



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	West
Type of inspection:	Announced
Date of inspection:	24 and 25 February 2021
Centre ID:	OSV_4199
Fieldwork ID	MON_0031974

About the centre

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

The centre is based in a large detached house in a rural location close to a major urban area.

The aim of the centre as outlined in their statement of purpose and function was to provide a specialist residential treatment programme for up to four young males aged 13 to 16 years, with complex behaviours. A Tusla clinical psychologist provides individual treatment to each of the young people and provides clinical oversight and direction to staff.

The objective of the centre is to provide a high standard of child-centred care and a range of interventions to support enable 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.

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
24/02/2021	9:00hrs to 18:00hrs	Sharron Austin	Inspector
25/02/2021	9:00hrs to 18:00hrs	Sharron Austin	Inspector

What children told us and what inspectors observed

Overall, the inspector found that young people received a person-centred and safe service, which ensured their rights were recognised and respected. Participation, consultation and inclusion were key elements of the programme of care, which was individualised to the needs of each young person.

The inspection was undertaken remotely given the current COVID-19 restrictions. While this did not allow for observation of young people and staff in the centre, the inspector spoke directly with young people, staff, family members and external professionals, to capture their experience of the quality of the service being provided.

External professionals and family members who spoke with the inspector described their experience on entering the centre as a sense of coming into a person's home rather than a residential centre. The young people liked living there and were involved in the design and decorating of various spaces within the centre, particularly during the lockdown periods of the pandemic, where a number of projects were undertaken by the young people and staff to enhance the living spaces.

All three young people living in the centre talked with the inspector. When asked what they liked about the centre, their comments about staff and their programme of care were generally positive, and they felt their rights were respected. Some of their comments included:

"Staff are pretty good".... "they make it [living in the centre] fair".

"I have a voice".

"what comes up in the meeting goes to the staff meeting and they give us feedback".

They said that they were "looked after well" and "you can have your say". They were satisfied that their views and opinions were listened to and that they got "to choose different themes" to work on during their weekly house meetings.

The young people generally had good contact with their family, relatives and key professionals involved in their care. As part of the young person's keyworking team, there was an allocated family link worker, who ensured that families or carers were kept informed of the young person's progress and were provided with other significant information.

The young people described different experiences of their social workers, and while they were positive, some said that they would like to have more contact with them. Each of the young people had been placed a considerable distance from their own

community, and one young person said that, "it's alright, but very far away from home". However, young people were facilitated and supported to see their family members and maintain regular contact with them.

Family members who spoke with the inspector had visited the centre and said that they always felt welcomed. They were given appropriate information in relation to the centre and the care and treatment programmes for the young people. They knew who to contact if they had any queries or concerns, and had plenty of opportunities to express their views and opinions in meetings and discussions on their children's care. Communication and information sharing was described by family members as good, and when requested, more frequent updates on their children was being provided by the staff team.

Each of the young people understood the reason for their placement and the programme of care in place for each of them. They spoke about their keyworkers and the work that they do to support them in their placement. For these young people, having a keyworker meant that they "always have someone available to talk to" and "I am more confident in myself." The young people actively engaged in reading reports written about them by staff on a daily basis and wrote their own comments in these reports. In some cases these young people showed the confidence to challenge what had been written and their views were respected.

While COVID-19 had impacted on young people's ability to engage in some activities outside of the centre, various projects which entailed charity and fun-based activities were put in place. More projects were planned in relation to inclusiveness and the promotion of young people's rights. The young people said that the centre staff "have good activities in place and planned" and that although they had fun, they would "like more movie and takeaway nights". The young people took on a long-term project with staff which involved identifying areas of the centre for improvement, in order to create a more sensory, homely and creative space to live in. This was enjoyed by the young people.

Social workers who spoke with the inspector complimented the quality of care provided by centre staff. They were satisfied that the staff team was consistent in its approach to caring for the young people, and proactive in the promotion and facilitation of young people's rights. Social workers also said that staff members were respectful of each young person's family members, and communicated well with them. They reported that staff members recognised the individual needs of each young person and struck a balance between the young people's well-being and their treatment programme. They were satisfied that any risks to young people were appropriately managed and reported, and that the young person's safety was central to the care provided.

