



**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:	Full Inspection
Date of inspection:	29 & 30 July 2020
Centre ID:	OSV-0004178
Fieldwork ID	MON 0030070

About the centre

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

This centre is a TUSLA children's residential centre located in the Dublin North East region. The centre is located within a rural setting in Co. Dublin. It has a large front and back garden and is close to amenities such as schools, shops and churches.

This centre offers placements for young people in need of a residential placement in a main-stream residential care setting. Referrals come from the Regional Resource Panel in DNE and a collective risk assessment is completed prior to any placement. Due consideration is given to the needs of the existing group of young people who are already resident in the centre.

Number of young people 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 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
29 July 2020	09:30 – 16:00	Una Coloe Erin Byrne	Inspector Inspector
30 July 2020	09:00 – 15:00	Una Coloe Erin Byrne	Inspector Inspector

Views of children who use the service

The children had mixed views about living in the centre. They reported good relationships with the staff team. They said managers in the centre were accessible to them and they had staff members that they felt comfortable talking too. Each young person said they had an allocated social worker and were happy with the contact from them. They were aware of their rights and how to make complaints.

Children told inspectors that there was a period of time earlier in the year, from February to May, where they felt very unsafe and were not happy in the centre. They said that there were difficulties with the management of behaviour which led to them reporting incidents of assault, intimidation and verbal abuse. They said they found this distressing and it impacted on their mental health. The children said at times their movement was restricted due to the situation in the centre and their sleep was interrupted. They said that although staff did their best to manage the difficulties, they made complaints to ensure professionals outside of the centre would get involved to resolve the situation. While at the time of inspection the situation was resolved, they remained stressed, however, because they were unsure of the future plan for placements at the centre.

Children said there were lots of activities to get involved in and the staff engaged in creative activities during the pandemic. The children were aware of their care plans and placement plans, attended relevant meetings about their plans and were aware of the goals set on a weekly basis. The children said their health and education needs were met and the staff assisted and supported them appropriately in relation to these needs. They said they were supported to develop life skills and staff met with them about plans for moving from the centre. The food was described as nice and varied. Occasions such as birthdays and anniversaries were celebrated in the centre.

Parents who spoke with inspectors said staff and managers were always accessible and they were kept informed about their child's care. They said that staff were friendly and engaged the children in varied activities. Parents said they attended child-in-care reviews and were happy that both their views and their child's views were listened too. They were aware of the difficult period in the centre and the actions taken to resolve the matter.

Inspectors noted that there were friendly and relaxed engagements between the staff and children during the inspection. There were photos of staff and children of activities they took part in. The house was nicely decorated with clean and relaxing spaces for the children to access.

Capacity and capability

There were arrangements in place for the leadership, governance and management of the centre, some of which, needed to be strengthened. Leadership was provided by the centre manager and deputy centre manager, who operated a rota to ensure one or other was in the centre on a daily basis. Management duties were shared between the management

team with other tasks delegated to team members, if appropriate. There were clear lines of accountability and staff were very clear about their roles and responsibilities. The external line manager for the centre had regular communication with the management team, was aware of key issues in the service and had met with the children and staff.

Leadership was provided to the team through daily handovers, team meetings, supervision and informal support. Staff reported that the management team were always accessible and they said they were supported adequately for their role. Team meetings occurred consistently with good attendance and the needs of the children were consistently discussed. However, issues such as risk, child protection concerns and significant events were not recorded as standing items for the agenda.

Staff reported that there was always a manager available to them and the centre manager provided oncall support at the weekends and out of hours. In the absence of a national on-call system, the centre manager provided this support to the staff team but this was not sustainable considering the centre manager held this responsibility, while on leave from the centre. Parents and social workers said the management team were always available to them and there was open communication with the team.

There were management systems in place but during a period of crisis, the recording and reporting systems were not consistently implemented or effective. The centre manager reported that he had oversight of all aspects of service provision. The centre manager was required to formally send a report to the external manager on a monthly basis based on data gathered through audits of various aspects of the service. These audits included risk management, health and safety, children's files, child protection and welfare concerns, complaints and staffing. This had not been completed since February. An audit report provided to inspectors from June 2020 contained incorrect information relating to complaints, child protection concerns and training logs, for example, and therefore was not effective in highlighting key issues in the service. The external manager had not received this at the time of the inspection.

