



**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:	Unannounced
Date of inspection:	7 and 8 October 2024
Centre ID:	OSV-0004166
Fieldwork ID	MON-0044972

## About the centre

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

The centre aims to provide a safe, caring environment characterised by the quality of the relationships we develop with the young people in our care, in which we can support children and families with issues that may be preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, we will work to prepare each young person for a successful transition to an agreed placement/aftercare arrangement and will do so up to a point to be determined by their age, need or development whereby circumstances are such that it becomes more feasible to help prepare them to live independently, initially with the support of our aftercare services.

We work to ensure our care practice is always young person centred and that we maintain a needs led, multidisciplinary approach to looking after the young people in our care.

The ethos of the centre is to:

- Hold the young person with the utmost respect and positive regard
- Promote positive attachments
- Balance risk with the wellbeing and development needs of each young person
- Promote safety for all
- Provide positive experiences and fun
- Promote change and assist young people to achieve their potential
- To be inclusive of young people and their families/significant others in all aspects of their care.

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 the previous and current complex home situations such as:

- Familial breakdown
- Foster care/residential care breakdown
- Challenging/at risk behaviour.

The model of care operational in this centre adopts a wellbeing outcomes framework, which is informed by attachment and trauma theory. It incorporates risk management alongside the promotion and development of hope and wellbeing. Our aim is to provide a therapeutic living environment, which promotes physical, psychological and emotional safety. Care of the young people is planned through individual intervention plans tailored to meet the unique developmental needs of each young person. The young people's resultant wellbeing is evaluated against the five National Outcomes, with the addition of hope as a sixth outcome domain. In line with our model of care we are committed to promoting the involvement of young people, families and community-based agencies at every stage of our intervention.

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

<b>Number of children on the date of inspection</b>	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

### **1. Capacity and capability of the service**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

### **This inspection was carried out during the following times:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
7 October 2024	11:30 hrs to 17:15 hrs	Grace Lynam	Inspector
8 October 2024	10.20 hrs to 19:30 hrs	Grace Lynam	Inspector

### **What children told us and what inspectors observed**

This centre was subject to a routine unannounced inspection. At the time of the inspection the centre was providing care to four children aged from 12 to 17 years. All the children were present in the centre over the course of the inspection.

The inspection process includes providing children with an opportunity to have their views and opinions heard about their experiences of living in residential care – either in person or through the completion of a children’s survey. During the inspection the inspector met separately with two children and observed the staff team interacting with three of the children living in the centre. Two children exercised their right not to speak with the inspector or complete a survey. The inspector reviewed a sample of children’s case records which also provided information about children’s experience of living in the centre. In addition to speaking with children, the inspector also spoke with five family members of children and four external staff (social workers and aftercare workers) working with the children.

The inspector noted there was a nice, pleasant atmosphere in the centre. Children presented as relaxed and content and were observed interacting easily and laughing with staff. They spoke about the activities of their day and their plans for celebrating Halloween. The inspector observed children approaching staff with requests - such as wanting a lift in the centre vehicle that afternoon - and staff responding appropriately.

Children told the inspector about their interests and daily activities. They expressed their ambitions for the future and their ideas about options for accommodation, further education and employment. Children said they felt safe in the centre and said the “staff are ok.” When asked if staff spend time with them their comments included: “staff have work to do” and that they had to ‘write down stuff’. They also said there were enough staff and that “there’s always someone here”.

Children were aware of their right to read their case records but, whilst some had done so, others said the times did not always suit them as their keyworker had to be available to go through the records with them. Children had received information

about the centre prior to coming to live there but some found the facilities were not as they expected - such as access to gym equipment - causing them to be disappointed.

Some children did not agree with all the rules of the house. These included the time they had to be back in the centre at night, and the amount of pocket money they received. Children noted that sometimes they could not go for a drive when they wanted to. Some family members also told the inspector that lifts were not always available to children when required – they believed this was because there were not enough drivers on duty to carry out these tasks.

Family members who spoke with the inspector expressed mixed views of their experience of the centre. All agreed that children's rights and diversity were respected and promoted and that children's health needs were met. Some noted that children's eating habits had improved in the centre and that routines had improved.

Other comments included:

- "The care is good and the staff are friendly and supportive and do all the driving"
- That "going to live in the centre has been great for the child", giving them a "normal life"
- "The care is ok"
- "the keyworker is great.. they're doing the best they can.. its not an easy job."
- "They genuinely care for the child, couldn't ask for more."

When asked if there was anything about the service that could be improved family members said:

- No, they're "doing an exceptional job, couldn't fault them"
- "Things that were promised prior to the child going to the centre were not provided"
- "not confident about the plans for the child's future"
- "The changes of staff can be confusing" and "its hard to make relationships with new staff"
- "Could communicate with us better about the child"
- "Could communicate better with each other"
- "No staff- they have to get agency staff. There should be at least one male staff on every shift."
- "It's an under-resourced service..they are trying...but struggle with some things."

