



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	11 and 12 December 2019
Centre ID:	OSV 004170
Fieldwork ID	MON-0028261

About the centre

The following information was provided by the centre about their service.

This children's residential centre was a large semi-detached house including a self-contained annex, located in a housing estate in North West Dublin. The service was managed by (Tusla) the Child and Family Agency, Children's Residential Services, Dublin North East Region.

The centre cared for four children between the age of 13 and 17 years and one young person in transition from living in care to independent living. The centre had a model of care which focused on improving the overall wellbeing of residents and aimed to achieve positive outcomes for each young person living in the centre.

The staff team in the centre was committed to working in partnership with young people, their families and social workers in order to provide the best possible care.

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
11/12/2019	10:00hrs to 17:30hrs	Erin Byrne Tom Flanagan	Inspector Inspector
12/12/2019	10:00hrs to 16:30hrs	Erin Byrne Tom Flanagan	Inspector Inspector

Views of children who use the service

Inspectors met with two children and one young adult in the centre. Children said that they liked the house. Each child had their own bedroom and said that they had decorated them to their own taste. They told inspectors that staff helped them and supported them with things such as their rights, aftercare, preparing them for their care review meetings and meeting with their families. Inspectors observed caring and relaxed interactions between children and staff.

Children attended meetings with staff regularly where they had the chance to plan activities, meals and participated in decisions about the running of the home. Children who met with inspectors said that they had a good relationship with the centre management team and could talk with the centre manager or deputy centre manager daily if they wished. Children said that when issues or requests were discussed during children's meetings, responses were received from the centre's management team promptly.

Each child had specific members of the team assigned to them as their keyworkers and they told inspectors that these keyworkers would complete specific pieces of work with them, such as budgeting, preparing for child in care reviews or planning family visits. Children knew how to make a complaint and told inspectors that they would speak with their social workers if they were not happy about how something within the house was being addressed.

Children knew that there were records kept about them and that they could view these if they so wished. One child told inspectors that they had not availed of the option to view their files as this had to be done in the company of a staff member, and they did not want to do this. Not all children had seen their placement plans and care plans but they did know that these existed. They said that their social workers or family members explained decisions arising from meetings or plans agreed to them, if this was required.

Children said that their friends and family were welcome to visit the house and this was encouraged by staff. They told inspectors about a plan in the coming weeks, where a specific day was assigned to each child on which their families would come over for Christmas dinner in the centre. One child told inspectors that they could invite whomever they wished to this Christmas dinner, and they were really looking forward to it. Children said that their families were kept up to date on aspects of their care and that they could call to speak with staff at any time if they so wished. Visits to family and friends were recognised as being very important in the children's lives and children told inspectors that they could go and see their families whenever they wanted, where this was permitted.

Children's hobbies and interests were encouraged and children told inspectors that they were supported by staff to engage in activities that interested them. Supports included securing gym membership, purchasing equipment needed for sports, and planning summer holidays based around activities that interested them. Children told inspectors that they received all the supports they needed to manage their health and education and they were confident that they could ask a staff member for help to address any issue as it arose.

Children were appropriately prepared for moving in and out of the centre as these transitions were planned in advance. Children told inspectors that they visited the centre before they moved in and they had been informed about relevant information such as, their rights, how to make a complaint and general rules in the centre, by their key workers during this early stage of their placement. All children and young people who met with inspectors were over 16 years old. They all spoke about preparation for their life after care and said that this was a priority for the staff team in the centre. Referrals to aftercare services had been made as required and aftercare needs assessment and planning was underway and had progressed appropriately. Children told inspectors about their experience of previous residents being welcomed back to the centre following their discharge to visit and/or attend special events in the centre. They spoke confidently about their expectation that staff would provide them with supports to move on successfully from residential care.

Inspectors asked each of the three residents if there were anything they would change about the centre and they provided some suggestions. They suggested that pocket money should not always be the consequence when an issue or incident arises in the house and asked that other options be considered as sanctions. They suggested that staff be reminded not to discuss information relating to residents in the company of other children or young people to ensure confidentiality at all times and that the budget for Christmas clothes and presents be increased. In addition, inspectors were told by one child that they would not change anything as there were no downsides to living in the centre.

