed, which included a review of the supports being provided. This review had been attended by the young people's social workers.

The young people's files demonstrated that there was regular contact between the staff, the young people's social workers and the young people's educational placements. Individual work showed that young people met each month with their key worker to specifically discuss education, any issues or supports needed.

Staff and management in the service worked to address the underlying causes of poor attendance at educational placements, identified in the January 2024 inspection. Since the January inspection a new educational placement had been obtained for one young person. Another young person was provided with the opportunity to trial a different educational placement and they made the decision to remain in their current placement. Both these actions resulted in a significant improvement in the young people's attendance at their educational placements. Work was ongoing with all young people to support them to understand and accept the Irish cultural norms and legislation around their attendance in education.

**Judgment:** 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.	Substantially Compliant
<b>Standard 5.3:</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	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.	Substantially 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.	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.	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.	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.	Compliant

<b>Standard 2.3:</b> The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
<b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.	Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Compliant

# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0045215
<b>Provider's response to Inspection Report No:</b>	MON-0045215
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin North East
<b>Date of inspection:</b>	Unannounced
<b>Date of response:</b>	23/12/24

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

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

### Compliance plan provider's response:

<b>Capacity and Capability: Leadership, Governance and Management</b>	
<b>Standard : 5.2</b>	<b>Judgment: Substantially 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>• The risk register will be reviewed by Social Care Manager, Deputy Regional Manager and Regional Quality, Risk and Service Improvement officer to ensure all centre risks are appropriately documented and reviewed. The centre manager will continue to conduct an in-house review on a quarterly basis at a minimum.</li> </ul>	
<p><b>Proposed timescale:</b></p> <p><b>31<sup>st</sup> January 2025</b></p>	<p><b>Person responsible:</b></p> <p><b>Deputy Regional Manager</b></p>



<b>Capacity and Capability: Responsive Workforce</b>	
<b>Standard : 6.1</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>All current and future vacancies will continue to be managed under Tusla's policies for the recruitment of social care staff. Bespoke rolling recruitment campaigns remain in place for the centre.</li> </ul>	
<p><b>Proposed timescale:</b></p> <p><b>31 July 2025</b></p>	<p><b>Person responsible:</b></p> <p><b>Regional Manager</b></p>

<b>Quality and Safety: Effective Care and Support</b>	
<b>Standard : 2.3</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 2.3</b></p> <p>The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <ul style="list-style-type: none"> <li>The Deputy Regional Manager will engage with Maintenance Manager to ensure a qualified fire door specialist is procured to inspect the fire doors on a 6 monthly basis.</li> </ul>	
<p><b>Proposed timescale:</b></p> <p><b>31<sup>st</sup> January 2025</b></p>	<p><b>Person responsible:</b></p> <p><b>Deputy Regional Manager</b></p>

## 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.	Substantially Compliant	Yellow	31 <sup>st</sup> January 2025
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially Compliant	Yellow	31 July 2025
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant	Yellow	31 <sup>st</sup> January 2025

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