



**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:	16 and 17 December 2019
Centre ID:	OSV 004166
Fieldwork ID	Mon Event 0028268

## About the centre

The centre was a detached two story house located in a residential area of Kildare. The service provided short, medium to long term care to five young people who were aged 13 to 17 years of age on admission. This was a children's residential centre managed by The Child and Family Agency (Tusla). According to the statement of purpose and function, the centre provided care for up to five young people between 13 and 17 years of age who are in need of short, medium or longer term residential care. The centre works in consultation and partnership with the young people, their families and carers, their social workers and all other people with a bona fide interest in the welfare of the young people in order to provide the best possible care for each young person. The young people were referred to the centre from the regional central referrals committee. At the time of the inspection, there were 4 young people living in the centre.

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

Number of children on the date of inspection:	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:**

Date	Times of inspection	Inspector	Role
16 December2019	09:00hrs to 18:00:00hrs	Sabine Buschmann	Inspector
16 December2019	09:00hrs to 18:00:00hrs	Grace Lynam	Inspector
17 December 2019	09:00hrs to 18:00:00hrs	Sabine Buschmann	Inspector

## Views of children who use the service

Inspectors met with and observed four young people in the centre. The young people had mixed views about the centre. Young people said that they liked the atmosphere in the centre and said that they really like living there. Young people told inspectors that it was 'alright' to live in the centre and that staff were "grand" and that the rules in the centre were fair.

Young people told the inspectors that they knew how to make a complaint and that they felt comfortable to speak to staff when they need to raise an issue. Some of the young people had made complaints and were happy that their complaint was dealt with appropriately.

All the young people in the centre had attended their child in care review and said they felt supported by centre staff to attend these meetings. Young people told inspectors that they had regular contact with their families by phone and that staff made sure they also got to see them regularly.

Young people also told inspectors that "being in care is lonely and not a happy place". They told inspectors that living in residential care is not a "normal" environment and that being in care is all about systems and that you can't put a young person's life into a system. Young people said that being in care can feel cold, clinical and was void of affection.

In addition young people articulated concerns that new staff recruited were recruited from a national recruitment panel were not always a good fit for the centre and that some staff lacked empathy and the ability to relate to young people.

However, inspectors observed all the young people in their interactions with staff and saw that they appeared to be relaxed and that there were warm and respectful relationships between them.

Social workers who spoke to an inspector said that the centre provided good child-centered care and that they were kept informed of all incidents and significant events in a timely manner.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe

service was provided to the young people who lived there at the time of the inspection. There was an organisational structure in place for the centre, which provided clear lines of accountability, authority, decision-making and how to effectively manage risks. Management and staff who spoke with inspectors were clear about their roles and responsibilities and how to provide a good quality service to the young people that lived there.

The Child and Family Agency (Tusla) did not ensure that the centre's policies and procedures were up to date. The centre practices in general were not supported by national policies and procedures which reflected recent significant changes in legislation, guidelines and the introduction of the new national standards. Tusla's suite of policies and procedures for children's residential centres had not been updated since 2010. In the absence of up-to-date policies and procedures, the staff team did not have some of the essential tools at their disposal to guide them in their work and to benchmark the service they provided against best practice. However, In the interim, the centre's management team made sure that staff training was provided to keep the staff team up to date on legislative and policy changes related to areas such as, child protection and the National Standards for Children's Residential Centres 2018.

The centre had a written statement of purpose and function purpose which had been reviewed and updated in May 2019. The statement adequately described the service being provided and the age of young people it catered for. The statement of purpose was comprehensive and accurately described the organisational structure, the ethos and philosophy of the centre, the model of care, the management and staff employed in the centre, and the policies and procedures that informed daily care practice in the centre. A child friendly version of the statement of purpose and function was developed by children who lived in the centre at that time, and it was displayed on the premises.

There were effective systems in place to manage risk in the centre. The centre maintained a risk register that was reviewed regularly and when a risk occurred. Risks were discussed at local and regional levels. Regional feedback was brought to staff meetings for shared learning. Risks were well described and appropriate control measures were in place to mitigate these risks. Local risks, such as the risk of young people's inappropriate use of social media, engaging in self-harming behaviors including substance misuse were identified and managed within the centre and reviewed at fortnightly team meetings. Risk assessments carried out by the centre were generally thorough and supported safe decision making. There were clear procedures in place to escalate risk if necessary and inspectors reviewed risks which had been appropriately escalated and responded to by external managers.

There were financial management systems in place which provided accountability for expenditure in the centre. Inspectors reviewed a sample of financial records and found that they were completed in line with centre policy. The centre manager and deputy regional manager had oversight of the implementation of this system.