In summary, young people felt cared for and supported, and had built good trusting relationships with the staff team. Individualised care that respected the rights of each young person was provided by an experienced and skilled team, and this had a positive effect on the young people. Overall, the ethos of the centre focused on participation and promoting positive outcomes for young people, which led to a good quality of life for the young people placed there.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The centre was well managed and the governance arrangements in place were effective, and ensured accountability for the delivery of good quality and safe care to the young people placed there. Roles and responsibilities were clearly defined. A confident and child-centred staff team had a shared understanding on what was appropriate and safe practice. The centre had sufficient resources which were in line with its statement of purpose, and managers routinely collected and used information to enhance the quality of care and the performance of the service. These arrangements underpinned a commitment to continuous improvement in the centre.

Managers and staff who spoke with the inspector demonstrated a good understanding of the requirements of relevant legislation, regulations and standards appropriate to their individual roles, and this was reflected in their daily practice. At the time of this inspection, a new suite of national policies and procedures were being rolled out across the service in three stages. There was a good plan in place to ensure full implementation of these policies and procedures by the end of April 2021, which included staff training. There was good consultation with staff on the development of these policies and procedures, which prompted relevant discussions amongst the team on how their practice would benefit from their full implementation.

The centre was managed by a highly motivated management team with well-established governance arrangements in place. The interim centre manager and deputy centre manager were suitably qualified and experienced and were clear about their delegated roles and responsibilities. They were supported by four social care leaders. The interim centre manager reported to the interim deputy regional manager, who in turn reported to the interim regional manager for children's residential services in the Tusla West region, who had significant experience of managing and planning services.

Communication systems in the centre were good and staff reported that managers communicated well with each other and with the staff team. Managers were assured of the quality and safety of the care provided to young people through various meetings which were held regularly, staff supervision, the review and monitoring of centre documentation and practices, as well as a programme of auditing. A sample of staff team meeting records reviewed by the inspector demonstrated that a clear agenda guided the team in their discussions about young people, significant events, risks, quality improvement, routines and other relevant practice areas. Decision-making was clear and there was good managerial oversight of the completion of required actions. There were good systems in place to assure the interim deputy regional manager on the quality and safety of the service and to hold centre staff and managers to account. The continuous strive by the centre towards best outcomes for the young people placed there, showed that there were consistent efforts to embed a culture of learning and continuous improvement.

There was a local protocol in place which included on-call arrangements out of hours. This protocol provided good guidance to staff and had reduced the need to contact managers out of hours.

Risk was effectively managed in the centre and was underpinned by Tusla's risk management framework. Operational risks were set out in the centre's risk register reviewed by the inspector, and risks were found to be appropriately risk assessed and rated. Risk management was an integral part of the care and support provided to the young people, and the staff team were clear on their responsibility to report risk, and on their role in managing it. There was a system in place to escalate risk to senior managers, however, no risk escalations were required in the previous 12 months. Within the context of Covid-19, a contingency plan was in place to ensure the risk of interruptions to service delivery could be managed and avoided.

The centre had an up-to-date comprehensive statement of purpose which had been reviewed in July 2020 to reflect the appointment of the interim deputy centre manager and a fourth social care leader position in the centre. It clearly described the aims, objectives and ethos of the service which was at the core of the model of care being provided to the young people. The specialised programme of care, services provided, policies that informed practice and the management and staffing arrangements to meet the specific care and support needs of the young people were outlined in detail. Staff and young people who spoke with the inspector understood the model of care. An accessible format of the statement of purpose was provided to young people, their families and social workers.

