



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Announced
Date of inspection:	20 – 21 April 2021
Centre ID:	OSV 004170
Fieldwork ID	MON 0032545

About the centre

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

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 16 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.

For this inspection the inspector spoke with four children, four parents and foster carers, two staff, the centre manager, the deputy centre manager, the Alternative Care Manager and the Regional Manager for Children Residential Services for Dublin North East region.

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 remotely during the following times:

Date	Times of inspection	Inspector	Role
20/04/2021	10:00hrs to 17:00hrs	Olivia O'Connell Lorraine O'Reilly	Lead Inspector Support Inspector
21/04/2021	10:00hrs to 17:00hrs	Olivia O'Connell Lorraine O'Reilly	Lead Inspector Support Inspector

Views of young people who use the service

Feedback provided to inspectors about the centre presented a picture of a happy, homely place to live where young people and staff alike enjoyed their time together. The centre supported young people and their families to ensure ongoing engagement and communication. Young people's individuality was respected and their rights were promoted and facilitated. Everyone worked in partnership in the best interests of each of the young people and this ensured an increased sense of confidence and security for the young people. Young people's views were sought, listened to and acted upon, thereby ensuring that young people knew their views were valued and wherever possible, what mattered most to them was promoted.

Young people had a good quality of life in the centre, and although there were challenges due to public health restrictions, the staff team kept young people busy and engaged in activities and their education. In interviews, inspectors were told about the creative ways everyone had managed the lockdown; such as bingo nights, outdoor movie nights and 'come dine with me' events.

Four young people were living in the centre at the time of the inspection; with one young person living in a studio apartment attached to the centre as part of this young adult's aftercare plan. All four young people were in full time education. At the time of the inspection, attendance at classes had resumed which was a welcome development by all.

Young people described life the centre as having "a good vibe" and "everyone gets on". They told inspectors that staff are very kind and that "if stuff is happening at home, they help you"; and that staff are "just normal people who can crack a joke". Young people told inspectors how staff celebrated important events, such as a recent milestone birthday, and how this made them feel valued. They could not think of any way the centre could do anything better, and had no reason to make a complaint; although they were aware of the complaints process. Young people received a booklet containing all the information they needed about the centre on admission, and were aware that there were records kept about them. They said they could access them if they wished.

Young people had appropriate access to all areas of the centre and could leave the premises to visit family and attend necessary appointments, once risk assessed. External professionals such as social workers, could also visit the centre once a risk and necessity assessment had been completed, and it was important that these connections were being maintained.

Although due to COVID-19, young people were still somewhat limited in their outside pursuits, including meeting with family and friends, staff were actively supporting these important relationships as much as possible. Inspectors spoke with family members of young people in the centre, who described excellent working relationships with staff and very open communication and engagement. They said they were supported to be involved in planning their young person's care. They told inspectors that their contact with young people was actively promoted by staff. Staff were attentive to young people's needs and sensitive to family members' worries. Family members told inspectors that staff were always available, "we can always contact them if we need to, they'll always have a conversation with you." Families described how they worked together with staff to ensure young people got what they needed, "they have come on 1000% since moving there." Inspectors heard that "staff can't do enough for them", and "staff are consistent and always looking out for them."

Family members felt that young people were safe and well looked after in the centre by a caring staff team that knew them very well, and were encouraging and reassuring when young people had any difficulties. None of the family members inspectors spoke with could suggest any improvements for the service.

Inspectors spoke with social workers or social work team leaders of the young people in the centre, as well as their independent advocates (GALs). They told inspectors that the centre gave a valuable service which provided significant support to young people and their families. Social workers and GALs spoke highly about the staff team in the centre and what they had achieved with young people in their care. They were of the view that the centre provided a good quality service to the young people living there. Social workers and GALs felt that the programme of care in the centre met the individual needs of young people, and that the staff team provided a nurturing and caring environment for young people to develop and flourish. The centre communicated well with all involved and provided regular updates on young people's progress; this open communication benefited young people when decisions were being made about their lives. Both social workers and GALs said that the staff team engaged in promoting young people's rights and advocating for them when necessary. For example, where additional services were required they advocated for these services to be provided. All were satisfied that the staff team promoted the child's safety and wellbeing in their everyday work, and treated young people with respect and dignity in all their interventions with them.