External professionals were very positive about the care the children received in the centre, which they described as safe and child-centred. They all said that children's rights and diversity were respected and promoted. Children's needs – including health and education needs - were being met by the care provided in the centre. They said that the staff team were committed to the children and communicated well with them about the children's care, advocating on their behalf where necessary. Only one external professional noted there were staffing issues in the centre but added that the children's needs were being met, and that practice in the centre was very child-centred.

### **Capacity and capability**

This inspection found that some aspects of governance at provider level could be improved upon. The provider had not always acted in a timely manner to address identified issues such as the need for additional staffing and the renovations required to upgrade both the exterior and interior of the centre.

There was effective leadership and management in the centre which ensured a good quality, safe service which was well-led. The centre manager provided strong leadership to the staff team and set the calm, relaxed tone for the care provided in the centre. Staff were up-to-date in relation to training required under the standards being inspected against, and there were appropriate systems and processes in place to underpin the safe delivery and oversight of the service. The centre did not have a full complement of staff and relied on agency staff to fill the roster. This had the potential to be unsettling for children, and to impact on their behaviour in terms of testing boundaries with new staff. The centre manager managed the workforce in such a way as to mitigate the potential for this and to minimise the impact on children. New staff had been appointed and were in the process of joining the staff team. Overall, supervision was regular and of good quality, but annual appraisals were not in place. There were effective information governance arrangements in place that ensured children's personal information was protected and was shared appropriately with other professionals involved in children's care.

## **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.

This inspection found that governance at provider level required improvement as there were delays in decision-making and taking action in relation to works required to the premises and in ensuring that sufficient staff were employed to provide consistent care to the children.

There were effective leadership, governance and management arrangements in the centre and lines of accountability were clear. The centre was well-run and managed by the centre manager, and was operating at full capacity. The centre manager demonstrated strong leadership and set the tone for the respectful culture within the centre. There was also a strong, child-centred learning culture evident from file reviews, interviews with staff and the inspector's observations of practice and review of documents.

The staff team comprised a centre manager, a deputy centre manager and a team of social care leaders and social care workers. There were also a number of core agency staff working regular shifts in the centre. The centre manager was managed by a deputy regional manager who in turn answered to a regional manager. The deputy regional manager was covering for the regional manager at the time of inspection.

Staff were clear about lines of accountability and were observed seeking guidance from the centre manager during the course of the inspection. There were shift leaders in place for every shift so that there was a named individual responsible to ensure all required tasks were completed.

The inspector spoke with the deputy regional manager who told the inspector that they were in daily contact with the centre in a supportive role and that they regularly visited the centre in person. The deputy regional manager was knowledgeable about the needs of all the children in the centre and expressed the view that the staff team were managing incredibly well in difficult circumstances. They said the team exhibited great qualities of child-centredness, resilience and reflection.

The provider had a suite of operational policies and procedures that are used nationally to guide practice in residential care. These procedures guided staff in the day-to-day care of the children.



There was an effective risk management framework in place for the identification, assessment and management of risk. The inspector reviewed the risk register and found there were seven risks open at the time of the inspection. The risks with the highest ratings related to staff vacancies and the risk to safety, health and welfare of staff and children due to violence, harassment and aggression from children. All risks had control measures in place which were regularly reviewed and risk rated in order to continually manage and reduce identified risks.

A learning culture was promoted in the centre and staff who spoke with the inspector demonstrated a reflective approach to their work with children. They spoke about children with care and respect and their commitment to achieving the best possible outcomes for the children in their care. Practice improvement was discussed regularly at team meetings which supported team learning and reflection. The centre also had the support of an external consultant who joined their team meetings on a six-weekly basis to provide advice and guidance to the staff and support reflection and learning.

There were good monitoring and oversight mechanisms in place to ensure child-centred, safe and effective care was provided to children, but improvements were required in relation to the response to audits completed by Tusla's practice assurance and service monitoring (PASM) team.

A governance report had been prepared for 2023 by the centre manager and the deputy centre manager had completed a number of self-assessment audits of the service in June 2024 under Tusla's quality improvement framework. The audits focused on whether the centre was well-led, child-centred and safe. Areas for improvement were identified and actions were identified and assigned with timeframes for the completion. The centre manager had oversight of all staff training through a tracker which was up-to-date. External managers visited the centre frequently and reviewed children's case records to ensure they were comprehensive and of good quality. They also reviewed various records within the centre such as the checks on fire fighting equipment to ensure they were appropriately maintained. External managers were in regular contact with the centre's management team in a supportive capacity.

