



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Full Inspection
Date of inspection:	09 & 10 July 2020
Centre ID:	OSV 004162
Fieldwork ID	MON 0029918

About the centre

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

The service is a community based children's residential centre operating in a five-bedroom semi-detached house in Dublin. The centre caters for up to three children both male and female, between the ages of 13 and 17 upon admission whom are referred through the Central Referrals committee of the Child and Family Agency (Tusla), Dublin Mid-Leinster Region. At the time of inspection, the centre catered for two young people.

The centre caters for young people who require a medium or longer term residential placement within the context of a community residential placement due to previous or current complex home situations. The centre's aim is to provide a safe, caring environment characterised by the quality of the relationship developed with young people in their care. The centre uses a strength based approach that focus on improved outcomes for young people.

The centres objectives include working to ensure that their care practices are always young person centred and that they maintain needs led multidisciplinary approach to looking after the young people in their care. In addition, the work in the centre complies with the requirements of the National Standards for Children's Residential Centres 2018 and the Childcare (Placement of children in residential care) Regulations, 1995.

Number of young people 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 summarise 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
09 July 2020	10am – 4pm	Erin Byrne	Lead Inspector
10 July 2020	9am – 5pm	Erin Byrne	Lead Inspector

Views of children who use the service

Children told inspectors that they were well looked after. They said that the centre was quiet and peaceful and that it was a nice place to live. However, they told the inspector that despite this they were not always happy living there and wished to return to live at home, as there would be less restrictions and less monitoring in the form of checking in or limited free time.

Children were aware of the purpose of their placements and clear on their goals for their placement, albeit that some were not in agreement with plans for their care. Before going to live in the centre children were provided with information about the service, what they should expect during their placement, a chance to visit the centre and meet staff working there.

Children acknowledged that staff members encouraged them to accept supports available such as those to prepare them for life after residential care, but they said that this was not appealing to them, as they no longer wished to have services involved in their lives or that of their family.

Children were aware of who was in charge of running the centre, they understood the management structure and the particular roles of everyone in the centre. Children were aware of the role of this inspector and could identify the different roles of social workers and centre staff in responding to their developing needs.

Children felt safe in the knowledge that centre staff and their respective social workers were available to them and that they could call upon them when they needed to. Children were aware of recent public health advice, and told the inspector about the arrangements in place to maintain their safety and that of all members of the household during the Covid-19 crisis.

Children were satisfied that they had a choice when it came to medical decisions, and spoke about staff encouraging them to make good choices to support their future health and development.

Capacity and capability

The centre had effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and supports to children. Management structures were in place and managers were present and available in the centre.

The day to day running of the centre was the responsibility of the centre manager with the support of a deputy and this worked well. Operational duties were appropriately delegated between these two managers and there was a natural scheme of delegation within this structure. This ensured consistent provision of service in the event of the centre manager being absent or on leave. All staff were clear on their roles and responsibilities as well as how they were held to account for their practice. There was a good system of oversight by the external line manager for the centre, who had regular communication with the management team, and their monitoring and oversight was visible in centre documentation and records.

A new suite of Tusla national policies and procedures statutory children's residential centres remained under development. Centre records indicated that national policies and procedures were expected to be available for implementation within the service in the latter part of 2020. As a result, the centre was operating under outdated policies and procedures. In the absence of up to date policies and procedures, there were interim operational procedures in place within the centre, which had been devised and updated as needs arose. For example there were a number of local procedures in place providing guidance on operations within the centre during the Covid-19 crisis. There were good local systems in place to ensure staff were updated on any changes to local procedures.

There was an effective risk management system in place in the centre with supporting procedures and systems for assessment and management of identified risks. The deputy centre manager and centre manager played a key role in ensuring that risks were well managed and this was working well. The staff team were fully aware of the need to complete assessments of identified risks and were clear on the procedure for doing so. Risk assessments had become an integral part of the operations of the centre and there was evidence of regular review of control measure to ensure their effectiveness.