In summary, young people felt safe and well supported by the centre's caring and responsive team. Everyone inspectors spoke to complimented the quality and levels of support given to young people placed there. There was a general consensus that young people had benefited from a strong person-centred culture, within a clear structured and caring approach, delivered by an experienced and committed staff

team. This was reflected in the findings of this inspection in relation to how the centre was managed, and the quality and safety of the service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There were effective management systems in place in the centre which ensured good quality care was provided to young people. The centre was well run and adequately resourced. The management structure was clearly defined and staff were aware of their roles and responsibilities. The centre was led by an experienced manager and deputy manager; who despite COVID-19 limitations, had maintained an active presence within the team. Externally, the alternative care manager played a key role in ensuring good governance and oversight of service delivery in the centre.

Individualised person-centred care was provided by a competent team in a manner which respected and promoted young people's rights and ensured the best outcomes for them. The service provided in the centre reflected a practice approach where the focus was on the young person and working in partnership with their families and professionals involved with them. This approach ensured that young people derived positive outcomes from receiving the service, such as remaining in full time education and maintaining strong relationships with their families.

The centre was last inspected in December 2019. At that time, of thirteen standards inspected against, all were compliant or substantially compliant. Areas requiring improvement included planning for and care of children safeguarding and child protection, purpose and function, and governance and management arrangements. Gaps identified in the last inspection had been addressed.

This inspection found that the centre was well managed and this ensured that young people received the best possible care. The centre performed its functions in line with the legislation, regulations, national policies and standards to protect and promote the welfare of young people, relating to the areas covered by the inspection. Staff demonstrated an understanding of the relevant legislation and standards appropriate to their role and reflected this in their practice. Roles and responsibilities of managers and staff were clearly defined, and good working relationships were evident. From a review of documentation and interviews with

staff, it was clear that the staff and management team strived towards the best possible outcomes for young people. The staff team had a shared understanding of what constituted good and safe practice. There were good information sharing systems to support communication to and from management and staff. Staff and managers described the various meetings that took place to ensure information was discussed and shared. These included management meetings and staff team and handover meetings. Staff also used various diaries and logs to record important information about the daily activities of young people to ensure all staff were aware of the arrangements for the young person's care. All staff agreed that clear and regular communication was crucial during the initial stages of the COVID-19 pandemic, and information sharing systems had been effective at keeping staff updated of changes to policy and practice. Inspectors reviewed the minutes of team meetings and management meetings and found this to be the case.

Tusla had developed a suite of national policies and procedures for its residential services and there was a plan in place for their full implementation by April 2021. Staff confirmed that they had received briefings and or completed an e-learning module on the first two sets of these new policies. Inspectors found evidence of this in team meeting records.

The centre was well led with a strong management team in place at all levels, providing leadership within a culture open to learning and continuous improvement. There were clearly defined governance arrangements in place that were understood by staff. The centre manager was responsible for the day-to-day operation of the centre and they were supported by a deputy centre manager. Both were accessible to staff and young people and provided oversight of the service on a daily basis. 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. There was an interim on-call arrangement whilst national discussions were ongoing regarding the roll-out of an agreed national on-call system. The current interim on-call arrangements were effective at meeting service requirements. Since the introduction of the restrictions for the COVID-19 pandemic the centre manager and their deputy attended the centre an alternate days. The deputy centre manager deputised for the manager, as required. This was a good use of resources during restrictions, was effectively an infection prevention measure and ensured availability of management to the staff team.

Managers of the service provided strong leadership. This kept young people at the centre of practice decisions, and ensured that the centre's model of care was implemented. Inspectors found that managers provided good support and direction to the staff team and that this contributed to good quality practice and good morale across the staff team. Managers described to inspectors their overall vision for the

service which was to embed their philosophy that the heart of residential care is building a home.

Managers and staff had developed good working relationships with young people's families and external professionals involved with young people's care. Family members, social workers and other professionals told inspectors that managers and staff were accessible and that they were kept informed of the progress that young people were making and advised of any challenges that arose. A system was also in place for significant events (SENs) to be recorded, investigated, and reported to all relevant persons involved with individual young people. SENs were reviewed and discussed at team meetings to determine if any further actions were required. At regional level, SENs were analysed for trending and learning which the centre manager would then feed back to the team.

Staff described a culture of learning and development in the centre where staff reflected on their practice to ensure the best care was provided to each young person. This was evidenced in records of staff meetings where the plans for young people's care were discussed, agreed and actions assigned to a staff member. Staff were clear about all their responsibilities including those in relation to health and safety, risk management, medication management, all aspects of care delivery and especially special measures in relation to COVID-19. These were standing items on meeting agendas, both at team and management level.

