



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Mid-West
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV - 0004199
Fieldwork ID	MON-0046025

About the centre

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

Our aim is to provide a specialist residential treatment programme for males in the care of TUSLA aged 12–17 yrs. Our objective is to provide a high standard of child centred care and a range of interventions to support the young person and enable them to address their life experiences and risk-taking behaviours and to develop alternative skills and coping strategies in order to return to and live safely in their community. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement and the provision of an integrated treatment programme.

The ethos of the centre is to:

- Hold the young person with the utmost respect and positive regard.
- Promote positive attachments.
- Balance risk with the wellbeing and developmental needs of each young person.
- Promote safety for all.
- Provide positive experiences and fun.
- Promote change and assist young people to achieve their potential.
- To promote the participation of young people and their families/ significant others in all aspects of the young person's care.
- Incorporates the principles of Restorative Practice
- Assesses and measures outcomes for the young people

The following information outlines some additional data of this centre.

Number of children on the date of inspection	3
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How we inspect

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

As part of our inspection, where possible, we:

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

In order to summarize 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
14 January 2025	10:30 hrs to 19:00 hrs	Mary Lillis Nicola Rossiter	Inspector Inspector
15 January 2025	7:30 hrs to 15:30 hrs	Mary Lillis Nicola Rossiter	Inspector Inspector

What children told us and what inspectors observed

Two inspectors carried out a routine unannounced inspection of this centre. The centre had capacity to provide care to four young people. There were three young people living there at the time of inspection. Inspectors observed staff engaging with young people in a respectful manner which took account of the young people's age, developmental needs and plans for their care.

Each young person met with inspectors individually and while generally positive in their comments, the turnover of staff was raised as an issue.

When asked about what it was like living in the centre they told inspectors:

- "I like it here because I get to play lots of video games"
- "The rules here are fair and I understand them"
- "I go shopping with the staff"
- "The staff do artwork with me"

In general the young people were very positive about staff in the centre, telling inspectors "staff would do absolutely everything they can for me". One young person described small kindnesses from staff saying "they mean more to me than they will ever realise". One young person expressed sadness at changes in staffing and described the impact that had on them. "Staff are always leaving. Keyworkers always change. [Professional] is leaving now too and that is a detrimental loss to me. She is the only person I can rely on". The management and staff team acknowledged the impact staff leaving had on the young people. Inspectors found that appropriate steps were being taken to support the young people to adjust to these changes.

Two young people told inspectors they knew how to make a complaint with one noting, "I know how to make a complaint, and I did it last year". This young person was satisfied with the outcome and noted that they had been given the option by staff to pursue the matter further and had not wished to.

The centre was a two storey house which was located in a rural area near to a city. It had access to a wide range of amenities and public transport. The building itself was newly renovated and was warm, clean and welcoming on arrival. The renovation had required the service to move for a period. They had returned approximately three months before the inspection.

The furnishings in the centre were new and the building had been thoughtfully decorated to create a cosy, homely atmosphere. Inspectors observed the young

people together with staff, enjoying the activities available in the centre for example; playing pool, computer games and games of chess.

Each young person had their own bedroom. The young people told inspectors that they had been consulted about decorating their room and encouraged to personalise it. One young person showed their room to an inspector. It was noted to be small and included personal touches such as family photographs. The young person also showed the inspector a copy of the child friendly version of the staff roster. This meant the young person knew which staff members they could expect to see each day, creating routine and stability.

The centre had a large outdoor space for sports and activities. There was a large green area which one young person in particular used for hurling practice. A fenced basketball court was also on site, alongside a playground area which required repair and therefore was not in use at the time of inspection.

Young people's families and professionals involved in their care were contacted, as part of the inspection process. A parent, two social workers and a social work team leader spoke with inspectors. Not all those spoken with had visited the centre. One social worker noted that they had only been allocated to the young person that week and were not yet in a position to provide information on the centre and care being provided as they had not yet met the young person or visited the centre.

The parent and professionals who had more experience with the centre and centre staff, were complimentary of the care being provided. They told inspectors they were "very happy, no concerns at all" and noting that the child was "living a lovely life". They were also very positive about communication with staff and management. The parent noted that "staff make the effort to keep in contact with messages and phone calls". While professionals noted that they were informed on the day of any significant events and kept up to date on the young person's care through frequent meetings and phone calls and described the communication as "excellent".