Audits were completed twice a year on various aspects of service provision by the deputy centre manager. The purpose of these audits was to measure whether the service was meeting its obligations under current legislation. The inspector reviewed these audits and found that where issues were identified, timely and appropriate actions were taken to address them. An example of this was where an audit of children's files identified there was a social history outstanding and a child did not

have an aftercare plan in place as required. Actions were in progress to address these deficits.

In addition, Tusla's practice assurance and service monitoring (PASM) team had completed a monitoring visit in April 2024, focusing on consultation with children and participation in their care. The report of this visit assigned a 'substantial assurance' rating to this aspect of the service provided. The report found evidence of a good level of consultation with children about their care and did not recommend any improvements for this area of practice. The PASM report also found that the external appearance of the centre required improvement and the infrastructure of the centre was subject to Tusla estates review. See standard 2.3 for further detail of the PASM report. This inspection was completed five months following the PASM recommendation, and, although some discussions had taken place to progress these matters, the provider did not have a final plan in place to complete the required works to the centre.

**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**

This inspection found that the provider did not act in a timely manner to address resourcing issues. At the time of the inspection the centre did not have a full complement of staff in line with the centre's statement of purpose. The management team organised available staffing resources to ensure safe and effective care and support to children. However, some family members and children were of the view that this was not always achieved.

There were five vacancies on the staff team. The staff complement was 16 whole time equivalents (WTE) and the centre was operating with 9.5 staff, which included the centre manager and the deputy centre manager. In March 2024, a number of staff moved from the centre due to promotions and transfers. The staffing issue was appropriately escalated in April 2024 to senior management through the Tusla Need to Know procedure (NTK). At that time, Tusla had a national rolling campaign in place to recruit social care staff for its residential centres. The deputy regional manager approved the use of agency staff to fill any gaps in the roster. In addition a recruitment campaign was commenced to specifically recruit staff for this centre. The result of this was that new staff had been recruited and were in the process of being appointed. The inspector reviewed the most recent update of the escalation

record in September 2024 which showed that there were 6.5 WTE's in place and seven agency staff available for the roster, and these were consistently rostered. The acting interim regional manager told the inspector that two staff were coming on board in the centre within four weeks, and, that a bespoke recruitment campaign had been completed for the centre. As a result, a further three staff would be in place within a period of up to three months. This would ensure a full complement of staff within the centre – albeit a total of 11 months since the staffing deficit first arose.

There were arrangements in place for managers to be on-call at evenings and weekends. The centre manager delegated responsibilities for some daily tasks – such as fire safety checks, medication audits and checks of the centre's vehicles to a number of staff. These were clearly recorded and the centre manager and the deputy centre manager had oversight of these. The deputy regional manager provided further oversight and also reviewed these records on her visits to the centre.

The centre manager organised the roster to ensure there were sufficient staff on duty at all times to meet the needs of the children. Agency staff were used to cover any gaps. Staffing deficiencies had the potential to impact on the children's feelings of stability in the centre and were also a contributory factor in some behaviours that children exhibited that were challenging to manage. This is further discussed under standard 3.2. The centre manager mitigated the impact of the use of agency staff on the care of the children by engaging agency staff who had previously worked with the children and with other members of the staff team. This resulted in some consistency for children in that they had previous relationships with these agency staff.

The centre manager told the inspector that ideally there would be three staff on the floor in addition to the two managers being on duty daily. However, on the day of the inspection, due to particular circumstances that day, there was one staff less on duty than had been rostered. There were two managers on duty, with two staff on the floor. In addition there was a student on placement in the centre at the time of inspection. The inspector reviewed the staff roster and found that sufficient numbers of staff were rostered every day. The centre manager told the inspector that staff do not work more hours than they should. Managers were aware of the potential impact of working additional hours on staff and were also aware of their duty of care to the staff team. A staff wellbeing workshop had been planned but was yet to take place.

Staff told the inspector that although there were staffing issues on the team, agency staff filled the gaps to ensure that children's needs were consistently met. The inspector asked the centre manager about the impact of staff vacancies on the care of the children and, in particular, the issue of staff not always facilitating transport for children in the centre's vehicles. The centre manager explained that some children were being supported and encouraged either to become independent or more confident in using public transport, and therefore transport was not always provided for them. All staff (including agency staff) except one were approved for driving, and there were always drivers available to bring children to wherever they needed to go.

**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.

Staff in the centre were aware of their roles and responsibilities and demonstrated a commitment to providing a child-centred, safe and effective service to the children in their care. Where there was a risk identified to staff safety, appropriate measures were taken. The centre manager promoted a culture of learning and this was clear from the records the inspector reviewed and from interviews with staff.

