



**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:	Unannounced
Date of inspection:	09 and 10 December 2019
Centre ID:	OSV 4187
Fieldwork ID	MON 0028006

About the centre

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

The centre was located in a two-storey house on its own grounds in a rural area which was close to a large town.

According to its statement of purpose and function, the centre provided a residential service for up to four children aged between 13 and 17 years on admission, from the surrounding Child and Family Agency area, until they reached 18 years. In exceptional circumstances young people over the age of 18 could remain to live in the centre until they completed their second level education.

Number of children on the date of inspection:	3
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To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with 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
09 December 2019	09:45hrs to 17:00hrs	Ruadhan Hogan	Inspector
09 December 2019	10:30hrs to 17:30hrs	Sharron Austin	Inspector
09 December 2019	10:30hrs to 17:30hrs	Susan Talbot	Inspector
10 December 2019	09:00hrs to 12:30hrs	Ruadhan Hogan	Inspector
10 December 2019	09:00hrs to 12:30hrs	Sharron Austin	Inspector
10 December 2019	09:00hrs to 12:30hrs	Susan Talbot	Inspector

Views of children who use the service

Inspectors spoke with two children who lived in the centre. Their comments about the service they received in the centre and staff were positive. They said:

- "Staff are very nice and will bring you anywhere if you ask them."
- "I can engage with other children, can build relationships and be friends with them."
- "They make you food that's nice, you get to pick"
- "I like the way the house is, I can walk around when I need to think"

Inspectors observed respectful, child-centred and age appropriate interactions between staff and children. The staff team demonstrated that they were dedicated and in interviews with inspectors, they communicated their commitment to children.

Social workers said that they were happy with the care that the children they were allocated to received. They said children thrived since being placed in the centre.

Capacity and capability

There was a management structure in place that ensured clear lines of authority and accountability. A suitably qualified and experienced centre manager was in place who was supported by a deputy manager. The centre manager reported to a deputy regional manager, who in turn reported to the regional manager for the children's residential services in the South region. The deputy, centre and deputy regional managers were all employed on an interim basis. While this did not have any noticeable impact on service delivery, it did not provide adequate stability throughout the management structure.

Roles and responsibilities were well defined in the centre. Children were assigned three social care workers as keyworkers. The priorities for key working were established from placement planning and had been delegated by social care leaders who supervised and oversaw the work of social care workers. Social care leaders were in turn supervised by the deputy manager. This ensured there was a coordinated and engaged approach to keyworking.

The centre had strong leadership which embedded a culture of learning, and also facilitated resilience in the staff team. From a review of documentation and interviews with staff, it was clear that the staff and management team strived towards a high standard of care. Over the 12 months prior to the inspection, the placements of some children in the centre became significantly impacted by behaviours that challenge. The management team ensured ongoing strategy meetings were held, with all relevant professionals, including social workers for all children in the centre. Risk assessments were

updated and children's safety was maintained until such time when the behaviours that challenge de-escalated. Despite the challenges to service delivery during this time, a consistent standard of care was maintained for children living in the centre. This showed the staff team were resilient and ensured that all children's needs were prioritised and met. When this period of instability reduced, the centre manager met with staff to debrief and establish what could have been done differently, and what the areas for improvement were. She told inspectors that she intended to share this learning with the staff at a future team meeting.

There were effective systems of communication in the centre. Handover meetings between shifts were held regularly and were attended by the centre or deputy manager where possible. Team meetings were held weekly and covered all relevant aspects of children's care planning along with housekeeping, staff training and health and safety. Staff told inspectors that these meetings were particularly useful for maintaining staff morale and keeping up-to-date with the changing needs of children. Management meetings and regional management meetings were held routinely and addressed a wide range of areas and were strongly influenced by statutory requirements and improving the standardisation of practice.

There were established systems for monitoring and oversight by the centre manager. A new national auditing system had been introduced in the month prior to the inspection. This set out an annual programme that required auditing of all documentation in the centre, including children's files, against specific themes. As it was recently introduced, its effectiveness could not be established at the time of the inspection. Other systems of oversight were well embedded and maintained. These included monthly audits by social care workers of specific care records, quarterly audits by social care leaders, and additional audits of practice related to health and safety and training. These audits were approved by the centre manager and provided assurance that management systems were effective.

