



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

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| Name of provider: | The Child and Family Agency |
| Tusla Region: | Dublin North East |
| Type of inspection: | Unannounced |
| Date of inspection: | 4 May – 5 May 2023 |
| Centre ID: | OSV-004176 |
| Fieldwork ID | MON-0039829 |

About the centre

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

The aim is to provide a residential care placement for up to four young people in the care of Tusla aged 13 – 17 years for medium to long term residential care. The centre may provide care and support to young people having reached the age of eighteen while living in the service and is in transition between leaving care and living independently. In exceptional circumstances it will provide care and support to children aged twelve and under in accordance with national policy. The service can provide short term care for a young person who is pregnant or has a child under circumstances that would be in the best interest of a young person and a child

The centre uses the Tusla nationally approved model of care to achieve positive outcomes for young people. The centre is endeavours to work in partnership with the young people, their families and carers, social workers and all other people with a bona fide interest in the welfare of the young people.

The following information outlines some additional data of this centre.

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| Number of children on the date of inspection: | 4 |
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

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

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 |
|------------|-----------------------|--------------|--------------------|
| 4 May 2023 | 09:30 hrs – 18:15 hrs | Sheila Hynes | Inspector (onsite) |
| 4 May 2023 | 09:30 hrs – 18:15 hrs | Sharon Moore | Inspector (onsite) |
| 5 May 2023 | 09:00 hrs – 17:00 hrs | Sheila Hynes | Inspector (remote) |
| 5 May 2023 | 09:00 hrs – 17:00 hrs | Sharon Moore | Inspector (remote) |

What children told us and what inspectors observed

There were four young people living in the centre at the time of the inspection. Inspectors spoke with one young person and two young people completed a survey.

Inspectors found that the service actively promoted young people's rights, and recognised their individual needs and strengths which led to the delivery of a high standard of child-centred care. The service prioritised the safety and wellbeing of the young people and worked in partnership with families, social workers and other professionals and services to achieve this. There was a high level of effective communication that ensured all relevant people worked collaboratively for the best outcomes for the young people. Inspectors found examples of high quality keyworking and individual work to ensure young people views were sought on an ongoing basis.

From what young people said and what the inspector observed, the young people received high-quality care and support from the service. Inspectors observed supportive and warm interaction between staff and young people. The atmosphere was calm and relaxed and young people appeared to be at ease. There were no restrictions in the centre and the young people spent time in areas of their choosing.

Some of the young people choose to complete a survey to express their views to inspectors and others choose to meet with inspectors. The young people had a mix of positive and negative views of their experience of the service.

Each young person had a care plan in place, they contributed to their plan and were actively involved in care planning. The young people were supported to attend their review meetings and their choice to attend or not was respected by the service. Inspectors found that the young people completed a form prior to their review meetings to ensure their views were recorded and considered. However, the young people had mixed opinions on how their views impacted on their care and one young person said "no one listens" and others expressed that they were not listened to in meetings.

All young people were aware of the complaints system. They were aware of who to make a complaint to in the service and externally. Some young people had made complaints but not all were satisfied with the outcome. One young person said that they were encouraged to talk to their social worker and an external advocacy service about their dissatisfaction. The young people were aware of an independent advocacy service for children in care and were encouraged to use this service regarding concerns or for support.

All young people expressed that they were aware of their rights and were given information on their rights. They understood the importance of their rights and how the services promotes their rights on an ongoing basis. One young person described how the service promoted their right to privacy even when the young person felt that the previous restrictions involving high levels of supervision was alright. All young people indicated that there were people they could speak with about their rights.

Each young person had a safety plan that they contributed to in conjunction with the area manager and centre manager and these were reviewed on a regular basis with all relevant people. The young people expressed that at times they did not feel safe, however, they knew what to do in these instances and informed inspectors of the steps the service had made to make them feel safe.

The service is located close to shops and public transport. It is a single story residence that is well maintained with ample outdoor space. The garden has mature trees that provide privacy for the young people. The outdoor space accommodated games such as basketball or football. The garden was well maintained and potted plants added to the visual appeal. Inspectors observed the young people and staff using the garden furniture and area frequently during the inspection.

