



**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 North East
Type of inspection:	Unannounced
Date of inspection:	28 February – 01 March 2023
Centre ID:	OSV-004170
Fieldwork ID	MON-0039237

About the centre

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

The is a children's residential centre managed by Tusla Child and Family Agency, Children's Residential Services, Dublin North East Region.

The aim is to provide a residential care placement for up to four young people in the care of Tusla aged 13 – 17 years on admission. Children under the age of 13 years will be considered and approval is by the area manager. It is a mixed centre with both male and female young people.

The model of care in the centre is one of attachment and trauma informed approach and based on a Tusla approved model of care designed to improve the overall wellbeing and achieve positive outcomes for each young person living in the centre

The centre works in partnership with the young people, their families and carers, their social workers and all other people with a bona fide interest in their welfare of the young people in order to provide the best possible care for each young person.

Number of children on the date of inspection:	2
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To prepare for this inspection the inspectors reviewed all information HIQA holds 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 summarise 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 young people were safe. It includes information about the care and supports available for young 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
28 February 2023	10:00hrs -19:00hrs	Sabine Buschmann	Inspector (onsite)
01 March 2023	09:00hrs -17:00hrs	Sabine Buschmann	Inspector (remote)

What children told us and what inspectors observed

From what the young people said and what the inspector observed, it was clear that young people were provided with good quality care. Young people who spoke to the inspector were positive about living in the centre and the care they received. From a review of files inspectors found that young people were listened to and encouraged to be involved in the day-to-day running of the centre and in making decisions about the care they received. The activities provided in the centre were based on young people's interests and discussed at young people's meetings. These activities were fostering existing hobbies as well as providing young people with new experiences. The staff team was proactive and innovative in providing care to the young people and ensured the young people could pursue hobbies and activities they enjoyed. At the time of the inspection there were two young people living in the centre.

The young people told the inspector that they were given an information booklet about the centre and had visited the centre before moving in and felt that this was okay. One young person spoke about the staff taking them to choose furniture, throws and pictures for their bedroom and helping them to set up their bedroom in the way they wanted it, prior to moving into the centre.

The inspector found that the centre information booklet was comprehensive and written in young person centred language. It explained the process of moving into the centre, young people's rights and responsibilities, care planning, key working, activities, right to privacy and day-to-day routines in the centre. The booklet contained information about how to make a complaint, how to access advocacy services including phone numbers and contact details.

The young people told the inspector that they felt safe and supported by staff "around the clock." One young person said "living here is fun, it is a calm and a supportive place to live and you can talk to staff for 24 hours if you needed to".

Young people described staff as "easy to talk to", "they look after you" and "they really listen to you". Young people also described some of their favourite activities such as:

"We do stuff like laser guns, go-carting and funderland."

"I do some boxing and play pool and I enjoy that."

"We go on day trips during term breaks".

"I do dancing, singing and acting."

They described having good relationships with all of the staff team and that they felt safe and cared for in the centre.

The inspector spoke with one parent, two social workers and one Guardian ad Litem¹ (GAL) who were all complimentary of the staff team. They emphasised that the staff team was creative and innovative in providing care to young people, and highlighted the high standard of communication of the staff with external professionals and parents as well as the high standard of key working. They said that the therapeutic model of care used in the centre had supported young people to make significant positive changes in the way they have lived their lives. They emphasised that the young people's rights were promoted and supported, and young people were supported to be part of the decision making process in child-in-care reviews and in other meetings that supported their care. One social worker described the staff team as "very committed" to the care of the young people and described the atmosphere in the house as "lovely, warm and full of fun".

A parent who spoke the inspector described the staff team as "amazing and that they are the nicest people you could ever meet". They said that the centre was in regular contact with them and that they were kept informed at all time. They said they were informed of meetings and received minutes from meetings, and felt involved in the decisions about their child's care. They were informed of incidents and how these were managed by the staff. They said they were really happy about everything the centre was doing to support their child and with the progress their child had made in the last six months.

The inspector observed respectful interactions between the young people and staff, as well as supportive relationships that were thoughtful of the young people's needs. The inspector found that the centre was a homely place for young people, with a committed staff team who were sensitive to the needs of the young people in their care where a holistic model of care was provided. The centre was portrayed by all who participated in this inspection as effective in supporting young people to develop to their full potential and staffed by a team who worked in partnership with families and professionals to ensure the best outcomes for the young people in their care.

The next two sections of the report provide the findings of this inspection on aspects of management and governance of the centre and the quality and safety of the service provided to the young people.

¹ Court appointed independent social worker who represents the wishes, feelings and interests of a young people and presents these to the court with recommendations.

