



**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:	DML
Type of inspection:	Unannounced
Date of inspection:	29 – 30 January 2024
Centre ID:	OSV-004159
Fieldwork ID	MON-0042367

About the centre

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

The centre is a semi-detached property in a small housing estate with similar houses. It has a small garden to the rear and has lots of amenities nearby. This centre has various facilities that are utilised to support the care and development of each young person. The centre provides medium to long term care for young people who require a placement in residential care. It has qualified staff and operates 24/7 staffing and management support. The delivery of a programme of care is underpinned by statutory care planning and individually assessed needs for each young person. The centre caters for all genders of young people who may struggle with their emotional regulation and offers consistent support to children/young people within a safe, nurturing environment. The Centre provides a child-centred therapeutic approach, where the staff team works holistically and inclusively with up to three young people. The care provision and practices of the staff team are underpinned by a wellbeing informed approach alongside an understanding and regard for the impact trauma and attachment issues have had on the young people and their resultant behaviour.

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 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
29 January 2024	10:30 hrs to 18:30 hrs	Sheila Hynes	Lead Inspector
30 January 2024	09.00 hrs to 16:00 hrs	Sheila Hynes	Lead Inspector

What children told us and what inspectors observed

There were three young people living in the centre at the time of the inspection. The inspector spoke with one young person and one young person completed a survey.

The centre is located on the outskirts of a town, close to shops and public transport. The centre was in a temporary location during the refurbishment of their permanent home. While this centre was also in need of updating and refurbishment, it was clean and efforts were made by the staff team to make it feel homely. For the duration of the inspection, there was pleasant odours of cooking and baking in the centre and there was a good atmosphere with lots of conversation and laughter.

From what young people said and what the inspector observed, the young people received high-quality care and support from the service. The inspector observed supportive and warm interactions between the staff and the young people. The atmosphere was relaxed and cheerful. The young people appeared to be at ease with each other and the staff. During the inspection, the young people had a day out together. The staff spoke warmly about all the young people and their individual strengths and interests. The young people were supported to have pets and there were realistic care expectations and responsibility agreed between the young people and the staff.

The young people had largely positive views of their experience of the service. They said; "there has been a lot of ups and downs, (staff) are really good at supporting me." They said their key workers and the staff spoke to them about their rights, they understood them and they knew who to talk to if their rights were not respected.

Young people had a mixed response when asked if they knew how to make a complaint, they said; "I have made complaints, but they have gone nowhere." One young person did not know how to make a complaint. Young people said, the staff and their key workers were the people who they talk to and who listen to them. One young person stated "he (key worker) really gets me, understands what I need, like needing to go for a drive or a walk."

The importance of positive supportive networks through family and friendships was supported and promoted by the service. The young people said; "relationship with (family) has gotten much better" and felt that they had enough contact with

their family and friends. Young people could have their friends visit the centre once agreed and planned with the staff.

Inspectors asked young people about their involvement in planning in the centre and decision making about their lives. They said; "I am too easy going, and need to be more assertive." One young person did not feel they were listened to and didn't have a chance to be involved in important decisions about their life. Some young people were involved in aftercare planning and attended their meetings. With regard to support for preparing for leaving care, one young person felt that "some staff do a really good job."

The inspector spoke with three parents, who had mixed views of the service. One parent was not happy with the communication with the staff, stating they were "not getting the full picture" and the staff needed to be "more upfront and honest". Other parents felt the staff were "very respectful, very nice, very good people", "happy how they relate to me as a parent" and "they listen to me."

When parents were asked about the support their child was receiving, there was mixed responses stating "they give (their child) a chance to grow", "learning from the staff all the time", "very well cared for, (their child) music interest is supported" and "changing staff, not giving (their child) stability."

The views of two social workers and one Guardians ad Litem¹ (an individual appointed by the court to represent the best interests of a minor child in legal proceedings) about the care, support and service delivered to the young people living in the centre were sought by the inspector. Overall, all professionals working with the young people had a positive experience with the service both in terms of communication and meeting the young people's assessed care needs. Some of the statements included, "more settle then (the young person) has been in years", "in one month (the young person) has done 16 activities", and "good relationship with children."

