



**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:	Announced
Date of inspection:	11 - 12 August 2021
Centre ID:	OSV-004177
Fieldwork ID	MON-0033905

## About the centre

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

The centre is a detached seven bedroomed house with a front and rear garden and it was located in a busy Dublin suburb. The centre provided medium to long term care for four children from the ages of 10 to 18 years. The aim of the centre was to work with children using a relationship model of care, to enable them to meet their full potential and to equip them with life skills for the future.

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

Number of children on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

In order to 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
11 August 2021	09:00hrs to 18:00hrs	Leanne Crowe	Inspector
12 August 2021	08:00hrs to 16:00hrs	Leanne Crowe	Inspector (Remote)

## What children told us and what inspectors observed

There were management systems in place to ensure that the young people in the centre received good quality, person-centred care and support in line with their assessed needs. Staff established positive attachments and trusting relationships with the young people in the centre. Young people were encouraged to express their views, wishes and preferences, which were listened to and respected by staff. Young people were also supported to develop and maintain their relationships with their siblings, parents/guardians and other significant people in their lives.

There were three young people living in the centre at the time of the inspection, two of whom spoke with the inspector. The inspector also spoke with the centre manager, deputy manager, several staff, and some of the young people's social workers and parents/guardians.

The young people who spoke with the inspector described positive experiences of living in the centre. Both felt that staff were friendly and kind towards them, with one young person emphasising that, from the point of admission, staff made them feel welcome in the centre. The young people said that someone was always available to them and that they could talk to the staff members if they needed help or support. They confirmed that any issues they raised with a staff member were responded to quickly and appropriately.

The young people described feeling safe in the centre. The inspector found that the systems in place ensured that they were safeguarded effectively. For example, when a young person went missing from the centre, staff acted promptly and proactively, in line with national policies, procedures and protocols, to ensure they returned safely. Information was shared in a timely manner with key people and follow-up actions were taken as required. Records of these incidents were comprehensive and up-to-date. Social workers and parents/guardians who spoke with the inspector felt that the young people were safe in the centre.

The young people confirmed that they were facilitated to pursue their own individual interests, such as boxing. They were also supported to spend time with their families and friends in their local communities. During the COVID-19 restrictions, contact with loved ones was maintained through social media and safe visiting practices.

The young people described how staff have assisted them to develop independent living skills, such as shopping, cooking and managing their allowances and budgets. Upon admission to the centre, they were encouraged to decorate and furnish their

bedroom to suit their own tastes. They enjoyed having their own personal space, as well as communal rooms to spend time with others.

The social workers and parents/guardians who spoke with the inspector all described having positive relationships with the management and staff in the centre. They spoke very highly of staff, saying that they were kind and caring towards the young people and “went above and beyond” for them. They felt that staff acted in the young people’s best interests and supported them in achieving their personal objectives. They said that staff kept them informed and updated on the young people’s progress and sought their views when making decisions about the young people’s care. The parents/guardians stated that the young people were supported to develop and maintain relationships with their families and links with the local communities. Overall, the social workers and parents/guardians felt that the young people were well cared for within the centre.

The centre was located in a busy Dublin suburb, within walking distance of local shops and services as well as access to public transport. The young people were encouraged to use public transport on a regular basis in order to develop their independence. The centre also had two vehicles which staff used to transport the young people when appropriate or required.

The centre had recently completed a programme of refurbishment, which included complete redecoration of a large bathroom, shower room and toilets, as well as recarpeting and painting of various areas of the house. The centre was nicely decorated and comfortably furnished. Each young person had their own bedroom, which they were supported to decorate according to their personal tastes. There were sufficient toilet and shower facilities. There were two large communal sitting rooms, one of which was also being equipped as a sensory room. The centre manager confirmed that the young people had contributed to choosing the objects that had been purchased for the room, such as lighting, soft furnishings and a weighted blanket. A bright, large kitchen was shared by all residents and staff. The centre also contained a large back garden, which was used for facilitating outdoor visits while COVID-19 restrictions were in place.

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

## **Capacity and capability**

The inspector found the centre to be well run. There were good governance and management systems in place, with sufficient resources to deliver a safe and good quality service. Issues in relation to the operation of the centre’s information and

communication technology (ICT) are discussed under the 'Quality and Safety' dimension. An experienced centre manager, deputy centre manager were responsible for the management of the centre, and they were supported by four social care leaders who coordinated each shift. The centre manager reported to a deputy regional manager, who had systems in place to monitor the operation of the centre.

The centre was last visited by inspectors in October 2019, where 13 standards were inspected. Moderate non-compliance was found in relation to nine standards, while the four remaining standards were found to be substantially compliant. The centre had made improvements in the interim period and had achieved a good level of compliance with the standards assessed in this current inspection. Some improvements were required with regard to the centre's statement of purpose.