The interior of the residence was bright, homely, well decorated and comfortable. There were a number of areas for the young people to relax together and also space to spend time alone or with visitors privately. There were games and books on the tables for easy access for both the young people and staff. The centre had fresh flowers in the kitchen and living room. Inspectors were informed by the centre manager that these were purchased on a weekly basis and the young people's favourite flowers were often purchased.

There was a varied weekly dinner menu that included meals from different cultures. Each young person had a shopping list on the notice board that they could add to as they wished. The young people were encouraged to cook and bake and this appeared to happen regularly. Inspectors found that meal times were promoted as a time for everyone to spend time together and there was a good variety of food that was homemade and wholesome.

The inspectors spoke with one parent, who said the centre was "doing a fine job of taking care" of their child. Inspectors also spoke with four social workers, one aftercare worker, one education welfare officer and two Guardians ad Litem¹ about the care, support and service delivered to the young people living in the centre. They were complimentary of the staff team, they emphasised the high standard of keyworking, advocacy and efficient communication. They said that "they do their best" for the young people and "are open to suggestions".

¹ Court appointed independent social workers who represented children in decisions about their care.

They felt that the “staff take on board what the children say” and “they try to highlight their strengths”. They felt that the young people’s rights were promoted and supported. They believed the young people were supported to be part of the decision making in child-in-care reviews and in other meetings that supported their care. They complimented the environment as ‘quiet and relaxed’ and described the centre as ‘a home rather than a house’. All described a positive working relationship with the centre management and staff team, noting that “relationship is key, very beneficial to have a positive working relationship”.

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.

Capacity and capability

The centre was last inspected in July 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 all of the eight standards assessed as part of this inspection.

Overall, inspectors found that this was a well-led and managed centre. Managers and staff were suitably skilled and experienced. They clearly understood their roles and responsibilities for keeping the young people safe, promoting their rights and meeting their individual needs. The roles and accountabilities of centre managers, social care leaders and social care workers were clearly defined. The leadership and governance arrangements in place provided safe and effective care. The centre had an improvement plan in place to improve the quality and safety of the care and support provided to the young people.

The statement of purpose was reviewed in January 2023 and accurately described the service that was provided. There was a young people’s version that was easy to read and reflected the service provided. The staff understood the model of care and purpose and function of the centre.

The centre manager delegated duties to the deputy centre manager and a social care leader where appropriate. Inspectors reviewed a written record of these arrangements. The centre manager and deputy centre manager held joint responsibility for some tasks such as attendance at child-in-care reviews and professional meetings. Inspectors were informed that this was to ensure that the management team were up-to-date on all decisions impacting on young people’s care and support. Other duties such as maintenance and training oversight was delegated to the social care leader. At the time of the inspection, a second social care leader was been inducted into their role. Inspectors were informed that the

delegation of duties would be revised to include the new social care leader in due course.

The centre management and alternative care manager had agreed a centre improvement plan. The plan was dated from May 2022 to be reviewed the following May. This review was scheduled for May 2023. The plan included actions in relation to improvements in the building, staffing, staff training, the model of care and information and communication technology (ICT). The plan had progressed with most actions completed or with an ongoing status. For example, the windows were replaced, a team day was organised, quarterly training needs analysis was completed and centre was fully integrated into the ICT infrastructure. Part of the plans that were ongoing included consultation with regard to the model of care and the use of consistent agency staff. The plan also included encouraging staff to utilise an employment assistance programme (EAP) and this had progressed well with staff been offered protected time to use support. The EAP had attended a staff meeting in August 2022 and were scheduled to attend again on the 30th of May 2023.

The centre management had systems in place to oversee the safety and quality of the service. There was a system of auditing in place which began with the keyworkers audit of young people's care records and identified gaps were communicated to the relevant staff members for correction. The centre management had overall responsibility for auditing of the service and used an auditing tool for all records. The improvements were recorded and once actioned, were signed by the relevant staff member. These records included petty cash, significant event notifications, model of care records and young people's care records. Inspectors found the auditing system in place was effective.

The centre manager had overview of all the centre's registers, such as complaints, child protection, restrictive practice, risk, escalation reports forwarded to senior managers and significant events. Inspectors found that these registers were up to date with relevant details such as actions to be taken, consultation with young people and social worker or outcome status.

