



**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 Mid Leinster
Type of inspection:	Announced
Date of inspection:	22 and 23 March 2021
Centre ID:	OSV_4159
Fieldwork ID	MON_0032141

About the centre

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

The centre is based in a large detached house in a rural location close to a small town.

The aim of the centre as outlined in their statement of purpose and function is to provide a therapeutic living environment, which promotes physical, psychological and emotional safety for up to five young people aged 13 to 17 years, on admission.

The objective of the centre is to ensure that care practice is always young person centred. The centre provides a needs led, multi-disciplinary approach to looking after young people in their care.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	4
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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:

Date	Times of inspection	Inspector	Role
22/03/2021	9:00hrs to 17:00hrs	Una Coloe	Inspector
23/03/2021	9:00hrs to 17:00hrs	Una Coloe	Inspector

What children told us and what inspectors observed

This inspection found that young people received a child-centred and safe service where their rights were respected and promoted. Young people were fully involved in the decision making process regarding their individual needs, day-to-day activities and the care planning.

This inspection was undertaken remotely given the current COVID-19 restrictions. While this did not allow for observation of young people and staff in the centre, the inspector spoke directly with young people, family members and external professionals, to capture their experience of the quality of the service provided.

Four young people were living at the centre at the time of the inspection. The inspector spoke with, or received written feedback from three of them. Some of the comments made by the young people included:

- "Its (centre) really good, I'm happy here"
- "I have talked to staff and felt heard"
- "We get to do fun stuff and I'm happy living here"
- "I'm able to talk to staff"

Young people said they were happy with their care, were informed of their rights and were involved in the decision-making process about their care. They said that they were given information about the centre when they moved in and had opportunities to decorate their bedroom to their own taste, if they wished. They were consulted with about the running of the centre but they were not always happy with response times to maintenance issues in the centre. The young people were happy with the meals provided and had opportunities to participate in meal planning.

Young people who spoke with the inspector were aware of how to make a complaint, but they had a mixed experience of this process. For example, some of the young people said their complaint was dealt with "in a respectful manner", but the inspector was also told that a young person was unsure "if anything was done" about their complaint.

All of the young people felt that their privacy was respected and they were happy with the amount of control and choice they had in relation to their daily lives. They were aware that they could access their files and records and they said that staff members discussed their care and placement plans with them.

The young people explained that they could contact their family and friends and were generally happy with the arrangements in place for visitors to the centre. Some of the

young people described the negative impact of COVID-19 restrictions on direct contact with their friends.

Although COVID-19 restrictions had impacted on young people's ability to engage in some activities outside of the centre, staff ensured there were creative projects and activities for the young people in the centre and surrounding areas. Young people said they played basketball and went for walks and cycles in a local forest with staff members, which they enjoyed. There was a strong focus on the participation of young people and the team had engaged them in gardening projects which included designing a sensory garden. They were also supported and encouraged to partake in various competitions and projects run by external agencies.

The young people had mixed views of their experience of their social worker. Some were happy with the level of contact and some said visits by their social worker were impacted by COVID-19 restrictions. Despite this, the young people all had staff members that they felt comfortable talking with and were happy with the care and support they received from staff.

Family members who engaged with this inspection were complimentary about the care their children received. Some of the comments included; "staff are doing their best, couldn't compliment them highly enough" and "staff are very helpful". Family members reported that their children's needs were met, and they were kept informed about their day-to-day care, as well as any significant issues that occurred. However, some were unhappy about delays in sharing information on occasion, and it was not always a consistent staff member who contacted them. They felt that this impacted on their ability to form strong relationships with a dedicated staff member. Family members knew who to contact if they had any queries or concerns and although they could visit the centre, opportunities to do so were limited due to COVID-19 related risks.

Social workers were positive about the care and support provided to young people by the centre staff. They said that there was a focus on building trusting relationships and they were satisfied that young people felt safe living in the centre. Social workers were satisfied that significant incidents and risks were well managed and the approach by the team was consistent and professional. They said staff were respectful of the young people's families and were confident that staff promoted the rights of the young people in their care. They said that the staff team strongly advocated for the young people in their care.

In summary, young people felt safe, cared for and well supported by the staff team. There was a strong focus on the participation of young people, promoting their rights and improving outcomes for young people through tailored programmes of care which the young people were involved in. This led to young people having a positive experience of care in the centre.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place at the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The centre was well managed and the governance arrangements in place ensured there was effective accountability for the delivery of good quality care to the young people. Risk management systems were good and the statement of purpose was in line with the service delivered. Although staffing resources were not optimal, there was a plan in place to address the vacancies on the team. There was a strong focus on improving practices in the centre and staff had completed the majority of the training required, appropriate to their role.

Managers and staff understood their individual professional responsibilities for delivering a safe and high-quality service to young people, in line with relevant legislation, regulations, national policies and standards. At the time of this inspection, a new suite of policies and procedures were being rolled out across the service and full implementation of these policies was due to be completed by the end of April 2021.

