



**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:	Announced
Date of inspection:	20 – 21 April 2021
Centre ID:	OSV - 0004166
Fieldwork ID	MON - 0032555

About the centre

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

The centre was a detached two story house located in a residential area. The service provided medium to long term care to five young people who were aged 13 to 17 years of age on admission. The children were referred to the centre from the regional central referrals committee.

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
20 April 2021	09:00hrs to 17:00hrs	Leanne Crowe	Lead Inspector
20 April 2021	09:00hrs to 17:00hrs	Bronagh Gibson	Support Inspector
21 April 2021	09:00hrs to 17:00hrs	Leanne Crowe	Lead Inspector
21 April 2021	09:00hrs to 17:00hrs	Bronagh Gibson	Support Inspector

What children told us and what inspectors observed

This inspection was undertaken remotely given the current COVID-19 restrictions. While this did not allow for observations of young people and staff in the centre, inspectors spoke directly with young people, staff, social workers and parents to capture their experience of the service.

Overall, young people in the centre felt that they received good quality and safe care. Their rights were actively promoted and staff engaged well with them to achieve good outcomes in relation to their care.

While the young people described the challenges that the pandemic had presented throughout the past 12 months, they acknowledged the support they received from staff. The young people could leave the centre to spend time with family and friends, attend necessary appointments or meet with external professionals, following the completion of risk assessments. The young people were pleased that they could attend school in person and see their friends again, in line with the lifting of some COVID-19 restrictions, although did wish that they could spend more time socialising. Staff spoke positively about the young people's resilience in the context of the pandemic and related restrictions.

From speaking with the young people in the centre, it was clear that they were actively engaged in discussing their individual needs and what was important to them. They said that they had their own bedrooms, which they chose how to decorate. They told the inspector that the centre also had enough communal space and that they felt safe in the centre. They said that staff treated them with dignity and respect. The young people felt that, for the most part, their views were taken into account when decisions about their care were made. When decisions were made that did not reflect their views or preferences, they said that staff usually explained the reasons for this.

Young people were knowledgeable about their rights and were confident in making complaints or providing feedback regarding the service. They felt that they could voice any issues that they were not happy with, or make suggestions to staff. For example, work was ongoing to choose a pet for one of the young people within the centre.

Social workers who spoke with the inspectors had positive feedback about their experiences of the service. They told inspectors that the programme of care in the centre met the individual needs of the young people that they worked with, and that the staff team provided a positive environment for the young people. The social workers described how staff were respectful of young people's space and supported them to settle into life in the centre. They also highlighted how "compassionate the staff were towards the young people in their care". They were complimentary about how well the staff knew the

young people and their needs, and how effective staff were when engaging with them. Social workers were satisfied with their communication with staff members and management, adding that any risks to young people or significant events were managed and reported in a timely way. The social workers were of the view that the centre manager provided good guidance to the staff team to ensure interventions needed were implemented consistently. The social workers were of the view that young people felt heard by the staff and management within the centre.

Inspectors also spoke with some family members. They described staff as “helpful”, “pleasant” and “reasonable”. They appreciated how flexible the service was in facilitating young people’s visits to their respective families. They felt that they were provided with information promptly and appropriately, saying that a “common sense approach” was taken by staff. Parents felt that their children were safe and comfortable in the centre. They said that their children seemed to be able to raise complaints if they were dissatisfied with anything about their care.

Young people identified aspects of centre life that they would like to see improved, such as heat and ventilation in a room and the curfews assigned to them.

Capacity and capability

There were effective governance and management systems in place which ensured that a safe, good quality service was provided to the young people in the centre. There was a well-defined management structure, with clear lines of authority and accountability. The centre manager reported to a deputy regional manager, who had overall responsibility for the quality of the service, and who in turn reported to the regional manager for children’s residential services. The centre manager engaged with the deputy regional manager on a daily basis to discuss any pertinent information in relation to the service, such as complaints or significant event notifications. The deputy regional manager provided supervision to the centre manager every four to six weeks and maintained good oversight of the service.

The centre manager was experienced and was supported by an interim deputy manager and four social care leaders. The centre manager provided leadership to their staff team and ensured that the centre’s model of care was being implemented effectively and consistently. Staff who spoke with inspectors were knowledgeable of their roles and responsibilities, and spoke positively about the support and supervision they received from the management team.

