



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:	09 January 2020
Centre ID:	OSV 004174
Fieldwork ID	Mon_0028402

About the centre

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

The centre is a community based children's residential centre located in a residential area on Dublin's north side. The centre offers a residential service for four young people between 13 and 17 of either gender requiring medium to long term care. The purpose is to provide a safe and nurturing environment for young people who cannot remain living at home or in an alternative family situation.

The centre aims to provide a non-judgmental safe and nurturing environment by ensuring that a young person's first impression of the house is welcoming, homely, warm, and cosy, has nice inviting smells and a friendly face. Consultation with the young people is very important to the centre. Young people are consulted on all aspects of their daily lives. In addition, the centre works closely with families, social worker and all other people with a bona fide interest in the welfare of the young people in order to provide the best possible care for each young person.

At the time of the inspection, there were three young people living in the centre.

Number of children on the date of inspection:	3
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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 young people 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
09 January 2020	0:900hrs to 18:30hrs	Sabine Buschmann	Inspector
09 January 2020	0:900hrs to 18:30hrs	Niamh Greevy	Inspector

Views of children who use the service

Inspectors met and observed three young people, talked with one parent, two social workers, a Tusla quality assurance manager, a quality assurance officer and a guardian ad litem, about the quality of care the children received. Inspectors spoke directly with two young people who were living in the centre. Their opinions about the centre were mixed and their views were positive. They identified room for improvement and were insightful on what their experience of living in a residential centre entailed. Some of their individual comments included the following:

- "I like the way you get an opportunity to meet new people and do courses and do a driving test"
- "feels staff listen"
- "I like the variety of personalities"
- "They (staff) did their best (supporting a young person who had left the centre)"
- "It is important for staff to avoid adopting an "us" and "them" mentality because this will only perpetuate the young person's isolation"
- "Tough love" may not be the most effective technique for emotionally sensitive young people, their lives have been tough enough"

The young people told inspectors that they knew why they were in the centre. Young people said that they liked their bedrooms and that the centre was homely. They said they felt listened to and knew how to make a complaint. Young people told inspectors they had attended their child in care reviews and that their views were respected by those attending the meeting.

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 way and that young people appeared to feel relaxed in the company of staff members.

Young people were supported to maintain contact with their families, which included planned overnights where appropriate, and encouraged regular telephone calls. Inspectors found that staff facilitated young people's appointments and attended meetings with other services, to ensure the needs of young people were being met.

A social worker and a guardian ad litem told inspectors that the young people received good support in the centre and that the staff team had been managing a volatile and challenging environment to the best of their abilities, while continuing to provide good care to the young people. Social workers told inspectors that the staff team in the centre were innovative, open to learning, to change and using different approaches in order to support young people residing in the centre. From review of case records and observations inspectors found that to be the case. They also said that the centre provides regular updates on the progress of the young people in their care.

Capacity and capability

At the time of this unannounced inspection, inspectors intended to undertake a two day inspection against 14 standards. However, in order to allow the centre manage a discharge which was potentially difficult for the child involved, inspectors deferred the inspection for one day and returned for a one day inspection, focusing primarily on standards related to planning and care of young people, including admission and discharge, safeguarding and child protection, governance, leadership and management and behaviour management.

The governance arrangements in this centre ensured that good quality care was provided to the young people who lived there, and that young people were well looked after on a day-to-day basis. There was an organisational structure in place which provided clear lines of accountability, authority, decision-making and risk management. The service was led by two managers who shared the role of centre manager, deputy manager and 2.5 social care leader posts. Management and staff who spoke with inspectors were clear about their roles and responsibilities to provide a good quality service to young people. However, strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, and Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010. As centre practice was ahead of policies and procedures, managers' capacity to monitor practice and performance effectively against policy and procedure was hindered.

The centre had a written statement of purpose and function purpose which had been reviewed and updated in May 2019. The statement adequately described the service being provided and the age of young people it catered for. The statement of purpose was comprehensive and accurately described the organisational structure, the ethos and philosophy of the centre, the model of care, the management and staff employed in the centre, and the policies and procedures that informed daily care practice in the centre.

Admissions and discharges to the centre were planned and managed. There were procedures in place for admission to ensure placements were appropriate to the needs of each young person. There was a central resource panel which considered referrals to children's residential services within the region. Comprehensive referral forms and supporting documentation were required from the young people's social workers. Inspectors sampled referral records and found that the information the centre received about the young people was of good quality and provided accurate information.