Capacity and capability

There were effective leadership governance and management arrangements in place in the centre, with clear lines of accountability. The services delivered were child-centred, safe and effective. The management systems in place were well established and the centre manager was present in the centre on a daily basis. He was supported in his role by a deputy centre manager, who worked alongside him daily within the centre, and externally, by the alternative care manager who was a regular visitor to the centre. The centre was a busy home with a familiar and consistent staff team. There were four vacancies within the care team. Two of these were filled by regular agency staff that

supported a competent staff team. Efforts to fill the additional two posts had been unsuccessful to date and the centre manager told inspectors that these would be included as part of Tusla's national recruitment campaign in 2020.

The centre manager and deputy centre manager had oversight of all documentation and records in the centre and monitored all significant events, tasks, and or action plans to ensure implementation of recommendations and actions as required. The centre manager delegated tasks to the deputy centre manager and to social care leaders as he saw fit however, he maintained overall responsibility for the day to day running of the service. There was evidence of oversight of records in the form of a signature by the centre manager on most of the records reviewed, and where necessary follow up actions were identified and recorded for completion or improvement.

Social workers and guardians' ad litem allocated to the children resident in the centre spoke very highly of the service that children received. They said that staff members were patient and compassionate. They were very open minded and willing to try new approaches or to seek input from the multidisciplinary team to ensure their interventions were appropriate to support the children in their care. Social workers and guardians' ad litem said that the team managed challenges within the service very well and were very considerate of children's individual needs.

The centre staff team established and maintained care records for all children living in the centre. Each child's records were kept up to date and contained information required by regulations. Children's records were kept securely and confidentially within the staff office. Children were aware of the records kept about them and were informed of their right to access them.

Information about children's rights was not displayed in the centre and inspectors were told that this was at the request of the children who preferred not to have this on display, as they felt it made the house less homely. Inspectors saw through review of children's meetings that their rights had been explained in an age appropriate way to them and children told inspectors that all relevant information was provided to them on their admission.

The children living in the centre were aware of how to make a complaint and had exercised this right. Complaints were recorded, investigated and managed in a timely manner. Children's social workers were informed of all complaints and were actively involved in addressing complaints where required. Resolutions to complaints were discussed and agreed with children and their satisfaction or otherwise with outcomes of complaints was addressed appropriately.

Significant events for children were effectively identified, managed and reviewed. When

incidents occurred for children the systems in place to record and report these worked well. Parents, social workers and where appropriate significant others in children's lives, were informed about incidents and or significant events. Staff members, including the management team were competent at engaging children and young people in exploring reasons for challenging behaviour, in order to promote learning and to try to improve their skills for managing challenges in their future. There was a culture of openness where children were encouraged to raise concerns and seek staff support to deal with any issue which arose for them in their lives.

Social workers told inspectors that incidents were reported to them and that they were provided with all relevant records of these events. In addition, social workers told inspectors that learning from incidents was routinely highlighted and it was common practice within the team to put plans in place to support children through difficult periods. Inspectors saw examples of safety plans implemented by the team which were regularly reviewed for their effectiveness. Children were involved in establishing plans for their own safety and were supported through one to one sessions with key workers, to develop an understanding of things that contributed to difficulties for them. In addition where required, specialist's supports were sought and engaged to aid the team and children to address an issues relating to a particular behaviour or challenge.

The centre manager, deputy centre manager and representatives from the staff team attended a significant event review group (SERG) meeting on a monthly basis at which staff and managers from children's residential centres within the region reviewed a sample of incidents/significant event reports from each centre. The incidents which were selected for review were subject to analysis by the SERG who then provided opinion and suggestions for learning from each event. These meetings were intended to promoting learning within teams, and shared learning across the region. Inspectors found that the learning from SERG was then discussed at centre staff team meetings and recommendations were implemented as suggested.