There were systems in place to ensure that relevant information was communicated effectively throughout the service. This included regular staff meetings, management meetings and staff supervision. Records of staff meetings indicated that items such as the risk register, staff training, complaints and audits were discussed, as well as care

provision and outcomes for each young person. A daily handover was held every morning in the centre. While young people's meetings hadn't occurred as planned in the centre recently, this was due to the young people's wishes. The centre manager and staff ensured that young people's views were sought and responded to on a one-to-one basis, and the format of the meetings was being reviewed at the time of the inspection to encourage more meaningful participation.

There were systems in place to manage risk in the centre. Individual risk assessments and impact risk assessments were completed prior to each young person's admission. A risk register was in place and reviewed regularly. While this document included specific identified risks in relation to the service, it also contained risks identified at a regional level. Regional risks were made relevant to the centre through risk assessments, which identified the level of risk at centre level and the controls needed to manage the risk involved. Inspectors found that an identified risk in relation to fire safety was being responded to and mitigated. This was documented in a personal support plan for a young person and as a health and safety risk within the centre. There was a system in place to escalate risks to senior managers. There were no escalated risks at the time of inspection.

A centre-specific health and safety statement was in place in the centre and had been recently reviewed by the centre manager. Health and safety walkthroughs were completed on a monthly basis by health and safety representatives within the staff team. Regular checks in relation to fire safety were also carried out by designated staff. The centre had developed effective protocols and procedures for infection control, including the management of COVID-19. A dedicated folder relating to COVID-19 had been developed, which contained up-to-date guidance, risk assessments and contingency plans for the centre.

The centre had an interim on-call service in operation, which ensured that a member of the management team was available to provide support to staff during weekends or out-of-hours.

Staff who spoke with inspectors demonstrated that they had a good understanding of the requirements of legislation, regulations and standards relevant to their roles. At the time of the inspection, a suite of national policies and procedures were implemented on a phased basis. It was expected that this process would be completed by the end of April 2021. Staff confirmed that they received training in relation to these policies and procedures, through e-learning modules and team meetings.

There was a statement of purpose and function in place that had been reviewed and updated regularly, most recently in April 2021. The current version had been signed by the regional manager and deputy regional manager. While the statement of purpose and function met the standard, inspectors noted that it had been revised on three occasions

within the last two years. These amendments were made to accommodate young people over the age of 18 to remain in the centre while completing their education. This meant that there were some occasions where the centre catered for young adults and children. The document described the aims, objective and ethos of the service, as well as the range of services and facilities available. It clearly reflected the organisational structure as well as the day-to-day running of the service. Staff who spoke with inspectors could describe the model of care provided, as outlined in the statement of purpose. Accessible formats of the statement of purpose and function were available to young people as well as their parents or guardians.

The operation of the service was subject to regular review. A number of measures were in place to assess the service and to support quality improvement. The centre manager read and signed off on children's daily logs, care records and on significant event notifications. An audit programme was in operation which assessed various aspects of service performance, such as staff supervision, health and safety, young people's records and medication management. Records indicated that the findings of these were communicated to staff and that action plans were developed to address any deficits. Key data was also reviewed by the centre manager to identify any trends or areas of improvement. For example, they analysed significant events and complaints that occurred in 2020. Recommendations from such reviews were documented and actioned appropriately. The deputy regional manager also carried out regular walkthroughs of the centre, where they also met with the young people within the service. Any areas of improvement identified or any issues raised were communicated promptly to the centre manager to address.

A number of positive initiatives had been completed within the last 12 months, with some of these in response to feedback from young people. For example, a room within the centre had been converted to a gym and relaxation area. A sensory garden was in development at the time of the inspection, as was a 'step challenge' that was being led by one of the centre's wellbeing champions. The centre manager intended to drive improvement in relation to the participation of young people in the service for 2021.

Complaints were well-managed within the centre. The centre manager oversaw the management of complaints. An audit of complaints indicated that ten complaints had been made by young people in 2020, which had been investigated, responded to and resolved appropriately. The deputy regional manager maintained oversight of all complaints made through regular reporting by the centre manager.

At the time of inspection, the centre had sufficient staff in place to ensure that the young people's needs were met effectively, consistently and in a person-centred manner. While there was a small number of vacancies at the time of the inspection, this did not significantly impact the staffing complement on a day-to-day basis. The use of agency staff was low, with existing staff covering the majority of unplanned absences.