Restrictive practices such as room searches and high level of supervision of young people were in line with Tusla policy and were accompanied by good quality risk assessments. Inspectors found good practice in terms of ensuring restrictive practices were in place for the shortest duration possible. At the time of inspection there were no active restrictive practices in place.

Risk escalation processes of 'Need to Know'² records were appropriately reported to senior management resulting in action to reduce or manage presenting risk.

² Tusla's system for informing senior managers about significant risks to the safety and welfare of children.

There were collaborative working relationships with social workers, other professionals and the young people's families in terms of information sharing and responding to risks.

The alternative care manager's oversight of the safety and quality of the service was evident from a number of records reviewed by inspectors. They attended many of the young people's professional meetings and child-in-care reviews and were involved in direct work with the young people. For example, they were involved in the development of all the current safety plans for the young people, in conjunction with each young person and the centre manager. They received regular updates on the care of the young people and any other centre activities.

There were systems in place to ensure effective communication within the staff team. The staff team meetings were held weekly in the centre. Inspectors found that there was good attendance at these meetings. The meeting included review of the young people through the discussion of a keyworker review report. Individual crisis management plans, placement support plans and safety plans were also reviewed. Significant event recommendations from both Tusla's significant event review group (SERG) and internal reviews were discussed at team meetings. These discussions resulted in clear actions, with person responsible identified and date of implementation noted. Child protection notifications were discussed and were followed up with actions in a similar way. Inspectors found there was a culture of learning and reflective practice to improve outcomes for the young people that was promoted strongly by the centre management.

The staff that spoke with inspectors understood their roles under Children First: National Guidance for the Protection of Children (2017) and were up to date on policy development. Inspectors found that developments in policy were discussed at staff team meetings, for example general data protection regulation (GDPR), lone working policy and child abuse substantiation procedure (CASP). There was a presentation to team in relation to CASP in October 2022.

On a daily basis, communication was well organised. The daily handover 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. The allocation of tasks was assigned at the start of each shift. Any updates regarding the young people's care such as safety plans or risk assessments were included in handovers.

The centre manager maintained a register of young people living in the centre. Inspectors reviewed the register and it contained all required information.

The provider had completed an overview of the quality and safety of the service in October 2021 and the report was issued in January 2022. There were no follow up recommendations from this overview. The provider carried out a consultation with the young people by questionnaire and this was completed in December 2022.

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-led and managed. There were effective governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

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 was up-to-date and accurately described the service that was provided. A young people's version was in place that accurately and clearly described the service.

Judgment: Compliant

Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The service continued to strive to improve the safety and quality of the care and support provided. The centre improvement plan was developed with senior management and many of the plans were completed or were ongoing. The annual review of the centre was in progress at the time of the inspection. There was a culture of reflective practice to improve outcomes for the young people that was promoted strongly by the centre management.

Judgment: Compliant

Quality and safety

Overall, inspectors found the service delivered to the young people was of a high standard. The young people were informed of their rights and staff supported them to exercise and understand their rights. There was a strong focus on building open and supportive relationships that promoted the young people's individual goals and needs as set out in their care plan. Young people's culture was respected and diversity was promoted. Their connection with their family and friends was accommodated in line with their wishes and their best interest.

Inspectors found that the young people were confident in knowing their rights and their voice was visible in their care records and minutes of their review meetings. Young people's house meetings were held regularly. Inspectors reviewed a sample of the minutes of these meetings and noted good engagement with the young people around important topics such as social media, planning activities and social events. Where a meeting did not take place, an explanation of same was clearly recorded. Inspectors found that young people's suggestions were followed through and were actively sought through the use of a suggestion box.

Young people were aware of how to make a complaint and if necessary the external agencies they could contact if they were not satisfied with the outcome of a complaint. The centre maintained a complaints log which provided an overview of the complaint, the resolution and whether the complaint had been closed or was ongoing. The procedure on how to make a complaint was outlined in the young people's information booklet, including information on Tusla's complaints process. Centre management promoted the importance of supporting the young people to make a complaint. All young people had contact with social workers, external professionals and an advocacy service for children in care and could speak with them privately or spend time with them outside of the centre.