The staff team worked well together and with other professionals to ensure children's needs were met. Social workers confirmed this to the inspector. There were arrangements in place to facilitate good communication within the staff team. These included team meetings every two weeks, a communication log, diary and shift handover forms. The inspector reviewed the minutes of team meetings and found they were comprehensive and reflected the learning culture that was encouraged in the centre. The meetings were well attended and included comprehensive discussions about the children, reflections on practice, updates on policies and procedures to ensure all staff had up-to-date knowledge and updates in relation to staffing. Discussions were used as opportunities for learning and practice improvement.

The centre manager attended monthly regional management meetings with residential centre managers from the Mid-Leinster region. These meetings had a standing agenda which covered all aspects of the management of residential centres and also supported the sharing of information and learning between residential centres. This included sharing learning from previous inspections of centres within the region in order to improve practice. The inspector reviewed a

sample of these meetings and found they recorded good discussion both on aspects of operational management and care practices.

The provider had a supervision policy in place. The inspector reviewed supervision records for staff and found that staff received regular supervision with their line manager in line with the provider's supervision policy. Agency staff were also supervised. Supervision covered all the necessary elements including staff wellbeing, identification of training needs, opportunities for reflection and learning as well as providing guidance and direction in relation to practice. The centre manager had completed a training needs analysis and had identified the need for gender and diversity training as well as specific training for staff to develop their skills in dealing with children with an autism spectrum disorder.

All new staff received induction into their role and observed staff completing some duties prior to carrying them out themselves. The induction included an orientation on health and safety, medication management and policies and procedures. New staff also had to review children's case records to become familiar with each child's individual needs. The inspector spoke with agency staff who demonstrated a good knowledge of the children's needs. They described how they spent time with children getting to know them and building relationships with them.

Individual staff performance was not formally appraised in line with this standard but the self-assessment report completed in June 2024 had identified that, although there was no formal staff appraisals in place, this was discussed in staff supervision. The assessment concluded that practice in relation to formal appraisal of staff performance required improvement. This was also the finding of this inspection.

Additional support services were available to staff: the provider had a staff employee assistance programme and occupational health services in place. Information about these services was mentioned at team meetings and in individual supervision sessions, as appropriate.

**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**

Effective information governance arrangements were in place in the centre. The centre had recently changed to an updated information technology (IT) system and

all case records were maintained on this system - these were saved in a shared digital folder which all staff had access to, with their own log-ins and passwords. Some documents were maintained in hard copy, such as children's care plans and some school and other reports.

The centre manager had an effective system in place to ensure children's records were maintained to a high quality. The inspector reviewed a range of records maintained on children in the centre and found they were of good quality and were up-to-date. Children's records were well written and comprehensive and provided a clear account of the care provided to children.

The self-assessment audit referenced earlier in this report reflected that access to children's records was an open and transparent process and children were supported and encouraged to review their records. Children told the inspector they had reviewed their records on occasion, but did not do so on a regular basis. They explained that this had to be done in the company of a keyworker and the times they were available were not always convenient for the child. The centre manager told the inspector that a staff member - usually the keyworker - supported the children when reviewing their records and that this would always be risk-assessed to ensure it took place at an appropriate time for the child.

The centre manager kept a register of children as required by the regulations and standards. The register was updated through admission and discharge documents. The inspector sampled these and found they were up-to-date.

The provider had policies in place as required including a data protection policy and a records management policy. Staff were trained in data protection and in general data protection regulation (GDPR). The provider had a procedure in place to provide people with access to their records without the need to apply under legislation. Records could also be accessed through a request under Freedom of Information legislation. The provider had a Records Retention and Disposal Schedule in place to guide the correct management of records in line with legislation.

All significant events, incidents and accidents were recorded and reported using the appropriate recording mechanisms: the National Incident Management System (NIMS) and the Significant Event Notification (SEN) processes as required under this standard. Social workers confirmed that all appropriate information about the children was shared with them both through electronic means and telephone calls. This meant that the people involved in the children's care communicated with each other in the best interests of the child.

**Judgment:** Substantially Compliant

## Quality and safety

Children received good quality, safe care in the centre. Children were treated with respect and dignity and their rights were promoted. Whilst the centre was clean and spacious, the building required extensive works both internally and externally.

The centre operated in line with relevant policies and procedures as outlined in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and staff exercised their responsibilities to report any concerns and keep children safe. A positive approach was taken to managing behaviours that were challenging. There had been a number of incidents of violence and aggression towards staff and these had been managed in a way that supported both staff and children. The occurrence of such incidents had significantly reduced: there had only been one incident in the three months prior to the inspection.

Children received care and support in the centre that facilitated their development towards independent living where appropriate. Children's health needs were met and positive and healthy life choices were supported on a daily basis. Children were either in school or were exploring other available options for training or further education in line with their interests.