When speaking about staffing, one professional noted that there was a lot of individual work being completed with the young people. They noted that staff consistently followed up on plans for the young person's care and implementing advice from professionals. The parent and professionals spoken with were aware of restrictive practices in place in the service. The social worker noted that restrictive practices were always discussed at regular multidisciplinary team meetings and were managed well.

Both the parent and the professionals spoken with expressed the opinion that the young people were safe in the centre. The professionals noted there were good safeguarding measures in place. One professional noted that the young person “feels safe there...feels he can be himself”.

Capacity and capability

Young people were receiving good quality care in the centre. However, improvements were required in some areas, for the centre to be in full compliance with standards. Overall this inspection assessed 13 standards and the service was found to be compliant with nine standards and substantially compliant with four standards.

This inspection found that the leadership and governance in the service resulted in good quality, safe care being provided to young people. However, the oversight of mandatory training was ineffective as inspectors found gaps in compliance with mandatory training in relation to fire safety, medication management and *Children First: National Guidance for the Protection and Welfare of Children* (2017).

The centre was recently fully staffed, having filled four vacancies in the two weeks before the inspection. New staff members were undergoing induction. Supervision was in line with policy and was of good quality. While there had been gaps in supervision early in 2024, these had been identified and addressed by managers.

The centre’s statement of purpose and function was recently update and accurately reflected its day-to-day operation. There was effective information governance in place in the centre. Young people’s files were well maintained. Their personal information was protected and shared appropriately with other professionals involved in their care.

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 effective leadership and governance arrangements in place in the centre with clear lines of accountability, however improvements were required in the oversight of mandatory training.

The staff team comprised a centre manager, two deputy centre managers, one of whom was full time and one worked one day per week. Managers were supported by a full team of social care leaders and social care workers. The centre manager was managed by the interim regional manager, who provided effective external oversight of the centre. While the interim regional manager was new to that role, they had been involved in the management of the centre for many years. The interim regional manager, regularly visited and was knowledgeable of the centre's day-to-day operation and the young people who lived there.

Staff who spoke with inspections were clear in their roles, responsibilities and the lines of accountability. The centre manager maintained a document which clearly outlined all delegated duties and detailed the responsibilities of staff members who were assigned particular tasks and duties within the centre. Duties were appropriately delegated depending on levels of experience.

Tusla national policies and procedures for children's residential services appropriately informed practice in the centre. These policies and procedures were noted to have been discussed in team meeting and staff were required to sign that they had read and understood the policies. A new member of staff noted to inspectors that becoming familiar with these policies was one of the first tasks they completed as part of their induction.

There was an effective risk management framework and supporting structures in place. However, not all risks identified on the inspection were adequately recorded. The inspector reviewed the risk register and there were six risks recorded at the time of the inspection. Three risks were open and three were marked as being monitored. All risks had adequate controls in place.

At the time of inspection, there was outdoor playground equipment which was not safe to be used. The centre manager had taken steps to address this risk including commissioned a specialist survey of the equipment. The manager was in the process of developing an action plan to address same. This risk and the actions being taken to address the risk were not recorded on either the risk register or in

the health and safety manual. This reduces the ability of managers to oversee these actions. Managers accepted this and speculated that it had been overlooked during a recent move and because it was being addressed. Following the inspection, inspectors were provided with a health and safety risk assessment which adequately addressed this concern.

Improvements were required to ensure the internal monitoring mechanisms were effective. Audits were completed on various aspects of service provision by the centre manager and deputy centre manager twice per year including fire precautions and file management. The inspectors reviewed a sample of these audits and found them to vary in effectiveness. For example, the supervision audit identified gaps in how regularly some staff members received supervision and this was quickly addressed. Audits of fire-safety precautions identified gaps in fire-safety training. On-site training had been organised to address this, however this had not been adequate as there remained staff with out of date training. At the time of the inspection, four staff member's on-line fire safety training was out of date, including the centre manager and two were due for renewal. Two staff members yearly on-site fire safety training remained out-of-date, one since May 2023 and one since October 2022. The four newest staff members had completed a fire drill and had plans in place for the completion of fire safety training.