Other deficits that inspectors found, which had not been highlighted in this reporting mechanism or addressed, included gaps in behaviour management training provided to the team and deficits in care records relating to the legal status of a child. In addition, Garda Vetting disclosures had not been updated for three staff members as required in 2017 and a fourth staff member did not have vetting for the current contract with Tusla. The report stated that there had been no child protection referrals when in fact, two had been submitted. Following the review of significant event notifications, inspectors found that mandated reports were not furnished to the social work department in line with statutory requirements. This will be addressed later in the report.

While there were policies and procedures in place, the Child and Family Agency, Tusla, had not reviewed a large number of these policies, for a considerable length of time. As a result, the centre was operating under outdated policies and procedures.

Although there was a risk management system, a risk register and suite of risk assessments, this process was not entirely effective. There were current risks which had not been assessed or placed on the risk register as live risks. These included the risk of

violence and aggression among the children, the risk associated with a placement, the lack of staff on the team who can carry out physical interventions and restrictive practices. Other risks such as violence and aggression towards staff had not been reviewed recently even though the risk was high during the crisis period. Although the management team had escalated issues of concern including complaints, significant events and the difficulties experienced in the centre to senior management, these concerns were not reflected on the risk register.

The centre had a statement of purpose which had been reviewed in January 2020. This included some of the details as required by the standards. The aim of the centre was clearly recorded. The model of care was described but it did not reference the new approach to care and placement planning adapted by the centre. The statement of purpose highlighted the importance of family involvement and consultation with the children. The value placed on education was referenced and a description of the other services operating from the same site was described. There was some information absent from the statement of purpose that was required by the national standards including the range of services and specialised facilities, the arrangements for well-being and safety and the management structure and number of staff.

Staff, children and parents spoken with, were aware of the purpose of the centre. There was child friendly information about the service and a booklet about the centre available for parents.

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 were a number of deficits relating to the governance and management of the centre. Management systems particularly auditing and reporting mechanisms were not effective as they did not reflect current gaps or deficits within the centre. The risk management system was ineffective as there were a number of risks which had not been assessed or placed on the risk register. The national suite of policies and procedures for statutory children's residential centres had not been finalised and the oncall system in the centre was not sustainable.

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.

The statement of purpose did not contain all of the information required by the standards.

Judgment: Substantially Compliant

Quality and safety

The centre aimed to provide child-centered care which was based on an assessment of each child's needs. Although the team was dedicated and committed to providing safe care and a nurturing environment, the safety, welfare and well-being of children was impacted negatively during a difficult period in the centre.

Children played an important role in guiding their own care. Care planning processes were inclusive of children and their families. Their needs were assessed, clearly recorded and specific plans and programmes were in place for each child to help them reach their full potential. Care plans and child-in-care review minutes were present on files. Children and parents told inspectors that they attended the reviews and felt their opinions were heard. The legal status of a child in relation to their placement in residential care was not present on their file. There was no up-to-date voluntary care agreement and as result, inspectors escalated the concern to the social work department. The centre did not have an effective system in place of auditing files to ensure each child's case record was up to date, as they had not identified that the voluntary care agreement was out of date by a considerable period of time.

The placement planning process was thorough and included actions for all aspects of the child's care. It was in line with their care plan and actions were achievable and specific to their needs. These actions covered physical and mental health, activities and hobbies, education and training, safety, family and relationships. The individual work carried out with the children was regularly reviewed and they were aware of their progress and areas that required further development. Staff were positive about the approach adopted in the centre and said there was a clear focus to the work with the children.

Despite the good care and placement planning process, long-term planning needed to improve in one instance. Staff, managers and external professionals met regularly to discuss placement and alternative options available, but the process in place did not fully promote consideration of children's own views, and the impact of placements where difficulties arose. Inspectors sought assurances regarding one placement after the inspection and a received a satisfactory response. The situation was resolved prior to issuing the report.