The next two sections of the report provide the findings of this inspection on aspects of management and governance of the centre and the quality and safety of the service provided to the young people.

¹ An individual appointed by the court to represent the best interests of a minor child in legal proceedings

Capacity and capability

This was an unannounced inspection of the centre that took place over two days. Eleven of the National Standards for Children's Residential Care were assessed, three standards in the area of capacity and capability and eight standards in respect of quality and safety. The service was found to be compliant with eight and substantially compliant with three of the 11 standards inspected.

There had been a number of changes to the management of the centre in recent years which impacted on the consistent leadership, governance and stability of the service. The centre had a core staff group and a consistent deputy regional manager that were committed to the young people. Supervision did not take place in line with the provider's policy and there was no formal system of appraisal as required by the national standards. The centre managed and shared information in line with legislative requirements and best practice.

At the time of the inspection, the management team were in a period of transition. There was no centre manager in place for a period of one week and the deputy regional manager was responsible for the management of the service. A centre manager had been recruited and was expected to be in the post in early April 2024. The deputy centre manager was new to their role and had taken up position the week prior to inspection. Temporary measures were put in place, with the deputy regional manager working in the centre two days a week and a centre manager from another Tusla children's residential centre working in the centre three days a week. This temporary management arrangement had come into effect on the first day of the inspection and would continue until the new centre manager took up the role. The deputy regional manager who had external management responsibility for the centre was well known to the young people and was a frequent presence in the centre.

The centre's statement and purpose had been updated to reflect the temporary management arrangements and change in deputy centre manager. The vacant social care leader post was in the process of being filled. While the centre manager in place covering three days per week was not familiar with the centre, they had a high level of experience and knowledge of the provider's policies and procedures and effective systems for the governance and oversight of children's residential centres. The newly appointed deputy centre manager, while new to their role, were knowledgeable on the young people's care needs and overall management of the service. The inspector received appropriate responses to requests and follow up action was taken to address concerns as required.

The organisational structure was clearly outlined in the statement of purpose and function and the staff who spoke with the inspector were clear on the line of reporting and accountability. There were clear allocation of duties between centre manager and deputy centre manager. In addition, to support the management team there were day-to-day duties assigned to particular staff members with relevant experience and expertise including, maintenance, car checks and medication reviews. Overall responsibility for oversight of these aspects of the service remained with the centre management.

An on call system was in place with the deputy centre manager and centre manager rotating the responsibility. This was communicated to the staff through the centre diary. The deputy regional manager was available as support to the centre management if required.

The provider had completed an overview of the quality and safety of the service in August 2022. The audit highlighted concerns regarding the centre's need for significant refurbishment, improvements to care planning, staff training and communication systems between the centre and regional management. Since that audit, the service had relocated to a temporary premises allowing for the refurbishment of centre. The centre management had developed an improvement plan for 2023 and an action plan to track progress. A review of the action plan by centre management had identified that, 87% of actions were complete and 13% were late. Some of the actions completed included an audit of young people's daily log and the development of a common approach to shift planning and handovers. The actions that had not been completed in 2023 or were late included, the centre management's attendance at young peoples' meetings and the development of the activities co-ordinator role into a well-being ambassador for young people. The inspector was informed by centre management that these actions will be carried forward into 2024 improvement plan.

The deputy regional manager had good oversight and governance of the centre and had routinely audited the services management systems and found a number of deficits. Following on from these audits, the deputy regional manager and the centre management had developed a management strategy plan for 2024. The areas requiring action included the change in management, returning to the centre's permanent location following completion of the centre refurbishment, addressing gaps in supervision, improving filling systems and records, improvement in attendance and frequency of team meetings, updating the training data base, fill staff vacancies and team building. Each action had a completion date along with a person assigned with the responsibility for same. This plan was in the early phase of implementation and it was too soon to assess the impact on

the service. The inspector found that the actions for completion in 2024 remained on schedule despite changes in managers of the centre.