A collective risk assessment was completed for each young person prior to admission, by the social work team leader and the social care manager. The purpose of this was to

ensure the mix in the centre was appropriate, and to limit the potential impact of a new admission on young people already living in the centre. Young people moved into the centre in a planned way and in line with policy. They attended the centre with their allocated social worker to meet centre managers and to discuss the planned move prior to their admission. Return visits took place to meet keyworkers and to familiarise each child with the centre. A third visit involved a dinner to meet other residents and staff. This was followed by an overnight stay and the final move.

Discharges were planned and managed, and this was particularly important where discharges were not in line with the long-term needs of a young person. Inspectors reviewed two young people's files and found that one was moving to an aftercare service in a planned and considered way. A second young person's discharge was not in line with their care plan, but was in response to the impact of their behaviors on other children living in the centre, which put them at risk of harm. Inspectors found that decision-making processes in this context were made in a collective way, between social workers and centre managers. Interim living arrangements were put in place for this young person with supports from the centre on an outreach basis, and inspectors were assured following the inspection, that a suitable permanent placement was being sourced.

There were effective systems in place to manage risk in the centre. The centre maintained a risk register that was reviewed regularly and when a risk occurred. Risks were clearly described and appropriate control measures were in place to mitigate these risks. Risk assessments completed included general risks to young people, for example the potential of violence and aggression, self-harm and young people leaving the centre without notifying staff. From a review of files inspectors found that individual and collective risk assessments were appropriate, and gave due consideration to young people's individual needs. There were clear procedures in place to escalate risk if necessary, and inspectors reviewed several risks which had been appropriately escalated and responded to by external managers.

The centre had a system in place to manage complaints in line with Tusla policy. Young people who spoke to inspectors knew their rights and were familiar with the complaints policy. Complaints were recorded, managed, reviewed and investigated in a timely manner. Information about young people's rights was prominently displayed in the centre.

Staff in the centre maintained a care record for each young person that was up-to-date and contained all the information specified in the regulations. Care records were stored securely in a locked filing cabinet. Information about young people was accessible to those who required it. Inspectors sampled young people's care records and found they were generally well maintained. Placement plans and placement support plans were clear about the objectives of each placement. They reflected young people's care plans

and when combined with the child centered therapeutic model in place, appropriately guided staff in their care of the young people. Staff members who spoke to inspectors had very good knowledge of the needs of each young person.

There was a system in place for the notification of significant events. Significant events were notified promptly and managed in line with Tusla's national centralised notification system. Inspectors reviewed a number of significant event notifications and found that they were managed appropriately. Staff were found to manage the environment, redirect young people and used techniques to de-escalate volatile situations. Inspectors found that staff provided support to young people following these events and discussed with young people how conflict in the house could be managed more appropriately. There were systems in place to learn from significant events and to develop new strategies to manage these events. However, while managers ensured that individual incidents were managed appropriately and the staff team were creative in their approach to engaging young people, bullying behaviour had continued in the centre for 2 months, and had impacted on these young people's wellbeing. Despite the creative efforts by the staff team, the impact of this behaviour on young people cannot be underestimated.

The interim deputy regional manager maintained good oversight of the operation of the centre. She provided regular supervision to the centre managers, visited the centre and met the young people and staff team on several occasions. She received frequent updates on the activities and performance of the centre, including significant event notifications, minutes of all staff meetings and monthly operational reports. The interim deputy regional manager had a systematic approach to auditing practice. She used an audit tool to record audits and the improvements which were required, and dated and signed off on actions when they were implemented.

The interim deputy regional manager attended Tusla's significant event review group (SERG) meetings for the Dublin North East region.

The centre had a safeguarding statement in line with the Children First Act 2015. The centre managers were the designated liaison. The designated liaison person was responsible for ensuring that reporting procedures within the centre were followed, so that child welfare and protection concerns were referred promptly to the Child and Family Agency. Staff who spoke with the inspector were knowledgeable about their role as a mandated person and Children First 2017.

The centre was well managed by an experienced management team who provided good leadership to the staff team. The staff team were found to be committed and experienced, and provided stability and consistent care to the young people. There was an adequate skill mix across the team, and staff and managers had a good understanding of the needs of the young people. The centre had experienced an

unsettled period over the past two months, due to the dynamics between the young people and bullying behaviour. Inspectors found that managers responded to these risks by resourcing the centre adequately, particularly at night. Social workers who spoke to inspectors said that the staff team were competent in managing behaviours that challenged. Staff who spoke to the inspector said that they felt supported throughout this period by their management team.

