



**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 Inspection
Date of inspection:	15th and 16th July 2020
Centre ID:	OSV 0004191
Fieldwork ID	MON 0029973

About the centre

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

The Children's Residential Centre is located in a large single storey dwelling in its own grounds in the suburbs of a city. The service offers medium to long term care for up to four female young people between the ages of 13 and 17 years of age on admission. A central referrals committee of the Child and Family Agency (Tusla), South Region, makes decisions about the appropriateness of placements.

The centre aims to provide safety, security and stability for each young person to enable them to reach their full potential by:

- promoting a culture where education and training is encouraged, facilitated and supported at the young person's level
- promoting an environment where risk-taking behaviours are identified and young people are educated around personal safety
- providing help and guidance to enable young people develop skills in problem-solving and decision-making
- providing support and encouragement to enable them to manage their physical and mental health
- providing support and guidance to help young people learn independent living skills in conjunction with aftercare services.

A new wellbeing outcomes framework has recently been introduced as the preferred model of care. The involvement of young people, their families and community-based agencies is central to all care interventions.

The staff team consists of a centre manager, deputy centre manager, social care leaders, social care workers and a clerical officer. Centre staff report to a regional service manager.

Number of young people on the date of inspection:	4
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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
15 th July (Remote)	9.00am-4.00pm	Sue Talbot	Inspector
16 th July (on site)	10.00am-4.00pm	Sue Talbot	Inspector

Views of children who use the service

Four young people were living in the centre at the time of the inspection. The inspector met with three young people. Two young people also completed a questionnaire. Their comments indicated that they thought most of the staff team were nice. They said that those that were 'really nice' showed that their support for them was 'more than a job'. 'They do their best to help you with a problem'. One young person said the regular contact and support they received from their social worker, working closely with centre staff, was great.

Young people were aware of the centre's management structure and the roles and responsibilities of staff. They said some staff were more available and active in helping them than others. They particularly valued their key-workers, and said there were also other staff who they could talk to about anything. They discussed how the last few months had been difficult for them; with few activities outside the centre. They said they valued being able to go out in the car again to visit family and friends. They felt the centre staff were good at helping prepare them for leaving care.

The inspector spoke to the families of two young people. Family members were positive in their feedback about individual centre staff; valuing the support they gave in enabling them to stay in touch. They also thought young people were making good progress due to the quality of the care they received. One family member commented 'staff are very good, they are very understanding and they have a bond with the young person'.

All four social workers were complimentary about the level of communication and information-sharing with the centre. They reported good joint working in developing and delivering young people's individual plans. They said they were promptly alerted to any concerns about young people's safety or wellbeing.

Capacity and capability

Centre managers had a clear and comprehensive understanding of their leadership role and responsibilities for the delivery of a safe and high quality residential service for young people. The priorities and accountabilities of the management team, including social care leaders were clear; with appropriate management cover in place. The delivery of care was appropriately aligned to legislation, statutory guidance and the performance standards outlined in the National Standards for Children's Residential Centres 2018.

Tusla's national policies and procedures for children's residential centres however, were significantly out-of-date, and had not been updated since 2010. The centre manager advised the new suite of procedures would be available soon.

The centre's day-to-day operations reflected practice requirements set out in Tusla's policy, procedures and guidance for managing organisational risk, including the maintenance of a 'live' risk register. Although there was evidence of good progress being made against all areas of risk identified, linked to the centre's service improvement plans; the risk register had not been formally reviewed and updated since August 2019.

The centre had appropriately implemented Tusla's Covid-19 risk management procedures; with effective review and updating of its infection prevention and control measures. The deployment of managers and staff took account of Covid-19 risk management protocols and changes to public health guidance.

The centre's staff and managers had appropriate systems in place to identify and respond to the specific needs and risks to the wellbeing and safety of young people in their care. There was timely escalation of concerns to senior managers, with regular joint monitoring and review alongside other agencies to help promote organisational learning. Young people's health and care records evidenced overview and audits of the standards of practice by the centre managers.

The inspector's discussions with managers, frontline staff and review of care records indicated open and shared reflection on how best to prevent and reduce harm to young people. Absence management plans were regularly reviewed and updated; with weekly professionals meetings held where concerns about individual young people or numbers of incidents remained high.

Good attention was paid to responding to and learning from young people's complaints. As lockdown eased, managers and staff worked closely with the young people and their families and friends to safely promote face to face visits. Discussions with staff and young people denoted good recognition of risks to their emotional wellbeing, balanced with essential public health measures.

The centre's statement of purpose effectively described service delivery and organisational culture in enabling young people to grow, develop and stay safe. It had been reviewed and updated in September 2019, and met regulatory requirements. Young people, their families and social workers were kept informed about the service's aims, ethos and referral pathway.