The centre performed its function as outlined in relevant legislation, regulations and national standards, to protect and promote the welfare of the children. The Centre management team ensured that the operations of the centre occurred in line with National standards for children's residential services. Despite significant changes in legislation, guidelines and new national standards, there was not a suite of up to date national policies and procedures in place to support practice. However, the centre manager demonstrated strong leadership with regard to ensuring practices in the centre were underpinned by current legislation. The centre manager, in addition to his responsibilities for the day to day running of the centre, had a role within Tusla for review of new national policies and was fully informed of the relevant information required to ensure effective monitoring of practices and performance of his staff team. This inspection found that the staff members were aware of new legislation and guidelines such as Children First 2017 and National Standards for Children's Residential

Centres 2018 as these were discussed during team meetings.

The centre had a written statement of purpose which described the model of care, aims, objectives and ethos of the service. The statement of purpose had been reviewed and updated in October 2019 and was signed by the centre manager, alternative care manager and interim regional manager for the service. While it was reflective of the general day-to-day operations of the centre, the statement of purpose did not accurately reflect the age range catered for and required further review. It stated that the centre provides care for a total of five young people between the age of 13 and 17, but at the time of inspection one young person over the age of 18 was living there. The safety considerations related to this placement had been risk assessed as outlined within the statement of purpose and function and measures put in place to address potential risks were adhered to.

Risks were well managed within the service. There were two risk registers. One contained risks uniquely related to the service such as the impact of poor information technology systems, risks of self-injury by young people and risk relating to outdated policies and procedures. These were updated regularly as presenting needs and circumstances changed. The control measures in place aimed at reducing risks were appropriate and reviewed. The second risks register contained health and safety risks such as use of chemicals, manual handling and electrical hazards which were present in the centre. Each health and safety risk had been appropriately assessed to include appropriate controls to manage these risks. All risk assessments were up to date and reviewed. Risk registers were overseen by the alternative care manager and there were clear procedures in place to escalate risk if necessary.

The centre had a systematic approach to auditing which was introduced in 2019 and was in the early stages of implementation at the time of inspection. This system which is used within special care services and had been adapted to suit children's residential centres, consisted of a 52 week programme of audits of 21 identified areas of practice. Each audit type had supporting documentation which outlined tasks to be completed by the centre management team in conducting the audit. Completed audit tools were then analysed and actions to address deficits identified. The alternative care manager told inspectors that she reviewed audits, followed up on actions where required and signed off on them once all actions had been completed.

Inspectors found that the quality of some audits required improvement. Audits were at times delegated to members of the care team for completion and then checked by the centre manager. Oversight by the centre manager ensured that an audit had been completed but did not include checking the validity of data or quality of information within completed audits. Inspectors identified an issue with the quality of medication audits in the centre which had not been highlighted through the oversight and monitoring processes.

In addition to this internal audit system the alternative care manager completed systems checks during visits to the centre to assure herself of the quality of aspects of the service. These included; care files, significant event reports and other centre records. The alternative care manager directly supervised the centre manager, received regular updates on the general day to day activities and events in the centre and oversaw implementation of actions to address deficits identified through inspections by HIQA or Tusla Monitoring office. Inspectors reviewed records of supervision between the centre manager and alternative care manager and found there was evidence of good relevant discussion. Records were concise and there was good follow up between supervision sessions where progress on actions was discussed. In addition, the alternative care manager attended SERG and regular management meetings.

Inspectors found evidence of review of care files and reports by the alternative care manager however, found the oversight of progress on actions to address known deficits within the service required improvement. For example actions identified in response to previous HIQA inspections had not effectively addressed deficits in a timely way. Despite having been highlighted during the October 2018 inspection, issues remained with administration of medication, timeliness and or the frequency of supervision, quality of audits and timely completion of mandatory training by all staff.

Additional means of ensuring good quality care included training for staff in children first, fire safety, manual handling, medication management, first aid, model of behaviour management, and data protection legislation, but a review of records of training completed found that not all staff training was up to date. The centre manager provided assurances immediately following inspection that all required training would be scheduled or completed in January 2020.

