



**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:	19 January – 20 January 2023
Centre ID:	OSV-0004171
Fieldwork ID	MON-0038791

About the centre

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

The centre is based in a two-storey detached building in a housing estate in the Dublin North East region. The centre has a large garden area including a private back garden and a large front garden. The centre is well serviced by public transport and is in close proximity to local amenities. The service provides residential care to girls up to the age of 18, who are pregnant or who have a baby, for a period of one year. If placement needs exceed a one year period an application to extend the placement can be made to the children's resource panel for approval. The service has capacity for up to four young people and their babies. In the case that the baby is residing in the centre with their mother and the baby required the additional safeguarding of a care order this circumstance will be managed under the National Policy in relation to the Placement of Young person aged 12 years old and in the care custody of the Tusla. The service provided is underpinned by a trauma informed approach to understanding the young people in the context of their overall life experiences. Interventions are tailored to meet the needs of each individual. The model of care balances risk, well-being, attachment and trauma as a method of supporting the young people and their babies.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	2
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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
19 January 2023	10:00 hrs – 18:00 hrs	Rachel Kane	Lead Inspector
19 January 2023	10:00 hrs – 18:00 hrs	Grace Lynam	Support Inspector
20 January 2023	09:00 hrs – 17:00 hrs	Rachel Kane	Lead Inspector
20 January 2023	09:00 hrs – 17:00 hrs	Grace Lynam	Support Inspector

What children told us and what inspectors observed

From what the young people said and from what inspectors observed, young people living in this service were receiving a good quality of care and were supported as young parents. There were two young people under 18 years living in the centre at the time of the inspection. Both of these young people spoke to inspectors. Inspectors also observed young people's interactions with staff during the inspection. Inspectors spoke to one parent and also external professionals who support the young people living in the centre.

Overall, the young people felt supported by the staff in the centre, and in particular, by their keyworkers. The young people told inspectors about the support they receive with their babies. One young person said that she thinks 'there should be more places like this for young girls and their babies'. The young people appreciated that the staff babysat for them for a few hours per week, one young person said that this gave them the opportunity to "just be teenagers again".

Young people in the centre were treated with respect and their rights were promoted. Young people told inspectors that they got to visit the centre a few times before moving in and they were provided with information about the service and the internal and external supports available to them. The young people had mixed views about feeling listened to. One young person said that her opinions were listened to and acted upon and another young person said "sometimes" she felt listened to. Young people spoke about the young people's meetings that happen once per week telling inspectors that "they sit down and talk through things" that are going on for them and that staff "try their best" to help.

Young people were aware of how to make a complaint. One young person told inspectors that she could also speak to her Guardian ad Litem¹ and she knew about another external organisation that supports young people in care. Young people said that staff support them by advocating for them. Young people were aware of when information about them needed to be shared with other professionals and although they weren't always happy about this, they understood the reasons for this.

The young people's views about feeling safe in the centre were mixed. One young person told inspectors that she feels 'safe and well cared for'. The young person commented that 'staff are there if you need them but not intrusive'. The young person described how staff treat young people with respect but also help them. Another young person said that she "sometimes" feels safe and when asked if there is adequate support when she doesn't feel safe, she said "sometimes".

¹ A Guardian ad Litem is an official appointed by the Courts to independently establish the wishes, feelings and interests of the child and to present these to the court with recommendations.

Each young person had their own bedroom and ensuite and young people told inspectors that they were allowed decorate their bedrooms according to their own tastes if they wished. One young person expressed dissatisfaction with one of the house rules at night time but was clear on how to raise this issue with the staff team.

Young people told inspectors that the house was comfortable and homely and inspectors observed warm and supportive interactions between the young people and the staff in the centre. Inspectors spoke to one parent who said that there was a lovely atmosphere in the centre and that staff were very welcoming. The parent said that the staff explained the care and support that her child would receive whilst living in the centre. The parent said that staff "go above and beyond" and that the support provided to their child is brilliant.

Young people felt supported to have contact with their family, however, one young person expressed her wish to have contact with more of her family members than she currently has.

Inspectors spoke with staff and managers in the centre as well as; two social workers, a Guardian ad Litem, an after care worker and a youth worker for the young people. These professionals said that in their view the service was child-centred and that the staff team provided safe and good quality care. Professionals who spoke to inspectors said that the staff team listened to the young people and respected their rights, whilst also identifying the on-going need to balance the young people's rights with the rights of their babies. One professional described how achieving this balance could be a challenge at times but that the staff team "go the extra mile". This professional also said that there was a "strong sense of care" in the service. A social worker described how the staff team put 'clear boundaries in place for the young people while at the same time, they built trusting relationships with them'.