### 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

This inspection found that children living in the centre experienced care and support that respected their diversity and promoted their rights. The inspector spoke with and observed staff who demonstrated their commitment to promoting and protecting children's rights.

Staff supported children to understand their rights by completing direct work with them about rights. There were also various leaflets available for children which included information on coming into care, details about the centre and information about advocacy services. Children told the inspector they had received information about the centre before they came to live there. Children were told about how to make a complaint about the service, and some children had exercised their right to complain.

The inspector observed a culture of respect within the centre. Staff were respectful in their interactions with children and also when they spoke about the children to the inspector. Staff were aware of the diverse needs of the children in the centre and of the need to balance the individual needs of each child to ensure they all received the care and support they required to best support their care and development. The inspector reviewed evidence of direct work completed with children to enable them to understand, be open to and respectful of the diverse needs of others.

Children were treated with dignity and equality was promoted. The children's diverse needs in relation to their family, gender identity, disability, religious beliefs and ethnic and cultural identity were respected. Children's views were taken into account in planning the daily activities of the centre. Staff maintained a daily log of children's activities as required by the standard. The inspector sampled these logs and found good accounts of how each child had spent their day.

The centre had a system in place to elicit the views of the children on the day-to-day running of the centre: house meetings were arranged, but not well attended by the children. Written invitations were sometimes provided to the children and treats provided to encourage the children to attend but the children preferred to give their opinions separately to staff and this was both encouraged and facilitated by the staff team. Staff spoke with children individually about their preferences and wishes in relation to the day-to-day running of the centre. The inspector heard children voicing their views to staff and reviewed records where these had been recorded and actions taken to ensure the children's preferences were accommodated.

**Judgment:** Compliant

### **Standard 2.3**

The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

#### **Regulation 7: Accommodation**

#### **Regulation 12: Fire precautions**

#### **Regulation 13: Safety precautions**

#### **Regulation 14: Insurance**

The centre was a detached house in a housing estate on the outskirts of a town. The small front garden had a boundary wall consisting of concrete columns with capping. There were Halloween decorations both outside and inside the house and flowers were in bloom in the garden. There was a narrow garden around two sides



of the house which contained two sheds – an unused wooden shed and a metal shed used for storage. There was a lawn at the back of the house in which children could play ball games, and raised flower beds bordering the pathway at the side of the house.

The layout and design of the centre was child-centred and suitable for providing care for up to four children in line with the statement of purpose. The inspector was shown around the house by one of the children. The centre comprised a porch leading into a hallway, off which was located a staff office and a sitting room. Further down the hallway there was a kitchen, a dining room (used as another sitting room), an airing cupboard, a storage room, two bedrooms (one of which was for staff) and a bathroom. At the bottom of the hallway there was a back door leading to the garden which housed two separate rooms: another staff office and a playroom. Upstairs in the centre there were four bedrooms, one for staff and two for children and two bathrooms: one for staff and one for children.

Each child had their own bedroom with adequate storage facilities, chosen by the child, for their personal belongings. Children had a say in the décor of their bedrooms when they expressed preferences in relation to this. The two children with downstairs bedrooms shared a bathroom and the two children upstairs shared a shower room. Both facilities were clean and one had been re-decorated to the preferences of the children. The shower in the children's upstairs bathroom had recently been upgraded.

The centre was clean and efforts had been made to create a homely atmosphere with soft furnishings and the centre was decorated throughout for Halloween. The inspector reviewed the records for the maintenance of the centre and found evidence that issues such as requests for repair to a broken window handle and re-fit of a shower were reported and addressed promptly.

However, the exterior of the centre looked potentially unsafe and in need of remedial works. For example, the front boundary wall looked unstable and some of the pillars were damaged. There was paint peeling off the gable-end wall of the building. There was some unused furniture in the back garden which looked unsightly. The interior of the centre, whilst somewhat homely in appearance, was dated-looking and required refurbishment. For example, the inspector noticed obvious areas where repairs to plasterwork had been poorly completed, the carpet on the stairs and landing was one for office rather than residential use, there was a bad crack in the surround of the dining room door frame and there were obvious areas on some ceilings where damp had been repaired and not repainted.

The PASM report (referenced under standard 5.2) had also identified that the external appearance of the centre required improvement and noted that the interior of the centre was reported to be subject to Tusla estates review. The report recommended that the regional manager should specify all the works being assessed, describe the works to be completed and agree a timescale for their completion. The deputy regional manager told the inspector that the exterior walls were safe and that management were in consultation with a third party in relation to the remedial works required to the exterior wall. Discussions had taken place regarding the works required and options were being explored with regard to upgrading the centre. The deputy regional manager told the inspector that a plan for refurbishment of the centre would be put in place. However, at the time of the inspection, there was no final plan in place - including completion dates - for the refurbishment of the interior or for the remedial works to the exterior of the centre.