The service had an effective risk management system in place. Where the service identified risk, control measures were put in place to mitigate against risk and persons responsible were identified. The centre had a risk register which was overseen and reviewed by centre management and by the deputy regional manager. The risk register was last reviewed on the 22nd of January 2024 and contained all relevant risks to the service. The register was reviewed by those responsible in January 2023 and in May 2023. In addition, there was a risk escalation system in place, called 'Need to Know'². At the time of the inspection, there was one risk escalated by the deputy regional manager to the regional manager regarding three residential social care staff leaving their post by the end of February 2024. These posts have since been approved to be filled through the Tusla recruitment process. Appropriate controls were in place and the service was beginning the induction process of three new agency staff members to ensure continuity of service and protect against potential risks associated with loss of three staff members. Other risks recorded on the risk register included fire safety, medication errors and service continuity in relation to staff turnover. All risks were discussed at staff team meetings and risk assessed appropriately. For example, a medication error was found as part of a medication audit, safe administration of medication process was outlined at staff meeting and all staff had received training in this area.

The centre had systems in place for effective communication and decision making however, the inspector found that improvements were required with regard to team meetings frequency and quality of records. Team meetings were held on a monthly basis but were not always well attended. There was no meeting in October and this was noted to be due to staff shortages. Young people's care was reviewed at each team meeting. Some but not all meetings had an agenda. The agreed actions from previous meetings were not reviewed. There was no consistent record of minutes being approved or read by those who were not in attendance. It was not evident from staff meeting minutes reviewed that there was a culture of learning within the centre. The deputy regional manager told the inspector that they had concerns regarding quality of recording of meetings as the records did not capture the depth of discussion, planning and learning from incidents. Centre management advised the inspector that plans were in place to improve both the frequency and quality of team meetings.

² When a risk cannot be managed within the centre or requires additional controls that are outside the scope of the centre to implement, the risk should be escalated to the person responsible at the next appropriate level of management by the risk owner.

The centre held a data base of staff training both mandatory and additional training however, this was ineffective as it was not up to date and the inspector found there were gaps in mandatory training which had not been identified or addressed prior to inspection. Centre management followed up with the staff and were able to provide the inspector with evidence that training had in fact been completed. The data base was updated to reflect this information during the inspection. In addition to training, the data base was used to keep a record of the date of all staff An Garda Síochána vetting. The inspector identified that this record was also not effective, as vetting for one staff member was inaccurately recorded as being out of date. Centre management followed up with Tusla HR and were able to provide the inspector with evidence of up-to-date vetting. The data base was updated to reflect this information during the inspection.

There were appropriate numbers of staff employed by the provider with necessary experience and competencies to meet the needs of the young people. The inspector reviewed a sample of the staff rosters which showed that there were at a minimum three staff on duty during the day and two staff during the night. This was consistent with the agreed staffing arrangement to provide a safe service and in line with the centre's statement of purpose and function. There had been a review of the staff roster in 2023, and improvements to this had been implemented. There was a focus on creating greater predictability for the staff and having adequate time to adjust to moving from working during the day to night duty. There was a good mix of staff on duty each day with the necessary experience and competencies to meet the young people's needs. There were challenges for effective workforce planning due to management turnover and pending staff changes. However, inspectors found that interim measures and plans to address the loss of social care workers, effectively ensured safe care and continuity of care for the young people.

The recruitment and retention of management and staff was an issue for the service. The appointment of a new manager would make this the third in three years. There were a core number of staff that were working in the services for many years and newly recruited staff with high levels of experience. The stability of the core staff team had reduced the impact of the changes in management for the young people and there was a clear focus on ensuring young people's daily care and planning was not impacted. However, three experienced staff were leaving the service at the end of February 2024 and this was appropriately highlighted as a risk within the service. The frequent changes in manager and staff had a high potential to impact the young people's experience of stability.

The inspector found that conflict within the staff team was noted in a number of records. A team building day was been planned for 2024 to support moral and team working and the centre management was striving to resolve conflict within the staff team through the promotion and education of the provider's dignity at work policy.