The centre had a system in place to manage complaints in line with Tusla policy. Young people told inspectors that they were given information both verbally and in writing on how to make a complaint. All complaints were logged in a central register, were reviewed, investigated and had been addressed in a timely manner. Young people were satisfied with the outcome of their complaints. In addition, information about young people's rights and an independent advocacy service was prominently displayed on noticeboards on the premises.

Inspectors sampled young people's care records and found they were well maintained. Care files contained all the documents required by the regulations. Placement plans and placement support plans were comprehensive, detailed and addressed key issues including health, education and the young people's overall needs. Placement support plans were updated regularly to reflect the changing needs of the young people. The staff members who spoke with inspectors had good knowledge of the needs of the young people, and this was reflected in the quality of the care records.

Significant events were responded to appropriately. Records of these events were well maintained and significant events were reported to social workers, the monitoring officer, guardians ad litem and parents/guardians. Managers maintained good oversight of these events and reviewed and signed off on the records promptly. From a review of records inspectors found that managers commented and provided guidance to staff on any further actions required where appropriate. The regional manager attended Tusla's significant event review group (SERG) meetings for the Dublin Mid Leinster service area. This allowed for independent monitoring of selected significant events occurring in the centre, and recommendations from the SERG group were shared and discussed at staff team meetings. This promoted learning amongst the staff team.

Key activities and incidents in the centre were reported to an external monitoring officer, who carried out a themed visit to the centre in August 2019 to assess compliance with specific regulations, and to make recommendations for improvements in compliance. There was evidence that actions set out in the monitoring report had been implemented.

The centre was well managed by an experienced management team who provided good leadership and support to the staff team. There were arrangements in place to provide cover for the centre manager during leave. The staff team were found to be committed, experienced, and provided stability and consistent care to the young people. There was an adequate skill-mix across the team. This inspection found that there was a culture of reflective practice in the centre and this demonstrated the commitment to continuously improving the quality of care that was provided to the young people.

There was an informal system in place to provide on-call support to staff outside of normal working hours. This system was operated by the centre manager and deputy centre manager. Despite the need for a formal on-call system having been highlighted by HIQA previously, and an action plan response identifying that a national on-call system would be in place for children's residential services by the end of June 2019, this remained outstanding.

There was a sufficient number of staff on duty at the time of inspection to meet the needs of the young people. There was a centre manager, a deputy manager, two social care leaders and there were nine fulltime equivalent social care workers. In addition, there was a full-time catering staff member and a part-time household staff member. The centre did not use relief staff. One social care leader position was vacant and was expected to be filled from the existing Tusla panel.

There were management systems in place within the centre to provide oversight of practice and hold staff to account. The centre had a systematic approach to auditing practice which was tracked on an electronic spreadsheet. Managers read and signed off on young people's daily logs, on significant event notifications and all other care records generated by staff. They carried out audits on file content and the quality of care records.

The deputy regional manager maintained good oversight of the centre. She provided regular supervision to the centre manager. Inspectors reviewed the managers supervision records and found them to be detailed and of good quality. The records clearly outlined what issues that were discussed, what required follow-up, what actions were required and timelines when an action was to be completed.

The deputy regional manager visited the centre and met the young people and staff team regularly and received frequent updates on the activities and performance of the centre, including significant event notifications, minutes of staff meetings and monthly operational reports. In addition there was evidence of regular audits of all records created in the centre, including notes when improvement was required where appropriate.

There were other mechanisms in place to ensure good and improved quality of care was provided to young people. Staff were trained in safeguarding young people and managing allegations and serious concerns. Complaints and adverse events were recorded, acted on and monitored and there was evidence that they were discussed in staff meetings to enable learning.

Arrangements were in place for staff to familiarise themselves with the National Standards for Young people's Residential Centres 2018. Named staff assumed responsibility for researching specific standards and then presented the standards in

<p>question to the rest of the staff team. This formed the basis of staff discussions on the standards and generated ideas for service improvement.</p> <p>Staff who spoke to the inspectors said that they were supported by the management team and that there was an open door policy for informal discussions relating to daily practice. Managers attended staff handovers and linked in with staff when incidents occurred on shifts. Inspectors reviewed the supervision files of six members of staff. Each supervision file contained a supervision contract. However, supervision sessions were not held every four to six weeks as required by policy. In addition, the quality of supervision records required improvement.</p>
<p><b>Standard 2.4:</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.  <b>Regulation 16: Records</b></p>
<p>Staff in the centre maintained a care record for each child that was up-to-date and contained all the information as specified in the regulations. The care records were kept in a locked filing cabinet and were secure. Information about young people was accessible to those who required it and record keeping was of a good standard.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 3.3</b>  Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.  <b>Regulation 15: Notification of significant events</b></p>
<p>Significant events were appropriately recorded, reported and responded to in a timely manner. There were internal and external systems in place to review all incidents, and recommendations from these were implemented in all of the records sampled. There were systems in place to ensure learning from significant events for the staff team. The National Incident Management System (NIMS) was implemented in the centre</p>
<p>Judgment: Compliant</p>
<p><b>Standard 5.1</b>  The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.  <b>Regulation 5: Care practices and operational policies</b></p>
<p>Management and staff had good knowledge of relevant legislation, regulations and national standards. The new National Standards for Children’s Residential Centres had</p>