Capacity and capability

This inspection found that the management and governance arrangements were effective at ensuring a good quality and safe service was delivered.

The centre was last inspected in 2021 against eight standards. Seven standards were found to be compliant and one standard was found to be substantially compliant. The centre had effective leadership, governance and management arrangements in place with clear lines of accountability ensuring that a safe and effective service was delivered for young people and their babies. At the time of this inspection the centre manager was on a period of extended leave. The centre deputy manager was covering the manager's position for the duration of this period and an experienced team leader had back filled the deputy manager position. There was a clear record of the delegation of duties for the duration of the manager's period of leave. The management team in the centre were well supported by a deputy regional manager and regional manager. This ensured that a consistent service was delivered during the period of absence by the centre manager.

Generally, the service implemented Tusla's suite of policies for children's residential centres. However, the care planning policy did not fully reflect the service's current approach to care planning. The service did not use placement support plans, instead, the service implemented other approaches to planning for the young people that were appropriate for this unique service.

The centre staff and management were dedicated, skilled and knowledgeable. There was a mix of experienced and new staff on the team. All posts were filled and there were sufficient staff on duty with the appropriate skills. Occasionally, the service used agency staff to cover the rota. Management and staff told inspectors that there was a thorough induction process in place and appropriate support and supervision for new staff. The staff who inspectors spoke to were clear on their roles and responsibilities and felt supported by the management team.

There were good systems of communication in place. There were daily handover meetings where shifts were planned and tasks allocated to the staff team. Inspectors reviewed minutes of team meetings and found that they were comprehensive with a clear focus on each individual young person while also discussing broader house and organisational issues.

Risk was effectively managed in the centre. Risk management systems were in place and where risks had been identified there were effective risk assessment and management plans in place which were reviewed regularly. There was an

organisational risk register in place and individual risk assessments identified controls to mitigate risks. Some examples of risks identified included; the risk posed by the Covid-19 infection and the risk posed by having young people who were over 18 years of age living in the centre. The risk register was reviewed and updated by the centre manager on a quarterly basis or earlier if required. The acting centre manager explained to inspectors that one of the risks was escalated to the regional risk register and this was under regular review. Overall, the majority of risks reviewed by inspectors reduced over the past twelve 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. The acting centre manager and acting deputy centre manager were available out of hours on an on-call basis should the staff team require support.

Appropriate arrangements were in place for external services provided in the centre, such as, agency staff. Contracts for these services were held in the regional Tusla office, however, the centre manager had systems in place for monitoring these services in the centre.

The statement of purpose clearly described the model of care and contained all the required information. It reflected the day-to-day operation of the centre. Some young people remained in the centre when they turned 18 and this had been risk assessed and documented on the risk register. Staff were very knowledgeable about the model of care and this was reflected in the records. Inspectors also reviewed a young person friendly version of the statement of purpose and a comprehensive information booklet that is provided to young people, their families and external professionals. The statement of purpose had been updated in 2021, it was reviewed in January 2023 and was awaiting managerial approval. However, this time frame of review was not in line with Tusla's statement of purpose policy which requires the statement of purpose to be reviewed annually.

The quality, safety and continuity of care provided to young people was regularly reviewed to inform service improvement, and to achieve better outcomes for young people. The centre had a system whereby staff were delegated to carry out audits of practice, which was overseen by management. Inspectors reviewed a supervision audit completed by the acting deputy regional manager and there was a plan in place for the actions to be carried out in order to improve the quality of the service. There was a schedule of audits in place which included maintenance of care records, health care, education, access, visits and contact, risk management, fire precautions and staff supervision. Regular reviews of young people's files took place to ensure all necessary work was being carried out and was in line with care plans and placement plans. Inspectors found that staff followed up with identified gaps in children's files by requesting documents from

social workers. Learnings from file reviews were discussed at team meetings where guidance was given to staff in relation this. Internal significant event reviews were carried out on a regular basis where key learnings and any trends emerging were identified along with any corresponding required actions. Inspectors also reviewed records of significant events being brought to the external review group, where the incidents were discussed and suggestions were provided on ways to help improve outcomes for young people. Feedback from both internal and external significant review groups was brought to team meetings for discussion and inspectors saw evidence of learnings from this being implemented in the records, such as, approaches to managing relationships between young people.

Through inspectors' review of the centre's training audit and interviews with management and staff it was evident that on-going learning and professional development were implemented in order to improve practice and best meet the young people's needs. Some of the training that has been completed in the last twelve months focused on areas such as; risk management, drug and alcohol training and child sexual exploitation. The centre did not provide an annual review of compliance with the service's objectives as required by the standard. However, a team planning day was scheduled to allow the team time and space to reflect on their work in the last twelve months and to plan for the service going forward. During interviews with the staff team and management they spoke about their commitment to service improvement in order to achieve the best outcomes for the young people. One staff member told inspectors, "these young people deserve the best".