Inspectors also found other areas of mandatory training were not up to date for all staff. All longstanding members of staff had completed training in medication management and Children First (2017). However, not all staff had completed the required refreshers within the necessary timeframes. As was reasonable given the timeframes the newest staff members had training planned but not yet completed. This however, meant that at the time of the inspection only 15 of 23 staff (65%) had medication management and Children First training up to date. The review of training records highlighted the need for individual staff to complete training and staff had been sent email reminders. However, it had not been effective in addressing the situation. The centre manager noted that in order to ensure adequate staff numbers on the floor, training was deferred during periods when there were staff vacancies. The manager reported that addressing staff training needs was a priority for the service.

Managers acted promptly and effectively to implement recommendations of external auditing and oversight. Tusla's practice assurance and service monitoring (PASM) team completed a monitoring visit in November 2024 with a report being issued in January 2025, a week before this inspection. The report found that there was evidence of good governance and oversight in the centre and made a small number of recommendations. Actions to address issues identified had already

been implemented at the time of inspection. For example, it was recommended that restrictive practices register include a clear rationale for why a practice was not reviewed and inspectors found examples of this when reviewing that document.

The centre manager and interim regional manager developed a quality improvement plan for the centre. Inspectors reviewed the actions identified for 2024. It was evident that this plan had been reviewed twice in 2024. The majority of the actions had been completed, for example completing renovation works and updating the centre's statement of purpose and function. There were a small number of actions outstanding which had identified dates for completion in the first quarter of 2025 for example training in specific intervention methods was scheduled for the end of January 2025. The plan for 2025 was in development at the time of inspection.

Judgment: Substantially 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 a statement of purpose which was updated in November 2024 and clearly described the day-to-day running of the centre. It included the aims and objectives of the centre, some of which are outlined at the start of this report. It clearly detailed the managerial structure and the policies and procedures that underpinned the work carried out in the centre. It outlined the care and support needs of children that the centre intended to meet and included the admissions process which had been updated in 2024.

A young person's version of the statement of purpose, was included in the welcome booklet that young people received on their admission. The parent who spoke with the inspector confirmed they were provided information about the centre and the supports their child would receive, before their child was admitted.

Staff who spoke with the inspector demonstrated understanding of the model of care outlined in the statement of purpose and the centre's overall aims and the outcome it seeks to achieve for children.

Judgment: Compliant

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Regulation 6:

Staffing

The registered provider effectively planned and managed the workforce in order to deliver child centred, safe and effective care.

At the time of the inspection there was a full staff team in the service, this had been achieved very recently. The service had been challenged with staffing vacancies in the 12 months prior to the inspection. There had been a successful recruitment campaign which resulted in four new staff members joining the team in early January before the inspection. During the period of staffing shortages, the deputy centre manager effectively organised the rosters to ensure that there was adequate staffing to meet the young people's needs at all times. The inspector reviewed a sample of the rosters, including periods when there were staffing vacancies. The inspector found that regular agency staff, over time and shift swaps were used to cover any gaps that arose in the roster.

In addition regional management were strategic in recruitment planning, they recruited for the centre while also providing additional resources to the staff team. Staff members, recruited for another service due to open in 2025, worked in the centre. At the time of inspection, despite being fully staff these two staff members continued to be available to work in the centre when required.

The centre manager noted that they and the staff team had worked hard to limit the impact of the staff shortages on the young people and ensure continuity of care. To provide stability young people were kept informed of who would be on shift, inspectors observed the continued use of a child friendly roster. The centre manager acknowledged that that period would have been a lot more difficult if not for the flexibility and dedication of the staff team. The centre manager reported that staff wellbeing was a particular focus for the management team. The manager described organising staff support sessions and encouraging staff to use the employee assistance programme when necessary.

All staff were aware of their individual responsibilities and lines of accountability were clearly defined. There was generally a social care leader on shift during the day, when there was no leader available the centre manager reported that a shift lead was identified. There was an on-call system in place at evenings and weekends to ensure that a manager was always available to the staff team. The manager reported that this worked well.

