



**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:	South
Type of inspection:	Monitoring
Date of inspection:	06 and 07 July 2020
Centre ID:	OSV 4184
Fieldwork ID	MON 0029899

About the centre

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

The centre was based in a two storey detached building, whose style was keeping with the surrounding residences. It was located just within the perimeter of a town in the southwest of Ireland.

The centre, according to its statement of purpose, provided short, medium and long term care for up to four male children between 13 and 17 years on admission. The children were referred to the centre from either the Irish Refugee Protection Programme or from the separated children seeking asylum social work team.

Number of young people on the date of inspection:	Four
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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
06 July 2020	09:00- 17:00	Ruadhan Hogan	Inspector
07 July 2020	11:00- 15:00	Ruadhan Hogan	Inspector

Views of children who use the service

The inspector spoke with four young people in the service, two of whom had been admitted in the week prior to the inspection. All of the young people were male and 17 years of age. They were referred to the centre from either the Irish Refugee Protection Programme or from the separated children seeking asylum social work team. English was not their first language, however the inspector was informed that the young people had good comprehension and conversational skills. The inspector also found this was the case and was able to hear the views of the young people who used the service without the use of a translator service.

All young people told the inspector that they were satisfied with the service they received while living in the centre. Some young people were clear that they wanted to live independently, and as a result were not happy to be in a residential placement. These young people were approaching 18 years of age and planning was on-going in relation to their future and independent living.

The young people told the inspector about the things they liked about living in the centre. They said they liked the staff and the atmosphere. For example, they felt their privacy was respected as when they spent time in their rooms, they could do so undisturbed. If the staff needed to speak with them, they told the inspector that staff gently knocked on their door which they appreciated. One young person told the inspector that the centre installed a home gym during the Covid-19 lockdown. They really appreciated the opportunity to continue their physical training as this was very important to them. All the young people placed a high value on education. They told the inspector that they were given every opportunity to participate and achieve their potential in full time education.

There were mixed views amongst the young people in relation to life in the centre and the majority were happy to be living in a safe place. Others were bothered about some things. For example, they said that they had complained to the staff about the quality of food and of the furniture in their bedroom. They were satisfied that these issues were resolved at the time of the inspection.

However, other issues were not resolved as quickly and this negatively impacted on young people's experience of living in the centre. This young person explained that they had complained to the centre staff in October 2019 about a faulty window in their bedroom. He said that this had caused him to be uncomfortable at night due to a draft. At the time of the inspection in July 2020, the window remained in the same state. This young person said that he had stopped asking for it to be replaced as he felt nobody was listening to him. Inspectors also heard that a young person's passport had been mislaid during his admission into the country, and he was anxious that his legal status was at risk as a result. The inspector raised both of these issues with the centre management and social work team, and was informed that the delays had unfortunately happened due to a

variety of reasons. However, assurances were provided that plans were in place to remedy these situations with urgency.

Capacity and capability

The management structure in place ensured there were clear lines of authority and accountability. The centre had a suitably qualified and experienced centre manager in place who was supported by a deputy manager. There was also a clear reporting structure between the centre manager and regional managers. There was a clear and effective system in place to provide supervision to staff and managers in the centre.

Roles and responsibilities were well defined in the centre. Each of the young people were assigned social care workers as keyworkers. Actions for key working were established from placement planning and social care leaders supervised and had oversight of the work of social care workers. The centre manager had good systems in place to oversee practice and these mechanisms ensured good quality direct work with young people, and a coordinated and engaged approach to keyworking.

The centre was well led with strong leadership. The centre manager had a clear vision on how care should be provided to the young people living there which was considerate of their background and journey into the country. The centre manager told the inspector that the provision of a safe space was essential for young people to rest, recuperate and orientate themselves in a new country.

The inspector found that a consistent service was delivered to young people over the nine months prior to the inspection which included the Covid-19 lockdown period. Innovative initiatives were put in place and lead out by the staff in the centre. In addition to a home gym being installed, Tulsa funded six members of the staff team to complete an accredited course to enable them to teach English as a foreign language. This meant that a proportion of the staff team could help young people to communicate effectively and participate fully in keyworking sessions and ultimately, to integrate into society.