There was a safety statement in place as required by national standard and the centre had recently been inspected by the Health and Safety Authority. Their report on the visit had just become available to the centre manager so the recommended actions had not yet been implemented. There was a reporting procedure in place for managing risks to health and safety of children, staff and visitors to the centre which included a national incident management reporting system (NIMS). The inspector noted that this had been appropriately used to report incidents.

The centre complied with fire safety regulations. The inspector viewed fire safety records and found that firefighting equipment had been serviced as required and emergency lighting and the fire alarm were regularly checked to ensure they were in working order. Fire drills were conducted for staff and children – all of whom had taken part in a fire drill. Staff were trained in fire safety measures.

The centre had the use of two vehicles for the transportation of children. The inspector found that there was appropriate documentation in place for these vehicles. All staff - except one agency staff member - were legally licenced to drive the centre's cars. Management had oversight of the renewal dates for staff driving licences.

**Judgment:** Not compliant

### **Standard 3.1**

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

Children were safeguarded from abuse and neglect and their welfare was protected and promoted by the staff team in the centre. The centre operated in line with relevant policies and procedures as outlined in *Children First: National Guidance for the Protection and Welfare of Children (2017)*. All staff had completed their training in Children First. The centre manager told the inspector that the garda vetting for all staff had recently been updated. The provider had a child safeguarding policy in place which included guidance for staff on identifying, preventing and managing incidents of bullying behaviour.

Staff were aware of their responsibility to report concerns about children to Tusla social work departments and had done so appropriately in relation to any such concerns. There were no open child protection concerns at the time of the inspection. The inspector reviewed the record of child protection and welfare concerns and found there were seven reports in the 12 months prior to the inspection. The centre manager told the inspector that all concerns were appropriately reported to social work departments and all had been addressed. Social workers who spoke with the inspector confirmed that staff in the centre appropriately reported all concerns to them and they had been addressed. Where areas of vulnerability were identified for a child, individual safeguards were put in place and appropriately recorded in the child's care record. These included safety plans for children when circumstances required it.

Staff worked with children to promote their safety and wellbeing. The inspector reviewed records of work completed with children on such topics as keeping themselves safe, using public transport safely, potential dangers associated with Halloween, appropriate respectful behaviours with others and bullying. There were absence management plans in place for each child.

The provider had a protected disclosure (whistleblowing) policy and procedure in place. It had been reviewed at a team meeting earlier in the year and staff who spoke with the inspector were aware of this policy.

**Judgment:** Compliant

### **Standard 3.2**

**Each child experiences care and support that promotes positive behaviour.**

Staff employed a positive approach in the management of behaviour that was challenging and their practice was very much in line with the criteria set out in the standard. The centre used a particular model of care and were supported in its implementation by a specialist professional, who attended team meetings on a six-weekly basis to provide guidance and support to the staff team. Staff had completed specific training in providing this model of care to children. They had also completed training in managing incidents and other relevant training to support them in caring for children. File reviews completed by the inspector reflected that staff provided positive behavioural support to children when managing their behaviour.

There were behaviour support plans in place for all the children. These plans identified the behaviours particular to each child and the potential triggers of behaviours that might be challenging to manage. The plans provided guidance to staff in how to manage such behaviours to ensure the best outcome for the child. Records reviewed by the inspector showed that staff reflected on children's behaviour to identify underlying causes. When children expressed themselves in ways that were challenging, this was well managed by the staff team with the support and guidance from management. All significant events that occurred in relation to children were recorded in a log. These events included medical appointments, conversations of note that staff had with children, complaints, accidents, follow up work relating to child protection concerns and incidents of aggressive behaviour towards staff some of which resulted in injury to staff.

The management team had completed a review and analysis of these incidents for the period January to June 2024 and this was discussed in July 2024 at a team meeting with the staff team with the deputy regional manager in attendance. The review identified factors contributing to the incidents. These included the changes in staffing which led to some children testing boundaries with new staff. The records of the review reflected that staff took into account the background history of the children and what the possible triggers might be, which preceded the violent outbursts. Following such incidents the staff were mindful of continuing to demonstrate care to the children whilst also supporting them to understand that behaviours have consequences. They also considered how the child's environment could be managed differently to minimise their need to express themselves through aggression and included these changes into their behaviour management plans. In addition, individual sessions were being completed with children by their keyworkers and this approach was proving successful. Additional activities were offered to children to divert them towards more appropriate methods of

expressing their feelings and frustrations. Staff supported children to manage their behaviour and to learn more appropriate ways of expressing difficult emotions. There was evidence that the staff approach to managing behaviour was having positive outcomes for children. There was a significant reduction in the number of incidents of violence and aggression in the centre with only one incident occurring since July.