Judgment: Compliant

Standard 6.3

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

The staff in the centre were committed to providing child-centred, safe and effective care and support. They understood their roles and responsibilities and the lines of reporting and accountability. At the time inspection, supervision practices were in line with the national policy. Gaps in supervision had been identified in the first half of 2024 and were adequately addressed in the second half of the year.

The staff team worked well together and with other professionals to meet the needs of the young people in their service. This was confirmed by the social workers who spoke with inspectors. There were mechanisms in place to ensure good communication between the staff team. This included handovers, communication logs and team meetings every two weeks. The inspectors had the opportunity to observe a handover. There was a comprehensive discussion of the young people's presentations, any appointments or important developments for young people. For example there was a change in personnel in an external service and the impact of this on the young people was discussed.

The inspectors reviewed a sample of team meeting minutes. These were noted to take place regularly and were well attended. In the latter half of 2024 it was observed that a system was implemented, where by the staff members absent from team meetings signed meeting minutes to say they had read and were aware of the decisions agreed, in line with good practice. Team meetings included reflections on practice, discussions regarding policies and procedures including safeguarding responsibilities.

The provider had a supervision policy in place. The inspector reviewed a sample of supervision and found that in the first half of 2024 there were gaps in the frequency of supervision across the files sampled. However, from summer onwards, supervision was happening more regularly. This meant that by the end of the year the staff had received the number of supervision sessions required by the provider's policy.

Supervision was of good quality, it was used to provide guidance and direction in relation to practice. Supervision sessions were noted to include staff wellbeing, training needs and reflections on practice. All supervision files reviewed by

inspectors included professional development plans. These outline the staff members learning and development goals for the upcoming year.

All new staff were required to complete an induction. This included becoming familiar with the providers policy and procedures, observation of some duties prior to taking on those duties and becoming familiar with the young people's needs, routines, safety plans and placement support plans.

Judgment: Compliant.

Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

Regulation 21:

Maintenance of Register

There were effective information governance arrangements in place in the centre. The centre was in the process of moving from a paper based system to an online system of recording. At the time of the inspection, all documents were typed and both a soft copy was saved while a hard copy was printed and placed on the young person's file.

The centre manager had an effective system in place to ensure all records were maintained to a high standard. The inspectors reviewed a large sample of records across all three young people's files and found that the records were up-to-date and of good quality. Records provided a good picture of a young person's life in the centre and the care they received.

A register of children was kept by the centre manager. This was reviewed by the inspector and found to be up-to-date, it contained all information required by the regulation.

All significant events, accidents and incidents were recorded and reported via the appropriate mechanisms. The social worker who spoke with inspectors confirmed that all relevant information was shared by the staff team with them via phone calls and email and through the formal significant event notification systems.

The provider had policies in place for the retention of records, as well as for managing requests to access that information. Young people were informed of their right to access their information when they were admitted to the service.

Inspectors saw evidence of young people occasionally accessing their records, they were supported to do this by their key worker.

Judgment: Compliant

Quality and safety

The staff and management team were providing high quality care and support to the young people in this centre. From observations, conversations with staff and young people, as well as document reviews, it was evident that the young people's rights were central to day-to-day practice in the service.

Inspectors found that the service was based in a newly renovated building, which was beautifully decorated and homely. There was sufficient space both indoor and outdoor. However, some of the outdoor play equipment was not safe to use. In addition not all staff were up-to-date with their fire safety training, for example one staff member had not attended in person fire safety training in two years.

The care of young people was supported by up to date care plans, placement plans and placement support plans. Each child was safeguarded from abuse and neglect and their care and welfare was promoted. However, Children First (2017) refresher training were not up to date. Young people were supported to develop the knowledge, self-awareness and skills for self-care and protection. As well as age appropriate independent living skills.

Staff team supported young people to recognise, understand and manage their own emotions and behaviours. Young people's health needs were met and positive and healthy life choices were supported on a daily basis. Two of the three young people experienced frequent and or recent changes in their allocated social worker and this had an impact on the timeliness of an educational application being made for one young person. All young people were either in education or in the process of enrolment in educational places.