The centre worked hard to prepare the children to leave care and aftercare services were involved for the children who required this. The children told inspectors that they had an aftercare worker and the options for leaving care had been explored with them. The team engaged the children in comprehensive work to develop their independence and life skills. Parents told inspectors that they were satisfied with the support offered to their children in relation to leaving care.

Children were aware of their rights and had made complaints about the service. Inspectors observed positive relationships between the children and staff members and the children said they had good relationships with staff. They identified members of the team who they felt safe talking with. Parents told inspectors that the staff team were supportive to their children and kept them informed about their care.

There were processes to ensure all children were safeguarded from abuse but these were not always effective. Although staff and management were aware of Children First, National Guidance for the Protection and Welfare of Children (2017), not all child protection concerns were reported in line with this guidance. Staff were aware of what constituted physical and emotional abuse but the threshold for reporting these type of concerns was not appropriate and concerns had not been reported in line with statutory requirements. Inspector sought assurances following the inspection regarding the management of child protection and welfare concerns. A satisfactory response was received.

Children told inspectors that there were extended periods of time when they did not feel safe, and had to be segregated from parts of the house and other children, in order to keep safe. Numerous strategy meetings took place and interventions were put in place to manage the concerns including live nights, additional staff and transport, support of specialist professionals, separate living spaces for children and respite breaks. The restrictions due to the public health emergency impacted on the management of the crisis as some initiatives such as a break away for the children was prohibited. Allocated social workers and their managers were aware of the concerns and attended strategy meetings with all of the professionals involved. Although significant efforts were made to manage the concerns, children reported that they felt it was necessary to further report their concerns as complaints to ensure a solution to the problem was found. Not all children had a written individual safety plan to manage their safeguarding needs.

There was a protected disclosures policy but not all staff fully understood its content. Despite this, staff said that the management team including the external manager was available to them, should they have any concerns about the service.

The deputy centre manager confirmed that all staff had been trained in Children First (2017) but there were gaps in the records provided to the inspector. Garda vetting had not been updated for all staff, every three years as required. Three staff had not applied for updated Garda Vetting in 2017 and one staff who transferred from an agency contract to a Tusla contract in 2019 did not have vetting for the current position. The deputy centre manager confirmed that three out of four of the vetting applications were submitted with the fourth due to be completed when the staff returned from leave.

The team implemented creative interventions to manage behaviour and address the challenges they faced among the children living in the centre. They sought specialist therapeutic input to guide their responses and there was a multi-disciplinary approach to guide plans, interventions and their review. There were behaviour management plans on file for each file, which were reviewed regularly. The staff team were committed and flexible in their approach to the management of behaviour with the children but incidents were regular, and often prolonged and serious in nature. On occasion, An Garda Síochána were called to assist the team to manage incidents.

Although the team attempted to follow a consistent approach to the management of behaviour, six of the staff team did not have up-to-date training in the behaviour management approach, adopted in the centre. Two of these staff had partial training but further training was cancelled due to the public health emergency. In addition, staff and management advised that it was not possible to carry out a physical intervention if this was required because the majority of the team did not have this aspect of the training. As stated earlier, this had not been risk assessed when considering placements at the centre. There was one incident of a physical intervention which was not approved on the child's behaviour management plan and this was for a prolonged period of time. This incident was in the process of being reviewed at regional management level.

There was a system in place to report incidents of children being absent from the centre. When children placed themselves at risk in this way, the team was creative in their management of the issues and ensured the children continued to have support. Meetings took place with the social work department and An Garda Síochána when required and safety plans were put in place to address concerns.

Significant event notifications were provided to the relevant professionals for their review. It was evident that the management team had reviewed the notifications and submitted some for further review at area and regional review groups. Inspectors found that the description on some significant event notifications was not accurate describing an incident as an altercation, as opposed to an incident of physical assault, verbal abuse or intimidation, for example.

Although no restrictive practices were reported to inspectors, there were records relating to a room search and locking of doors which had not been recorded as a restrictive practice or risk assessed, as required by the National Standards.