Capacity and capability

The centre was last inspected in April 2021 and was compliant with six of the eight assessed standards and substantially compliant with the remaining two standards. This inspection found that the service was compliant with seven of the eight standards assessed as part of this inspection and substantially compliant with one standard.

There were good governance arrangements in place that ensured the service provided to young people was safe and of good quality. The centre was well run and adequately staffed by a consistent staff team. The management structure had clearly defined lines of authority and accountability to deliver child-centred, safe and effective care and support. The centre manager was qualified and experienced and was supported by an equally experienced deputy manager and five social care leaders. The centre manager reported to the alternative care manager, who had overall responsibility for the quality and effectiveness of services provided. The alternative care manager reported to the regional manager of the national children's residential services in the Dublin North East region. The centre was staffed by a motivated team of social care workers who were clear on their roles and responsibilities to ensure that good quality care was provided to the young living in the centre. The on-call system was provided by the centre manager and the deputy centre manager. This meant that staff could contact a member of the management team if required, out of hours.

The centre performed its functions in line with the legislation, regulations, national policies and standards to protect and promote the welfare of young people, related 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. The centre management and staff team demonstrated a high level of commitment to the care of the young people and the focus on each young person as an individual with their own needs. This was evident through interactions with staff, young people and reflected in young people's case records

There were systems in place to ensure effective communication within the centre. Staff team meetings were held on a weekly basis and minutes of these meetings were comprehensive and detailed. Agreed tasks, persons responsible and timelines to complete the tasks were clearly recorded, and were reviewed weekly to ensure that all tasks were completed as required. The daily handover of information to staff coming on duty outlined the plan for the young people and other relevant information, such as family visits and documentation to be reviewed. A shift planner was used to assign tasks to the staff. The communication log detailed contact with external professionals and this was overseen by centre management.

The centre management ensured that there were service level agreements and contracts in place for the provision of services such as building maintenance systems, alarms and the provision of a general practitioner (GP) for young people.

The centre manager delegated duties to staff members and the inspector reviewed a written record of these arrangements. For example, the deputy centre manager held responsibility for health and safety and supervision and two social care leaders who were responsible for archiving and completing medication audits.

There were effective systems in place to manage risk in the centre. The centre maintained a risk register that was reviewed regularly and updated when a new risk was identified. Risks were clearly outlined and appropriate control measures were in place to mitigate these risks. Risks assessments completed, included general risks to young people, for example, how to manage young people missing from care, managing behaviours in relation to meeting friends outside the centre or risks associated with the impact of substance misuse. From a review of files, the inspector found that individual and collective risk assessments were detailed, of good quality and gave consideration to young people's individual needs, vulnerabilities, and how any new admission would impact on the young people living in the centre. There were clear procedures in place to escalate risk if necessary. Risks and associated safety plans were discussed during shift hand over meetings and team meetings so that staff were kept updated, and to ensure a consistent approach and follow-up by staff. In addition, managers ensured that the staff team had access to the most up-to-date guidance and associated training in relation to risk management.

There were mechanisms in place to ensure that the residential centre strived to continually improve the safety and quality of care and support provided to achieve better outcomes for young people. Staff were trained in safeguarding and managing allegations and serious concerns. Complaints and adverse events were recorded, acted upon and monitored and were discussed in staff meetings to enable learning. Young people's meeting minutes and any issues raised were a standing item on the staff meeting agenda to capture the views and concerns of young people. Centre managers attended Tusla's significant event review group (SERG) meetings for the Dublin North East service area. This allowed for independent monitoring of selected significant events occurring in the centre, and recommendations from the SERG group were shared and discussed at centre staff team meetings. This promoted learning amongst the staff team.

The provider had completed an overview of the quality and safety of the service in January 2023 and a service improvement plan was implemented. The plan included actions in relation to internal applications for the completion of building work, such as, double glazed windows. It also included how the model of care would be embedded into everyday practice and care, as well as training needs and actions completed. In addition, the centre had a systematic approach to auditing practice as part of their

commitment to quality improvement which was tracked on an electronic spreadsheet. Managers read and signed off on young people's daily logs, key working reports and all other care records generated by staff. They carried out audits on file content and the quality of care records. The manager used an audit tool to record audits, the improvements which were required, and dated and signed off on actions when they were implemented. The audits undertaken included fire safety, risk register, significant event log, key working documents, supervision and staff training, complaints, risk assessments and meeting minutes.

The alternative care manager had good oversight of all aspects of the centre. They provided regular supervision to the centre manager, visited the centre, met the young people and attended staff meetings on several occasions. They received frequent updates on the activities and performance of the centre, including significant event notifications, minutes of all staff meetings and monthly operational reports. This inspection found that there was a culture of reflective practice in the centre which demonstrated the commitment to continuously improving the quality of care that was provided to the young people.