There were appropriate arrangements in place to improve the safety and quality of the care and support provided and to achieve best outcomes for children. There were regular team meetings which were well attended. A review of team meeting minutes found that they contained good detail on a variety of topics discussed. There was evidence of good overview and discussion on progress of each young person including presenting issues or concerns. Children's individual plans were reviewed and decisions and actions were recorded including persons responsible for actions or interventions identified. Children's meeting minutes were reviewed as a standing item on the staff meeting agenda and when it was necessary to relay a decision on a request or issues to the children this was clearly assigned and recorded.

The centre manager told inspectors that he provided supervision to the deputy centre manager and they both then shared responsibility for supervision of the rest of the staff team in the centre. There was a system in place whereby supervision was scheduled for individual staff on a particular date and this staff member was then supervised by either the centre manager or deputy centre manager on that day. A review of a sample of

sixteen supervision records relating to five staff members by inspectors found that the quality was mixed. Supervision was not delivered as frequently as required within the policy and not all records contained the level of detail required to support consistent coordination of shared supervision between the centre manager and deputy centre manager. In addition, delays in timeliness of supervision impacted on follow up of issues recorded within the sample examined.

The centre manager told inspectors that they struggled to meet policy requirements to have formal supervision with all staff 4-6 weekly. The centre manager highlighted that his presence in the centre daily meant that staff received direction, support and guidance regularly outside of scheduled supervision times. Inspectors queried the effectiveness of the process in place for supervision particularly in relation to the potential for gaps in follow up on actions and or decisions in the absence of a consistent supervisor. The centre manager, deputy centre manager and alternative care manager all said that staff members preferred option was the system in place. The centre manager explained that his shared office with the deputy centre manager meant that issues arising for staff members were known to both and information was shared daily between them. The alternative care manager told inspectors that she was assured that the quality of supervision was good and the experience of staff was positive.

The centre manager and deputy centre manager were available to staff to provide on-call support should they require it, outside of normal working hours. Despite the need for a formal on-call system having been highlighted by HIQA previously, this remained outstanding.

There was a visit to the centre by a quality assurance officer from the National Quality Assurance and Monitoring service of Tusla, in July of 2019. The quality assurance officer undertook a themed monitoring inspection of the service on its compliance with Child Care (Placement of Children in Residential Care) Regulations 1995, and focused on the following: consultation and complaints, statement of purpose and function, governance, management and oversight of the centre and the management of risk at the centre. In addition, the quality assurance officer assessed the centre's response to the actions arising from the HIQA inspection of the service in October 2018. The monitoring officer identified eight issues requiring action by the centre, all of which were completed at the time of this inspection.

Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Regulation 16: Records

Staff maintained care records on each child in the residential centre which contained necessary information to support the provision of child-centred, safe and effective care. Records were held confidentially in accordance with legislative, regulatory and best practice requirements.

Judgment: Compliant
<p>Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.</p> <p>Regulation 15: Notification of significant events</p>
<p>Incidents and significant events were effectively managed. Incident reports were reviewed in a timely manner by the centre’s management team and there were appropriate systems in place for reporting such events to children’s social workers. There was a culture of learning embedded within the team which ensured that learning from significant events within the centre informed improvements in practice.</p>
Judgment: Compliant
<p>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.</p> <p>Regulation 5: Care practices and operational policies</p>
<p>While there were policies and procedures in place, many were significantly out of date and did not reflect current national standards or legislation. The absence of up to date policies and procedures did not support Tusla in ensuring that all aspects of the service were provided in line with national standards and current legislation.</p>
Judgement: Substantially 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 was a management structure in place with clearly defined lines of authority and accountability. The centre manager was experienced, competent and provided leadership and support to the staff team. Risk management systems were in place, were effective and were reviewed regularly.</p> <p>Internal and external monitoring arrangements were in place however, some improvements were required. Oversight of audits and action plans required more in-depth scrutiny to ensure interventions to address deficits were appropriate, timely and effective.</p>

The provision of supervision required improvement to ensure that this was timely in line with Tusla policy and that the quality of records was appropriate to ensure effective follow up.

Mandatory training was not up to date for all staff.

While there was no evident impact on the operations of the centre at the time of inspection, the matter of agreeing sustainable on-call arrangements for management of the centre outside business hours remained unresolved for a significant period of time.