Although centre staff had received relevant training in implementing Tusla's new model of care, it was not yet actively underpinning the delivery of care and review of outcomes in line with the practice framework. This meant a lack of continuity of care for one young person who had recently transferred from another residential centre.

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 residential centre had effective leadership, with clear accountabilities for the safety and wellbeing of young people. Tusla's national policies and procedures for children's residential care however, were significantly out-of-date. The centre's risk register had not been recently reviewed and updated.

Judgment: Substantially compliant

Standard 5.3

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

Whilst the statement of purpose clearly described the day-to-day operations of the residential centre; the centre had yet to adopt the new national programme of care described therein.

Judgment: Substantially compliant

Quality and safety

Young people living in the centre benefited from good recognition of their individual aspirations and goals, strengths and needs. Frontline staff and managers together with the young people's social workers actively sought to engage each young person in joint work to promote their safety, wellbeing and personal development. Individual care and centre management records demonstrated regular joint agency contact and review where there were ongoing concerns about the levels of risk young people were exposed to. All young people had an allocated social worker.

At the time of the inspection, three out of the four young people placed in the centre had an up-to-date care plan. There was over a three month delay against statutory timescales in reviewing and updating the care plan for one young person. The centre had escalated concerns about the impact of this for the young person concerned. They had been advised the delay was due to awaiting the appointment of an independent chairperson, and a review date had not been agreed at the time of the inspection.

Three out of four young people had an up-to-date placement plan. The quality of placement plans overall was good and enabled a holistic focus on the young person's individual needs, interests and choices. Their future goals and strategies for achievement were clear and measurable, and effectively monitored. Placement plans were regularly reviewed for risk and impact, and were signed by young people. Behavioural and risk-related trends were evaluated to ensure actions remained relevant in addressing young people's specific developmental needs.

Centre staff and social workers actively encouraged the participation of young people in designing and implementing their individual care and placement plans. They regularly sought feedback from young people about their experiences, concerns and areas for change. Young people were encouraged to be involved in their individual care reviews; although not all young people chose to complete the review booklet or attend their meetings. Family members were consulted with and engaged, as appropriate, in helping to shape and support the young person's future plans.

A well-established key-worker and caseholder system enabled regular check-ins with each young person. The approach sought to build an open and constructive joint working relationship with young people from the point of admission, through to their leaving care. This encouraged early identification and analysis of specific concerns and of any individual health or education needs that would benefit from further assessment, support or review. Aftercare planning was prioritized, with good engagement of aftercare workers and other agencies alongside the young person's social worker in mapping and enhancing their independent living skills.

Key working sessions were highly valued by the young people. Centre records demonstrated their active contribution to developmental discussions, including co-signing their records. They provided an important opportunity for young people to reflect on the impact of Covid-19 restrictions on their daily lives, to share their hopes, feelings and concerns as well as ensure a continued focus on planning for their longer term goals.

Good attention was paid to safeguarding young people from abuse and neglect and promoting their care and welfare. The centre's managers and frontline staff clearly understood their personal and professional accountabilities for safeguarding young people in line with Children First legislation and practice guidance. All staff had received relevant Children First training and were aware of thresholds of significant harm and how to make a child protection referral.

Staff were vigilant to child protection risks when young people were within and outside the centre. There were seven child protection and welfare notifications made in the last nine months. This was similar to previous levels of activity. Five of these were founded, one was unfounded and one was still under investigation.

A total of eight complaints had been made by young people in the previous nine months. All were recorded as the young person being satisfied when the complaint was closed. The young person was actively encouraged to have a say and share their ideas about how issues could be resolved to reduce the risk of recurrence.

There had been a significant increase in the numbers of young people absent from the centre without authority over the last nine months. This included a total of 67 'missing from care' episodes, three absences and 'three absences at risk'. The majority of absences related to young people returning later than the agreed timescale; with appropriate escalation of concerns and multi-disciplinary review where individual circumstances or the young person's behaviours indicated higher levels of risk.

Safety planning was embedded within risk management discussions; with good analysis of protective factors, including recognition of the motivations, developmental stage and vulnerability of the young person. Family members were kept informed and engaged in shared actions to keep the young people safe.

Arrangements for young people absent or missing from care were appropriately aligned to the practice requirements set out in the joint protocol with An Garda Síochána. The added complexity of being missing from care during the public health pandemic was carefully considered and informed risk management plans. The active involvement of An Garda in reinforcing messages about safety to young people evidenced good partnership working. Consultation with the centre's psychologist provided further expertise and challenge about what worked. This helped to evaluate the effectiveness of strategies to protect young people and promote organizational learning.