There was an informal system in place to provide on-call support to staff outside of normal working hours. This system was operated by the centre managers. Despite the need for a formal on-call system having been highlighted by HIQA previously, and an action plan response identifying that a national on-call system would be in place for children's residential services by the end of June 2019, this remained outstanding.

This inspection found that there was a culture of reflective practice in the centre and this demonstrated the commitment of the centre to continuously improving the quality of care that was provided to the young people. The staff team attended a planning day mid-2019 to identify what was working in the centre, and how to improve practice where required. A six-month action plan was developed to track the implementation of quality improvements within the centre.

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 in the centre maintained a care record for each child that was up-to-date and contained all the information as specified in the regulations. Care records were stored securely in a locked filing cabinet. Information about young people was accessible to those who required it. Staff in the centre maintained a care record for each young person that was up-to-date and contained all the information as specified in the regulations. Care records were stored securely in a locked filing cabinet. Information about young people was accessible to those who required it. Inspectors sampled young people's care records and found they were generally well maintained. Placement plans and placement support plans were clear about the objectives of each placement.

Judgment: Compliant

Standard 3.3

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Regulation 15: Notification of significant events

There was a system in place for the notification of significant events. Significant events were notified promptly and managed appropriately in line with Tusla's national

centralised notification system. Inspectors reviewed a number of significant event notifications and found that they were managed appropriately. There were systems in place to ensure learning from significant events for the staff team. However, while individual incidents were managed appropriately and to the best of the ability of the staff team, and steps had been taken just prior to the inspection, young people had been exposed to behaviours over a two month period which had impacted on their well-being.

Judgment: Substantially 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.

Regulation 5: Care practices and operational policies

Managers and staff had a good knowledge of relevant legislation, regulations and national standards. The new National Standards for Children's Residential Centres 2018, had been presented at staff meetings and discussed. Staff who spoke to the inspectors had good knowledge of Children First legislation and guidance, and how to manage serious concerns and significant events. While there were policies, procedures in place, many were significantly out of date by nine years, and did not reflect current national standards or legislation. The lack of up-to-date policies and procedures did not support Tusla's ability to ensure all aspects of the service was provided in line with national standards and current legislation.

Judgment: Non-compliant moderate

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.

There was a management structure in place with clearly defined lines of authority and accountability. Centre managers were experienced, competent and provided leadership and support to the staff team. Staff and managers were clear about their roles and responsibilities. The management and governance arrangements in the centre ensured that the care and support delivered to young people was child-centred and effective. All aspects of care were subject to regular review. A risk management system was in place and risks were well managed and appropriately escalated.

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 which clearly set out the aims, objectives and ethos of the service. It also outlined the model of care, the services provided and the management and staffing of the service. The statement of purpose was reviewed and updated in May 2019.

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.

There were mechanisms in place to monitor, improve and evaluate the quality of care and safety provided to the young people in the centre. Staff were trained in safeguarding. Complaints and adverse events were recorded, acted on and monitored and there was evidence that they were discussed in staff meetings to enable learning. Managers read and signed off on young people's daily logs, on significant event notifications and all other care records generated by staff. They carried out audits on file content and the quality of care records. The interim deputy regional manager used an audit tool to record audits and the improvements which were required, and dated and signed off on actions when they were implemented and had good oversight of the centre.

Judgment: Compliant

Quality and safety

Young people living in the centre received child-centred day-to-day care and support. Young people were encouraged to take part in activities relevant to their interests and staff actively supported and promoted specific hobbies to further develop skills in their areas of interests.

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. The centre was in the process of implementing a national model of care that focused on the development of healthy relationships which challenged and supported young people without judging them. The staff team met with a child care consultant who provided intervention strategies to manage behaviours that challenged

and gave staff guidance in relation to their direct work with the young people. The model of care provided an overall a framework for recording and measuring the impact of care on young people's general wellbeing. However, this approach was not always effective in managing behaviours that challenged.