Judgment: Substantially compliant

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

There was a statement of purpose and function in place which clearly described the model of service delivered in the centre and reflected the day to day practice but, this did not accurately reflect the age range catered for in the residential centre.

Judgment: Substantially 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.

Complaints, concerns and significant events were appropriately recorded, acted upon and monitored. There were established mechanisms to monitor and evaluate the quality of care provided to children resident in the centre which were effective.

External line management arrangements for monitoring against the centre's compliance with national standards required improvement to ensure that actions to address identified or known deficits were implemented effectively and in a timely way.

The centre had an external monitoring visit to assess compliance with regulations and had responded appropriately to address non compliances.

Judgment: Substantially compliant

Quality and safety

This inspection found that children received care and support based on their individual needs aimed at maximising their wellbeing and development. Children's identified needs informed their placement within this residential centre. There was a policy on admission which included an up to date assessment of the child's needs and presenting risks, completed in consultation with the child's social worker prior to admission. This assessment ensured that children's needs could be effectively met within the centre. In determining the appropriateness of placing a new child in the centre, a collective risk assessment appropriately considered the needs and rights of children already living there centre as well as, the potential impact of a new admission on all children. Children's transition to the centre were planned in consultation with them and significant others in their lives, where appropriate. Children told inspectors that they had the opportunity to visit the centre prior to their admission, to meet with their key worker and other residents and were provided with relevant information on day to day life in the centre.

There were appropriate arrangements in place to ensure that children's care plans were reviewed within the required timeframes. Children were prepared for their reviews by being provided with support to fully participate and were encouraged to attend. Staff members and a member of the management team also attended children's child in care review meetings. However, there were delays in updating children's care plans, and at the time of inspection not all children had an up to date care plan on file. There was an appropriate system in place for addressing delays in receiving care plans from allocated social workers. Delays in receiving care plans did not impact on the progress of placement planning within the centre for children.

All children had up to date placement plans which were informed by decisions from their care plan reviews. Placement plans considered children's needs, and individual goals were determined in consultation with children, their social workers, families and significant others in their lives. Interventions to achieve goals were evaluated for their effectiveness and plans were reviewed and updated as presenting needs changed.

Children were encouraged to be actively involved in planning for their own safety, particularly when challenges arose for them. Inspectors found examples of safety plans agreed with children and young people put in place following incidents or significant events in their lives. The staff team worked closely with children's social workers to address challenges as they arose.

Where required, specialist services and multi-disciplinary input was sought to further enhance the quality of interventions for children and ensure the best outcomes for them. There was effective communication between staff in the centre and children's

allocated social workers which ensured continuity of care and adherence to children's care plans. Social workers who spoke with inspectors were complimentary of the care children received and said that communication with the service was excellent.

The staff team within the centre placed a considerable emphasis on establishing trusting relationships with children. Children's ambitions were encouraged and supports tailored to help them to reach their full potential. There was an established tradition within the centre that young adults who were resident there as children, were welcomed back following their discharge and encouraged to maintain contact with the service. Staff and children reported that previous residents visited the centre on occasion and there was a practice of inviting previous residents, along with their young families, back to the centre to share a meal during holidays or to celebrate special occasions. This culture in the centre appeared to promote a sense of belonging for children and demonstrated a commitment to provide meaningful supports far beyond their residential care placements.

The centre was clean and comfortable with enough space for dining and lounging including outdoor recreational space. It was a very busy but welcoming home and as it was close to Christmas the centre was filled with festive decorations and lights. Each child had their own bedroom and bathroom facilities were sufficient to ensure privacy. The centre management team had made an application for refurbishment works to be undertaken in the centre including, refurbishment of the ground floor dining and kitchen area to provide for more open plan living and to address poor heating efficiency associated with the current roof of the dining room. This application also included, re-painting, replacing wardrobes and floors of children's bedrooms and the conversion of the annexe building into an office space. The centre manager told inspectors that these plans were proposed to take place in 2020 and he was awaiting approval of their request.

There was a safety statement in place as well as procedures for identifying, assessing and managing health and safety risks which included, health and safety checks completed weekly by staff members and overseen by the centre management team. There was an emergency evacuation plan in place and each child had personal emergency evacuation plan on their care files. The centre had two vehicles and records showed they were well maintained and serviced.