There were established management systems in place that provided assurance to the centre manager on the quality of the service. Communication systems within the centre, which included handover meetings, team meetings and management meetings were well established and maintained and ensured good coordination of service delivery. Incidents were monitored and reported appropriately, and there was effective monitoring and oversight of a range of matters in the centre such as placement planning.

There were systems in place to manage risk. Individual risk assessments were completed prior to each child's admission with appropriate on-going risk assessments completed as issues arose. Risks related to service delivery, including the risk from Covid-19 were identified, and comprehensive measures were put in place to mitigate against them.

The centre had an up-to-date statement of purpose that described what service was provided. The inspector found that the statement of purpose reflected the day-to-day operation of the centre.

The system to ensure complaints were managed was good and in line with the Child and Family Agency (Tusla) national policy. A complaints log was kept for all complaints and this was well maintained. It showed that complaints were investigated in a timely manner, and it recorded if the child was satisfied with the outcome to their complaint. The log was also reviewed by the centre manager on a monthly basis. The centre manager ultimately had oversight of complaints and she ensured children were met with and issues were addressed. However, it was unfortunate that one issue relating to a young person's bedroom window was not resolved in a timely manner and, as stated, this impacted on the young person's trust that complaints would be addressed.

A full suite of up-to-date national policies for children's residential centres remained outstanding, but local arrangements were in place in the interim.

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 management structure in place ensured there were clear lines of authority and accountability. The centre had a suitably qualified and experienced centre manager in place who was supported by a deputy manager. There was also a clear reporting structure between the centre manager and regional managers. There was a clear and effective system in place to provide supervision to staff and managers in the centre.

Judgment: Compliant

Standard 5.3

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

The centre had an up-to-date statement of purpose that described what service was provided. The inspector found that the statement of purpose reflected the day-to-day operation of the centre.

Judgment: Compliant

Quality and safety

Young people living in the centre received child-centred and good quality care. They were involved in planning their day and were regularly encouraged to engage in activities related to their placement plans.

Two of the four young people living in the centre had an up-to-date care plan on their files at the time of inspection. The remaining two young people had recently been admitted to the centre, a week prior to the inspection. While child-in-care reviews for these young people had been held, written care plans were in the process of being developed. Placement plans were found to reflect each young person's care plan and the role of the centre in implementing these plans. Placement support plans were informed by the expressed wishes of the young person. An outcomes-based framework within the model of care was in place to support meeting young person's identified needs and to review the impact of care on their wellbeing. Keyworking records showed that social care workers implemented the placement plans with children.

Overall, there was effective communication between staff and the social work department in relation to continuity of care and adherence to each child's care plan and placement plan. The inspector spoke to staff in the centre and young people's social workers, who said that good quality and regular updates were provided, which ensured coordinated working between the social work department and the centre. However, one young person told the inspector that he felt there was a lack of communication from his social worker in relation to resolving an issue related to a lost passport. Staff in the centre also raised their concerns to the inspector in relation to this matter. A child-in-care review held the day after the inspection subsequently addressed this issue, and plans were put in place to resolve it as soon as possible. The inspector was informed that this was communicated to the young person at that meeting.

There were appropriate measures in place to ensure the safety of children which included reporting of, and responses to risk. Staff were appropriately trained in Children First (2017) and demonstrated a good level of knowledge about safeguarding and child protection practices. Records showed that staff raised concerns with the centre manager who was responsible for ensuring Tusla thresholds were met for reporting concerns. The staff team demonstrated a good understanding of whistleblowing and how to make a protected disclosure. Each child's placement support plan included relevant goals targeted at promoting self-care and protection. For example, keyworking records showed that staff did sessions with children about how to keep safe while using the internet.

The centre used a trauma-based model of care alongside an approved approach to managing behaviour that challenged. Restrictive practices were not used in the centre. All staff had been trained in the Tusla-approved approach to managing behaviours that challenge and in the model of care. The inspector found that the number and frequency of incidents of behaviours that challenge was very low and were minor in nature. Staff were proactive in addressing incidents as they arose, and used natural consequences in response.

The young people's health needs were met while living in the centre. Upon admission, young people underwent a comprehensive medical to identify any unmet medical needs. Records showed that any medical issues identified at that point were followed through as young people were facilitated to attend their general practitioner (GP) as required. Where a young person requested support to attend a GP, for example, where language barriers existed, then staff accompanied them to the appointment. Records also showed that staff treated minor ailments where required and brought young people to their GP or the accident and emergency when needed. In this way, young people were well cared for and told the inspector that they were happy with the medical care they received.

