



**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:	25 <sup>th</sup> and 26 <sup>th</sup> of July 2019
Centre ID:	OSV 004176
Fieldwork ID	0027325

## About the centre

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

This was a children's residential centre managed by The Child and Family Agency (Tusla). According to the statement of purpose and function, the centre provided care for up to four young people between 13 and 17 years of age who are in need of medium- to long-term residential care. 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 the welfare of the young people in order to provide the best possible care for each young person.

**The following information outlines some additional data of this centre.**

Number of children on the date of inspection:	2
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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 children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two sections:

### **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 section 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
25 July 2019	10:00hrs to 17:30hrs	Sabine Buschmann	Lead Inspector
26 July 2019	10:00hrs to 17:30hrs	Niamh Greevy	Support Inspector

## What inspectors observed and children said during the inspection

Inspectors met and observed two children and talked with one parent and two social workers.

Children said that the centre was a nice place to live and that the staff were nice too. They said there was nothing that they would change about the centre and they felt listened to by the staff team. Children told inspectors that they enjoyed going on trips to the ice cream parlour and the beach. They said that a summer holiday was planned but they were unsure about going.

Children were supported to maintain contact with their families. The staff team facilitated good contact between children and their families and welcomed parents into the centre. Parents who visited said they were supported to have regular contact with their children.

Inspectors observed children and staff having lunch in the garden and found that the children seemed very relaxed and at home. There were pleasant interactions between staff members and children and children openly discussed issues that arose for them.

Social workers who spoke to an inspector said that the centre provided good child-centred care and that they were kept informed of all incidents and significant events in a timely manner. Social workers complimented staff on their positive behaviour management strategies and that the staff team was proactive and creative in meeting the needs of the children.

## Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided to the children who lived there at the time of the inspection. There was an organisational structure in place for the centre, which provided clear lines of accountability, authority, decision-making and risk management. Management and staff who spoke with inspectors were clear about their roles and responsibilities to provide a good quality service to the children. 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 which adequately described the service being provided and the age of young people it catered for, but it was not compliant with national standards. The statement did not accurately describe the full organisational structure, the management and staff employed in the service, or the model of care in use. The statement of purpose and function was generic and did not clearly outline the cohort of children the centre had the capacity to provide a service to, or the resources required to meet their needs. The alternative care manager told inspectors that the statement of purpose and function was under review to bring it in line with national standards, which have been in place since July 2018.

There were effective systems in place to manage risk in the centre. The centre maintained a risk register that was reviewed monthly and when a risk occurred. Risks were discussed at local and regional levels. Regional feedback was brought to staff meetings for shared learning. The centre's risk register was updated regularly to ensure that risks did not remain on the register for a protracted period of time. Risks were well described and appropriate control measures were in place to mitigate these risks. Local risks, such as the risk of children missing from care or children engaging in self-harming behaviours, were identified and managed within the centre through clear instructions from managers which guided staff responses. Risk assessments carried out by the centre were generally thorough and supported safe decision making. 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.

There were good financial management systems in place that ensured accountability in relation to expenditure in the centre and there was evidence of external oversight of expenditure by the alternative services manager.

The centre had a system in place to manage complaints in line with Tusla policy. Children were listened to and were aware of how to make a complaint and had exercised this right. Complaints were recorded, managed, reviewed and investigated and had been addressed in a timely manner. Children were satisfied with the outcome of their complaints.

Inspectors sampled children's care records and found they were well maintained. Placement plans, placement support plans and key working reports were comprehensive, detailed and addressed key issues including health, education and the

children's overall needs. There was evidence that the centre consulted with children and their parents or carers when placement plans were developed, and that their views informed placement plans.

There were sufficient staff on duty at the time of the inspection to provide for the needs of the children. The centre had vacant posts. The systems in place to recruit staff was not timely and as a result, There were arrangements in place to ensure the same agency staff worked in the centre, which promoted consistent and continuous care to the children.

The centre was well managed by an experienced management team who provided good leadership to the staff team. There were adequate arrangements in place to provide cover for the centre manager during leave. The staff team were found to be committed and experienced, and provided stability and consistent care to the children. There was an adequate skill mix across the team, and staff and managers had a good understanding of the needs of the children.

There were management systems in place within the centre to provide oversight of practice and hold staff to account. The centre had a systematic approach to auditing practice which was tracked on an electronic spreadsheet. This was an improvement since the last inspection of the centre. Managers read and signed off on children'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 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.