Standard 1.1

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Regulation 10:

Religion

Regulation 4:

Welfare of child

This inspection found that children living in the centre experienced care which respected and promoted their rights and supported them to develop an understanding of their responsibility to respect the rights of others. The managers and staff team were committed to promoting and protecting children's rights

Staff supported young people to understand their rights through both direct work and their daily interactions with them. A welcome booklet was provided to each young person on their admission and the information was discussed with them by their key worker. This included information on how to access their records, and how to make a complaint. Some of the young people had exercised their right to make a complaint. These complaints were reviewed by inspectors and it was found that the appropriate steps were taken to address the young people's concerns.

Staff and managers were observed to be considerate and kind in their interactions with young people and in how they spoke about those young people with inspectors. Inspectors observed staff respecting young people's right to privacy by knocking on young people's bedroom doors and seeking permission to enter before doing so. In addition young people's bedrooms had a thumb lock fitted in acknowledgement of their privacy rights. Young people's views were taken into account when planning the day including any dietary preferences. Daily records were maintained as required by the standard and gave a clear account of the young person's day. The young people's care plans included information on their religion and if they were practicing that religion or not.

At the time of the inspection, all young people had an allocated social worker. However, two of the three young people had experienced gaps in allocation, multiple changes and or recent changes in their social worker. File review showed that staff advocated on behalf of young people for stability in their social worker. Inspectors saw emails and contacts between staff and the social work departments requesting updates on when young people would be allocated a social worker.

Young people were encouraged to provide feedback on the service via a young person's meeting. The sample of the records reviewed by inspectors showed that these not well attended in recent months. Staff and managers had identified this and were of the opinion it was due to the relationship between some of the young people. Staff were making an effort to engage young people in providing regular feedback individually or in a more informal fashion.

Judgment: Compliant

Standard 2.1

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

The inspection found that each child identified needs informed their placement in the centre. The centre manager, interim regional manager and social work teams worked closely to ensure that the placement was appropriate for any proposed new admissions and that the needs and rights of the children already living there were protected.

The provider had a written admission policy which took account of the rights of children, the national standards for children's residential services, regulations and legislation and the centre's statement of purpose.

Two young people had been admitted to the centre in the six months before the inspection. A review of their files showed that the appropriateness of the placement was carefully considered before admission. Both young people had a comprehensive assessment of need which informed their placement in the centre. An assessment of the risk associated with a new admission was completed for each young person and these were of good quality. Consideration was given to the risks of the placement going ahead, how these risks could be mitigated and possible impact on the young people already living in the centre. The centre manager and interim regional manager described recent proposed admissions which did not go ahead as the admissions process identified risks that the service could not safely manage. Staff and managers who spoke with the inspectors felt that admissions were well managed by the service.

Both of the most recent admissions were for children who had been placed in short term special emergency accommodations before their admission to the centre. As a result the admissions plan for both were shortened. One young person visited the centre and was admitted the next day. While the other was admitted immediately, without having visited the centre. Typically a young person would have had the opportunity to visit the centre on a number of occasions

before admission. For these young people a quicker transition into the centre was appropriate to their needs and circumstances as it ensured they had stability and consistency with regard to where they lived and who took care of them.

Judgment: Compliant

Standard 2.3

The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Regulation 7:

Accommodation

Regulation 12:

Fire precautions

Regulation 13:

Safety precautions

Regulation 14:

Insurance

The premises was appropriate to meet the number and needs of the children living there. All necessary fire equipment was in place as required, maintenance issues were promptly and effectively addressed and centre vehicles were safe and clean. However, not all staff had fire safety training as required.

The centre was observed to be clean, appropriately decorated, and warm and well lit. It provided young people with a welcoming and homely environment that promotes their wellbeing. There was sufficient bedroom and bathroom facilities to meet the needs of young people and staff. Following the recent renovations the centre had been decorated to a high standard with contemporary furniture and fittings and it was spacious and inviting. The layout and design of the centre promoted the independence and autonomy of each young person while also ensuring they received safe care, tailored to their individual needs.

The centre provides ample access for indoor recreational activities with two sitting rooms, a designated games room and a family room which is made available to young people for family visits. The first floor of the centre comprises of four bedrooms for young people, a main bathroom and a shower room. There was also staff offices on both floors and a staff bedroom upstairs.

The bedroom the inspector viewed was cosy, nicely decorated and personalised with photos. The room contained adequate storage for the young person to store their personal belongings.