There was a dedicated and committed management team who ensured the centre was well managed, with good governance arrangements in place. The centre manager and interim deputy centre manager were suitably qualified and experienced and they were clear about their roles and responsibilities. They were supported in their role by three social care leaders. The centre manager reported to the deputy regional manager, who in turn reported to the regional manager for children's residential services in Dublin Mid-Leinster region. There was a clear delegation of duties and the centre manager maintained overall responsibility and accountability for the day-to-day service provided.

Communication in the centre was good and there were effective systems to ensure leadership was provided to the team. Managers supervised and supported the work in the centre through regular communication with the team, supervision and team meetings. Team meetings were held regularly and there was evidence that there was a standing agenda which addressed risks, significant events, child protection concerns and the care and welfare of the young people. The centre manager outlined that there was a focus on learning and development at team meetings to improve the quality of practice. The management team provided good oversight of practice within the centre, while adapting the levels of on-site monitoring to comply with COVID-19 related restrictions.

There was an adequate system in place to provide on-call support to staff outside of normal working hours. The centre manager and interim deputy manager provided this cover. National discussions were ongoing regarding the roll out of an agreed national on-call arrangement.

Risk was effectively managed in the centre. There was a risk register system with accompanying risk assessments which outlined the keys risks within the service, and the control measures in place to manage these risks. Staff were aware of the risk management process and risks were regularly reviewed and discussed at team meetings. Staff said that the assessment of risk was a routine part of their day-to-day work with the young people. There was a risk escalation process if identified risks could not be managed within the centre. This inspection found that a number of risks were escalated to senior managers including staff vacancies and poor information and communication technologies (ICT) systems. The centre manager said that improvements to the ICT system had commenced and they were receiving the appropriate supports to ensure this system was effective. Within the context of COVID-19, a contingency plan was in place to ensure the risk of interruptions to service delivery could be managed and avoided.

The centre had a comprehensive safety statement and systems that provided guidance for staff and managers in key areas relating to health and safety. There was regular health and safety checks completed in the centre and risks identified were addressed or escalated to maintenance for their attention.

The centre's statement of purpose and function was reviewed in March 2021. It provided a detailed overview of the centre's care approach, facilities and staffing. It outlined the governance arrangements in place, policies that informed the practice and the management and staffing arrangements to meet the specific care and support needs of the young people. Staff were clear about the model of care and had embraced the implementation of this process. Young people and their families were given a booklet in accessible formats, to help them understand what to expect and how the centre could help them.

There was a culture of review and learning in the centre and there were effective measures in place to monitor and review the safety and quality of care provided to young people. The management team had completed a self-assessment of its performance in December 2020 against Tusla's national quality improvement framework. This assessment rated performance against domains relating to the provision of a Well-Led, Safe and Child-Centred service. The findings informed the improvement plan for the centre. The management team had taken appropriate action to address areas of non-compliance identified in the last inspection by HIQA in December 2019. There were plans to address outstanding actions which were outside the control of the centre. A programme of internal audits was in place to track progress

and ensure delivery of a good quality service. These included audits of the quality of young people's files and care practices, health and safety records, medication management practices and risk management within the centre. There was an action plan devised to track areas of improvement required.

The centre management team assured senior management about the quality of service in a number of ways. Regular reports were submitted to the deputy regional manager which provided updates on the staffing and young people in the centre, as well as audits on service provision. In addition, the centre manager had daily contact with the deputy regional manager and had regular supervision. Inspector's reviewed extracts from a supervision record which detailed an overview of certain aspects of the service including an analysis of complaints, significant events, risks and the educational attainment of the young people. It was evident that the centre was tracking outcomes for young people in relation to their programme of care. The deputy regional manager was satisfied that there were effective systems in place to ensure the young people received a safe and effective service.

Recruitment and workforce planning was in place and appropriate measures were implemented to address vacancies on the team to ensure the needs of the young people in the centre were met. At the time of the inspection there were seven social care workers, four social care leaders, an interim deputy manager and centre manager. There had been significant changes on the staff team in the last 12 months as five members of the team had left the service. There were six vacant positions and a recruitment process was ongoing to fill these positions. Three agency staff were employed to bridge the staffing gap and inspectors were assured by managers that there was consistency for the young people by ensuring the same agency staff were assigned to the centre. The centre operated a roster and although they tried to incorporate a social care leader on each shift, this was not always possible. However, managers were accessible to the staff team during these times. The interim deputy's role had not been made permanent but was being progressed by Tusla national office.

As part of the inspection activity, a sample of staff files were reviewed. The majority of these files had all of the appropriate information including Garda Vetting disclosures, evidence of qualifications and contracts of employment. However, key documentation was absent from some files. One file did not hold a contract of employment or evidence of qualifications, and this was rectified immediately. Three references were not in place for one staff member, and although a Garda Vetting disclosure was recently renewed, this record was not present. Steps were being taken to ensure all records were being held centrally. There was a system in place to ensure Garda Vetting was updated in line with Tusla policy.