There was a risk management system in place to identify, assess and manage risk and this was regularly reviewed to ensure risk was minimised to the greatest extent. Risk was well managed in the centre. A risk register system was in place which was reviewed and updated regularly. Risk registers were overseen by the alternative care manager and regional manager, to review progress and to ensure control measures were appropriate. There were clear procedures in place to escalate risk if necessary. Individual and collective risk assessments were in place for each young person. Inspectors found that increased risk was responded to promptly. There was a specific set of risk assessments and procedures in place for COVID-19 and infection control measures were adhered to in the centre. Managers ensured that the staff team had access to the most up-to-date guidance and associated training.

The centre had a statement of purpose and function that accurately described the service provided, as was confirmed by the comments of young people, families and social workers alike. The statement of purpose and function contained all the information required by the standard describing the day-to-day operation of the centre and the policies underpinning practice. It described the model of care practised in the centre and the philosophy on which it was based. There was an adapted version of the statement of purpose contained in the young person's booklet. This booklet laid out important information in a welcoming, person-centred

manner and was included in the induction pack young people received on introduction to the service. A version for families was also available.

Managers were found to be knowledgeable about each young person's care and placement plan, and they ensured all records related to young people were up-to-date and signed. The safety and quality of the care provided was continually assessed to ensure the best possible outcomes for young people. There was a schedule of audits in place to ensure that the centre's compliance with every standard was assessed, at a minimum, on an annual basis. Additional audits were completed in relation to other areas, such as staff supervision in September 2020 and health and safety in February 2021. When gaps were found, actions were identified to address the issue and persons responsible assigned. Audit findings also informed policy reviews, such as around medication management; the audit revealed a need to ensure the policy was more streamlined to ensure effective practice implementation. Tusla's quality assurance directorate had also completed a report on the centre in November 2020 under both the well led and safe quality principles; the report identified only one action, which was being addressed at the time of the inspection. There were no actions identified regarding the safety of the service.

The centre implemented Tusla's "Tell Us" complaints process. Information about how to make a complaint was provided to young people as part of their introduction to the centre and was re-visited in individual sessions with young people throughout their time in the centre. One young person had been supported by staff to make a complaint in the twelve months prior to the inspection and it had been appropriately resolved.

There were sufficient numbers of competent, experienced staff working in the centre to ensure young people's needs were met on a consistent basis. The centre was well staffed with only one vacant post and had recently employed one agency staff with set hours every week to fill this gap. Tusla were also running local recruitment campaigns to hire more permanent staff with centres in the area. Other recruitment initiatives included retaining social care students who had completed residential care placements; one such student was currently working in the centre post placement. There was an on-call system in place to ensure there was management cover at all times. There was a stable staff team in place with a variety of skills and experience; some team members had up to 20 years experience in social care. There were no issues with staff retention and staff reported to being very happy in the centre and fulfilled in their roles. Staff who did move on, did so through promotional opportunities. This ensured continuity of care for the young people who came to the centre. Staff at every level of the organisation felt supported by their managers in the performance of their duties. Managers were accessible, both informally and formally through staff supervision, team and

management meetings. External professionals who spoke with inspectors spoke highly of the staff team. They were of the view that the staff team was young person-focused and ensured interagency involvement and communication at all levels.

The centre and deputy centre managers were suitably qualified, experienced and competent. The centre manager reported to, and was supervised by, an alternative care manager who maintained good oversight of the centre. The alternative care manager reported to the regional manager of the national children's residential services in the Dublin North East region. Inspectors found that there was an effective system in place to ensure both managers and staff received regular supervision and support. However, managers told inspectors that they struggled to meet policy requirements to have formal supervision with all staff 4-6 weekly. This had also been identified as an issue in HIQA's previous inspection report in 2019. On this inspection it was noted that improvements had been made; a supervision schedule was in place for the service and staff members interviewed confirmed they received supervision and that this was maintained via phone contact during COVID-19. Managers told inspectors of their commitment to meet policy requirements; this was evidenced in that the majority of staff were receiving supervision within required timeframes. Overall, inspectors found that there had been progress with regards to staff supervision, and this will hopefully improve further going forward.

Centre managers and the alternative care manager spoke confidently about the commitment, experience and professional knowledge of their staff. A training log was maintained in the centre which inspectors reviewed. All staff had completed mandatory training such as Children First, fire safety and medication management. However one staff member had yet to complete other mandatory modules such as first aid and crisis management training. A training needs analysis had been completed and additional training had been provided to staff such as health and safety online and child exploitation. Staff told inspectors that they felt their training needs were being met and were well equipped to fulfill the responsibilities of their job. Staff had written job descriptions and told inspectors they were very clear about their roles and responsibilities. There was a written code of conduct for all staff which they told inspectors they adhered to in the course of their work with young people.