The centre also had a designated outdoor playground area which was not safe for use at the time of inspection. The area had recently been inspected by a playground specialist and timbers in the structures were found to be rotten and needing replacement. The centre manager advised inspectors that all young people had been advised the play area was off limits and unsafe for use. As previously discussed, following the inspection centre manager completed a satisfactory risk assessment of this area.

The centre had an up-to-date safety statement and site specific workplace risk assessments on file. These had been read and signed by the majority of staff. Newest members of staff had yet to read and sign same.

The centre had three cars which were used frequently to facilitate young people attending education and community activities and appointments. Inspectors found the cars to be serviced and well maintained and insured appropriately. Defects and repairs were identified through regular safety checks and appropriately recorded. Each car had a well-stocked first aid kit and the appropriate road side break down equipment.

The centre utilises closed-circuit television (CCTV) systems and had appropriate signage on display. The centre had a policy in place outlining the use of CCTV systems which had been included in the young person's information booklet.

The centre had appropriate fire safety precautions in place, however improvements in attendance at fire-safety training was required for the centre to be compliant with this standard. Fire drills were routinely carried out and records indicated that these were prompt and all three young people had recently participated in a fire drill. All necessary equipment for the detection and firefighting equipment was serviced and a record of service dates was recorded. The four newest members of staff, had completed fire drills and had plans in place to complete fire safety training as part of induction. Excluding the newest staff members, as discussed under 5.2, not all other staff had up-to-date fire safety training as required.

Judgment: Substantially Compliant

Standard 3.1

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

The young people living in the centre were safeguarded from abuse and neglect and their welfare was promoted by the staff team. The centre operated in line with relevant policies and procedures as outlined in Children First: National Guidance for the Protection and Welfare of Children (2017). However, not all staff had up-to-date training in Children First. The provider had a child safeguarding policy in place which included guidance for staff on identifying, preventing and managing incidents of bullying behaviour.

All staff who spoke with inspections were aware of their responsibility to report concerns under Children First. However, a review of the staff training records showed that three staff members had not up-dated Children First training in a timely fashion. In addition, the training records for five newer members of staff were not yet recorded. Managers assured the inspectors that this would be addressed as soon as possible.

Managers maintained a register of child protection concerns. This was reviewed by the inspector and there were no open child protection concerns in the service at the time of the inspection. There were a total of two concerns reported in the year before the inspection and these had been reported appropriately. Records confirmed that the staff in the service maintained contact with the social work department until child protection concerns were closed.

The individual needs and vulnerabilities of each young person were identified, safeguards were put in place and recorded in the child's care record. Safety plans were devised with consultation between the young people, their social worker, centre staff and external professionals when appropriate.

Staff worked closely with young people to develop the knowledge and skills for age appropriate self-care and protection. This included discussions with young people on topics such as appropriate media, internet safety and healthy positive relationships.

The provider had a protected disclosure (whistleblowing) policy in place. It was noted to have been discussed at team meetings and the staff who spoke with inspectors were aware of the policy.

There were safeguarding procedures in place to confirm the identity of visitors on arrival at the centre. The young people, the parent and the professionals who

spoke with inspectors confirmed that the young people were safe and well cared for.

Judgment: Substantially Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

This inspection found that the staff and management in the centre took a positive approach to the management of behaviour that challenges. The centre used a particular model of care and staff engaged in regular training in this model. In addition staff and managers worked closely with external professionals to provide individualised programmes of care for young people. The manager of the centre had appropriate plans in place to provide new staff with training in the specific intervention used in the service, as part of their induction. File reviews completed by the inspectors reflected that staff supported young people to manage their own behaviour.

Staff in the centre had up-to-date knowledge and training in the provider approved method of behaviour management.

There were behaviour support plans in place for all young people. These plans provided clear and comprehensive guidance to staff on the behaviours that young people may engage in, what may cause a young person to engage in those behaviours and how best to respond. Records on young people's files as well as minutes of team meetings and observed staff discussion at handovers, demonstrated reflecting on and identifying the underlying reason for a behaviour, was embedded into daily practice in the service.

