



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Young person's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Announced
Date of inspection:	9 - 10 March 2021
Centre ID:	OSV 0004171
Fieldwork ID	MON - 0032075

About the centre

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

The centre is based in a two-storey detached building in a housing estate in the Dublin North East region. The centre has a large garden area including a private back garden and a large periphery front garden with a vegetable patch. The centre is well serviced by public transport and is in close proximity to local amenities. The centre provided a residential based support service for pregnant teenagers and young people up the age of 18 with their babies. The service has capacity for up to four young people and their young person. In the case that baby is residing in the centre with its mother and the baby required the additional safeguarding of a care order this circumstance will be managed under the National Policy in relation to the Placement of Young person aged 12 years old and in the care custody of the Tusla. The service provided is underpinned by a trauma informed approach to understanding the young person /young person in the context of their overall life experiences. Interventions are tailored to meet the needs of each individual. The model balances risk, wellbeing, attachment and trauma as a method to devise interventions.

Number of young people on the date of inspection:	3
---	---

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 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 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
9 March 2021	9.00 - 14.00	Caroline Browne	Lead Inspector
10 March 2021	9.00 - 14.00	Caroline Browne	Lead Inspector

Views of young people who use the service

The young people living in this centre had a good quality of life and were supported by the staff team as young parents. Due to the remote nature of the inspection, the inspector did not observe the young people in their living environment, however, young people said that they were happy with the care they received.

The young people who talked with the inspector described positive relationships between them and the staff team. They said that the staff team explained everything about the centre, the services provided, and their rights, when they were first placed there. They said that they felt supported to adjust to their new roles as parents, and they were linked in with relevant services for mothers and babies in the local community.

The young people said that the *'staff were very good and they helped a lot'*. They felt like they could always turn to a staff member if needed, and their requests were considered and responded to. They explained that staff were supportive and *'everything was good'*. They described a centre where they were involved in day-to-day decisions made with regard to their care, and said that they felt informed about matters related to them. Young people said that they attended weekly meetings and they *'felt like their voice was heard'*. They also explained that they participated in their young person-in-care reviews and had access to their care plan.

Although the young people were generally satisfied in the centre, they held different views on house rules, and some were of the view that they differed for each young person. However, the young people were confident enough to bring these views to the staff team and to their social worker for consideration.

It was evident that young people's right to access information held about them was promoted. Young people said that they had access for example, to their daily's logs. They were aware that they could request access to other records, such as their family history and information on why they were placed in care. There were strong links between the young people and independent advocacy services, along with good contact with their social workers. As such, young people were satisfied that any concerns they had about their placement could be addressed.

Inspectors spoke with social workers and other advocates for specific young people. These professionals said that in their view, the staff team was professional, committed and provided a good level of care to young people. There was good communication with the staff team and they were satisfied that the centre took a rights- and person-centred approach to decisions about the young people in their care. Social workers who spoke with the inspector said that the staff team listened to the young people, and strived to build good relationships with them.

Capacity and capability

This was a well-managed centre, and strong leadership and good management systems ensured that the quality of care and day-to-day practice was good.

The residential centre was operated in line with the relevant regulatory requirements and national standards. Staff demonstrated a good understanding of legislation, policies and national standards.

There was effective governance and leadership of the centre. Governance arrangements and management structures were well established and set out clear lines of authority and accountability. There was an experienced centre manager who held responsibility for the day to day running of the centre. There was also a deputy centre manager and four social care leaders. The deputy centre manager acted up for the centre manager when she was not available. The centre manager explained that these alternative arrangements were formalised and recorded in team meeting minutes and supervision records. Staff roles and responsibilities were also recorded and staff spoken to were aware of their roles and responsibilities. There was a mix of experienced and new staff in the centre.

There were effective lines of communication within the service. There were daily handover meetings in which staff and managers discussed issues arising and identified key tasks to be completed. There were also weekly staff meetings which were well attended by managers and the staff team. There were standing items for discussion at these meetings which included the young people's needs and planning, young person protection concerns, health and safety, staff training, policies and procedures and various quality assurance reports were discussed. There were comprehensive records of meeting minutes with clear actions recorded which were reviewed at subsequent team meetings.

Regional management meetings were held monthly which were attended by the regional manager, alternative care managers and centre managers. The alternative care manager formally reported to her line manager monthly through a central database, which collated information on the number of young people placed, staffing and training. She also had oversight of the service through practice audits, visits to the centre, regular supervision, review of daily records and the centre's risk register, and both staff and young people's meetings.

A new suite of policies and procedures for statutory children's residential centres had recently been developed by Tusla and a plan was in place for staff training and implementation of these policies over the coming weeks. In the interim, staff were operating under some local policies and procedures for the delivery of the service.

Risk was well managed in the centre. There was a risk management framework and structures in place for the identification, assessment and management of risk. There was an organisational risk register in place and individual risk assessments identified controls to mitigate risks. The risk register was reviewed and updated by the centre manager on a quarterly basis or earlier if a risk present and requires immediate review. There were also workplace risk assessments which were reviewed six monthly or sooner if required. Risks in relation to young people were recorded on individual risk assessments. Staff were aware of the risk management system in place. No risks required escalation to external managers in the 12 months prior to inspection.

There was a statement of purpose and function for the centre which included all details required by the regulations. The statement of purpose and function was regularly reviewed. It was updated since the previous HIQA inspection to include that in exceptional circumstances, the centre could care for babies resident with their mothers in the centre. The statement of purpose and function was publicly available and was also accessible to young people through the young person's information leaflet. Staff were aware of the model of care, the centre's overall aims, and the outcomes it sought to achieve for young people.