The centre also put health promotion initiatives in place to prioritise young people's physical and mental well-being. As stated, the centre provided gym equipment in an

outside shed during the Covid-19 lockdown which helped young people continue their routines. Young people in the centre were knowledgeable about their nutritional requirements and the centre staff listened to their requests and where possible, facilitated them. In addition, young people were kept fully informed of the Covid-19 restrictions and the accompanying hygiene requirements.

Appropriate arrangements were in place for each young person to access educational and training facilities, supports and services appropriate to their assessed needs. Young people who had recently been admitted to the centre were provided with online, daily, two hour English classes. Additionally, as stated, six staff members were in the process of completing training on teaching English as a foreign language. For the other young people who had been living in the centre longer, in the months prior to the Covid-19 lockdown when schools were open, they attended school in line with legislative requirements. Educational attainments were incorporated into their placement planning and aftercare planning was focused on further education in line with young people's preferences. All young people expressed the importance of education to them and the centre prioritised these needs to ensure the best outcome possible were reached.

The premises was homely and welcoming for young people. Communal areas were clean, appropriately decorated and maintained in good structural order. Each of the young people had their own bedroom. A window in one of the young people's bedroom was faulty and allowed air to enter which made sleeping in the room uncomfortable. This was highlighted to the centre staff in October 2019. Plans were made to rectify it over the following four months. These plans were then stalled during March to April 2020 due to the Covid-19 lockdown and from May 2020 until the time of the inspection, work had still not been carried out on the window. The inspector found that the fault in the window could and should have been addressed in a more timely manner.

Standard 2.2

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

Clear and effective communication to all young people and the centre staff on the progress of actions outlined in the care plan was required to alleviate the build-up of young people's anxieties.

Judgment: Substantially Compliant

Standard 2.3

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

There was an unnecessary delay in fixing a faulty window in one of the young peoples bedroom which posed a potential risk to the child.

Judgment: Non-compliant Moderate
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.
There were appropriate measures in place to ensure the safety of children which included reporting of, and responses to risk. Staff were appropriately trained in Children First (2017) and demonstrated a good level of knowledge about safeguarding and child protection practices.
Judgment: Compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.
The centre used a trauma-based model of care alongside an approved approach to managing behaviour that challenged. Restrictive practices were not used in the centre. All staff had been trained in the Tusla-approved approach to managing behaviours that challenge and in the model of care.
Judgment: Compliant

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.
The centre put health promotion initiatives in place to prioritise young people's physical and mental well-being. The centre provided gym equipment in an outside shed during the Covid-19 lockdown which helped young people continue their routines.
Judgment: Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.
The young people's health needs were met while living in the centre. Upon admission, young people underwent a comprehensive medical to identify any unmet medical needs.
Judgment: Compliant

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.
Appropriate arrangements were in place for each young person to access educational and training facilities, supports and services appropriate to their assessed needs.
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.	Compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	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.	Substantially Compliant
Standard 2.3 The children’s residential centre is homely, and promotes the safety and wellbeing of each child.	Non-compliant Moderate
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Compliant
Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.	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
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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-0029899
Provider's response to Inspection Report No:	MON-0029899
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	06 and 07 July 2020
Date of response:	

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

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

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Quality and Safety	
Standard: 2.3	Judgment: Non-compliant Moderate
<p>Outline how you are going to come into compliance with Standard 2.3: The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p> <p>There was an unnecessary delay in fixing a faulty window in one of the young peoples bedroom which posed a potential risk to the child.</p> <p>The previously completed maintenance work on the referenced window proved unsuccessful therefore approval was given for a builders report and associated costings for additional work or replacement as appropriate. This report was subsequently completed indicating replacement as the appropriate course of action and approval to proceed with works on this and two other windows was confirmed on March 25, 2020.</p> <p>The matter has been escalated to the relevant Deputy Regional Manager who is currently working with Estates to ensure completion of the outstanding work. Delays to date have been the result of Covid and Non Covid illness in the suppliers and builders. Delivery of the required replacement materials has now been confirmed for September 3, 2020 with commencement of on -site work scheduled for mid September. Planned completion date of the works is September 30, 2020.</p> <p>Timeframe for completion September 30, 2020.</p>	