Significant event notifications were recorded in both the young person's file and a log. Such events included self-harm or threats to self-harm, verbal or physical aggression and conversations of note. These events were followed up with individual work with young person and their social workers, families and other appropriate professionals were kept informed.

A restrictive practice log was maintained by the centre manager, however, not all restrictive practices were recorded as required, as one practice in use was missing from the log. The inspector reviewed the log and found that noted restrictions were used with the best interest of the young person, the least restrictive option was used and ceased as soon as was possible. The log provided information on the date, type of restrictive practice, reason for the practice, its review and the

outcome. 17 of the 18 restrictive practices logged were closed. The ongoing restrictive practice was being regularly reviewed by both staff team and other professionals and was being completed in line with the situational management plan agreed for the young person in question. Supporting documentation such as significant event notifications, risk assessments and safety plans were all present on the young people's files.

The practice of staff checking a young person's phone, was missing from the restrictive practice log. It was evident from the young person's file and minutes of meetings that this practice was being well managed. It was regularly discussed with the young person, external professionals and reviewed by the staff team at team meetings. It was being actively managed as a restrictive practice and noted in the young person's file as a restrictive practice but had not been included on the log. The centre manager acknowledge this oversight and noted that it may have been overlooked due to it being an aspect of the young person's safety plan. The centre manager advised that the restrictive practice log would be immediately updated.

Judgment: Compliant

Standard 4.1

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

Regulation 11:

Provision of food and cooking facilities

This inspection found that the health, wellbeing and development of each child was promoted, protected and improved by the care they received from the staff team in this centre.

A review of a sample of work carried out by staff with young people showed that the young people were encouraged to make good life choices and good physical health and mental wellbeing was a focus of some individual work. Young people were also encouraged to engage in age appropriate activities and pastimes.

The inspectors observed that mealtimes were relaxed social occasions with staff and young people eating and speaking together. There was a plentiful supply of foods and drinks in the centre and lots of healthy options for young people. Young people were encouraged to give their opinions on the shopping list and menu ideas.

Children’s individual health and developmental needs were outlined in their placement plans. They were encouraged to develop age appropriate responsibilities and independence skills. For example emptying the dishwasher or helping with meal prep. They were also encouraged to establish and maintain appropriate support networks within their families.

Judgment: Compliant

Standard 4.2

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

Regulation 9:

Health care

Regulation 20:

Medical examination

The centre staff team and external professionals worked together to meet the health and developmental needs of the young people in their care. However, not all staff had up-to-date medication management training. Staff attended young people’s care plan meetings to ensure they were fully informed of their needs. This meant that while the service awaited receipt of a young person’s care plan it did not impact on them as the actions outlined were being actively addressed.

The review of files showed that young people had access to a general practitioner, whom they attended when necessary. Staff supported young people to attend any medical appointments including eye care and dental appointments.

Staff worked with social workers to ensure that any additional needs were being promptly addressed with referrals being made to specialist services when necessary. For one child their referral was not accepted by the specialist service and alternative pathways to meeting their needs were being promptly explored by the staff and social worker.

There was a medication management policy in effect. The inspectors reviewed medication documentation and the recording of administration of medication was in order. Prescriptions for medication were kept on file, and clear records of medication administration were being maintained in line with policy. All medication was appropriately stored in a locked cabinet.

As mentioned earlier in this report, not all staff had up to date training in medication management. Four staff members including two in management

positions had not updated their medication management training in line with policy.

Judgment: Substantially Compliant

Standard 4.3

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

The staff and management in the service ensured that the young people were accessing their right to education. At the time of the inspection two of the three young people were engaged in education, and the third young person was engaging in the enrolment process for their new school. Staff encouraged and facilitated the young people to attend school, with young people being brought to school by staff.

One young person who spoke with inspectors, expressed their frustration at what they saw as delays in addressing their educational needs. The young person reported they had asked staff and their social worker for help applying for a new school. This was noted in their care plan six weeks before the inspection. The young person reported that they had been told by staff that their social worker would need to make that application. However, this young person had experienced periods of having no allocated social worker and had only recently been allocated a social worker. When the young person's concern was brought to the manager on their behalf, they ensured that an application to the young person's preferred school was made by the end of the inspection. While this was welcome, inspectors noted the original application deadline was due to expire the week of the inspection and the slowness to progress the application had caused the young person undue anxiety.