Staff received appropriate support and supervision. The frequency of supervision had fluctuated over 2020, but improvements were noted during this inspection. Staff spoke

positively about the support and supervision provided by their line managers. Professional development plans were not in place but the centre manager and an action plan was developed to address this.

The majority of training opportunities were undertaken as e-learning modules in 2020, and staff told inspectors that they had access to additional training opportunities outside of mandatory training. Records showed that the majority of mandatory training was up-to-date, but some staff required updated training on manual handling and medication management. A plan was in place to address these training gaps.

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5: Care practices and operational policies

The staff and management team understood their responsibilities for the delivery of care in line with relevant legislation, regulations and national standards. The roll-out of a comprehensive suite of national policies and procedures had commenced to ensure all aspects of the service would be provided in line with national standards and current legislation.

Judgment: Compliant

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were effective leadership, governance and management systems in place, with clear lines of accountability to ensure the delivery of a safe and effective service for the young people.

Judgment: Compliant

Standard 5.3

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

The centre had an up-to-date statement of purpose which clearly described the aims, objectives and ethos of the centre. Staff and young people understood the model of care and an accessible format of the statement of purpose was provided to young people and their families.

Judgment: Compliant

Standard 5.4

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

There was a strong focus on improving service delivery and culture of learning and development to promote the quality and safety of care to the young people. Audit and quality assurance processes were completed, reviewed and informed service improvement.

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

The centre had arrangements in place for planning and organising its workforce in order to meet the needs of the young people. There were vacancies on the team and although there was a recruitment and contingency plan in place to address gaps in staffing, there was not always a social care leader on each shift. The interim deputy manager's role had not been made permanent.

Judgment: Substantially compliant

Standard 6.2

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

The centre recruited staff with the required competencies but additional management oversight was required to ensure centrally held personnel files contained all of the required documentation. Work was required to ensure personal development plans were in place for each staff member and that mandatory training needs for each staff were met.

Judgment: Substantially compliant

Quality and safety

The promotion of children's rights was at the heart of the approach taken by the centre. A child-centred and safe service was provided, within which children's rights were recognised and respected. Consultation and participation by young people was highly valued and promoted. The approach taken by the centre ensured care was individualised to the needs of each young person, which balanced risks with the wellbeing and development of the young people.

Young people were informed of their rights and supported to exercise and understand these rights. There was information available for them on their rights and they were made aware of independent advocacy services. There was a culture of respect and young people had the freedom to participate in decision-making processes, and they were actively encouraged to air their views. The staff team had a good understanding of diversity and were committed to ensuring young people were treated with dignity and respect. All staff were aware and vigilant in their approach to promoting young people's engagement, wellbeing and safety, whilst recognising their need for privacy. There was evidence of strong advocacy for young people to ensure their voice was heard, particularly in situations where professional's views varied with those of the young people.

Young people's contact with their family, relatives and friends was promoted and facilitated. The team ensured families were informed about young people's day-to-day care and other significant information. Although some family members reported that there were slight delays obtaining information, they were generally happy with the care their children received.

The centre had implemented a new model of care since the last inspection and although this was still being embedded in day-to-day practice, there was evidence of a strong focus on the individual needs and positive outcomes of each young person. The centre had appointed two social care workers to support the enhancement of the model of care within the centre and there was regular consultation with an external consultant to ensure effective implementation of the programme, as well as adequately supporting the young people. Care practices aimed to support young people to achieve their goals, recognise and build on their strengths and to identify areas for the young people to develop in. The young people were fully involved in care and placement planning processes. Young people enjoyed reflecting on their progress and the outcomes they achieved.

Consultation with young people was effective and they had regular opportunities to collectively or individually air their opinions and views. Community meetings were held on a regular basis where young people met as a group to discuss relevant topics in relation to care, centre practices and running of the centre. Feedback was provided to the young people when they had queries and they were supported on a one-to-one basis if this was their preferred way to engage with the staff team. Young people were aware they could read and sign their records.

There were a number of participation projects that both the young people and staff got involved in over the last year. This included therapeutic and fun activities including the development of a sensory garden. The process was documented in a creative booklet. The team encouraged the young people to get involved in these projects and their achievements were recognised at a national level. In addition, the young people

sourced funding for bicycles through another project and one young person took part in a baking competition.

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

A person-centred and safe service was provided by staff which ensured that young people's rights were respected and promoted. Participation and consultation was key to the programme of care delivered.

Judgment: Compliant

Standard 1.4

Each child has access to information, provided in an accessible format that takes account of their communication needs.

Young people were provided with the required information to ensure they participated in the decision-making process about their care.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.</p>	Compliant
<p>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.</p>	Compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p>Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p>	Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Substantially compliant
<p>Standard 6.2 The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.</p>	Substantially compliant
Quality and safety	
<p>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.</p>	Compliant
<p>Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.</p>	Compliant