The staff that the inspector spoke with understood their roles and responsibility and were clear on the accountability and reporting lines. They were knowledgeable of the provider's policies and procedures such as restrictive practices, medication management and fire safety management. The inspector found the policies and procedures were discussed at staff meetings with collective responsibility being promoted in areas such as health and safety, medication management and fire safety.

The inspector reviewed supervision records and found that the previous centre manager received supervision in line with the provider's supervision policy from the deputy regional manager. The recording of supervision included clear action planning and review of decisions from previous supervision. However, supervision of social care staff by the centre management team required significant improvement. The inspector found that supervision of social care workers and social care leaders was not carried out in line with the provider's policy. From a review of seven supervision records, there were significant gaps in the frequency of supervision provided by centre management and social care leaders, for example there were gaps of over five months found on five of the seven records reviewed. Some of the supervision records were good quality, with detailed discussion on staff support, key working, practice and duties delegated to the staff member. Inspectors reviewed records for two of the newer staff members who had begun working in the centre during 2023, while there was an initial commitment from the supervisor to frequent supervision, this did not occur. The staff who spoke with inspectors placed great importance in the value of supervision in terms of motivation, however, one staff member described supervision as "habitually neglected".

The deputy regional manager had identified through an audit that there were gaps in supervision which needed to be addressed. The deficits in supervision were highlighted by the deputy regional manager to the previous centre manager and it was agreed that completion of supervision was to be prioritised by centre management. The centre management strategy plan for 2024 outlined actions to be taken to align the centre with the provider's supervision policy.

The centre did not operate a formal performance appraisal on an annual basis for each employee as required by the national standards. The centre's deputy regional manager advised the inspector that a decision regarding a formal performance appraisal systems within Tusla had not yet been agreed.

The provider managed the impact of working in the centre by supporting staff through an employee assistance programme. Inspectors reviewed records in which external support was offered to staff, however, not all staff chose to avail of this support. The centre risk register included occupational risks such as occupational stress, lone working and potential for harm. Appropriate control measures were in place to manage occupational risks.

The provider has a policy in place that outlined how information was managed and shared along with a schedule for record retention and disposal which was in line with legislative requirements. The inspector found that young people's files were securely stored and appropriate arrangements were in place for archiving of records. The centre management explained the process for archiving information and the inspector observed the safe and appropriate storage of records in preparation for archiving.

The young people's care records reviewed by the inspector were up-to-date and of good quality. There was good oversight of young people's records by the centre management and by the deputy regional manager. The one to one records and significant event notifications reviewed by the inspector were of high-quality. The centre had arrangements in place with regard to sharing and transferring of information, between the centre and other relevant professionals, to support effective decision-making in the best interest of the young people. These information sharing processes protected the privacy and confidentiality of the young people.

All young people were informed on admission of their right and policy to access their records and this right was recently revisited with all young people. The staff who spoke with inspectors gave examples of young people accessing their records, however, not all young people expressed an interest in doing so. The centre had a data breach and a young person's records were viewed by another young person. This data breach was reported, controlled and follow up actions taken to mitigate against a recurrence. The management and staff who spoke with the inspector were clear on the need to ensure young people's confidential information and other confidential information were stored securely and desks were kept cleared when possible. There was one to one work completed with all young people involved and impacted by this incident.

The centre held a hard copy register of young people living in the centre, which was in line with regulations. All the young people's details in the register were accurate.

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 was no specific person in charge of the centre at the time of inspection as a new centre manager was in the process of being recruited. However, there were alternative, interim arrangements in place which ensured young people continued to receive safe and effective care. The staff were clear on the line of reporting and accountability. Risk management framework and supporting structure were in place for the identification, assessment and management of risk.

Oversight of management systems in place, required improvement. Records of training and staff Garda Vetting were not up to date and the provider had not completed an audit of the centre since August 2022.

Judgment: Substantially Compliant

Standard 6.1

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

Regulation 6: Staffing

There were sufficient numbers of qualified and experienced staff in the centre and appropriate procedures for access to supports out of hours. There were challenges for effective workforce planning due to staff and management turnover. While there were sufficient numbers of staff to meet the needs of the young people living in the centre they had experienced significant upheaval in the two years prior to inspection. Arrangements for promoting staff recruitment and retention had not proven effective and improvements were required to ensure stability and continuity of care for young people.