The centre's statement of purpose had been reviewed in April 2021 by the deputy regional manager and centre manager. While it contained some of the information required by the standards, it did not outline information such as the management structure or staffing complement for the centre. A summary of the statement of purpose was included in a young person's booklet, which was provided to them upon admission to the centre. Parents, guardians and social workers were also given important information about the centre and its team before a young person was placed there.

A national suite of policies and procedures had been recently introduced and effectively implemented in the centre. Risks were well managed and records including, care files, placement plans, significant events notifications (SENS) and child protection referrals were well maintained and appropriately reviewed by the centre's management team.

There were appropriate arrangements in place to ensure that there were sufficient numbers of competent and experienced staff working in the centre. A review of the centre's roster showed that adequate numbers of staff were on duty throughout the day and night. While there were a small number of vacancies on the team, this did not have a significant impact on the service provided at the time of the inspection. All shifts were filled by permanent staff or long-term agency staff, which ensured consistent, good quality approaches to the young people's care. Staff who spoke with the inspector demonstrated good knowledge of their responsibilities and the lines of authority within the centre. Their approach to care was nurturing and child-centred and this was reflected in their knowledge of each young person's individual needs and placement goals.

**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 not contain all of the information required by the standards. A brief summary of the centre's statement of purpose and function was included in the young persons' booklet, which was provided to every individual upon admission.

Judgment: Substantially Compliant

**Standard 6.1**

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

There were appropriate numbers of skilled and experienced staff employed in the centre to meet the needs of the young people.

Judgment: Compliant

**Quality and safety**

Overall, the young people in the centre experienced nurturing care and support that was tailored to their needs. Person-centred care was demonstrated by management and staff, which was also reflected in the decisions made regarding each young person's placement plan and placement support plan. Staff who spoke with inspectors were extremely knowledgeable of each young person's needs, routines, preferences and other areas that inform the centre's approach to care.

There was an established system in place for identifying and managing risks. There was a centre risk register which recorded all active risks including the risk rating, actions taken to manage risks and further actions required. Risks were reviewed and actions were updated regularly or as needed. The most significant risk recorded at the time of the inspection related to the centre's ICT systems and equipment, which is essential to the team as many of their systems are electronic. While this partially related to the impact of the recent cyber attack to the provider's network, the centre manager stated that issues had previously been identified in relation to items such as poor equipment and internet connections. Although some work had been completed to date to remedy these issues, during the inspection the inspector observed staff encountering issues with equipment and software that wasn't operating effectively, as well as being unable to connect to the internet. The inspector found that while this resulted in simple administrative tasks becoming time consuming and burdensome, staff worked hard to compensate for these deficiencies. Staff who spoke with the inspector voiced their



frustrations regarding the ICT issues, emphasising that the time required to complete these tasks resulted in less time being spent with the young people. The centre manager confirmed that these issues had been communicated to the deputy regional manager for resolving.

An up-to-date child in care review had been carried out in relation to each young person. This in turn informed the development of individualised placement plans and placement support plans. These documents were found to be comprehensive and regularly updated in response to the young people's individual needs and wishes. It was clear that the young people were central to the process, and that their views and preferences were considered at all stages. Any actions were assigned to staff for completion, which were regularly reviewed by the centre manager. Staff could describe the goals for each young person and the means of supporting the young person to achieve these goals. Staff were resourceful in identifying external services that could provide additional assistance to the young people as required.

The young people were supported to meet any health and development needs that had been identified prior to admission or during their placement in the centre. Medical histories, medical cards and records of immunisation were sought from the referring social worker. A medical assessment was completed on admission to the centre. Each young person was supported to attend their general practitioner (GP), dentist, optician or any specialist services that they required, such as counselling or psychological services. The inspector acknowledged the additional efforts made by staff to support the young people to avail of medical services in a manner that met their needs. Staff carried out individual keyworking sessions with the young people on various health related topics.

There were medication management policies and procedures in place to support good practice in relation to medication storage, administration and disposal. Records in relation to medication administration were complete and up-to-date, including details of any occasion when medication was not administered. Regular audits were carried out, with any learning identified and addressed.

Each young person was supported to develop independent living skills. Eligible young people had been promptly allocated an aftercare worker, who had commenced the aftercare assessment and care planning process at the time of the inspection. Young people who spoke with the inspector described how staff in the centre had supported them to open a bank account, cook meals, shop for groceries and manage their allowance. They were also supported to develop more general self-care skills.

Staff demonstrated a positive approach to the management of challenging behaviour. They developed trusting and respectful relationships with the young people and endeavoured to understand each young person's behaviour. Every young person had

an individual crisis management plan, absence management plan and behaviour management plan which guided staff on how to respond appropriately to incidents of challenging behaviour. These documents were regularly reviewed and updated as needed. Staff had received training to support them to manage such behaviours and were found to use verbal de-escalation techniques to good effect. The centre manager confirmed that staff had not used physical restraint within the past 24 months. Incidents of young people going missing from care were appropriately notified to An Garda Síochána. Meetings were held with key professionals, staff and family members, in line with the protocol for missing children in care.