Maintaining peer relationships and achieving purposeful daily routines and personal fulfilment was challenging on occasion over the period of the Covid-19 restrictions. Staff promptly identified and addressed incidents of bullying and complaints of poor treatment from peers. They worked to try and reduce harms through reinforcing the standards of mutual respect and care to ensure everyone felt safe, including in the use of social media.

The centre benefited from a stable and experienced staff team who had appropriate knowledge of the impact of childhood neglect and trauma on young people's safety and wellbeing. The approaches taken to promoting positive behavior were secured in promoting a relationship based on mutual trust combined with a good understanding of what mattered most to young people.

Care records evidenced specific behaviour management actions, with positive impact over time; to help young people recognize boundaries, develop safe routines and improve their communication skills to assist their personal development and capacity to problem-solve. The centre staff were aware of the expected standards of practice in preventing and dealing with behaviours that challenge.

Physical restraint was never used to control the behaviours of young people. A 'restrictive environment' procedure had been recently implemented given serious concerns about the safety and well-being of one young person. The approach was introduced alongside a positive incentive, and its impact was closely monitored and reviewed. A further restrictive environment action was later required; and this was for a shorter time duration.

The health, wellbeing and development of each young person was actively promoted and protected by centre staff. Their specific health and development needs as adolescents were recognized. Care practice included a strong focus on building their personal capacity and resilience. Young people were helped to be aware of risk, and were involved in decisions about their health and additional support they felt they needed. This included access to counselling and sexual health services. One family member reported good attention had been paid to the young person's emotional needs- 'they are sensitive to when she is upset and help her to deal with things'.

Each young person had a medical examination on their admission to the centre. This provided appropriate screening and follow up of individual health needs and risks. The young person's health care records demonstrated good attention was paid to all aspects of their emotional and physical health; with appropriate support for prevention through ensuring regular checks; with good access to GPs or hospital treatment as needed. For one young person though, there was a lengthy delay in their being supported to access therapeutic support. It was not clear from review of their care plan or discussions with staff, what treatment and support would be available to them.

Arrangements for administering, monitoring and reviewing medication was an area of increased management oversight. Monthly medication audits undertaken by the manager were helping to identify gaps and promote consistent practice. There was a delay however in being able to access appropriate additional staff training given Covid-19 restrictions.

The centre's staff team worked closely with children's social workers and the educational welfare service and local schools in promoting young people's school attendance and progress. Regular school attendance remained an issue for one young person who had a history of school refusal. The two older young people living at the centre were supported to overcome earlier difficulties they experienced at school and to sit their state examinations, and had plans in place for college.

Helping young people prepare for leaving care and for adulthood underpinned every aspect of care provided by the centre staff team. Young people were actively supported to manage their free time, to budget, to develop practical skills in home management, and to access their local communities. Good attention was paid to promoting young people's personal relationships, access to supported accommodation and future employment opportunities. Individual plans were plans aligned to young people's interests and preferences and sought to maximize their potential.

Standard 2.2

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

All young people had an allocated social worker, and there were arrangements in place to meet their individual needs and promote their development. One young person, however, did not yet have an up-to-date placement plan.

Judgment: Substantially compliant

Standard 3.1

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

Centre staff were vigilant to the risk of harm and abuse to young people, and worked closely with other agencies to safeguard young people in line with child protection policies, procedures and guidance.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Centre staff actively sought to engage young people in promoting their awareness of the expected standards of behaviour and in developing strategies to keep themselves and others safe. In the rare cases where restrictive interventions were used; this was in line with approved policies, with senior manager sign-off and subject to regular review.

Judgment: Compliant

Standard 4.1

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

The health, wellbeing and development of each young person was actively promoted; with holistic recognition of their individual needs and of support required to enable them to transition to adulthood.

Judgment: Compliant

Standard 4.2

Each child is supported to meet any identified health and development needs.

Young people were supported to access a range of health services; with appropriate recognition of their individual physical health, mental and emotional wellbeing. Access to therapeutic support however, was slow for one young person; with a lack of an agreed plan to inform the level of specialist support required. A few staff required additional training to achieve compliance with medication management procedures.

Judgment: Substantially compliant.

Standard 4.3

Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Care plans actively sought to promote the future life chances of young people through education and training. However, school attendance and the educational development of one young person was limited. Actions to date had not been effective in realising their full potential.

Judgment: Substantially 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>	Substantially compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Substantially compliant
Quality and safety	
<p>Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p>	Substantially 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
<p>Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.</p>	Compliant
<p>Standard 4.2 Each child is supported to meet any identified health and development needs.</p>	Substantially compliant
<p>Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.</p>	Substantially compliant