There were effective oversight and monitoring arrangements in place and a systematic approach to audits of practice. This included the evaluation of the effectiveness of intervention approaches for children. This approach promoted best outcomes for children.

The centre had a statement of purpose which had been reviewed in May 2020 and included all details as required by regulations. The statement of purpose detailed the service aims and objectives and clearly described the model of service provision and the

range of services and facilities. The statement of purpose was reflective of the day-to-day operations of the centre and was available to children through their welcome booklets which they received on admission. All staff members who met with this inspector were aware of the model of care in operation in the centre and this model informed care practices and interventions with children on a daily basis.

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.

A national suite of policies and procedures for statutory children's residential centres remained outstanding.

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 centre had a statement of purpose which was available to all relevant people and met the requirements of regulations and national standards for children's residential centres. The centre operated within its statement of purpose and function.

Judgment: Compliant

Quality and safety

The Centre provided child-centered care which was based on assessments of each child's needs. Services provided to each child were tailored to their specific needs.

Children played an important role in guiding their own care. Care planning processes were inclusive of children and their families, ongoing assessments of need and insights from staff members and other professionals who were most familiar with children.

Children's placement plans were adapted as each child's needs changed and where necessary the placement planning process was dynamic to account for periods of challenges for children. Changes to children's plans were considered, inclusive of their needs and wishes and clearly documented. Children recently admitted to the centre had

initial placement plans in place which were relevant and included contact with their family, placement supports, crisis management and aftercare planning.

At the time of inspection, care plans for children living in the centre were in the process of being adapted to reflect the current circumstances of the child and the objectives of their placements. It was evident that these plans were being reviewed in consultation with children's families and their social workers. Child in care reviews were planned to formally update their written care plans.

There was a clear admission process to the centre which included a thorough assessment of each child's needs. It was evident that the centre manager carefully considered each referral to ensure the centre could meet the needs of children accepted for admission, and those already living there. The process for admission provided ample opportunity for each child to become familiar with staff and other children living there, and family members were encouraged to participate fully in the admission process. They too were provided with opportunities to familiarize themselves with the service and ask any questions or address any concern they may have.

Each child had an allocated social worker and they spoke positively about the quality of care provided in the centre. They said that children's admissions were well planned, with involvement from the child and their family at the center of the admission process. Social workers said that they experienced the staff team as committed to supporting children and meeting their needs. This was evident to the inspector from interviews and observations while on-site in the centre.

The safety and welfare of children was protected and promoted within the service. Managers were proactive in their approach to managing risks or concerns about children's safety, and these concerns were well managed. Their approach to risk management safeguarded children and supported them to take risks appropriate to their age, capacity and presenting needs. When children placed themselves at increased risk there were systems in place to ensure that action was taken to protect them. Children's social workers said that risks were reported to them promptly. They said that the staff team and managers of the centre were creative in their responses to increased risk and that they maintained good communication with the social work department during these periods.

There were effective systems in place which ensured that staff members working in the centre were appropriately recruited, trained and supervised. All staff were trained in Children First 2017, and safeguarding and child protection concerns were regularly discussed amongst the team. This ensured shared learning and good safeguarding practices

Children were encouraged and supported to develop awareness and understanding of risk. Learning skills for self-protection and self-care was a key aspect of children's care

programs. Children's individual areas of vulnerability were identified and safeguards were put in place. Where necessary, safety plans were developed, reviewed and monitored closely by the centre staff team in consultation with allocated social workers. Parents were notified of incidents or allegations as appropriate, and staff were confident in reporting incidents of concern.

All staff who spoke with this inspector understood safeguarding and child protection procedures. They had undergone training and were confident in the systems in place to discuss and report concerns. Parents and family members told this inspector that they were in regular communication with the service in relation to the safety and welfare of their children. Allegations and concerns made by or about children were reported and managed well, and there was evidence of persistent follow up by the centre manager with social work departments in relation to outcomes of investigations into these concerns.