The inspector reviewed the restrictive practice register. These records were complete and reflected minimal use of restrictive practices in the centre. The rationale for use was clearly recorded, as was the outcome. Each practice was regularly reviewed to ensure it was appropriate and necessary.

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, in line with Children First legislation. Staff monitored the overall safety of the young people, assessed any identified risks and took action as required. Comprehensive and good quality safety plans had been developed in relation to these identified risks.

The centre was homely, comfortable and well maintained. Each young person had their own bedroom which was decorated to their taste and had adequate space and storage. There were also two communal sitting rooms and a kitchen/dining room where young people could spend time with each other and staff. These were clean, bright and appropriately furnished. Young people participated in decisions about the decoration of the centre, such as the recent upgrading of a sitting room to also include a sensory area. Audits of the physical environment were carried out regularly. A review of these audits indicated that any issues identified were remedied quickly.

Each young person had an allocated social worker, who visited them regularly in the centre or in the wider community. Social care staff in the centre maintained regular contact with the social workers and briefed them on all relevant aspects of the young person's care. There was evidence of good collaboration between the staff and all other professionals involved in the young people's care.

The inspector found that the young people were encouraged to pursue their personal objectives, as well as their interests and hobbies. They were also supported to develop and maintain relationships with their families, friends or other significant people in their lives. Family members who spoke with the inspector acknowledged the efforts made by staff to facilitate visits and contact between them and the young people. For example, one young person was supported by the centre to go on a short holiday with

a relative. The centre had sufficient private space to facilitate visits, as well as a large back garden which was used during the COVID-19 pandemic to support outdoor visits in line with public health restrictions.

There was an up-to-date safety statement in place, which was reviewed in November 2020. All staff had up to date training in fire safety. There were adequate fire precautions in place, such as fire doors, firefighting equipment and smoke alarms. Directional signage was in place for fire evacuation pathways and emergency lighting was available throughout the building. Records indicated that the maintenance of equipment was carried out on a quarterly basis by a competent professional. Daily, weekly and monthly safety checks were completed by staff, which were reviewed regularly by the centre manager. Any issues identified were recorded and addressed. Each young person had a personal emergency evacuation plan in place which accurately reflected their individual needs. The young people participated in the regular fire drills that occurred in the centre.

**Standard 1.5**

Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.

**Regulation 8: Access arrangements**

Staff encouraged and facilitated the young people to develop and maintain their relationships with their families and friends, and their links with their local communities. There were systems in place to support the young people to engage in activities and hobbies in line with their personal interests.

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**

Each young person had a care plan, as well as an after care plan when required. Each young person had a placement plan and a placement support plan, which reflected their individual needs and key goals of their care plan. Records of statutory reviews were held on file and the centre manager advised that the most recent up to date care plans for two young people were being drafted at the time of the inspection. Each young person had an allocated social worker or aftercare worker who visited them regularly and was actively involved in reviewing their care. There was effective and frequent communication between the centre and relevant professionals.

Judgment: Compliant

**Standard 2.3**

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

**Regulation 7: Accommodation**

**Regulation 12: Fire precautions**

**Regulation 13: Safety precautions**

**Regulation 14: Insurance**

The centre had recently undergone some refurbishment and was found to be homely, well maintained and nicely furnished. The layout and design supported staff to provide good quality and safe care. The centre and its vehicles were appropriately insured. There were effective fire safety measures in place.

Judgment: Compliant

**Standard 2.6**

Each child is supported in the transition from childhood to adulthood.

Where appropriate, the young people in the centre had been allocated an aftercare worker to assess their needs and develop an aftercare plan in a timely manner. Aftercare workers were actively involved in young people's care planning. Each young people in the centre was supported to develop the skills they required for the transition to independent living and adulthood.

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 in the centre. 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.

Judgment: Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

The use of restrictive practices was limited, proportionate and appropriate. Staff were skilled in establishing positive relationships with the young people. Young people were supported to behave appropriately during challenging situations. Incident of

behaviours that challenge were managed in line with the required policy, procedures and protocols.

Judgment: Compliant

**Standard 4.2**

Each child is supported to meet any identified health and development needs.

**Regulation 9: Health care**

**Regulation 20: Medical examination**

The health and development needs of young people were appropriately identified and attended to. Young people had access to a GP and other health and specialist services as required.

Judgment: Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant
<b>Standard 6.1</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
<b>Quality and safety</b>	
<b>Standard 1.5</b> Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	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 children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
<b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.	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 4.1</b> The health, wellbeing and development of each child is promoted protected and improved.	Compliant