Inspectors found that child in care reviews took place in line with regulations. Records related to a sample of two young people showed that up-to date care plans were in place and their individual goals were reviewed regularly. Care and placement plans were found to have been reviewed more regularly when there were issues related to the sustainability of a young person's placement. Placement plans in place at the time of inspection were informed by statutory care plans provided by the social work department. Placement and placement support plans outlined young people's individual needs, and the supports required to assist in meeting those needs. Staff members who spoke to inspectors had a very good knowledge of the needs of the young people and this was reflected in the daily records.

There were systems in place to safeguard children and protect them from abuse but they were not always timely. Staff responded appropriately to individual child protection concerns and referred them to the relevant social work department in line with Children First (2017). The staff team acknowledged bullying as a child protection concern. It was evident to inspectors that the staff team and managers made significant efforts to manage and respond effectively to bullying in the centre. This included regular consultations with a child care consultant, strategy meetings with relevant social work departments, increased staff to child ratio, and the introduction of waking staff at night. From a review of files inspectors found that staff increased the daily activities of young people and introduced more overnight activities away from the centre, particularly on weekends. Safety plans were in place and were reviewed daily. Staff implemented different de-escalation techniques and arranged for respite care where necessary. Despite the creative efforts made by the team and collaboration with other professionals to eliminate bullying behaviour, it did not cease, and resulted in the discharge of a young person from the centre.

Restraint was not used in the centre. When restrictive practice such as room searches were used in the centre they were appropriate, proportionate and regularly reviewed. These were implemented only when required, and were appropriately risk assessed.

At the time of this inspection, alarms were connected to the young people's bedroom doors, which alerted staff when a door was opened during the night. Although the alarms were used infrequently and risk assessments were completed for the use of the alarms, the alarms were a close circuit and when switched on were switched on for every bedroom, weather it was required or not.

Young people were supported in their relationships with family and significant others. Inspectors found that there was good communication between the centre

and the relevant people in the young people's lives. Social workers and guardian advisers told inspectors that they received regular updates and were notified promptly of any issues arising.

Standard 2.1

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

Admissions and discharges to the centre were well planned and managed. There were effective procedures in place for admission to ensure placements were suitable. There was a central resource panel who met in response to planned vacancies where the new referrals were discussed. 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.

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

Care plans and placement plans were up-to-date at the time of inspection and were based on the goals identified in the care plans provided by the social work department. Placement plans and placement support plans outlined the young people's needs and supports required to assist in meeting those needs.

Judgment: Compliant

Standard 3.1

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

There were systems in place to safeguard children and protect them from abuse but they were not always effective. Inspectors found that over a period of two months peer to peer bullying, aggression and physical violence had occurred on the

premises. Staff responded appropriately to child protection concerns, and referred them to the relevant social work department in line with Children First (2017). Young people and external professionals said that management and staff “tried everything” to manage and respond effectively to the level of behaviour that challenged during that time.

Judgment: Non-compliant moderate

Standard 3.2

Each child experiences care and support that promotes positive behavior.

Staff in the centre were trained in an approved approach to managing behaviour that challenged. The staff team were in the process of implementing a model of care that provided a framework for positive behaviour support at the time of inspection. However, this approach was not always effective. Restraint was not used in the centre. When restrictive practices were used, they were appropriately risk assessed, recorded and reviewed.

Judgment: Substantially 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.	Substantially 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.	Non-compliant moderate
Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
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.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Non-compliant moderate
Standard 3.2 Each child experiences care and support that promotes positive behavior.	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-0028402
Provider's response to Inspection Report No:	MON-0028402
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East CRC
Date of inspection:	09 th January 2020
Date of response:	

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.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

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.

Compliance plan provider’s response:

Standard : 5.1	Judgment: Non compliant moderate
<p>Outline how you are going to come into compliance with Standard 3.3: 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>Tusla, the Child and Family Agency are devising policies and procedures which are expected to be implemented in Children’s Residential services by the end fourth quarter of 2020. In the interim, centre staff will continue to reference current policies and procedures within the service. Staff in the centre are up to date with mandatory training which reflects current national standards and legislation.</p> <p>Quality and Safety</p>	
Standard : 3.1	Judgment: Non-compliant moderate
<p>Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>An external review of the management of the peer to peer bullying that occurred within the service will be carried out with a view to extract learning. This review will take place by 31.5.20.</p> <p>Should a future situation arise where the placement of a young person is negatively impacting the centre’s ability to safeguard each young person from abuse, practice will be informed in a timely fashion by the recommendations from the external review, along with current policies on admission and discharge, risk management, child protection and safeguarding, care planning and behavior management.</p>	