Record keeping was of good quality. Records showed that the centre manager reviewed documents such as daily, maintenance and complaints logs. Inspectors found that the majority of required documentation was in place on children's care files. Where gaps had been identified through centre audits, requests had been made to the relevant social work team for missing documents such as health records or birth certificates.

Risks were well managed in the centre. Individual risk assessments were completed prior to each child's admission. Risks were continually updated which meant that the centre was appropriately tailoring their provision of care and taking any safeguards necessary were in place to ensure each child's needs would be met. For example, some children were appropriately risk assessed as requiring ongoing checks of their mobile phones. Risks related to service delivery were identified, and measures were put in place to mitigate against them.

Significant events were comprehensively recorded, reported and responded to promptly. Staff recorded incidents as a significant event notification (SEN) which were then notified to relevant persons, and managed appropriately in line with Tusla's national centralised notification system. There was a managerial system in place to review SENs and communication and discussion between the centre staff team, manager and child's social worker was evident. Oversight of SENs by the centre managers prompted updates and improvements to care practices such as, placement planning documentation and updated risk assessments. Significant events which occurred in the centre were selected for presentation at the regional significant event review group (SERG) which also promoted learning among staff.

The system to ensure complaints were managed was good and in line with the Child and Family Agency (Tusla) 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.

Tusla national policies and procedures for statutory residential centres had not been updated since 2009 and were not due for completion until 2020. In the interim, the centre manager maintained a suite of local policies and procedures that guided staff on procedures and practices.

The centre had sufficient staff in place to ensure children's needs were met. The staff team was experienced and staff members had a broad range of skills to meet children's needs. Additional staff were recruited since the last inspection. A review of rosters showed that a consistent staff level was maintained over the 12 months prior to the inspection. A social care leader was rostered along with three social care workers during day shifts, and two social care workers were rostered as waking staff during the night. Where required, a small number of agency staff were used to provide cover for staff leave.

Staff received an appropriate level of supervision. Sessions between supervisors and supervisees were held frequently and in line with Tusla national policy. Supervision agendas appropriately covered a wide range of topics. The quality of the content of supervision ranged from good quality to adequate, as some records indicated that actions from previous sessions were reviewed, while others did not. All records had clear tasks recorded where required.

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 three children who were living in the centre had individualised care records that

were securely stored. Care records reviewed by inspectors had the most important information such as up-to-date care plans. While other records such as birth certificates were not on some children's files, this had been identified by staff through audits that were carried out prior to the inspection. Records showed that requests had been sent to social workers for missing documents.

Judgment: Compliant

Standard 3.3

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

Incidents recorded as significant event notifications were notified to all relevant persons including social workers and the children's parents where appropriate. There was oversight by the centre line management and additional external review systems. This ensured learning from individual incidents 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.

The national policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation. A suite of local policies and procedures were in place and were reviewed regularly. This supported the centre manager to ensure the service was provided in line with national standards and legislation. Staff demonstrated an understanding of legislation, regulations and standards, and this was observed in the delivery of the service to children.

Judgment: Substantially compliant

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 had strong leadership and was managed with clear lines of authority and accountability. While roles and responsibilities were well defined, the deputy, centre and deputy regional managers were employed on an interim basis which did not provide

<p>stability to the management team.</p> <p>The management and governance arrangements were effective at ensuring a good quality and safe service was delivered.</p>
<p>Judgment: Substantially compliant</p>
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>
<p>The statement of purpose was reviewed by managers since the last inspection. The statement of purpose and function clearly described the model of service delivered in the centre. The statement of purpose described the organisational structure, the management and staff employed in the service.</p>
<p>Judgment: Compliant</p>
<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>
<p>Systems for monitoring and oversight were well established. They provided assurance to the centre management team that those management systems were appropriately maintained. While the effectiveness of recently introduced auditing system could not be evaluated at the time of the inspection, the centre did have an established systematic approach to auditing of practice which supported ongoing improvements to the quality of care for children.</p>
<p>Judgment: Compliant</p>

<p>Quality and safety</p>
<p>Children 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.</p> <p>There were appropriate measures in place to ensure the safety of children which included the response to and reporting of risks. Staff were appropriately trained in Children First (2017) and demonstrated a good level of knowledge about safeguarding and child protection practices. Each child's placement support plan included relevant goals targeted</p>

at promoting self-care and protection.