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.

Management and governance arrangements were effective at ensuring that young people received a good quality and safe service. However, the care planning policy does not fully reflect the unique approach to care planning that is implemented in the service.

Judgment: Substantially Compliant

Standard 5.3

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

The statement of purpose clearly described the model of care and contained all the required information. However, the statement of purpose was not reviewed within the time frame set out in the Tusla statement of purpose policy.

Judgment: Substantially 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.

The quality, safety and continuity of care provided to young people was regularly reviewed to inform service improvement, and to achieve better outcomes for young people. However, the centre did not provide an annual review of compliance with the service's objectives as required by the standard.

Judgment: Substantially compliant

Quality and safety

A culture of respect for young people's rights was evident in the centre. Young people's rights were promoted and the staff team advocated for and on behalf of the young people. The young people were well informed of their rights and they had access to independent advocacy services. The young people were aware that they could make a complaint, however, at the time of inspection neither had done so. Complaints forms were hung up on the young people's notice board along with information leaflets on external support and advocacy services.

The model of care supported and promoted the young people's participation in their care planning and goal setting. The key working sessions between staff and young people and other individual work, showed that young people were encouraged and supported to voice their opinions and make decisions. Young people were encouraged to read their daily logs and key-working reports and to give their feedback and views on what is written about them. Inspectors reviewed daily logs and noted that young persons' views were consistently recorded. Given the nature and purpose of the service, management and staff were cognisant of balancing the young people's rights and respecting their privacy while also upholding the rights, and promoting the safety of their babies. The staff team addressed this through the

development of the young people's parenting skills and by building supportive and honest relationships with the young people.

Inspectors observed meal times where a range of food was on offer to meet young people's varying dietary requirements and preferences. There were weekly young people's meetings held where young people were encouraged to share their opinions and suggestions. These were then brought to staff team meetings and staff were assigned to link back in with the young people to ensure effective and consistent follow through on necessary actions.

Each young person's dignity and privacy was respected and promoted in the centre. Young people had their own bedroom and ensuite which they were able to decorate to their own taste if they wished. All young people had a safe in their bedroom to store important personal belongings and had a key to their bedroom also. The centre also had a variety of other comfortable and homely spaces for the young people to have time on their own, with their babies or with family members including; an upstairs and downstairs sitting room, a sensory playroom, a computer room and a garden. The staff team informed the young people of when they needed to share information about them with other professionals and explained the reasons for this to them.

Young People's identified needs informed their placement within this centre. Referrals to the service were made through Tusla's regional children's resource panel. The management team worked in collaboration with the social worker to ensure, prior to the admission of young people, that the centre was suitable to meet their needs. This was done through an assessment of their needs and of any potential risks that could present for the young person when they moved into the centre. The assessments that inspectors reviewed were comprehensive and thorough identifying potential risks, protective factors and controls to mitigate risks. The needs and rights of the young people and their babies already living in the centre were also considered as part of these assessments. A referral to the service would be refused if it was deemed to be unsuitable, however, this had not occurred in the last 12 months. The transition period for young people moving into the centre was gradual and tailored to the specific needs of each young person. Each young person was given opportunities to become familiar with the day-to-day living arrangements in the centre, the young people who live there, and the staff that care for them.

Placement planning was underpinned by the young people's care plans. One young person had an up to date care plan in place and there was a child in care review scheduled for this care plan to be reviewed. The other young person's care plan had been reviewed, however, the centre did not have the up-to-date copy of the care plan on file and had not escalated this to the allocated social worker. Inspectors identified this during the course of the inspection to the acting centre manager who

followed up with the social worker to get a copy of the updated care plan which they received by the end of the inspection.

From a review of children's files, inspectors found that placement planning and decision making was based on assessments of young people's needs. One inspector observed one such assessment meeting take place in which areas such as health, family contact and education were assessed by the young person's keyworker, her social worker and her youth worker. The service does not use placement support plans as per Tusla care planning policy. Due to the unique nature of the service other approaches and programmes are implemented. The programme of care encompasses multiple evidence based approaches to best meet the needs of these young people and support them with their parenting. The young people were engaged in parenting and independent living skills programmes. Through the implementation of the model of care, individual work carried out with the young people was regularly reviewed and they were aware of their progress and areas that required further development.