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 staff in the centre understand their roles and responsibilities and were clear on the accountability and reporting lines. They understood the provider's policies and procedures. There were control measures in place to reduce occupational risk. However, supervision was not in line with the provider policy. Appraisals were not in place in line with the national standards. Team based approach to working through regular team meetings, reflective learning and effective communication was not in place and records of team meetings required improvement.

Judgment: Substantially 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 provider has a policy in place that outlined how information was managed and shared. The young people's care records were up to date and of good quality. There was good oversight of young people's records by the centre management and by the deputy regional manager. All young people were informed on admission of their right and policy to access their records and this right was recently revisited with all young people.

Judgment: Compliant

Quality and safety

Overall, the inspector found the service delivered to the young people was of a good standard. The staff team demonstrated a commitment to child-centred care that was both individualised and creative to meet the needs of the young people. The young people were informed of their rights and staff supported them to exercise and understand their rights. Young people were given information on how to make a complaint and some young people used the complaint process. There were young peoples' meetings held on a monthly basis and recent improvements were made to the recording of same. There was a strong focus on building open and supportive relationships that promoted the young people's individual goals and assessed needs as set out in their care plan. Young people's culture was

respected and diversity was promoted. Connections with their family and friends was supported and promoted in line with their wishes and their best interest. The provider had an admission policy which takes into account the rights of children, the National Standards for Children's Residential Services, regulations, legislation and the centre's statement of purpose and function. There was a positive approach to the management of behaviour that challenges. The staff promoted, protected and improved the health, wellbeing and development of young people living in the centre. All young people attended their general practitioner (GP), dentist and support from mental health professional was available. All young people were being supported to achieve their potential through accessing education and training.

As stated above the centre was operating from a temporary premises at the time of inspection, while their permanent centre was being renovated. The centre had been at this location since August 2022. The current centre layout and design had challenges for the young people and staff. It was dated, with visible signs of wear and tear and was in need of refurbishment. Staff made efforts to make it homely, however the focus was on a return to the permanent centre, which was due in the coming months. The location close to the town had advantages for developing greater independence for the young people living in the centre.

The young people were aware of their rights and the staff promoted and protected their rights. On admission the young people were given a booklet and their rights were clearly described. It detailed how staff promoted young people's rights by seeking their views on their care, their future, how to use the complaint and appeals process, and how to access an advocacy service for children in care. The inspector reviewed records where young people's view were sought on their future care, interests and education. The young people's views were advocated for in care planning and strategy meetings by key workers and centre management. Some but not all, young people chose to attend their child-in-care reviews. The child-in-care review meeting minutes demonstrated a clear record of young people's views on their care and future.

Young people were given information on how to make a complaint and some young people had exercised this right. There were two complaints made by young people and both of these complaints were followed up in a timely manner and were upheld. It was recorded that the young people were satisfied with the outcome of the complaints. The records of complaints was appropriately maintained and all relevant people in the young people's lives informed. The staff treated the young people with dignity and respect in terms of their diversity and equality. The inspector observed caring and positive relationships

between the young people and the staff. They expressed that they could speak with their key worker or other members of the staff if they had a problem or were worried. Care practices in the centre were appropriate to their age, ability and stage of development. Additionally, care practices supported and built on independent living skills as appropriate.

The centre held monthly young peoples' meetings which were of good quality, in the three months prior to inspection. However, the record of the meetings throughout 2023 were poor quality with little detail, or action planning. A new young peoples' meeting template and format was introduced into the centre in November 2023. This had a positive impact on meetings and recording of same. There was improved recording of discussion around topics which supported a more focused meeting incorporating points of discussion, planning and outcome.

The inspector found that the staff actively promoted young people's rights, and recognised their individual needs and strengths which led to the delivery of a high standard of child-centred care. The service prioritised the safety and wellbeing of the young people and worked in partnership with families, social workers and other professionals and services to achieve this. There was effective communication with the young people's allocated social workers and they worked collaboratively for the best outcomes for the young people. The inspector found examples of good quality key working and one to one work to ensure the young people developed self-care and independent living skills.