The quality, safety and continuity of care provided to young people was regularly reviewed to inform service improvement, and to achieve better outcomes for young people. While there was no formal centre improvement plan, the centre manager told inspectors that required improvements were identified through quality assurance monitoring audits. There was a system in place to track the implementation of actions required from audits and inspection reports, and this was overseen by the regional manager. There was also a schedule of audits in place which included maintenance of care records, health care, education and risk management. Regular reviews of the young person's files took place to ensure all work was being carried out and was in line placement plans. In addition, a review of centre registers such as the significant events logs, complaints and young person protection logs was completed to identify any emerging trends. Learning from these reviews were shared with the staff team to promote improvements in centre practice.

The workforce was managed and organised to deliver child-centred, safe and effective care and support. There were two staff vacancies in the service, however agency staff were employed in the centre in order to meet the needs of young people. A workforce plan and staffing contingency plan was in place which took account of annual leave, sick leave and contingency cover for emergencies. Service level agreements were in place with agency staff providers, to ensure staffing levels in the centre remained consistent. Formalised procedures were in place for on call arrangements at evenings and weekends.

As part of the inspection activity, a sample of four staff files were reviewed for safe recruitment practices. Inspectors found that not all staff files were not up-to-date. Two files did not contain the necessary references and updated An Garda Síochána (police) vetting was required for one member of staff who was on extended leave. The inspector was assured by the centre manager that these deficiencies would be addressed.

The centre manager identified some arrangements in place to promote staff retention which included staff supervision, informal support and staff check-ins. There was a national code of conduct for staff. Staff have access to up-to-date written job descriptions and a copy of their terms and conditions of employment. Staff who talked with the inspector were positive about the culture in the centre and they said that they felt valued. They told the inspector that managers promoted a culture of learning, development and quality improvement. The centre manager also discussed wellbeing initiatives for staff for example, mindfulness activities.

The centre manager adapted the centre roster, including managers working hours in response to COVID-19. This worked well and also ensured there was always a social care leader or a more senior staff member to provide leadership to the team.

A training needs analysis was carried out annually in the centre. Most recent training needs identified, included therapeutic crisis intervention, attachment training and the national Tusla approach to young person protection practice. Some of this training had yet to be provided. Online training was in place to ensure staff remained up-to-date in core training.

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 young person.

Centre managers and staff understood their responsibilities for the delivery of care in line with relevant legislation, regulations, national policies and standards to protect and promote the welfare of children. A comprehensive suite of policies and procedures had recently been developed nationally which guided staff in the delivery of care and to promote and protect the welfare of children.

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 young person-centred, safe and effective care and support.

There was effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support. Staff spoken to were aware of their roles and responsibilities.

Judgment: Compliant

Standard 5.3

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

The statement of purpose and function met the requirements set out within the National Standards (2018). The statement of purpose and function accurately described the services provided and was publicly available 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 young person.

The management of the centre ensured that quality and safety of care and support was always promoted and that there was a continuous review of key documents and centre records in order to improve outcomes for young people.

Judgment: Compliant

Standard 6.1

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

The workforce was planned organised and managed to deliver child-centred, safe and effective care and support. There were plans in place to ensure that there was adequate staffing to meet young people's needs and to ensure that the service was delivered in line with the statement of purpose and function.

Judgment: Compliant

Standard 6.2

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

The centre recruited people with the required competencies and qualifications to manage and deliver a child-centred, safe and effective service. However there were some gaps in staff files. Two staff files did not contain the necessary references in line with regulatory requirements. One staff member required updated An Garda Siochana (police) vetting.

Judgment: Substantially Compliant

Quality and safety

There was a child-centred approach to practice in this centre, and the staff team promoted young people's rights and their best interests. This meant that the young people living in the centre experienced a respectful and nurturing care environment.

The staff team worked with the young people to develop their parenting skills. These skills included practical tasks such as hygiene, feeding, money and management. Emotional support was also offered to help young people as new parents adapt to their new roles. The staff team also sought to empower the young people to make decisions about their lives.

Young people were well informed of their rights and the staff team provided them with good information in this regard. Young people also had direct access to independent advocacy services. Members of the staff team spoke respectfully about young people, and told the inspector how they sought to ensure each young person participated in decision-making processes and forums. Young people's individual preferences, social, cultural and religious beliefs and values were taken into account in day-to-day life in the centre, and their rights were at the forefront of decisions made about their care.

Consultation with young people was good. Weekly young people's meetings were held, where they could discuss any issue related to the running of the centre. Issues raised at these meetings were brought to staff team meetings for consideration. Young people were consulted with and participated in planning meetings including their young person-in-care review, and other professionals meetings. It was obvious that their views were sought and valued, and that they were provided with enough information by the staff team to make informed decisions about their lives.

Young people had access to their daily records and care planning documents, and it was evident that they had read them. Young people told inspectors how staff provided them with the opportunity to access these records.

There was a complaints procedure in place which was understood by the young people and they were encouraged to raise issues of concern. Complaints were discussed as part of individual work completed with young people. Complaints were also discussed at team meetings. A review of complaints in the centre identified that a number of complaints related to rules of the centre and staff linked young people with advocacy services as required.

Standard 1.1

Each young person 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 Young person.

Young people were cared for and supported in way which respected and promoted their rights. The staff team listened to young people and were aware of the need to ensure their rights were promoted while also ensuring decisions were made young people's best interests.

Judgment: Compliant

Standard 1.4

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

Young people had access to information, provided in an accessible format that takes into account their communication needs.

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 young person.</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 young person-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 young person.</p>	Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver young person-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 young person-centred, safe and effective care and support.</p>	Substantially Compliant
Quality and safety	
<p>Standard 1.1 Each young person 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 Young person.</p>	Compliant
<p>Standard 1.4 Each young person has access to information, provided in an accessible format that takes account of their communication needs</p>	Compliant