The admissions process ensured children's individual needs were assessed against the centre's statement of purpose, to ensure the centre could meet the needs of each child. A detailed referral form was completed by the child's social worker prior to each admission to the service. Each referral was then considered at a regional residential referral forum, which considered risk-taking behaviours in the previous six months, the potential impact on other children in the centre, and what strengths the centre had in order to meet those needs.

Children living in the centre had an up-to-date care plan on their files at the time of inspection. Placement plans were found to reflect each child's care plan and the role of the centre in implementing these plans. Placement support plans were informed by the expressed wishes of the children. An outcomes-based framework within the model of care was in place to support meeting children's identified needs and to review the impact of care on their wellbeing. This had been implemented just weeks prior to the inspection and staff were gaining confidence in applying it to their everyday practice. Although the staff team was in the early stages of working within this model, it was clear that direct work with children was taking place which addressed any issues arising for each child.

The centre used a trauma-based model of care alongside an approved approach to managing behaviour that challenged. Restrictive practices were not routinely 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. Staff used natural consequences to address particular behaviours displayed by children which were effective. However, inspectors found that the staff were not consistently recording all consequences on the consequences log, but in other centre records, such as a daily log. This did not ensure effective communication across the team, or a consistent approach to applying consequences. The centre manager told inspectors that a review of previous placements in the centre identified this as a practice issue, and it was in the process of being addressed with the staff team.

The premises were homely and welcoming for children. The centre underwent significant renovation in the 12 months prior to the inspection. Structural issues highlighted by HIQA in previous reports had been resolved which resulted in the premises being rejuvenated. Inspectors carried out the inspection just before Christmas and Christmas trees, lights and decorations were put up in communal spaces throughout the centre. Other areas of the centre were decorated with pictures, rugs, cushions and other homely touches. Children's bedrooms were individually decorated, with lots of storage space for personal items, and each of the bedrooms were ensuite. A games room, that had been decorated in a very child-centred manner, was in the process of being finished at the time of the inspection, and would provide additional resources to engage children when finished.

There were adequate fire safety measures in place in the centre. Firefighting equipment

was installed, and appropriate checks were carried out. Staff had been trained in fire safety and fire drills. The fire register in the centre recorded fire drills involving staff, and children had personal egress plans completed. Records showed that fire drills were carried out frequently, sometimes twice per month. However, children did not always co-operate and participate during fire drills. While staff sought to discuss children's non-participation, this issue had not been risk assessed by the centre with measures put in place to address non-participation.

The three centre vehicles were taxed, insured and had the necessary safety equipment. However some of the equipment needed replacing, for example a dirty high-visibility vest and a rusty fire extinguisher. The centre cars underwent regular checks with a local motor centre for a range of standard safety issues. The centre manager held copies of driving licences for staff that used the vehicles.

Standard 2.1

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

There was a clear admission policy and procedure which ensured children's needs informed the service they received. A regional residential referral forum met monthly to consider referrals to the children's residential service for the south region. The child's social worker provided input into how children's assessed needs could inform any potential admission to the service. The suitability of a placement was informed by a child's needs. Children visited the centre prior to their admission. There was regular and effective communication between children's allocated social workers and the staff team to ensure the children's needs were being met on an ongoing basis.

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 up-to-date care plans for all children. Placement plans had been developed based on children's identified needs. A new model of care was being implemented at the time of the inspection which meant that the format of plans was not consistent. Despite this, the plans in place clearly outlined how children would be supported on a daily basis by the staff team and records of key working showed that plans were implemented. Individual goals were reviewed and plans were updated as required.