All young people in the centre had been allocated a social worker and had up-to-date care plans. Each young person had a placement plan which supported the implementation of their care plan. Two young people were at different stages of their aftercare assessment and planning process. All young people had regular contact with their social worker and if appointed, their Guardian Ad litem and aftercare workers.

The centre recognised and promoted the young people's identity and their right to maintain contact with their family and friends. The young people had planned family contact and had their own mobile phones to make contact as they wished. The young people were supported in building and maintaining their friendships and other significant relationships. The inspector found the staff were committed to supporting the young people to foster a positive support network in their community.

The centre operated in line with the requirements of Children First: National Guidance for the Protection and Welfare of Children (2017). Child protection and

welfare concerns were responded to and notified to Tusla through its national reporting portal. Parents were informed of any incident or allegation of abuse. At the time of the inspection, there were no open child protection and welfare concerns and all concerns were closed appropriately. All staff were trained in Children First and the staff who spoke with the inspector were clear on their role as mandated persons and how to make report using the national reporting portal. The centre had identified concerns in relation to bullying and had employed a strategy to address bullying behaviour that was effective. For example, inspector reviewed a safety plan that was put in place which was reviewed regularly in partnership with young people, their families and allocated social worker. The inspector found examples of high-quality one to one and key working records addressing bullying behaviour, self-care and protection.

The centre had a positive approach to the management of behaviour that challenges. The staff team were trained in the provider approved behaviour management approach. All young people had up-to-date individual crisis management plans. The inspector found good quality post incident work completed with young people which helped young people and staff reflect and learn from incidents. All incidents were reported through the provider significant event notification system and where reviewed, both internally and externally. Some incidents were reviewed externally by a significant event review group. There were no incidents of physical intervention.

The centre adhered to the provider's policy and procedure with regard to the use of restrictive practices. In the 12 months prior to the inspection, there had been four restrictive practices in use in the centre, of which two remained in place at the time of inspection. One was the locking away of sharp knives and the other was the locking and securing of medication prescribed to young people over the age of sixteen in the staff office. The rationale for the restrictive practice was clearly recorded and discussed with the young person, their parents and allocated social worker. The inspector found all of these practices were in place to reduce risk and were reviewed appropriately. Inspectors reviewed records relating to two restrictive practices, which were no longer in use, and found that they were in place for a short period of time. The two remaining restrictive practices continue to be under quarterly review by the centre management and staff team. The inspector found that the deputy regional manager had oversight of all restrictive practices.

The centre promoted, protected and improved the health, wellbeing and development of young people living in the centre. The young people's daily plans involved activities such as horse riding, going for walks in local towns and enjoying

music events. The young people went on activities together and this was encouraged to build positive relationships. There was careful consideration given to all young people's physical and health needs with gentle encouragement and progression at the young person's pace. The inspector reviewed high-quality one to one and key working records with young people regarding many aspects of their physical and mental health, with a strong emphasis on development of independence and self-care skills.

There was a strong emphasis on meal times as a positive social event. The meals were organised around the young people's schedule and plans for the day. The staff team promoted a balanced life style with wholesome food options, along with treats. The young people were involved in shopping for groceries and preparing meals. There was a good supply and variety of food in the centre. Each young person had a section in the fridge for the food they planned to use and cook with.

All young people were supported and enabled to develop skills in preparation for leaving care. Two of the young people were planning for life after care. It was evident that their views were being listened to in terms of support networks and decisions in their best interest. The inspector found examples of young people demonstrating independent living skills such as making appointments, opening bank accounts and money management.

The young people's physical and mental health needs were been met in line with their care plan. From the sample of records the inspector reviewed, young people's health records were up to date. All young people attended their GP and dentist. Additional support from mental health professionals was accessed by young people as required.