Young people were safeguarded from abuse and their care and welfare was protected and promoted. Safeguarding and child protection policies and procedures were effectively implemented in the centre. Tusla's child safeguarding statement was on display in a communal area. All staff had up-to-date training in Children First (2017) and staff demonstrated appropriate knowledge of this aspect of practice. The centre manager was the designated liaison person (DLP) for the centre, and staff were aware of the procedures in place for reporting any concerns. Child protection concerns were found to be reported to Tusla as required. There were three child protection and welfare concerns in the last twelve months, in relation to these young people, and they were in line with Children First. Comprehensive and good quality safety plans had been developed in relation to identified risks. There were some incidents of young people being absent at risk and being missing from care. Centre staff managed this appropriately by risk assessing, adhering to the young people's absence management plans and following the national policy, HSE (Tusla) An Garda Síochána (police) joint protocol Children Missing from Care (2012).

There were good safeguarding practices in place and staff in the centre worked in partnership with young people, their families, social workers and external agencies to promote their safety and welfare. Key-working sessions and individual work records showed that centre staff supported young people in understanding the potential impact of risk taking behaviours and developing the skills to make informed decisions and keep themselves safe. Staff who spoke to inspectors were aware of the protective disclosure policy and some staff had recently completed online training in relation to this.

In this service, young people experienced care and support that promoted positive behaviour. Staff were skilled at developing supportive relationships with young

people which helped the young people to learn and progress. Inspectors reviewed a number of significant events and found that incidents were well managed and in line with Tusla policies and procedures. The young people were supported following incidents and individual crisis management plans reflected the learning from incidents, and described the support that worked best for each young person. All staff were trained in Tusla's approved behaviour management approach. Staff had the appropriate skills, knowledge and training to manage behaviours that challenged. There was a consistent approach to care throughout the centre. Restrictive practices were not routinely used in the centre, however the potential for restrictive practices to be put in place was recorded in the centre's risk register.

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's rights were respected and promoted in the centre. Young people were encouraged and supported to participate fully during their time in the service. The staff team advocated for young people and young people were aware of external advocacy supports available to them also.

Judgment: Compliant

Standard 1.2

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

Each young person's dignity and privacy was respected and promoted in the centre. The staff team informed the young people of when they needed to share information about them with other professionals and explained the reasons for this to them.

Judgment: Compliant

Standard 2.1

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

Young people's identified needs informed their placement in the centre. Placement planning was based on young people's care plans and tailored to meet their specific assessed needs.

Judgment: Compliant

Standard 3.1

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

Safeguarding and child protection policies and procedures were effectively implemented. Staff and management were clear about their roles and responsibilities as per Children First (2017). Young people were supported to understand and develop skills in keeping safe.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff had the skills to manage behaviours that challenge appropriately and used these incidents to help young people learn more positive coping mechanisms. Staff were adept at developing positive relationships with young people and these relationships have helped the young people make positive changes.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<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>	Substantially Compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Substantially 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>	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 1.2 Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p>Standard 2.1 Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	Compliant

Compliance Plan

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

Compliance Plan ID:	MON-0038791
Provider's response to Inspection Report No:	MON-0038791
Centre Type:	Children's Residential Centre
Service Area:	CFA Dublin North East
Date of inspection:	19 and 20 January 2023
Date of response:	6 th March 2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Capacity and Capability	
Standard : 5.2	Judgment: Substantially Compliant
Outline how you are going to come into compliance with 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. <ul style="list-style-type: none">• The Service uses unique placement plans which are suitable to the needs of the young people in the service. The use of these unique plans will be incorporated into the National Policies for Children's Residential Service as part of the policy review process due to commence by the end of the 2nd quarter 2023 and due to be completed by the end of 4th quarter 2023.	
Proposed timescale: End of 4th Quarter 2023	Person responsible: Regional Manager

Standard : 5.3	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <ul style="list-style-type: none"> • The statement of purpose and function will be reviewed and updated in line with Tusla policy. 	
<p>Proposed timescale: 31st March 2023</p>	<p>Person responsible: Social Care Manager</p>

Standard : 5.4	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard : 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> <ul style="list-style-type: none"> • The centre manager has liaised with the Practice Assurance and Service Monitoring officer and a monitoring visit to the centre will be completed before the end of the 1st quarter of 2023. • The centre maintains communication with the Quality Assurance Officer throughout the year and the Quality Assurance Officer is kept updated on how identified risks are being managed. • A team planning day took place in the service on 31st January 2023. Throughout the year audits are reviewed and updated regularly. Significant Events are reviewed monthly in house, and themes, issues and shared learning is discussed at monthly area SERG meetings and at staff meetings. • The training needs analysis for the year is informed by current issues for young people and any identified themes for the young people in placement. 	
<p>Proposed timescale: 31st March 2023</p>	<p>Person responsible: Social Care Manager</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	End of 4th quarter of 2023
5.3	The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant	Yellow	31 st March 2023

5.4	The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Substantially Compliant	Yellow	31 st March 2023
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