The alternative care manager maintained good oversight of the centre. She provided regular supervision to the centre manager, visited the centre and met the children 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. Issues arising from staff meetings were discussed by regional managers for learning and resolution and it was evident that the alternative care manager ensured actions from these meetings were implemented. The alternative care manager told inspectors that a nationally led quality improvement framework and self-assessment audit had been completed by the centre. This was a mechanism to provide assurance at local, regional and national level, that the centre was safe and being delivered to a good standard. However, this did not trigger prompt actions to update Tusla's outdated policies to bring them in line with current practice.

There was a reporting system in place in relation to monitoring compliance with national standards, which contributed to oversight of the overall performance of the centre at managerial level.

There was external monitoring of the centre but it was not timely. A Tusla monitoring officer carried out a monitoring visit to the centre in December 2018. Although no significant concerns were identified, a final report of the visit was not issued to the centre until June 2019.

There were other mechanisms in place to ensure good and improved quality of care was provided to children. Staff were trained in safeguarding children and managing allegations and serious concerns. Complaints and adverse events were recorded, acted

on and monitored and there was evidence that they were discussed in staff meetings to enable learning. Children were provided with feedback forms and a suggestion box to suggest centre changes or improvements. Children's meeting minutes and any issues raised were a standing item on the staff meeting agenda to capture the views and concerns of children.

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. In addition, the centre had established an in-house SERG group that met fortnightly to discuss significant events and risk management. Learning from these meetings was also shared with the team. This inspection found that there was a culture of reflective practice in the centre and this demonstrated the commitment to continuously improving the quality of care that was provided to the children.

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 records and were satisfied that the National Incident Management System (NIMS) was implemented in 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. The care records were kept in a locked filing cabinet and were secure. Information about children was accessible to those who required it and record keeping was of a good standard.

**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 were internal and external systems in place to review all incidents, and recommendations from these were implemented in the majority of records sampled. There were systems in place to ensure learning from significant events for the staff team. The National Incident Management System (NIMS) was implemented in the centre.

**Judgment: 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**

Management and staff had good knowledge of relevant legislation, regulations and national standards. The new National Standards for Children's Residential Centres had been presented to staff meetings and discussed. Staff who spoke to the inspectors had good knowledge of Children First (2017) and how to manage serious concerns and complaints. 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. Arrangements were in place to provide cover when the centre manager was on leave. Risk management systems were in place and working well. Internal and external monitoring arrangements were in place but reports on external findings were not always timely. While policies related to the delivery of children's residential centres were under review by Tusla at a national level, a full suite of up-to-date policies and procedures were not provided to the centre, and some remained significantly out of date, by nine years, at the time of the inspection.

**Judgment: Non-compliant moderate**

**Standard 5.3**

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

There was a statement of purpose and function for the residential centre that was not compliant with national standards. The statement did not accurately describe the full organisational structure, the management and staff employed in the service, or the model of care used in the centre. The statement of purpose and function was generic and did not adequately describe the cohort of young people whose care and support needs the centre had the capacity and capability to meet.

**Judgment: Non-compliant moderate**

**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 safety and continued care provided to the children but they were not always effective. Staff were trained in safeguarding children and managing allegations and serious concerns. Complaints and adverse events were recorded, acted on and monitored and there was evidence that they were discussed in staff meetings to enable learning. External monitoring arrangements were in place but reports on their findings were not timely. The lack of up to date policies and procedures did not support centre managers to measure current practice and drive continuous improvement in the delivery of the

service.

**Judgment: Non-compliant moderate**

### Quality and safety

Children living in the centre received child-centred care and support. Children were involved in activities relevant to their interests and activities were planned on a daily basis, in line with their placement plans. Staff encouraged and supported children to engage in their daily activities and this had helped some children in the centre to manage their emotions and behaviours in a positive way.

The service had sought feedback from children in the centre and made changes based on this feedback. For example, by including certain items in the weekly shop.

The centre provided a homely, clean and comfortable environment for children. There were good facilities in the centre for recreation and children had their own bedrooms which gave them space for personal belongings and privacy.

The service had measures in place to ensure the safety of children. Staff responded appropriately to child protection concerns by referring them to the relevant social work department. Inspectors found evidence that the manager then followed up with social workers to find out about the outcome of reported concerns. Appropriate measures were in place to ensure that children were safeguarded from potential harm.