The centre adhered to the provider's medication management policy. There were arrangements in place for storing, dispensing and disposal of medicine. There was a staff member assigned to reviewing and auditing the management of medicines on a monthly basis. This was overseen by the centre management. Inspectors examined the audits of medication and found that where errors were identified appropriate follow up action was taken to address these, including action to ensure learning from such incidents. The staff were trained in the safe administration of medication and followed the provider's medication management policy. There were no young people currently self-administrating medication.

All young people were being supported to achieve their potential in learning and development through accessing education and training. The service responded appropriately to young people's changing views on education and actively sought

alternatives. There was a strengths based and individualised approach to education and training with young people. Young people were given the opportunity to receive an education outside of mainstream school setting as appropriate to their individual needs. The inspector found that the staff encouraged young people to explore many possibilities and respected young people views and ability regarding same.

The centre had moved to the temporary location in August 2022, as the permanent centre require fire safety upgrading. The deputy regional manager explained that after the initial move in August 2022 additional funding was sought and approved for an extensive refurbishment, resulting in extending the period of time in the temporary premises. At the time of the inspection, the refurbishment was in the final stages and it was estimated that young people would return to the permanent centre within two months. The young people had been part of the planning and have chosen colours for their bedrooms.

The current, temporary centre layout and design had challenges for the young people and staff. Each young person had their own bedroom and shared one bathroom. The location of all the bedrooms and bathroom was close together on a small landing with limited space and privacy. The centre was dated, with visible signs of wear and tear and in need of refurbishment. There was an outdoor space which required investment to make it an appealing area for recreational activities. However, it was evident that the staff made an effort to make it homely and comfortable for the young people. The kitchen and dining room were a central area where the young people and staff spent most of their time. There was a living room with a sofa, armchairs and soft furnishing that made it a comfortable space. There were two televisions, one in the dining room and the other in the living room. The inspector observed that there was limited storage in the house for seldom used items such as Christmas decorations that were stored in the manager's office. The centre was well lit, heated and ventilated. There was a laundry room with a washing machine and a dryer. The kitchen had good range of large and small cooking appliances, however, there was limited preparation space. The centre was clean and there was a cleaning rota in place. There was no closed-circuit television (CCTV) in operation in the centre.

It was commented on by both the young people and staff that there was poor sound proofing in the house which made it challenging to have sensitive conversations with young people and noise levels at night impacted on some young people's sleep pattern. The staff planned their shifts to ensure young peoples' meetings regarding their care and support remained private. For

example, other young people would have an activity planned or they would go household shopping.

Repairs were dealt with promptly. The reporting and recording of maintenance requests was the responsibility of all the staff. These requests were made by email or by phone and recorded in the maintenance log. There was a maintenance building in the back garden that could only be accessed by maintenance personnel. The deputy regional manager had oversight of maintenance and repairs within the centre.

The certificate of insurance for the centre was up to date. The centre was in compliance with fire safety requirements. The centre's fire detection and alarm system was periodically inspected and tested by an external contractor. The staff were required to complete daily checks on the fire safety management systems, including fire detection and alert systems, emergency lighting, fire doors and firefighting equipment. The inspector found that there were gaps in these checks and these gaps had been identified by a monthly audit carried out by centre management and had been addressed with the staff team during a team meeting. All but one staff member had received training in fire safety, and there were up-to-date personal emergency evacuation plans in place for each young person. Fire drills took place periodically and on admission of a new young person. The fire drill records showed that they were timely and that all young people participated. The floor plan did not indicate the location of fire extinguishers and this would be in line with best practice. The overhead self-closing mechanism that ensures a fire door closes in the event of a fire was broken in the staff office. The provider was required to address this immediate risk during the inspection. The manner in which the provider responded to the risk provided assurance that the risk was adequately addressed.

The centre had three vehicles and at the time of the inspection one vehicle was being serviced. The centre's cars tax, insurance and national car test certification were up to date. The cars viewed by the inspector had fully stocked first aid kits and fire extinguishers.

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 young people living in the centre were aware of their rights and the staff promoted and protected their rights. All young people were being supported to access education and training. Young people were aware of how to make a complaint and some young people had exercised this right. The staff treated the young people with dignity and respect in terms of their diversity and equality. Young people participated in planning and were involved in decisions about their care. Young people were supported to build and maintain positive support network with family and friends.