Children were adequately supported in their transition to adulthood. They were listened to and involved in the decision-making processes about their move from residential care. Planning for aftercare began once children turned sixteen. Children's independent living skills were assessed through the placement planning process and preparation for independence was built into their day to day care. Referrals had been made to aftercare services for two children resident and their aftercare planning was in the early stages of progression as appropriate.

At the time of inspection, the centre was supporting one young adult who was a previous resident, within the annexe of the house, to transition to independent living. The presence of the annexe accommodation within the residential centre meant that each child resident was aware of the continued supports offered by staff in the centre. Children could see the different expectations within the centre once a young person reached adulthood and were aware of the planning required to ensure they were appropriately prepared for independence. This young adult resident told inspectors that their preparation for leaving care began during their placement in the centre both formally and informally. Independent living skills development was built into their key working sessions and day to day routine in the centre. Inspectors found that the staff in the centre had worked effectively to encourage children to develop life skills through real life experiences. They continued to provide support and work appropriately with the young adult resident to prepare them for their aftercare placement and increase the likelihood of positive outcome in their future.

There was a register in place in the centre which included all details as required by regulations relating to children admitted and discharged from the centre.

Children were safeguarded from abuse and neglect. There were adequate systems and processes in place to ensure that their care and welfare was protected and promoted. Staff members were familiar with Children First and relevant legislation and responded effectively to child protection concerns including promptly addressing incidents of bullying or harassment as they arose. The centre management team appropriately referred child protection concerns to the social work department as they arose and consistently monitored social work progress in relation to referred concerns. Through examination of the child protection register, inspectors saw that there had been six child protection concerns notified to the social work department in the twelve months prior to inspection. Three related to children currently placed in the centre and three related to children in the community. The register contained all information as required.

Inspectors found that appropriate measures were put in place by the centre staff team in consultation with social workers, to ensure children in their care were safeguarded against potential harm. Inspectors saw examples of safety plans implemented when risks presented for children and their placement support plans were updated accordingly. Safety and placement support plans were found to be relevant, practical, individualised and child-centred. Social workers told inspectors that they were promptly informed when concerns related to the safety and welfare of children arose. They said that the staff team were proactive at identifying safety measures to address risks and were open to input or suggestions from their department as well as other professionals as appropriate.

The development of children's skills of self-care and protection was promoted by staff. They addressed risk taking behaviour and responded to incidents of concern with

sensitivity and understanding of the age, ability and stage of development of children. Children's individual vulnerabilities were identified and highlighted as part of plans for their care and interventions to develop skills for each child were regularly reviewed through team meetings, handovers and in supervision. Children had one to one sessions with their key workers or key staff members in the centre where particular topics aimed at developing skills which promoted self-care and protection were discussed. Inspectors reviewed examples of these individual work sheets and found that staff members used their relationships as well as opportunities as they arose, to help children to understand risks and develop skills to best protect themselves in their future.

The staff team were experienced at managing behaviours that challenged and did so effectively. They were trained in an approved approach to managing behaviour that challenged and all staff was certified in this approach at the time of inspection. However, refresher training in this approach to managing behaviour had not taken place as required by policy. There was an ethos of reflective practice within the centre with respect to reviewing significant events which arose for children. The staff team and management tried to identify causes for behaviours that challenged with the aim of promoting learning and developing skills to avoid repeating such behaviours. Where it was believed further learning from review of a significant event would benefit staff interventions these reports were sent to SERG and learning or recommendations resulting from SERG review were then discussed during staff meetings in the centre.

At the time of inspection, there was a new framework for recording and measuring the impact of care interventions on children's development and progress which was in the early stages of implementation. There was an enthusiasm amongst the staff team and management about this new framework and both reported positive feedback. Staff member told inspectors that they believed the new framework provided greater focus to the team's interventions, ensuring that children's individualised goals were at the forefront of their interactions and planned interventions.