Judgment: Compliant

Standard 2.3

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

The layout and design of the centre was suitable for the service delivery in line with the statement of purpose. The fire precautions in place ensured the centre was sufficiently prepared in the event of a fire. The centre carried out an excessive number of fire drills with children.

The centre's vehicles were well maintained and underwent regular checks. However, some of the safety equipment in the centre cars needed replacement.

Judgment: Substantially compliant

Standard 2.5

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

There was good communication between the centre staff and children's social workers and foster carers and or parents. The development and review of placement planning involved liaising with those key individuals. Multidisciplinary and strategy meetings were held when required. The centre was also proactive at involving children in decision-making where possible.

Judgment: Compliant

Standard 2.6

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

Children were referred to the aftercare service in a timely manner. Where a child was of leaving care age, the centre supported children to undertaken specific tasks in preparation for leaving care and transitioning to adulthood. Key working records showed that staff undertook work with children on budgeting or tasks that promoted independence.

Judgment: Compliant

Standard 3.1

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

There were sufficient measures in place to ensure children were safeguarded in the centre and that their care and welfare was protected and promoted. Staff demonstrated a good understanding of safeguarding legislation, principals and procedures. The centre manager was the designated liaison person for the service and ensured child protection and welfare concerns were notified to the relevant social work department.

Individualised risk assessments were in place prior to children staying for respite and restrictions were put in place where required, for example, access to the Internet where there was a risk of children contacting unsuitable persons.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Centre staff promoted positive behaviour. There were no incidents involving the use of physical restraint. The staff team had been trained on the centre's model of care, which provided a framework for positive behaviour. Children were supported to understand their behaviour through individual work with keyworkers, in line with their needs identified in their placement plans. However, there was inconsistent recording and application of consequences for children which may have inadvertently given a conflicting consequence to children in response to their behaviour. This was known to the centre management and plans were already in place to address this.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Compliant
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	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.	Substantially compliant
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.	Substantially compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
Quality and safety	
Standard 2.1 Each child's identified needs inform their placement in the residential centre.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3	

The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially compliant
Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Compliant
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

Action Plan

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

Action Plan ID:	MON-0028006
Provider's response to Inspection Report No:	MON-0028006
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	09 December 2019
Date of response:	

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

<p>Capability and Capacity Standard : 5.1 Judgment: Substantially compliant</p>
<p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The national policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation.</p> <p>Action Required: Under Standard 5.1: You are required to ensure: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.</p> <p>Please state the actions you have taken or are planning to take: The suite of CRS National Policies will be available and circulated to all centres by Q4 2020. Associated briefings and/ or trainings for staff teams will be organised on a</p>

regional basis by CRS Regional Office. Evidence of attendance and completion of required reading will be maintained in the centre.

Proposed timescale:
20th December 2020

Person responsible:
Regional Manager

Capability and Capacity

Standard : 5.2

Judgment: Substantially compliant

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

The deputy, centre and deputy regional managers were employed on interim basis which did not provide stability to the management team.

Action Required:

Under Standard 5.2: You are required to ensure: 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.

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

Interim positions within the management team of the centre i.e. manager and deputy are being dealt with by the Regional Manager in accordance with the Management of Attendance Policy. The interim Deputy Regional Manager position is pending interview which is scheduled for completion in 2020.

Proposed timescale:
30th September 2020

Person responsible:
Regional Manager

Quality and Safety

Standard : 2.3

Judgment: Substantially compliant

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

Children's lack of participation with fire drills was not risk assessed.

Some of the safety equipment in the centre cars such as fire extinguisher and high visibility bibs needed replacement.

Action Required:

Under Standard 2.3: You are required to ensure: The children's residential centre is homely, and promotes the safety and wellbeing of each child.

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

All non participation in fire drills by resident young people will require the completion of a risk assessment. This will be reviewed with the staff team at team meeting scheduled for 29th January 2020.

On the 9th December 2019, the visibility vest and extinguisher were replaced with new versions and placed in the appropriate centre vehicle. Checks on this equipment will be included as part of the vehicle check with effect from 29th January 2020.

Proposed timescale:
29th January 2020

Person responsible:
Centre Manager