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 management had good oversight of risk management, there was an up-to-date safety statement and centre cars were maintained appropriately. While the centre was dated, with visible signs of wear and tear, it was evident that the staff made an effort to make it homely and comfortable for the young people. The staff were required to complete daily checks on the fire safety management systems and any gaps were appropriately addressed by centre management. The floor plan did not indicate the location of fire extinguishers and this would be in line with best practice.

Judgment: Compliant

Standard 3.1

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

Young people were safeguarded from abuse and their safety was protected and promoted. All child protection concerns were appropriately reported, recorded and followed up.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The centre had a positive approach to the management of behaviour that challenges. The staff team were trained in the provider approved behaviour management approach. The centre adhered to the provider's policy and procedure with regard to the use of restrictive practices.

Judgment: Compliant

Standard 4.1

The health, wellbeing and development of each child is promoted, protected and improved.

Regulation 11: Provision of food and cooking facilities

The centre promoted, protected and improved the health, wellbeing and development of young people living in the centre. All young people were supported and enabled to develop skills in preparation for leaving care.

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**

All young people attended their GP and dentist. Additional support from mental health professionals was accessed by young people as required.

Judgment: Compliant

Standard 4.3

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

All young people were been supported to achieve their potential in learning and development through accessing education and training. There was a strengths based and individualised approach to education and training with young people which maximised their strengths and abilities.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
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.	Substantially Compliant
Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	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.	Substantially 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.	Compliant
Quality and safety	
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.	Compliant
Standard 2.3: The children’s residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2: Each child experiences care and support that promotes positive behaviour.	Compliant

Standard 4.1: The health, wellbeing and development of each child is promoted, protected and improved	Compliant
Standard 4.2: Each child is supported to meet any identified health and development needs.	Compliant
Standard 4.3 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.

Compliance Plan ID:	MON-0042367
Provider's response to Inspection Report No:	MON-0042367
Centre Type:	Children's Residential Centre
Service Area:	Dublin Mid Leinster
Date of inspection:	29 – 30 January 2024
Date of response:	22.03.24

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:

Capacity and Capability: Leadership, Governance and Management

Standard : 5.2	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</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"> • The Centre Database which contains records of staff training and Garda vetting will be fully updated to ensure it ensure it accurately reflects the most up to date information by 31/04/2024. • Centre Manager will complete a supervision audit by 30/04/2024. 	
Proposed timescale: 30/04/2024	Person responsible: Centre Manager

Capacity and Capability: Responsive Workforce

Standard : 6.1

Judgment: Substantially
compliant

Outline how you are going to come into compliance with Standard 6.1:

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

- The new Centre Manager will take up post on 15/04/2024.
- The two vacant Social Care Leader posts have gone out as expressions of interest to existing panel for fill.
- A bespoke campaign took place for Centre for Social Care Worker posts. Interviews will take place 28/03/2024 to fill these positions.
- A staff team building day will take place by 30/06/2024.

Proposed timescale:

31/07/2024

Person responsible:

Deputy Regional Manager

Standard : 6.3	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 6.3:</p> <p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p> <p>A new supervision schedule has been drawn up to ensure all staff receive supervision as per Supervision policy. This will be fully implemented from 15th April, following the appointment of Permanent Social Care Manager.</p> <ul style="list-style-type: none"> • Each staff member’s Professional Development Plan (PDP) will be reviewed and updated by the 31/05/24 with the Centre Manager or Deputy Centre Manager. • All performance issues are managed in line with the Tusla HR policies & Procedures. • The performance of all newly appointed staff members is further monitored and managed under the Tusla Probation Policy. • The structure of the team meeting has been updated to ensure previous meeting minutes and actions are reviewed and updated. There is a set core agenda for each team meeting. The meeting minutes clearly reflect the discussion, learning and agreed actions to ensure reflection and effective communication. 	
<p>Proposed timescale:</p> <p>31/05/2024</p>	<p>Person responsible:</p> <p>Centre 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	30/04/2024
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	31/07/2024
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.	Substantially compliant	Yellow	31/05/2024

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