There was a culture of review and learning in the centre and there were effective mechanisms in place to monitor and evaluate the quality, safety and continuity of care provided to the young people. The national quality assurance framework which focused

on the provision of a well led, safe and child-centred service had been completed in April 2020. The centre had devised a quality improvement plan with actions identified from the self-evaluation checklist with defined timelines. A comprehensive suite of internal audits and associated action plans were also in place to assess compliance with standards and regulations and to track progress. Other practice audits and reviews were undertaken on a quarterly basis. Examples included audits of young people's care files, staff supervision and medication and training audits. They provided opportunities for learning and service improvement. Of note were the ongoing development of participation and restorative approaches to practice, which positively promoted young people's participation within the centre, and in the wider community. The positive impact was evident in conversations that the inspector had with the young people and interviews with staff during the inspection. There were effective systems in place to consult with staff members and young people and inform further improvements in the centre. For example, staff spoke of 'problem-solving circles' which promoted reflective practice on direct work with young people. Information relating to complaints, concerns and allegations was recorded, reported and analysed appropriately. This promoted the culture of review and learning that existed in the centre so as to achieve better outcomes for the young people. Overall, there was ample evidence that that relevant audit and quality assurance processes were completed, reviewed and informed service improvement.

Safe and effective recruitment and workforce planning was in place to respond to the needs of the young people in the centre. Managers told the inspector that, given the specialised nature of the service provided, they had a sufficient staffing level, mix and distribution of skills and competencies within its workforce. At the time of inspection there were 10 full-time equivalent social care workers, two relief social care workers, four full-time equivalent social care leaders, a part-time housekeeper, catering staff and a full-time equivalent deputy and centre manager. The interim deputy and centre managers had extensive experiences working in residential centres and varying experiences in management roles. The interim centre manager had been in post for over two years and had commenced a management training course to support her in the role. The interim deputy and regional managers also had extensive experiences varying between 17 and 33 years at practitioner and management levels. Ensuring these interim posts were made permanent was being progressed by Tusla national office. Tusla's national policy on standards of integrity and code of conduct (2017) was in place and staff who spoke with the inspector were knowledgeable in it and managers were satisfied that staff adhered to the policy.

The centre operated a 14 week rotational roster cycle which incorporated social care leaders so as to provide strong leadership on each shift, including nights and weekends. Two social care workers were assigned to the centre outside of the roster to provide cover for leave and absences. There were no vacant posts at the time of the inspection. Managers told the inspector that the roster was developed with a focus on the needs of

the centre and the best support for the young people. This ensured that there were sufficient staff available at the right time, with the appropriate skills and flexibility to provide safe and effective care to the young people.

As part of inspection activity, a sample of staff files were reviewed, and showed that safe recruitment practices were in place. Staff files reviewed contained evidence of contracts of employment, qualifications, suitable references and vetting by An Garda Síochána (police checks), in line with nationally approved job descriptions and policy.

Staff received appropriate support and supervision to ensure they performed their role to the best of their ability. This inspection found that supervision was provided within the frequency outlined in Tusla policy, and professional development plans were in place for all staff. Staff spoke positively about the support and supervision provided by their line managers. The training needs of staff were identified through a training needs analysis completed in the previous 12 months. Records showed that staff were up-to-date with required training. Clinical oversight, consultation and a training programme for staff on an individual treatment programme for each young person was provided by a specialist psychology team. Due to public health guidance, the majority of training opportunities were undertaken as e-learning modules and staff told the inspector that they were provided with the time to complete this training.

Strong leadership and good governance arrangements and management systems in place in this centre influenced the quality of care to children placed there, and these findings are presented in the next section of this report.

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.

Regulation 5: Care practices and operational policies

There were effective governance and management arrangements in place for the centre with clear lines of authority and accountability. Managers and staff had good knowledge of relevant legislation, regulations and national standards. The roll-out of a comprehensive suite of national policies and procedures and the implementation of the associated training programme ensured that all aspects of the service would be provided in line with national standards and current legislation.

Judgment: 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 was well managed and the governance arrangements in place were effective to ensure accountability for the delivery of good quality and safe interventions with young people. Participation practices and restorative approaches were at the core of the work undertaken with young people.

Judgment: Compliant

Standard 5.3

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

The centre had an up-to-date comprehensive statement of purpose which clearly described the aims, objectives and ethos of the service which was at the core of the model of care being provided to the young people. Staff and young people understood the model of care and an accessible format of the statement of purpose was provided to young people, their families and social workers.