The interim regional manager told the inspector that whilst there was still the potential for aggressive behaviour, the children were presenting as much calmer and more relaxed in recent times. They also noted that while the staff team were managing challenges in the children's behaviour they never lost sight of the child. Social workers told the inspector that the staff approach in managing behaviour worked for the children and resulted in positive outcomes for them.

There were no restrictive practices used in the centre at the time of the inspection but there had been some restrictive practices used in the 12 months prior to the inspection. The inspector reviewed the records of these in the restrictive practice log, and found that restrictive practices were used only when required to ensure safety and were ceased when no longer required. This ensured that children's rights were only restricted when necessary for their own, and others' safety.

**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 health, wellbeing and development of children was promoted, protected and improved by the care they received in the centre.

The inspector reviewed the records of individual work completed with children by their keyworker and found that children were encouraged and supported to make good life choices. This work was reflected in the day-to-day care provided to the children. There was a plentiful supply of food and drinks in the centre, with lots of healthy options for the children to choose from. Meals were social occasions and the inspector observed staff and children having a meal together. Children expressed their meal preferences, helped with shopping for food items and sometimes with meal preparation. During the inspection an evening meal was prepared which was specifically requested by two of the children. The centre manager told the inspector that the children added their requests to shopping lists so that their food preferences could be accommodated. Some family members told

the inspector that children were encouraged to eat a healthy diet and that they were eating better than they had done prior to going to live in the centre.

Children's individual needs were outlined in their placement plans. Placement support plans outlined in detail the manner in which each identified need would be met by staff on a daily basis. Older children were being supported to maintain and further develop skills for independent living and were involved in the plans in place to support skill development. Children were encouraged to take responsibility for managing their own pocket money, open bank accounts and consider their options for training, further education and accommodation in the future.

**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 care provided in the centre ensured children's health and development needs were met. All family members who spoke with the inspector agreed that the children's health needs were met.

Children had access to a general practitioner who they attended when necessary, some of whom were the child's own family doctor. Staff worked with social workers to ensure any additional needs the children had were met. They facilitated children to attend medical appointments and families remained involved in their child's medical care as appropriate. When children were unwell the staff cared for them in a manner that supported their full recovery, with thoughtful touches by staff such as care packages being prepared for children. Children did not self-medicate but they were being encouraged to do so when appropriate and in line with their age and stage of development. Children were facilitated by the staff team to attend specialist appointments - such as counselling - in accordance with their particular needs. Some children were awaiting specialist assessments and these were being organised by their social workers.

The provider had a medication management policy in place and all staff were trained in medication management. Medication was appropriately stored in a locked cabinet. The inspector reviewed medication administration records and found, for the most part, they were in order and records were maintained in line with the policy. One record had not been completed on the correct form but, when this was brought to the attention of the centre manager, this was rectified. There

was evidence that medication records were audited by the centre manager and no errors were noted.

**Judgment:** Compliant

### **Standard 4.3**

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

Children in the centre were provided with educational opportunities in line with their abilities. Three of the four children were enrolled in schools and staff encouraged and facilitated their attendance. Some children were brought to school by staff, others used public transport. The staff team worked closely with schools to maximise educational outcomes for the children, attending meetings and maintained contact by telephone. Younger children were supported in their learning and encouraged to complete schoolwork. Older children took responsibility for their own schoolwork and were observed by the inspector discussing their learning options with staff. Children's care records included school reports and records of other academic achievements. Children had completed state examinations and were progressing through school. Children had attended courses that might lead to employment such as barbering and barista courses. When children were not in school other options were being explored for them with the support of the relevant social work department.

Children who spoke with the inspector were ambitious for their future and had plans which included having their own accommodation, going on to third level education and possibly completing an apprenticeship. Social workers confirmed to the inspector that the staff team encouraged and supported the children in their education and in planning for their futures.

**Judgment:** Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 5.2:</b> 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
<b>Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant
<b>Standard 6.3:</b> 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
<b>Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially compliant
<b>Quality and safety</b>	
<b>Standard 1.1:</b> 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
<b>Standard 2.3:</b> The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Not 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
<b>Standard 4.2:</b> Each child is supported to meet any identified health and development needs.	Compliant
<b>Standard 4.3</b> 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.**

<b>Compliance Plan ID:</b>	MON-0044972
<b>Provider's response to Inspection Report No:</b>	MON-0044972
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	7 and 8 October 2024
<b>Date of response:</b>	12 December 2024