Staff engaged in individual work with children on an ongoing basis and this had been effective in reducing the level of behaviours that challenged for some children. Where children were absconding from the centre, staff reported them missing in line with their absence management plan, made efforts to contact the child and return them to the centre safely. Joint protocol meetings to manage children who were regularly missing from care did not take place in line with protocol, but the centre had made efforts to liaise with An Garda Síochána outside of this process. The alternative care manager told inspectors that they had escalated the issue of strategy meetings not being held to the regional manager for alternative care.

Restrictive practices were not routinely used in the centre and when they were used they were appropriate and proportionate. There was a marked improvement in the reduction of restrictive practices. There was one incident of the use of a physical intervention by staff, and two room searches had been carried out since the last inspection. The centre had ceased routinely using alarms on children's bedroom doors. The majority of restrictive practices were appropriately recorded but debriefs with the child, their family and relevant staff were not evident following the use of restrictive procedures.

The manager had taken appropriate actions to ensure the safety of the premises. Staff received fire training and effective systems were in place to ensure the centre was well-maintained.

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 also addressed and identified needs of children not articulated in their care plans. Children received medical care and were supported to engage with other external services in line with their needs. It was evident that plans were informed by the expressed wishes of children.

Inspectors found there was good communication between the service and relevant people in children's lives. Staff updated social workers and children's parents in relation to significant events and sought input from social workers, medical practitioners and child and adolescent mental health services as needed. The centre also supported relationships between children and their families, and these relationships improved children's engagement with support services. The views of parents and relevant services informed decision making in relation to children and supported the development of good placement plans in relation to children's care.

### **Standard 2.1**

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

The centre conducted appropriate risk assessments prior to a new admission of a child which included the impact of the new admission on the children already placed in the centre. Children admitted to the centre since the last inspection were admitted in line with the centre's statement of purpose and function. Children had a comprehensive assessment of need on admission. Children transitioned into the centre in a planned way, which allowed them to become familiar with the routines within the centre, the children who lived there and staff team.

**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.

The centre had a copy of up-to-date care plans for all children and keyworkers had developed placement plans that were relevant to the needs of children at the time of inspection. Plans in place outlined how children would be supported in respect of their identified needs, and children were involved in the planning process. Children were supported to access external supports as needed.

**Judgment: Compliant**

### **Standard 2.3**

The children's residential centre is homely, and promotes the safety and

wellbeing of each child.

The physical environment in the centre was homely. Children had their own bedrooms and there were adequate recreational facilities. Reasonable measures were in place to prevent accidents and reduce the risk of injury. Incidents that did occur were appropriately reported. Centre records showed that the vehicles in use by the centre were appropriately serviced and maintained.

**Judgment: Compliant**

### **Standard 2.5**

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

There was good communication between the centre and services involved with the children in their care. While joint protocol meetings to manage children who were regularly missing from care did not take place in line with protocol, the centre had made efforts to liaise with An Garda Síochána outside of this meeting process. Transitions from the centre and out of care were being managed, and appropriate plans were underway. Inspectors found that onward placements were informed by the wishes of young people.

**Judgment: Compliant**

### **Standard 2.6**

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

Aftercare planning for young people in the centre was good and was informed by the wishes of the young people involved. Young people were supported to develop independent living skills in line with their care plan and placement plan, based on an identified programme for aftercare.

**Judgment: Compliant**

**Standard 3.1**

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

Centre policy did not reflect Children First (2017). For example, the introduction of mandatory reporting was not reflected in current policy. Despite policy deficiencies, inspectors found that child protection concerns were reported to the social work department through Tusla's web portal, in line with Children First (2017). All staff had up-to-date training in Children First (2017) and those interviewed by inspectors demonstrated appropriate knowledge of this aspect of practice. The centre manager was the designated liaison person for the service and maintained a list of mandated persons in line with Children First (2017). Safeguarding practices were in place in the centre and children were supported to develop self-awareness and skills needed for self-care and protection. Staff worked with social workers, children and their families to promote the safety and wellbeing of children.

**Judgment : Compliant**

**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. Children were supported to understand their behaviour through individual work sessions with key workers, in line with their needs identified in their placement plans. Restrictive procedures used in the centre were the least restrictive option, for the shortest duration necessary. All but one incident reviewed by inspectors were recorded appropriately but debriefs with the child, their family and relevant staff were not carried out following the use of restrictive procedures.