The centre's statement of purpose and function was reviewed in March 2022 and approved by the regional manager and deputy regional manager. The statement accurately reflected the aims and objectives, ethos, the model of care, programme of care, consultation with young people, contact with family and friends, religious and spiritual needs, health and safety, governance and organisational structure. The process for making a formal complaint was clearly outlined. The information booklet for young people was child-friendly and easy-to-read. It included information on how to make a complaint, phone numbers to an independent advocate agency and outlined Tusla's formal process of making a complaint.

The centre manager maintained a register of young people living in the centre that contained all required information.

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 child-centred and individualised care. Effective risk management systems were in place and risks were reviewed regularly.

Judgment: Compliant

Standard 5.3

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

The centre had a statement of purpose and function which clearly described the model of service that it delivered and the age range of young people that the service catered for. There was also a young people's version available, which provided young people and families with information about life in the centre.

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

Quality and safety

The care provided to young people in the centre was of very good quality and catered to the individual needs of the young people. Inspectors found that staff were skilled and sensitive in responding to the young people's needs and they were creative in the ways in which they supported them. It was evident that the young people had developed good relationships with the staff and they told the inspector that they could talk with staff about any problems that they had. Inspectors observed that staff had respectful relationships with the young people and interacted with them in a nurturing and positive manner. Inspectors observed that young people related to staff in a positive manner and that young people appeared to feel relaxed in the company of staff.

The young people's individual needs were met by a programme of care that was reflective of their care plan, their placement plan and their individual needs and interests. The care records showed good adherence to Tusla's policies and procedures. The young people's contact with their family and friends was supported and promoted. Staff facilitated day and overnight visits to family and encouraged young people successfully to invite family and friends to the centre for meals and activities. They were supported to join local clubs such as local sports clubs and youth clubs. The care provided to the young people recognised their cultural diversity, backgrounds, interests, religious and spiritual beliefs.

Young people's rights to dignity, respect and privacy were respected. Each young person had their own bedroom that they were able to decorate to their own tastes, including furniture, rugs and pictures. Efforts had been made by the staff team to ensure young people had sufficient privacy within the centre as there was sufficient space in the centre for young people to have their own space. Young people confirmed that their privacy was protected and a parent told the inspector that they were satisfied that their child was treated with dignity and respect by staff. Any limits on a young person's privacy was appropriately risk assessed in consultation with their social workers and Guardian ad Litem (GAL). Any limits or restrictions to their privacy were reviewed on a regular basis.

Young people were aware of how to make a complaint but had not recently exercised this right. The centre maintained a complaints log which provided an overview of the complaint, the attempts to resolve the issue and whether the complaint had been closed off. The procedure on how to make a complaint was outlined in the young people's information booklet, including information on the Tusla's formal complaints process. All young people had contact with relevant external professionals and an independent advocacy service and could speak with them privately or spend time with them outside of the centre.

Admissions were well managed in the centre and systems ensured they were in line with the statement of purpose and function.

The centre had a written policy on admissions to the service and there were effective procedures in place to ensure placements were suitable. There was a central resource panel consisting of a multidisciplinary team who met in response to planned placement vacancies where new referrals were discussed. Comprehensive referral forms and supporting documentation were required from the young people's social workers. The inspector sampled one young person's file and found that the information they received about the young person was of good quality and up-to-date. A collective risk assessment was completed for each young person prior to admission in conjunction with the young person's social worker to mitigate the impact of the mix of young people already living at the centre. Young people moved into the centre in a planned way and in line with policy. They visited the centre with their allocated social worker to meet the managers and to discuss the planned move. They returned for a visit to meet key workers and to familiarise themselves with the centre and were shown around the local community. A third visit involved a dinner to meet the other young people and staff. This was followed by an overnight stay and the final move.

Managers and staff were committed to the protection and safety of young people and the centre had measures in place to promote their safety. Staff and managers who spoke to the inspector had good knowledge of their obligations under Children First: *National Guidance on the Protection and Welfare of Children* (Children First), 2017. Staff responded appropriately to child protection concerns by referring them to the relevant social work department. The centre manager held a register of these concerns and followed up with the social work department as required. All staff had completed mandatory Children First training. The staff who spoke with inspectors were aware of their roles and responsibilities as mandated persons and were aware of the Tusla policy on protected disclosure.

The centre had a safeguarding statement and a range of protective measures, which included completing collective and individual risk assessments in relation to any new risks that emerged. The inspector reviewed the child protection register and found it contained two child protection concerns which were appropriately reported in line with Children First. Collective and individual risk assessments were a common feature of this centre in how it safeguarded young people, and assessments reviewed by the inspector were found to be of good quality, and informed decisions about risk.