The staff team was well-established, qualified and were knowledgeable of the needs of the young people they cared for. While classroom training was not taking place due to COVID-19 restrictions, staff were supported to engage in online learning to maintain their competencies. All staff received training in areas such as fire safety, first aid and child protection (Children First). Staff had also completed training to support specific needs of the young people with the service, with further training planned for this year. In relation to developing the competencies of staff, the deputy regional manager also stated that management qualifications for relevant staff would be considered in the future. External support and advice had been sought to ensure care interventions were safe, effective and responsive to young people's individual needs. A training needs analysis was completed on an annual basis. A code of conduct was in place for staff.

Supervision of social care workers was completed by social care leaders, who in turn were supervised by the centre manager. All social care leaders completed supervision training to support them in carrying out this duty. The supervision of staff occurred in line with national policy.

Inspectors reviewed a sample of centrally-held staff files which showed that improvement was required in relation to the maintenance of these records. Gaps in relation to some of the files reviewed related to evidence of current contracts of employment, qualifications and suitable references. Following the inspection, the inspectors received verbal assurances from the deputy regional manager regarding the storage of such records. All of the staff files contained evidence of vetting by An Garda Síochána (Irish police).

The next section of the report outlines how the governance and management arrangements in place in the centre impacted and influenced the quality and safety of the service.

Standard 5.1

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.

Regulation 5: Care practices and operational policies

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the young people's needs. Staff were knowledgeable of relevant legislation, regulations, national policies and standards to protect and promote young people's welfare.

Judgment: Compliant

<p>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.</p>
<p>There were effective governance arrangements in place to ensure good oversight, monitoring and review of the service. There was a management structure which set out clear lines of authority and accountability.</p>
<p>Judgment: Compliant</p>
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>
<p>The centre's statement of purpose and function set out the organisational structure, the model of care and the range of services being provided to young people.</p>
<p>Judgment: Compliant</p>
<p>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.</p>
<p>There were systems in place to monitor, evaluate and improve the quality of care and safety provided to the young people in the centre.</p>
<p>Judgment: Compliant</p>
<p>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</p>
<p>Good workforce planning ensured that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of the young people in the centre.</p>
<p>Judgment: Compliant</p>

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

The sample of staff files reviewed did not contain all of the required documentation. The gaps identified related to current contracts of employment, qualifications and suitable references.

Judgment: Substantially Compliant

Quality and safety

Overall, the inspectors found that the young people in the centre were supported to have a good quality of life. The model of care ensured that young people's wishes, rights and diversity were respected and promoted by staff.

From the inspectors' review of documentation, as well as discussions with staff and young people, it was evident that young people were knowledgeable of their rights and felt comfortable raising any issues they were dissatisfied with. Upon admission to the centre, each young person was provided with information on their rights, as well as the complaints process and other important information about the centre. Information on advocacy services for young people was provided to them and an information session with an advocacy service was planned to take place shortly. Staff described to inspectors how the information provided to young people was explored in more detail during one-to-one sessions following admission, to ensure it was presented in an accessible and age appropriate manner. Young people were also provided with information on external supports and services, in line with their needs and interests.

Staff worked to ensure that each young person's cultural diversity was respected and promoted. Staff used opportunities to teach young people about various cultures, including those of the young people within the centre. Staff described how they provided young people with speciality ingredients so that meals from their culture could be prepared. Additionally, they spoke about the steps taken to support a young person to participate in online religious services. Staff engaged in additional training to allow them to support young people's individual needs.

Young people in the centre were encouraged to participate in decision-making regarding their care as well as the day-to-day operation of the centre. The centre manager and staff team spoke about empowering the young people to express their views and wishes about their care. The young people contributed to decisions about meal planning, decorating the centre and initiatives such as the development of a gym and relaxation room. While a young people's meeting was planned to occur regularly, this had not taken place recently due to the young people's wishes. Staff stated that they were currently engaging with the young people about how best to resume these meetings. In the

absence of the meetings, staff ensured they ascertained the views of young people through other formal and informal means, including key-working sessions and general conversations.

In summary, the young people received person-centred care from a staff team that empowered them to understand their rights and participate in making decisions about their lives.

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

Inspectors found that the young people living in the centre received care and support which respected their diversity and promoted their rights. They were consulted with and were actively involved in their programme of care.

Judgment: Compliant

Standard 1.4

Each child has access to information, provided in an accessible format that takes account of their communication needs.

Young people were provided with important information in an appropriate and person-centred manner.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.1 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.	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.	Compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	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.	Compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
Standard 6.2 The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.	Substantially Compliant
Quality and safety	
Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs	Compliant