There was an acute awareness amongst the staff team of children's mental and physical wellbeing. Children's subtle behaviours which could indicate a potential concern or worry were identified quickly and the team worked well together to identify the best intervention to address such concerns. Children were supported to understand their own challenges and circumstances which impacted on their ability to engage in day to day education or activities. They were encouraged and supported to learning coping mechanisms when such challenges arose and provided with specialists supports as required. Each child had a behavioural support plan which included details of their daily routines, crisis management, absence management and safety plans. These were reviewed as required and were overseen by the centre management team and allocated social workers. When situations arose which required input from external services social workers were consulted and worked collaboratively with the centre staff to arrange

professionals meetings, strategy meetings or similar to discuss interventions in the child's best interest.

There were no restrictive practices in regular use in the centre. When practices such as room searches were used this was only when deemed necessary and in response to a presenting risk. Such interventions were monitored closely by the centre management team and were recorded and reported to children's allocated social workers.

Standard 2.1

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

Children's needs were appropriately identified and assessed to inform the appropriateness of the placement to meet their needs. Children living in the centre received care and support based on their individual needs.

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

While all children's care had been reviewed as required not all children had up to date care plans on file. Children were all familiar with their social workers who visited them regularly and they were actively involved in planning for their care. Communication between the centre staff and the children's social workers was good.

Judgment: Substantially compliant

Standard 2.3

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The centre was suitable for providing safe and effective care for children. Children had their own bedrooms and there were adequate communal and recreational facilities. There were appropriate mechanisms and systems in place to prevent accidents and reduce the risk of injury. When incidents occurred they were appropriately recorded, reported and managed. Centre records showed that the

vehicles in use by the centre were appropriately serviced and maintained. There was an up to date safety statement in place.

Judgment: Compliant

Standard 2.5

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

Each child experienced integrated, individualised care which was effectively coordinated between relevant services. Children's input into their care and decisions relating to their care were routinely sought and reflected within plans.

Judgment: Compliant

Standard 2.6

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

Children were adequately prepared and very well supported in their transitions from childhood to adulthood. There were good planning with their day to day care to maximise children's potential aftercare and where appropriate young people continued to be supported beyond the age of 18. Aftercare plans were progressing as required for children resident in the centre.

Judgment: Compliant

Standard 3.1

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

Despite policy deficiencies, associated with the absence of up to date national policies and procedures, 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 records reviewed demonstrated appropriate knowledge of this aspect of practice. Safeguarding practices were in place in the centre and children were supported to develop the skills needed for self-care and protection. Staff worked with the social worker, the child and their family to promote their safety and wellbeing.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Interventions were aimed at supporting the child to understand their behaviour and in line with their identified needs. There were no restrictive practices in regular use in the centre.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Compliant
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
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.	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.	Substantially compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially 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.	Substantially compliant
Quality and safety	
Standard 2.1 Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their	Compliant

care and welfare is protected and promoted.	
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Compliant

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

Action Plan ID:	MON-0028261
Provider's response to Inspection Report No:	MON-0028261
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	11 th and 12 th December 2019
Date of response:	30-01-2020

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

<p>Capability and Capacity Standard : 5.1 Judgment:</p>
<p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Many policies and procedures were out of date and did not reflect current national standards or legislation. Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010.</p> <p>Action Required: Under Standard 5.1: You are required to ensure: 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.</p> <p>Please state the actions you have taken or are planning to take:</p> <ul style="list-style-type: none"> • The new national suite of policies and procedures for Children's Residential Services is scheduled to be in place by end 4th quarter 2020. • The centre manager, in the absence of current up to date policies and procedures for Children's Residential centre's will continue to ensure that staff review and keep up to date with all relevant policies, regulations and

standards that protect and promote the welfare of the young person.

- The centre manager will do this by ensuring that staff are facilitated to attend workshops and training on the new model of care for Children's Residential Centre's and any other relevant training.
- The centre manager and deputy social care manager will use the medium of supervision and training hub to reflect on and review any new policies, legislation and guidelines for example GDPR and Children's First.
- The centre manager will set aside time at team meetings to discuss new developments in policy, legislation and standards so as to ensure comprehensive understanding among the team.
- The centre manager will update the centre's risk register to reflect that policies and procedures for Children's Residential Services have not been updated since 2010.