The social worker who spoke with the inspector was complementary of the work done by the staff team to ensure that the young person engaged in formal education. Young people's care records contained records including school reports.

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.	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 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
Standard 6.3: The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Compliant
Standard 8.2: Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
Standard 2.1: Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant

Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially 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.	Substantially 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-0046025
Provider's response to Inspection Report No:	MON-0046025
Centre Type:	Children's Residential Centre
Service Area:	Mid-West
Date of inspection:	14 January 2025
Date of response:	28 February 2025

Introduction and instruction

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.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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: Leadership, Governance and Management	
Standard : 5.2	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</p> <p>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>The risks in relation to the required maintenance works to the playground and actions taken to address the risk were recorded on the centre risk register on the 30th January 2025</p> <p>The governance process for mandatory training was reviewed on the 20th February 2025 and additional measures implemented to ensure robust and effective governance, and that training and refresher training is completed within agreed timescales in line with policy. These are:</p> <ul style="list-style-type: none"> • The centre training register has been amended to ensure that dates for refreshers are clearly identified. This is monitored and updated by the 	

centre manager monthly and will be a standing agenda item on management governance meetings.

- Staff training and adherence to policy is included as a standing agenda item in staff supervision.
- Dates for completion of refresher training for all staff are scheduled into the daily shift plan to ensure it is completed within timescales.
- The process for Induction training for new staff was reviewed and revised to ensure that mandatory training in Children First, online Fire safety and Medication Management is completed on the day of commencement of employment.

Children First refresher training was completed by the Social Care Worker on the 20th January 2025 and the Ancillary staff member on the 18th February 2025. The Centre Manager will ensure that Children First Refresher training is completed by the second Ancillary staff member currently on leave, upon their return to work.

Online Fire Training was completed by four staff members on the 21st January 2025, 23rd February 2025 (two sessions held) and the 25th February 2025. The Centre Manager will ensure that the outstanding online fire training for one staff member will be completed upon their return to work on the 6th March 2025.

Medication Management training for three staff members has been completed on the 13th February 2025 (two sessions held) and the 20th February 2025.

The four new staff members have all completed the Children’s First, Medication Management and online fire safety training.

Further onsite fire training is scheduled for two staff members and all new staff on the 12th March 2025.

Proposed timescale:

12th March 2025

Person responsible:

Centre Manager

Quality and Safety: Effective Care and Support

Standard : 2.3

Judgment: Substantially Compliant

Outline how you are going to come into compliance with Standard 2.3

The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.

The cordoned off area of the playground was repaired by HSE maintenance on the 23rd February 2025. The remaining repairs to the playground are due to be completed by a specialist company at the end of March 2025.

All new staff working in the centre have read and signed the Site Safety Statement and site-specific workplace risk assessments.

The outstanding Fire Safety training for four staff members has been completed. The Centre Manager will ensure that the outstanding online fire training for one staff member will be completed on their return to work on the 6th March 2025.

Further onsite fire training is scheduled for two staff members and all new staff on the 12th March 2025.

Proposed timescale:

31st March 2025

Person responsible:

Centre Manager

Quality and Safety: Safe Care and Support

Standard : 3.1

Judgment: Substantially Compliant

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.

The outstanding Children First refresher training for three staff members was completed on the 20th January 2025 by one Social Care Worker and the 18th January 2025 by one Ancillary staff member. The Centre Manager will ensure that Children First Refresher training is completed by the second Ancillary staff member upon their return to work.

All new staff have completed all three modules of Children’s First Training.

Proposed timescale:

31st March 2025

Person responsible:

Centre Manager

Quality and Safety: Health, Wellbeing and Development

Standard : 4.2

Judgment: Substantially Compliant

Outline how you are going to come into compliance with Standard 4.2:

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

The outstanding Medication Management refresher training for three staff members was completed on the 13th February 2025 (two sessions held) and the 20th February 2025.

Proposed timescale:

Completed

Person responsible:

Centre Manager

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	Yellow	12 th March 2025
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant	Yellow	31 st March 2025
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	31 st March 2025
4.2	Each child is supported to meet any identified health and development needs.	Substantially Compliant	Yellow	Completed

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