been presented to staff meetings and discussed. Staff who spoke to the inspectors had good knowledge of Children First (2017) and how to manage serious concerns and complaints. While there were policies, procedures in place, many were significantly out of date by nine years and did not reflect current national standards or legislation. The lack of up-to-date policies and procedures did not support Tusla's ability to ensure all aspects of the service was provided in line with national standards and current legislation.

Judgment: Substantially Compliant

**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.

Staff and managers were clear about their roles and responsibilities. There was a management structure in place with clearly defined lines of authority and accountability. Centre managers were experienced, competent and provided leadership and support to the staff team. The management and governance arrangements in the centre ensured that the care and support delivered to young people was child-centred, safe and effective. All aspects of care were subject to regular review. The centre manager was well supported by the deputy centre manager, two social care leaders and the deputy regional service manager. Arrangements were in place to provide cover when the centre manager was on leave. Internal and external monitoring arrangements were in place to ensure oversight and learning. However, supervision of social care staff was not in line with policy and the quality of recording required improvement.

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 had been reviewed in May 2019. The statement of purpose was comprehensive and accurately described the full organisational structure, the ethos and philosophy of the centre, the model of care, the management and staff employed in the centre and the policies and procedures that inform the daily care practice in the centre. A child friendly version of the statement of purpose and function was developed by the residents of the centre and displayed openly for children to access.

Judgment: Compliant

#### **Standard 5.4**

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were mechanisms in place to monitor, improve and evaluate the quality of care and safety provided to the young people in the centre. Staff were trained in safeguarding Complaints and adverse events were recorded, acted on and monitored and there was evidence that they were discussed in staff meetings to enable learning. The centre had a systematic approach to auditing practice which was tracked on an electronic spreadsheet. Managers read and signed off on young people's daily logs, on significant event notifications and all other care records generated by staff. They carried out audits on file content and the quality of care records. The manager used an audit tool to record audits and the improvements which were required, and dated and signed off on actions when they were implemented. The regional manager had good oversight of the centre.

Judgment: Compliant

#### **Quality and safety**

Young people's needs were appropriately identified and assessed to inform their placement in the centre. The care provided to the young people in the centre was person-centred and staff were skilled and sensitive in responding to the young people's needs. The centre was in the process of implementing a national therapeutic model of care that focussed on the development of healthy relationships which challenge and support young people without judging them. Managers of the centre attended formal training in the new model of care and as part of their role managers trained the staff in the new model of care. Monthly meetings took place with a psychologist to discuss issues arising from the implementation of the model of care and how to use the new recording system for care records.

The centre provided a homely, clean and comfortable environment for young people. There were two communal living areas as well as an open kitchen and dining area. Each young person had their own bedroom which provided adequate space and storage for their belongings. Young people decorated their rooms to their tastes and preferences.

Inspectors found that there was good communication between the centre and the relevant people in the children's lives. Staff had contact with schools, training centres, social workers and relevant professionals as required. Social workers told inspectors that they were updated on the young people's behaviour and activities. Staff supported young people to maintain contact with their family. Family members were facilitated to

visit the centre where appropriate.

All young people had up-to-date care plans as required by regulations and their individual goals were reviewed regularly as required. Placement plans were up-to-date at the time of inspection and were based on the goals identified in the care plans provided by the social work department. Placement plans and placement support plans were detailed and of good quality, outlining the children's needs and supports required to assist in meeting those needs. The staff who spoke to the inspector had very good knowledge of the needs of the children and this was reflected in the daily records of the children. Aftercare planning for young people in the centre was good and was informed by the wishes of the young people involved. Young people were supported to develop independent living skills in line with their care plan and placement plan. While timely referrals were made to aftercare services, Tusla did not always allocate aftercare workers to young people in a timely manner.

The service had measures in place to ensure the safety of young people. Staff responded appropriately to child protection concerns by referring them to the relevant social work department. Staff and managers who spoke to the inspectors had good knowledge of their obligations under Children First 2017. The centre had a safeguarding statement and a range of protective measures which included safety planning and individual risk assessment for any new risks that emerged.