Proposed timescale:
31st December 2020

Person responsible:
National Director Children's Residential Services

Capability and Capacity

Standard : 5.2

Judgment:

The Provider is failing to comply with a regulatory requirement in the following respect:

Oversight of audits required more in-depth scrutiny to ensure they were effectively auditing practice and identifying areas for improvement or deficits in practice.

The frequency of supervision was not in line with policy and records required improvement in some cases in the level of detail recorded.

Mandatory training was not up to date for all staff.

The matter of agreeing sustainable on-call arrangements for management of the centre outside business hours remained unresolved.

Action Required:

Under Standard 5.2: You are required to ensure: 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.

Please state the actions you have taken or are planning to take:

- Children’s Residential Services have appointed a National group to review the self audit tool. This process will ensure areas for improvement and deficits in practise are identified. In the interim the Centre manager will ensure the audits are checked and cross referenced within the weekly plan.
- The Centre manager has introduced a new supervision schedule for the year. This will ensure the frequency of supervision is in line with Tusla supervision policy.
- The Centre manager will ensure that the level of detail recorded in supervision notes is effective in supporting the supervision process in the centre.
- The Centre manager has put in place a training schedule to ensure staff are up to date with outstanding mandatory training. The centre manager will also ensure training is a standing item on the weekly team meeting agenda. The Centre manager will also have mandatory training as a standing item on the agenda for supervision.
- A national consultation process has commenced, with all stakeholders, regarding the introduction of a standardised on call system in Children’s Residential Services. Tusla and Forsa are holding regular meetings with an outcome expected by the 3rd quarter of 2020

**Proposed timescale:
30th September 2020**

**Person responsible: National Director
Children’s Residential Services**

Capability and Capacity

Standard : 5.3

Judgment:

The Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not accurately reflect the age range catered for in the residential centre.

Action Required:

Under Standard 5.3: You are required to ensure: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

Please state the actions you have taken or are planning to take:

- The Centre manager in conjunction with the Alternative Care manager will review the statement of purpose to ensure it accurately reflects the age range catered for in the centre.

Proposed timescale: 31st March 2020	Person responsible: Alternative Care Manager
Capability and Capacity Standard : 5.4 Judgment:	
The Provider is failing to comply with a regulatory requirement in the following respect: <p>Actions to address deficits highlighted during pervious inspections of the service were not implemented effectively and in a timely way, as a number of actions remained outstanding since 2018.</p> <p>Action Required: Under Standard 5.4: You are required to ensure: 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>Please state the actions you have taken or are planning to take:</p> <ul style="list-style-type: none"> • The Centre manager in conjunction with the Alternative Care Manager will implement a system to review all deficits identified from previous inspections of the service. This will happen on a quarterly basis in the form of an update report outlining progress in each area. 	
Proposed timescale: 31st March 2020	Person responsible: Alternative Care Manager

Quality and Safety Standard : 2.2 Judgement:	
The Provider is failing to comply with a regulatory requirement in the following respect: <p>Not all children had up to date care plans on file.</p> <p>Action Required: Under Standard 2.2: You are required to ensure: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p> <p>Please state the actions you have taken or are planning to take:</p> <ul style="list-style-type: none"> • The Centre manager has written to the relevant social work team leaders on 20/01/20 requesting fully completed and signed care plans for the young people. If the updated care plans are not furnished to the centre by 03/02/20 the centre manager will escalate the matter to the Alternative Care manager who in turn will raise the issue with the Principal Social worker. If the care 	

plans are not received by 09/02/20 the Alternative Care manager will escalate the matter to the Regional manager who in turn will raise the matter with the Area manager.

In future, if a care plan has not been furnished to the centre within one month of the Child in Care review, the young person's keyworker will write to the assigned social worker to request a copy of the Care Plan. If the documentation is not received within 10 working days, the social care manager will escalate the matter to the social work team leader. If the documentation remains outstanding after a further 5 working days, the matter will be escalated to the Alternative Care Manager, who in turn will raise the matter with the Principal Social Worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

Proposed timescale:
31st March 2020

Person responsible:
Centre Manager