Judgment: 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.

Audit and quality assurance processes were completed, reviewed and informed service improvement. There was a culture of review, learning and ongoing development of practice so as to promote participation for the young people within the centre and in the wider community.

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

Safe and effective recruitment and workforce planning was in place to respond to the individual needs and ensure the best possible outcomes for young people.

Judgment: Compliant

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

Workforce planning ensured that there were sufficient staff available at the right time, with the appropriate skills, competencies and flexibility, to provide safe and effective care and support to each young person living in the centre.

Judgment: Compliant

Quality and safety

A person-centred and safe service was provided by staff which ensured that young people's rights were recognised and respected. Participation, consultation and inclusion were key elements of the programme of care which was individualised to the needs of each young person. Balancing risk with the wellbeing and developmental needs of each young person was paramount.

Managers, staff and social workers who spoke with the inspector described a supportive and holistic living environment which focused on what was important from the young person's perspective. Developing positive attachments and building trusting relationships was central to day-to-day interventions with the young people. A restorative practice approach was taken by staff during their discussions with young people. This approach supported the young people to problem solve and demonstrated proportionate and fair responses to issues raised. Tusla's national young people's charter, which outlined how young people should be treated by staff was in place and was also contained in the centre's comprehensive information booklet for young people. Young people living in the centre were well informed of their rights and their participation was valued.

The level of consultation with young people was high, and they had an opportunity on a regular basis to either collectively or individually air their opinions and views through a variety of forums. One of the main forums was the weekly house meeting. A review of records of these meetings showed that they were very much led by the young people, and over the course of the previous 12 months they had developed a 'theme of the month' approach. This involved the young people choosing a theme such as honesty, compassion, participation, teamwork amongst others, and then holding each other and staff to account for how they demonstrated this to each other. An opening and closing circle in the meetings provided a safe space for the young people to say what they needed to say, and they had the confidence to challenge staff on information recorded about them in their daily records.

Managers and staff spoke about the various participation projects that both the young people and staff got involved in over the last year. These included both fun

as well as charity based activities and challenges and promoted inclusiveness and education on rights, culture and diversity. Young people were encouraged and facilitated to participate in activities external to the centre such as the 'empowering young people in care' international care day, as well as a 'creativity and care' competition run by HIQA at the start of the pandemic. In both instances, one of the young people was a prize winner.

Staff were cognisant of the fine line between the individual need of each young person that required a high level of supervision and the right to privacy and respect. The young people who spoke with the inspector did not have any issues in this regard and understood why they were living in the centre and their respective care and treatment plans. They had a good knowledge and understanding of their rights in care and the outcomes framework in place to promote their wellbeing.

Cultural and religious beliefs and traditions were respected and valued, and staff spoke about specific and individual family traditions and choices that the respective young people had or were exploring. Staff told the inspector of training completed or identified to support these rights and how best they could inform direct pieces of work or conversations with young people.

Young people's contact with their family, relatives and friends was promoted and facilitated. As part of the young person's keyworking team, there was an allocated family link worker who ensured that families or carers were kept informed of the young person's progress or other significant information. Feedback from family members or carers was also sought. This approach resulted in good engagement by families, and the young people benefited as a result.

There was a strong complaints system in place which the young people understood, and staff encouraged them to raise issues of concern and to participate and share their views. Each of the young people were encouraged and supported to make complaints in relation to aspects of their care and /or treatment programmes, and they were satisfied with how their complaints were managed.

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

A person-centred and safe service was provided by staff which ensured that young people's rights were recognised and respected. Participation, consultation and inclusion were key elements of the programme of care which was individualised to the needs of each young person.

Judgment: Compliant

Standard 1.4

Each child has access to information, provided in an accessible format that takes account of their communication needs.

Young people were provided with good quality information which encouraged their participation in decisions about their lives, and ensured their rights were respected and promoted.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>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.</p>	Compliant
<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>	Compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<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>	Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Compliant
<p>Standard 6.2 The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.</p>	Compliant
Quality and safety	
<p>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.</p>	Compliant
<p>Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs</p>	Compliant