Although all staff were trained in a Tusla approved physical intervention technique, physical restraint had not been used within the centre in the last 18 months. While restrictive practices were used in the centre, young people were not subject to any unnecessary restrictive procedures. When restrictive practices such as room searches, restricted internet or close supervision were necessary, these were found to be implemented only as required and in response to risk and were subject to regular review. Restrictive practices were generally appropriately recorded, and there was evidence of effective oversight and monitoring by the centre manager and external line manager. However, not all room searches of the young people were recorded in the room search log.

There was an up to date register of young people placed in the centre and it included all the information required by regulation.

Maintenance issues were effectively dealt with in the centre. There was a log which clearly recorded maintenance requests. From a review of this log, inspectors found that this log did not always record when maintenance requirements were completed.

The manager had taken appropriate actions to ensure the safety of the premises. Staff were trained in fire safety and fire drills which included the participation of staff and young people were carried out. The centre had a fire safety statement and a range of

fire prevention measures were in place. Firefighting equipment was serviced on an annual basis. The emergency alarm and lighting was checked quarterly and effective systems were in place to ensure the centre was well-maintained. However, the lighting outside the backdoor was insufficient and led to an incident of tripping. This was immediately risk assessed by the management team and a maintenance request was sent with immediate effect, to install more efficient lights outside the backdoor.

All three vehicles used by the centre were maintained and serviced as required. In addition, all relevant safety equipment was held within each car.

### **Standard 2.1**

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

The centre had an admissions policy which was clear and comprehensive. From a review of files inspectors found that the centre conducted appropriate risk assessments prior to a new admission of a child which included the impact of the new admission on the children already placed in the centre. Children had a comprehensive assessment of need on admission. Children transitioned into the centre in a planned way.

Judgment: Compliant

### **Standard 2.2**

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

**Regulation 23: Care Plan**

**Regulation 24: Supervision and visiting of children**

**Regulation 25: Review of cases**

**Regulation 26: Special review**

The centre had a copy of up-to-date care plans for all children and keyworkers had developed placement plans that were relevant to the needs of children at the time of inspection. Plans in place outlined how children would be supported in respect of their identified needs, and children were involved in the planning process. Each child had an allocated social worker, who visited the children. Staff told inspectors that there was good and effective communication between the staff team and the children's social workers confirmed this.

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 physical environment in the centre was homely. Children had their own bedrooms and there were adequate recreational facilities. Reasonable measures were in place to prevent accidents and reduce the risk of injury. Incidents that did occur were appropriately reported. Centre records showed that the vehicles in use by the centre were appropriately serviced and maintained. However, the lighting outside the backdoor was inadequate.

Judgment: Substantially compliant.

**Standard 2.5**

Each child experiences integrated care which is coordinated effectively within and between services.

There was good communication between the centre and other services involved in the care of the children. Staff ensured that the children and their parents/guardians were included in the decision-making process and kept informed of progress.

Judgment: Compliant

**Standard 2.6**

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

Aftercare planning for young people in the centre was good and was informed by the wishes of the young people involved. Young people were supported to develop independent living skills in line with their care plan and placement plan. While the centre is compliant with this standard, aftercare workers were not assigned to young people by Tusla in a timely way.

Judgment: Compliant

**Standard 3.1**

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

Centre policy did not reflect Children First (2017). For example, the introduction of mandatory reporting was not reflected in current policy. Despite policy deficiencies, inspectors found that child protection concerns were reported to the social work department through Tusla's web portal, in line with Children First (2017). All staff had up-to-date training in Children First (2017) and those interviewed by inspectors demonstrated appropriate knowledge of this aspect of practice. The centre manager was the designated liaison person for the service and maintained a list of mandated persons in line with Children First (2017). Safeguarding practices were in place in the centre and children were supported to develop self-awareness and skills needed for self-care and protection. Staff worked with social workers, children and their families to promote the safety and wellbeing of children.

Judgment: Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behavior.

Interventions were aimed at supporting the child to understand their behaviour and in line with their identified needs. There was a new model of care being implemented at the time of the inspection. This model of care emphasised the individuality of each child and the need for interventions that suited their needs.

Physical restraint had not been used in the centre for approximately 18 months. When restrictive procedures were used in the centre, they were the least restrictive option, for the shortest duration necessary. They were appropriately risk assessed, generally recorded and reviewed. However, not all room searches were recorded in the appropriate log.

Judgment: Substantially Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 1.6:</b> Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.	Compliant
<b>Standard 2.4:</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Compliant
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
<b>Standard 5.1</b> The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Substantially compliant
<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 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
<b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
<b>Quality and safety</b>	
<b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.	Compliant
<b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
<b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially compliant
<b>Standard 2.5</b> Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
<b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.	Compliant

<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behavior.	Substantially Compliant