Children said that the centre was a nice place to live and that they were well looked after. Children's care experience was tailored to their individual needs and achieving positive outcomes for them central to the work of the service.

Staff members were very familiar with long term residents and were actively working to get to know newer residents. There was evidence of comprehensive attempts to understand each child's behaviour and to support children in this regard. The team implemented creative interventions to address challenges and they sought specialist therapeutic input to guide their responses. There was ample evidence available which indicated the team's commitment to adapting their approach when needed, and the team worked well with other professionals to ensure they were effective and maintained children's ongoing safety.

There was no unnecessary use of restrictive procedures in the centre and on rare occasions, where restrictions such as locking the kitchen door were deemed necessary, these were appropriately recorded, reported and reviewed by centre managers. This ensured restrictive procedures were not prolonged and were an appropriate response to immediate risk.

Children's health and wellbeing was protected and promoted and they were well cared for. Healthcare concerns were responded to quickly and effectively and children were encouraged to consider longer-term effects on their health in certain circumstances. Children were fully informed of all relevant public health measures for combatting the spread of the corona virus and they were well able to describe these to the inspector. Staff members were clear on public health advice and this inspector observed appropriate infection prevention and control measures in place during their visit to the centre.

The model of care in use in the centre had a specific element relating children's wellbeing and development and this was regularly monitored for progress. Staff spoke about direct

work with children through the key working system, in relation to their health and wellbeing. Children had uninterrupted access to health care professionals prior to inspection.

The centre provided for the nutritional needs of children and encouraged the development of self-care skills, including cooking. Children were supported to prepare for life after residential care and all relevant referrals were made to after care services where required.

The majority of staff were trained in the management and administration of medication and training was planned where needed. Overall, medication management and administration systems were effective, but one error did occur in the weeks prior to inspection. This was promptly identified, reported, managed by the centre, and controls were in place to prevent future occurrence. Children were linked in with child and adolescent mental health services as required and effectiveness of prescribed medication was monitored. When children refused or were not present in the centre to take their medication, this was well recorded.

Children were provided with education and training opportunities which maximized their individual strengths and abilities. In the months prior to inspection, access to education was restricted, and the staff team made every effort to keep children engaged with their education and training programs. Children newly admitted to the service were facilitated to maintain their established educational placements. Each child had an individual education plan which detailed goals and interventions for their development in this regard. There were plans in place aimed at maintaining children's interest and motivation in their education programs, to sustain placements during the period of prolonged absence due to the recent public health crisis.

Standard 2.2

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Children received good quality care and support in the centre. Their program of care was tailored to meet their individual assessed needs and where required, was supported by specialist's therapeutic services. There was effective communication between staff, social workers and family members in ensuring continuity of care for children resident in the centre.

Judgment: Compliant

Standard 3.1

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

Children's safety was protected and promoted and there were appropriate mechanisms in place for the identification, assessment and management of safeguarding concerns.

<p>Children were supported to develop self-care and protection skills in line with their individual needs. Staff members were aware of their responsibilities with regard to safeguarding and child protection. Communication by centre staff with all people with a vested interest in the children's development and care was effective.</p>
<p>Judgment: Compliant</p>
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>
<p>The centre staff team was proactive in their approach to understanding children's behaviours and responded effectively, particularly during challenging periods for children. Children were afforded appropriate opportunities for growth and development.</p>
<p>Judgment: Compliant</p>

<p>Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.</p>
<p>The service children received ensured that their health and wellbeing, was promoted. Children received appropriate guidance and advice on diet, nutrition, self-care, mental health and wellbeing. Children were encouraged and supported to exercise autonomy and make good decisions in relation to their health and wellbeing. Children were encouraged to develop skills to prepare them for life after residential care and supported to do so.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.2 Each child is supported to meet any identified health and development needs.</p>
<p>There were systems in place for the management, administration and oversight of medication which were effective.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.</p>
<p>Children were supported to reach their full potential. They were encouraged to access education and training programs appropriate to their needs. Children were provided with specialist education assessments where required.</p>

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 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Quality and safety	
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	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