Young people's diversity and culture was respected. The menu was culturally diverse and young people were involved in menu planning, cooking and baking. Each young person had their own shopping list that they could add to as they wished. Inspectors found examples of individual work and keyworking with the young people that promoted their culture and diversity. The young people's religious beliefs were supported by the staff team.

Dignity and privacy was respected and promoted and any limits on the young people's privacy was risk assessed appropriately with a clear plan in place that was communicated to the young people, their family and social worker. Inspectors found that any limits on free time were reviewed on a regular basis and decisions were made in consultation with the young people. The young people's belongings and bedroom were also respected. Any room search conducted and the reason for same

was clearly recorded. The centre created memory books for each young person which the staff team started on their admission. These included pictures and notes from staff throughout their time there. These memory books were presented to the young people when they were moving on from the centre.

The centre had a policy on admissions which considered young people's rights, standards, regulations and legislation. Admissions to the centre were assessed against the statement of purpose and function and due consideration was given to the appropriateness of the placement while considering the rights and the needs of the young people already living in the centre. There was a detailed risk management process that gave careful consideration to the needs of young people and the provision of a stable placement. Placements were agreed based on the information that was received prior to placement commencement. Any delays in the receipt of information could compromise this process leading to decisions that were not fully informed.

The staff understood their responsibilities to safeguard the young people in line with Children First (2017). They worked in partnership with the young people, families and social workers to promote their safety and wellbeing. Staff training was up to date and a presentation on Tusla's CASP policy was given at a staff team meeting in October 2022. Inspectors found high quality keyworking and individual work completed with young people. This supported and developed the young people's knowledge and skills to identify and respond to unsafe situations. Each young person was involved in the development of their safety plan. When required, staffing in the centre was increased to ensure the safety and well-being of the young people. The young people's family and social worker were informed of any incidents or allegations of abuse. There was a policy on protected disclosures and staff were aware of how and who to report a disclosure to.

There was positive approach to behaviour that challenges, and support given to the young person to manage their behaviour. There were systems in place to review all incidents internally and adapt approaches to best support the young people. Inspectors found that the centre management actively promoted learning from incidents that informed the young people's individual crisis management plans and their placement support plans. Debriefing sessions were held with staff following serious incidents which further enhanced support and a culture of learning. Incidents were also reviewed by an external review group and feedback was given to the staff team and recommendations were followed up on.

Restrictive practices were used in the centre when deemed necessary. These practices were appropriately risk assessed, reviewed and were for the shortest duration possible. There were 10 incidents of restrictive practice in the twelve months prior to the inspection.

These restrictive practices included room searches and limits on a young person's privacy. At the time of inspection, there were no restrictive practices in place. The centre manager maintained a log of restrictive practices and they were recorded in the young people's care records. The young people's family and social workers were informed of any restrictive practices.

The centre had been implementing a national model of care. The centre improvement plan included embedding this model into care practice. Inspectors found that there was good progress on this goal and young people and staff were using this model well and key pieces of support work was taking place with the young people. The centre manager had good oversight of this model and its implementation. There were frequent consultation meetings held with the external model of care lead consultant to further develop and enhance the care outcomes for the young people.

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 recognised and promoted the individual rights of young people in its care as set out within international and national legislation, policies and best practice. The young people understood and were supported to exercise their rights.

Judgment: Compliant

Standard 1.2

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

The service ensured young people were treated with respect and their right to privacy and personal space was recognised. They were supported to understand any limits to their privacy.

Judgment: Compliant

Standard 2.1

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

The centre's admissions policy considered young people's rights, standards, regulations and legislation. Admissions to the centre were assessed against the statement of purpose and function and due consideration was given to the appropriateness of the placement while considering the rights and the needs of the young people already living in the centre.

Judgment: Compliant

Standard 3.1

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

Staff understood their responsibilities to safeguard the young people in line with Children First (2017). They worked in partnership with the young people, families and social workers to promote their safety and wellbeing.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

There was a positive approach to behaviour that challenges and support given to each young person to manage their behaviour. There were systems in place to review all incidents internally and externally. The centre management actively promoted learning from incidents that informed the young people's individual crisis management plans and placement support plans.

Judgment: 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> | Compliant |