## 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:

<b>Capacity and Capability: Responsive Workforce</b>	
<b>Standard : 5.2</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 5.2:</b>	
<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"> <li>• There was a lengthy complex process with a third party with regards to the exterior of the house. A plan is in place and funds are secured to complete these external works to the Centre.</li> <li>• A list of works to the interior of the Centre were submitted to the minor capital application for completion from 2025 budget.</li> <li>• Deputy Regional Manager will attend regular meetings with Tusla Estates to discuss and review these works.</li> <li>• The person in charge will continue to monitor all vacancies in the centre. Business cases will be completed as a matter of priority for approval to fill vacant posts and forwarded to EMG.</li> <li>• All vacant posts will be forwarded to Tusla recruit for fill. Should there be no expressions of interests from the existing panels a bespoke campaign will be held.</li> </ul>	

<ul style="list-style-type: none"> <li>• Deputy Regional Manager attends fortnightly meetings with HR and Tusla recruit. Process will be monitored in getting the posts filled.</li> <li>• Deputy Regional Manager will escalate any delays in the process to the Regional Manager for address.</li> <li>• Deputy Regional Managers will continue to discuss all outstanding issues for the Centre. This includes staffing and premises issues for review.</li> </ul>	
<b>Proposed timescale:</b>  <b>30.08.2025</b>	<b>Person responsible:</b>  <b>Deputy Regional Manager</b>

<b>Standard : 6.1</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	
<ul style="list-style-type: none"> <li>• All vacant posts have staff onboarding and will be filled by 13.01.2025.</li> <li>• The person in charge will ensure to continue to monitor and liaise with CRS HR department in respect of filling staffing vacancies.</li> <li>• Any delays in the process of filling posts the Centre Manager will escalate to the Deputy Regional Manager for address. Need to Knows will be escalated where required.</li> <li>• The Deputy Regional Manager will monitor all vacants posts for the Centre and seek regular updates on the onboarding status of each staff member at the fortnightly meetings with Tusla Recruit and Tusla Human Resource Department.</li> </ul>	
<b>Proposed timescale:</b>  <b>13.01.2025</b>	<b>Person responsible:</b>  <b>Deputy Regional Manager</b>

<b>Standard : 6.3</b>	<b>Judgment: Substantially compliant</b>
<b>Outline how you are going to come into compliance with Standard 6.3:</b>	
<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> <ul style="list-style-type: none"> <li>• There is a supervision schedule in place to ensure that all staff receive supervision in line with Tusla’s supervision policy.</li> <li>• Should staff be sick and unable to attend this will be re-scheduled to take place as soon as staff member returns to duty.</li> <li>• Each staff member’s Professional Development Plan (PDP) will be reviewed and updated by the 31.03.2025 with the Centre Manager or Deputy Centre Manager.</li> <li>• All performance issues are managed in line with the Tusla HR policies &amp; Procedures.</li> <li>• The performance of all newly appointed staff members is further monitored and managed under the Tusla Probation Policy.</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>31.03.2025</b>	<b>Person in charge.</b>

**Capacity and Capability: Use of Information**

<b>Standard : 8.2</b>	<b>Judgment: Substantially compliant</b>
<b>Outline how you are going to come into compliance with Standard 8.2:</b>	
<p>Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>• Individual work will be carried out with all young people upon admission in relation to the importance of accessing their own records and files.</li> </ul>	

<ul style="list-style-type: none"> <li>• Following a settling in period this work will be followed up again by the key working team. Young people are encouraged to access their personal records as part of their placement plan.</li> <li>• The person in charge has scheduled into the diary a one-to-one session with each of the young people to discuss and agree times that would suit the young person to read their files.</li> <li>• All individual risk assessments for each young person will be reviewed and updated with an agreed plan to access their records.</li> </ul>	
<b>Proposed timescale:</b>  <b>31.12.2024</b>	<b>Person responsible:</b>  <b>Person in charge</b>

### **Quality and Safety: Child-centred Care and Support**

<b>Standard : 2.3</b>	<b>Judgment: Not compliant</b>
<b>Outline how you are going to come into compliance with Standard 2.3</b>	
<p>The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <ul style="list-style-type: none"> <li>• A plan is in place for the demolition of the existing retaining front wall of the property and the replacement with a proprietary block retaining wall and the addition of a pedestrian path. Funds have been secured to complete these works. Works will be commencing on the front wall before April 2025. The PIC will liaise with the Estates Manager to ensure that all required works are completed in a timely manner.</li> <li>• The Centre will need to temporarily decant to another property while the works take place.</li> <li>• A list of works to the interior of the Centre were submitted to the minor capital application for completion from 2025 budget.</li> <li>• Unused furniture in the back garden was removed and disposed off.</li> </ul>	
<b>Proposed timescale:</b>  <b>30.08.2025</b>	<b>Person responsible:</b>  <b>Deputy Regional Manager</b>

## 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
<b>5.2</b>	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	30.08.2025
<b>6.1</b>	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	31.12.2024
<b>6.3</b>	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	31.03.2025
<b>8.2</b>	Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	31.12.2024

<b>2.3</b>	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Not compliant	Orange	30.08.2025
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