There were practices and initiatives to promote and protect the health, well-being and development of each child. However, as referenced previously in the report, the children reported that there were occasions when their mental health, sleep and well-being was impacted during a difficult period in the centre. Although, the children reported that they felt happy and safe at the time of the inspection, they continued to have anxieties regarding the future placements in the centre. Staff and managers could not allay the

children's fears as the decisions had not been finalised. Inspectors sought assurances following the inspection regarding this issue and received a satisfactory response.

Healthcare concerns were responded to quickly and effectively and children received appropriate medical attention when this was required. Children were fully informed of all relevant public health measures in relation to the public health emergency. Staff and children were aware of appropriate infection prevention and control measures.

The model of care in use in the centre had a specific element relating to children's wellbeing and development and this was regularly monitored for progress. Health promotion initiatives were prioritised in the centre and goals were set on a weekly basis, based on needs identified on the placement plans. Children were encouraged to consider longer-term effects of their actions on their health, in certain circumstances. The children said they were supported in relation to physical health and wellbeing and this was reflected in care files. Children had appropriate access to health care professionals including general practitioners and dental services. They were referred to specialist services, including mental health and supported to attend appointments with psychologists and psychiatrists, as required. In addition, the team had access to a specialist to support them in their work with the children.

The centre provided for the nutritional needs of children and encouraged the development of self-care skills, including cooking. Children were supported and encouraged to eat healthy and were assisted to develop life skills in this regard.

Education was valued and the children were supported to achieve their potential. Staff supported the children through key working and informal discussions to identify their interests and explore options available to them. Due to the public health emergency, all education and training facilities were closed and therefore children had not attended formal education in the lead up to the inspection. However, the team was proactive in supporting the children to explore their options and set educational goals. The children identified courses that they planned to commence in September.

Standard 2.2

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

There were good care and placement planning processes in the centre. The plans for children's care were comprehensive, tailored to individual needs and reviewed regularly. The children and their parents were involved in the planning process.

Judgment: Compliant

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.

The legal status of a child in relation to their placement in residential care was not present on their file as there was no up-to-date voluntary care agreement in place.

Judgment: Non-Compliant Major

Standard 3.1

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

The centre had not reported all child protection and welfare concerns in line with Children First National Guidance for the Protection and Welfare of Children (2017). Not all children had an individualised safety plan to address the safeguarding concerns. Some staff did not fully understand the protected disclosures policy and Garda Vetting had not been updated, as required for four staff members.

Judgment: Non-Compliant Moderate

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Not all staff had up-to-date training in the behaviour management approach adopted in the centre. The staff team could not carry out physical interventions with children should this be required for their safety or the safety of others. The review of significant events did not identify the incorrect classification of events. Restrictive practices were not recorded or risk assessed as required by the national standards.

Judgment: Non-Compliant Moderate

Standard 4.1

The health, wellbeing and development of each child is promoted, protected and improved.

There was a difficult period of time in the centre relating to behaviour that challenged which children reported impacted on their mental health, sleep and well-being. Although children were happy and safe at the time of the inspection, their mental well-being continued to be affected as staff and managers could not provide assurance to them regarding the plan for placements at the centre.

Judgment: Substantially Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.
The children’s physical and health needs were clearly recorded. They had access to the required services and staff supported them to make good decisions in relation to their health and well-being.
Judgment: Compliant
Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.
Children were supported to achieve their potential in learning and development. There was adequate support for the children to identify and engage with educational programmes.
Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
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.	Non-Compliant Moderate
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant
Quality and safety	
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 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.	Non-Compliant Major
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 behaviour.	Non-compliant Moderate
Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.	Substantially Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.	Compliant
Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	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-0030070
Provider's response to Inspection Report No:	MON-0030070
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	29 & 30 July 2020
Date of response:	15 th September 2020

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:

Capacity and capability	
Standard: 5.2	
<p>Outline how you are going to come into compliance with 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> <p>An external review of the risk management system will be reviewed by the Alternative Care Manager and national Quality & Risk manager Children’s Residential Services. Following this review the centre manager will complete a list of all practices that are deemed restrictive and ensure that a risk assessment is completed to ensure any restrictive practice is required. All risk assessments relating to restrictive practices and associated reviews will be brought to the attention of the Alternative Care Manager for input and oversight. The centre manager will ensure that all restrictive practices are subject to regular and rigorous review. All restrictive practices will be reviewed as part of monthly risk register reviews. A date for review will be entered into each risk assessment.</p> <p>Risks will be audited at fortnightly team meetings. Identified risks will be placed on the centre risk register. The risk register will be reviewed by the Alternative Care Manager on a monthly basis. Child protection concerns will be placed on the agenda as a standing item for team meetings.</p> <p>Monthly audits will be brought up to date and sent to the Alternative Care Manager on a monthly basis for review.</p> <p>Person Responsible: Alternative Care Manager Time Frame: 31st October 2020</p> <p>National Suite of Policies will be in place by the 4th quarter of 2020. In the interim centre staff will continue to reference the current policy and procedures and staff in the centre will continue to attend mandatory training.</p> <p>Person Responsible: National Service Director, Children's Residential Services Time Frame: 4TH Quarter of 2020</p> <p>On Call: There is ongoing negotiations with regard to a national on call system. It is Tusla’s intention to have a national on call system in place by the 4th quarter of 2020.</p> <p>Person Responsible: National Service Director, Children's Residential Services Time Frame: 4TH Quarter of 2020</p>	

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Quality and Safety	
Standard: 2.4	Judgment: Non-compliant Major
<p>Outline how you are going to come into compliance with 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.</p> <p>All care orders are now up to date and on file. File audits will take place on a monthly basis and will be signed off by the social care manager and the alternative care manager.</p> <p>The centre manager will review the current audits to ensure that all files contain the required essential information.</p> <p>Person Responsible: Social Care Manager Time Frame: 30th September 2020</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>The following actions have been taken regarding the management of child protection and welfare concerns in the centre:</p> <p>A review of all relevant significant events was conducted by the Principle Social Worker and the Alternative Care Manager for the centre on the 13th of August 2020. 18 child protection concerns were identified as a result of the review and reported in accordance with the Children First Act.</p> <p>Safety management plans will be reviewed at team meetings and when required. Review dates will be placed on all Safety management plans. File audits will take</p>	

place on a monthly basis and will be signed off by the social care manager and the alternative care manager.

The Garda vetting of all staff in the unit has been reviewed and any outstanding applications resubmitted.

The centre manager has given all staff a copy of the protected disclosure policy and this has been reviewed at the team meeting.

The Alternative Care Manager has liaised with Workforce Learning and Development to facilitate training for the management and staff of the centre to ensure that there is full understanding of the reporting of child protection concerns within the centre. This training is scheduled for completion by the 30.9.20

It has been placed on the centre risk register that a number of the staff team do not have the full Therapeutic Crisis Intervention behaviour management training, due to medical issues. This fact will be taken into account when a collective risk assessment is carried out for new admissions.

Person Responsible: Alternative Care Manager

Time Frame: 30th September 2020

sStandard: 3.2

Judgment: Non-compliant Moderate

Outline how you are going to come into compliance with Standard 3.2:

Each child experiences care and support that promotes positive behaviour.

The centre manager will ensure that all staff receive all mandatory training. It has been placed on the centre risk register that a number of the staff team do not have the full Therapeutic Crisis Intervention behaviour management training, due to medical issues. This fact will be taken into account when a collective risk assessment is carried out for new admissions.

The centre manager will ensure that all restrictive practices are subject to regular and rigorous review. A date for review will be entered into each risk assessment. All restrictive practices will be reviewed as part of monthly risk register reviews.

The Alternative Care Manager in liason with the Regional Significant Event Review Group coordinator will review the operation of the Significant Event Review Group in the centre. A significant event, which occurred while a young person was attending an activity centre, was reviewed by the area significant event group and was then referred to the regional significant event group for review. The learning identified was conveyed to the staff team via the centre manager.

Person Responsible: Alternative Care Manager

Time Frame: 31st October 2020