Staff were proactive in their management and monitoring of young people's safety. Individual crisis management plans, absence management and safety plans were detailed and tailored to the needs and circumstances of young people. While there had not been any recent absences without permission from the centre, when they had occurred there were managed in line with protocol. There were records of strategy meetings with key professionals to address the needs and risks of young people as they arose, and these meetings resulted in clear and specific actions to guide staff in their delivery of care to keep young people safe. Safety planning was detailed and effective and included the voice and views of young people.

The young people were supported to develop their skills and knowledge to keep themselves safe. For example, staff carried out one to one sessions with young people to understand risks in the community, for example, substance abuse or accessing inappropriate online content. The model of care used in the centre allowed the staff team and young people to track their progress. Focused one to one sessions on reducing risk taking behaviour was reflected in young people's placement support plans.

The approach by staff to promoting positive behaviour and managing behaviour that challenged was multi-faceted. Staff were trained in a Tusla approved approach to managing behaviour. In addition, the centre had been implementing a national model of care that focused on the development of healthy relationships which challenge and support young people without judging them. The model of care guided the practice of staff and provided an overall framework for recording and measuring the impact of the care on young people's general wellbeing.

All young people had a behavioural support plan. When behaviours required interventions, staff used the positive behaviour framework which was documented in young people's case records. This involved an understanding of the reasons for the behaviour and considered young people's individual needs, including their life history, physical health and emotional needs, in order to implement individualised ways of supporting young people. Managers and staff told the inspector that the model of care used in the centre encouraged positive self-worth, self-esteem building and focused on developing existing strength and interests. In addition, staff role modelled positive behaviours and respectful interactions and used unobtrusive re-direction when young people's behaviours required correction.

Restrictive practices were used within the centre, and when use, they were appropriately risk assessed, recorded and reviewed. Restrictive practices permitted in the centre included the use of alarms on young people's bedroom doors and occasional room searches. These were found to be implemented only as required, based on presenting risks during the period when the centre was admitting a new young person and when young people presented under the influence of illegal substances. The restrictive practice was clearly outlined in the young people's information booklet. Social workers and the Guardian ad Litem were aware and agreed to this practice.

A young person who spoke to the inspector said that the use of the door alarm was okay as it was only used for a short period of time when young people moved into the centre. However, the use of alarms on all the young people's bedroom doors was a restrictive practice to manage young people's behaviour, including young people who were not at risk at the time of the admission of another young person to the centre. This restrictive practice was put in place to replace the provision of live staff cover.

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

The service provided the young people with care and support that recognised their cultural diversity, backgrounds, and interests, religious and spiritual beliefs. Young people were facilitated to connect with their own communities and supported to pursue their own interests.

Judgment: Compliant

Standard 1.2

Each child's dignity and privacy is respected and promoted.

The young people's right to dignity and privacy was respected and promoted. They were involved in decisions about their day-to-day care and had the opportunity to express their views and wishes. Any restrictions to privacy were appropriately assessed, they were developed in line with their care plans and placement plans and reviewed on a regular basis.

Judgment: Compliant

Standard 2.1

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

The young people's admission to the centre was appropriately risk assessed to identify any potential risks and ensured the placement could meet the young people's needs.

Judgment: Compliant

Standard 3.1

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

The centre promoted the safety and the welfare of the young people in their care. Policies were adhered to and safeguarding concerns were reported. Staff understood their responsibility to safeguard young people from abuse. The young people were supported to develop skills and understanding for their self-care and protection.

Judgment: Compliant

Standard 3.2**Each child experiences care and support that promotes positive behaviour.**

Staff were trained in the approved behaviour management techniques. A model of care was introduced that promoted positive behaviours. Individual crisis management plans and placement support plans were in place for all young people. However, the use of alarms on the young people's bedroom doors was a restrictive practice to manage young people's behaviour. This restrictive practice was put in place to replace the provision of staff cover.

Judgment: Substantially compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<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>	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
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 1.2 Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p>Standard 2.1 Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	Substantially compliant

Compliance Plan

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

Compliance Plan ID:	MON-0039237
Provider's response to Inspection Report No:	MON-0039237
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	28 February 2023-01 st March 2023
Date of response:	10/04/2023

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Section 1

Compliance plan provider's response:

Standard: 3.2	Judgment: Substantially compliant
Outline how you are going to come into compliance with Standard 3.2: Each child experiences care and support that promotes positive behaviour. <ul style="list-style-type: none">The centre manager will ensure that all future restrictive practices are only applied to those young people identified to be at risk.	
Proposed timescale: 10/4/2023	Person responsible: Centre Manager

Section 2

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
3.2	Each child experiences care and support that promotes positive behaviour	Substantially compliant	Yellow	10/04/23