**Judgment: Substantially compliant**

## Appendix 1 - Full list of standards considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 2.4:</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Compliant
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
<b>Standard 5.1</b> 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
<b>Standard 5.2</b> 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.	Non-compliant moderate
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Non-compliant moderate
<b>Standard 5.4</b> 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.	Non-compliant moderate
<b>Quality and safety</b>	
<b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.	Compliant
<b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
<b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
<b>Standard 2.5</b> Each child experiences integrated care which is	Compliant

coordinated effectively within and between services.	
<b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.	Compliant
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behavior.	Substantially compliant



# Action Plan

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

<b>Action Plan ID:</b>	MON-0027325
<b>Provider's response to Inspection Report No:</b>	MON-0027325
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin North East
<b>Date of inspection:</b>	25 to 26 July 2019
<b>Date of response:</b>	6/9/19

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

## Capability and Capacity

**Standard : 3.3**

**Judgment: Substantially compliant**

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

In one incident following a restrictive procedure, debriefs with the child, their family and relevant staff were not carried out.

### **Action Required:**

Under Standard 3.3 you are required to ensure that: Incidents are effectively identified, managed and reviewed in a timely manner, and outcomes inform future practice.

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

- The Centre Manager will ensure in future, following a restrictive practice procedure, that a debriefing session will take place with all parties involved.
- The Centre manager will ensure oversight and monitoring by continuously reviewing all restrictive practice that occurs within the centre.

- The Centre Manager has scheduled a training work shop with the staff team regarding the use of restrictive procedures including the importance of a debriefing session after a restrictive procedure event has occurred. This workshop will be delivered on 5<sup>th</sup> November 2019
- The new national suite of policies and procedures for Children's Residential Services is scheduled to be in place by end 2<sup>nd</sup> quarter 2020. A policy on restrictive practice will form part of the national suite of policies for residential care.

**Proposed timescale:**  
30<sup>th</sup> June 2020

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

### Capability and Capacity

#### Standard : 5.1 Judgment: Non-compliant moderate

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

Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010.

#### **Action Required:**

Under Standard 5.1 you are required to ensure that: 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.

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

- The new national suite of policies and procedures for Children's Residential Services is scheduled to be in place by end 2<sup>nd</sup> quarter 2020.
- The centre manager, in the absence of current up to date policies and procedures for Children's Residential centre's will continue to ensure that staff review and keep up to date with all relevant policies, regulations and standards that protect and promote the welfare of the young person.
- The centre manager will ensure that staff are facilitated to attend workshops and training on The Welltree Model, the new model of care for Children's Residential Centre's and any other relevant training.
- The centre manager and deputy social care manager will use the medium of supervision to reflect on and review any new policies, legislation and guidelines for example GDPR, Welltree, Complaints and Children's First.

- The centre manager will schedule time at team meetings to discuss new developments in policy, legislation and standards so as to ensure comprehensive understanding among the team.
- The centre manager will update the centre's risk register to reflect that policies and procedures for Children's Residential Services have not been updated since 2010.

**Proposed timescale:**  
30<sup>th</sup> June 2020

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

### Capability and Capacity

**Standard : 5.3**

**Judgment: Non-compliant moderate**

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

The statement of purpose and function was not adequate.

**Action Required:**

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

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

- The centre manager in conjunction with the alternative care manager will review the purpose and function.

**Proposed timescale:**  
30<sup>th</sup> November 2019

**Person responsible:**  
Alternative Care Manager

### Capability and Capacity

**Standard : 5.4 Judgment: Non-compliant moderate**

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

Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010.

**Action Required:**

Under Standard 5.4 you are required to ensure that: 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.

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

- The new national suite of policies and procedures for Children's Residential Services is scheduled to be in place by end 2<sup>nd</sup> quarter 2020.
- The centre manager, in the absence of current up to date policies and procedures for Children's Residential centre's will continue to ensure that staff review and keep up to date with all relevant policies, regulations and standards that protect and promote the welfare of the young person.
- The centre manager will ensure that staff are facilitated to attend workshops and training on The Welltree Model, the new model of care for Children's Residential Centre's and any other relevant training.
- The centre manager and deputy social care manager will use the medium of supervision to reflect on and review any new policies, legislation and guidelines for example GDPR, Welltree, Complaints and Children's First.
- The centre manager will schedule time at team meetings to discuss new developments in policy, legislation and standards so as to ensure comprehensive understanding among the team.
- The centre manager will update the centre's risk register to reflect that policies and procedures for Children's Residential Services have not been updated since 2010.

**Proposed timescale:**  
30<sup>th</sup> June 2020

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