Inspectors reviewed information provided by the centre manager prior to inspection, and reviewed a sample of staff files held centrally by Tusla in relation to its workforce. Inspectors found that safe recruitment practices were in place and the centre recorded all staff qualifications; however central staff records reviewed were not all up-to-date and did not all contain relevant information. For example, some files did not contain copies of relevant references and or qualifications.

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

The centre operated in compliance with relevant regulatory requirements and national standards. A full suite of up-to-date national policies for children's residential centres was currently being rolled out, along with a programme of training for all staff.

Judgment: 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.

The centre was well run and management provided good leadership to the staff team. There was a clear management structure in place that supported a competent and confident staff team, thereby ensuring a sustainable provision of person-centred and individualised care. Risk management systems were in place, were effective and were reviewed regularly.

The provision of supervision still required improvement to ensure that all staff received regular supervision in line with Tusla's policy.

Mandatory training was not up to date for all staff.

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's statement of purpose and function clearly described the model of service delivered in the centre. It also described the organisational structure and the management and staff employed in the service.

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.

Managers at all levels provided strong leadership. They ensured that the needs of young people were being met. The management team was committed to continuous quality improvement with a programme of regular audits in place. The centre operated in a culture of learning and development.

Judgment: Compliant

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Regulation 6: Staffing

The centre had a consistent and stable team. All staff were suitably qualified and or skilled. They demonstrated competency in their everyday practice, which positively impacted on outcomes for young people and their experience of their care.

Judgment: 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.

The service had safe recruitment practices in place, however staff records reviewed were not all up-to-date and did not all contain relevant information. Although staff were qualified, there was no evidence of qualifications for three members of staff on their file.

Judgment: Substantially Compliant

Quality and Safety

Overall young people were supported and encouraged to have a good quality of life where their wishes and choices were considered. Inspectors found that the young people living in the centre received care and support which respected their diversity and promoted their rights. Care was provided in partnership with family members and professionals involved with them. This person-centred care and support enhanced their wellbeing.

Staff in the centre described the young person as being at the heart of what they do. They were familiar with young people's rights and practiced a rights-based approach in their daily work. Young people gave inspectors examples of how staff had promoted their rights and social workers confirmed this in interviews. Young people were given information about their rights in a clearly laid out booklet. The booklet also included information on the records maintained about them in the centre, advocacy, daily living and activities. It also contained a version of the centre's statement of purpose, explaining the work of the centre and the care they hoped to provide to the young person. Information about the National Standards for Children's Residential Centres was also included in the centre's booklet.

Inspectors found that information was shared in an effective and person-centred way. Each young person was provided with information about the centre upon their admission and this was further discussed through ongoing direct work. Young people were encouraged to review their files and staff were keen to be open and transparent with young people whenever possible.

Young people were encouraged to express their own tastes and individualities. Every person interviewed by inspectors gave examples of this, such as young people painting their own room, co-planning of meals with 'come dine with me' events, and individual on-line clothes shopping.

Staff promoted cultural diversity and equality. The centre provided individualised care and all young people were treated with dignity and respect. Families reported that staff went above and beyond their duties in providing care to their young person and also that they themselves felt cared for and supported by the staff team. Staff were proactive in meeting the needs of young people and their families and this was also expressed by external professionals.

Young people were provided with information on external supports and services, dependant on their needs and interests. By way of an example, one young person was supported in getting information around a flight attendant course. Young people were given information about external supports and services that might help them, including advocacy services.

Direct work with young people provided staff members with the opportunity to inform young people of their rights around decision-making and accessing information about them.

Staff used these sessions effectively in this regard. Managers were very familiar with each young person's care and placement plan, and ensured young people were involved in their development.

The model of care in the centre also encouraged a rights-based approach to practice, and young people were consulted with regularly. Inspectors also saw evidence in team meeting records of discussions on how to improve the effectiveness of young people's meetings in the centre, so that that young people could get the most out of the experience. Without exception, everyone inspectors spoke with agreed that young people's needs were met and that the staff respected and acted on the views and opinions expressed by them.

In summary, young people were well cared for by a competent staff team. The centre managers ensured young people's rights were promoted and that each young person was treated as an individual in their own right, whilst also promoting group living. Planning for young people was good and they were encouraged to participate in 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

Young people living in the centre received care and support which respected their diversity and promoted their rights. This person-centred care and support enhanced their quality of life.

Judgment: Compliant

Standard 1.4

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

Information was provided to young people in user-friendly formats. Young people were given information that was relevant to their needs and interests including advocacy and support services.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<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>	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>	Substantially Compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<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>	Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	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.</p>	Substantially Compliant
Quality and safety	
<p>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.</p>	Compliant
<p>Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs</p>	Compliant