



**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:	Announced
Date of inspection:	06 July - 07 July 2020
Centre ID:	OSV 5720
Fieldwork ID	MON 0029895

About the centre

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

The centre was located in a single story building situated on the outskirts of a large town on a Tusla owned site, adjacent to a school. The setting provided proximity to a range of amenities and other Tusla services onsite which could also be accessed by local individuals and community groups. The centre provided residential care for three male young people aged between 13 years and 17 years on admission.

The aim of the centre was to equip young people to respond adaptively to the emotional, behavioural and social demands of their lives. The programme of care was tailored to each young person's assessed needs through a combination of supportive, recreational, education and therapeutic activities.

Number of young people on the date of inspection:	2
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To prepare for this inspection the inspector reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

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

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
06 July 2020	08:30hrs to 16:30hrs	Sharron Austin	Inspector
07 July 2020	11:00hrs to 16:30hrs	Sharron Austin	Inspector

Views of the young people who use the service

There were two young people living in the centre at the time of the inspection and both met with the inspector and completed a questionnaire. Their overall comments in relation to living in the centre showed that they had experienced good quality care. They felt safe in the centre and enjoyed their interactions with staff team members.

The centre was well maintained and reflected the fact that young people lived there.

Both young people spoke about living in the centre and they were generally positive about staff and their programme of care. They said that they coped well during the lockdown phase of the Covid-19 pandemic and "just got on with it".

Both young people had their own rooms and their privacy was maintained. They had appropriate access to areas within the centre and could leave the premises unimpeded.

They said that they enjoyed a fitness regime in the local gym and staff encouraged them to exercise and take walks. The young people were aware of Covid-19 and the related public health advice and knew about the arrangements in place to maintain their safety.

Parents and social workers who spoke with inspector were satisfied that the centre provided appropriate and safe care to the young people and were kept informed of all incidents or significant events in a timely manner.

Capacity and capability

There were clearly defined governance and management arrangements which set out the lines of authority and accountability in place for the centre. A competent and qualified manager was adequately supported by the centre's management structure and there were good systems in place to hold the centre to account at regional level. The staff who provided direct care to young people were experienced and skilled. From a review of documentation and interviews with staff, it was clear that the staff and management team strived towards the best possible outcomes for young people. Managers and staff had a shared understanding on what was appropriate and safe practice with young people.

Good management systems were in place to ensure accountability for the delivery of services at individual and team level. Roles and responsibilities were well defined in the centre. The centre manager and deputy manager were present in the centre on a daily basis and actively observed practice and interactions between staff and young people. Managers were assured of the quality and safety of the care provided to young people through regular management meetings, team meetings, the review and monitoring of centre documentation and practices as well as oversight of audits. Records of these meetings demonstrated the discussions held in relation to key areas of care provision as

well as assurances in relation to resources, record keeping, interagency working, the risk register and overall outcomes for young people.

While there were policies, procedures and guidance in place, Tusla's national suite of policies and procedures for children's residential centres had not been updated since 2010. However, interim arrangements were put in place in response to Covid-19. The centre had a specific folder with appropriate procedures and protocols to adhere to in line with public health guidance. A risk register for the management of the Covid-19 pandemic within the children's residential centre was also maintained in this folder. A review of this folder found that it provided clear guidance to staff on how to manage associated risks. Staff interviewed by the inspector expressed varying views of the implementation of guidelines and procedures during the initial stages of the pandemic by management, with some expressing that they "felt let down" and "forgot about us" while awaiting regional and national guidance. This was not the view of other staff who outlined that appropriate information and guidance was shared and were provided with sufficient personal protective equipment (PPE). The centre managers were assured that all necessary precautions and guidance was in place.

Risks were well managed in the centre and staff interviewed demonstrated a good understanding of the risk management policy. A collective impact risk assessment was completed before any young person was admitted to the centre and a review of these records found that the risk assessment process was strong and well recorded. The centre maintained risk assessments in relation to the centre and individual young people which demonstrated evidence of appropriate actions being taken to mitigate risks. There was a specific system in place in relation to infection control and Covid-19.

There was guidance in place for the safe transport of young people using centre vehicles, specifically in relation to infection control. Screens were to be fitted to the centre car, but this had yet to happen. This had resulted in some staff being reluctant to drive the centre car and this potentially impacted on children's outings from the centre. Inspectors were assured by the regional manager for the centre, that all necessary arrangements were in place to transport children and that guidance was sufficient to ensure good infection control, while a screen for the centre car was awaited. However, one young person raised their concern about staff reluctance to drive them and this was brought to the attention of the centre manager to address. The inspector noted that the risks associated with the transportation of young people during the Covid-19 pandemic was not recorded in the centre's risk register or in the separate Covid-19 risk register. This impacted on the ability of managers to put the necessary controls in place.

Significant events were well managed and notified appropriately. Staff recorded incidents as a significant event notification (SEN). A review of a sample of SEN's on each of the young people's care files demonstrated that comprehensive records were maintained, outlining all appropriate steps taken by staff to manage the situation and relevant persons

were notified of the SEN. A review of each event was completed by the centre manager with oversight by the deputy regional manager. However, required signatures were absent from a number of the notifications.

The centre had a written statement of purpose which adequately described the service being provided and the age range of young people it catered for. It reflected the day-to-day operation of the centre and managers and staff were clear about the about the model of service delivered in the centre. It was also available in a young person's version which they received on admission.

Collectively these aspects of leadership and governance informed the quality of service which is set out in the next section of this report.

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.

Tusla's national suite of policies and procedures for children's residential centres had not been updated since 2010. The risks associated with the transportation of young people during the Covid-19 pandemic was not recorded in the centre's risk register or in the separate Covid-19 risk register. Required signatures were absent from a number of significant event notifications.

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 purpose and function set out in the statement reflected the day-to-day operation of the centre. Managers and staff were clear about the model of service delivered in the centre.

Judgment: Compliant

Quality and safety

Care plans were up to date for both young people. Placement plans and placement progress reports were developed based on the care plans and outlined the supports required to ensure the young people's needs were being met on a daily basis. Both young people completed a questionnaire and met briefly with the inspector during the fieldwork while adhering to social distancing guidelines. Both stated that they had a care plan and participated in care plan review meetings on occasions and that their opinions were listened to as part of the process.

Care and placement plans reviewed by the inspector on file were found to be comprehensive and outlined clear goals for each young person based on their individual needs and how best they might be achieved. Placement plans and placement progress reports were developed based on the care plans and outlined the supports required to ensure the young people's needs were being met on a daily basis. Individual, achievable goals were identified in consultation with each young person and were reviewed on a regular basis as part of the placement plan review process. Staff understood and advocated for the needs of each young person as demonstrated in the care records.

Communication between centre staff, social workers and families was good. The centre supported young people to maintain contact with their families throughout the Covid-19 restrictions. Social workers and parents spoke positively about the staff team's involvement with and the care provided to each of the young people. They were also satisfied that they were kept up-to-date of any issues or events arising for the respective young people. Both parents told the inspector that they were invited to review meetings and attended on occasions. They felt their opinions were listened to and they received minutes of the meetings.

Safeguarding practices were in place and young people were supported to develop self-awareness and skills needed for self-care and protection as part of the model of care. The centre had an up-to-date safeguarding statement in place and was clearly displayed on the wall of the recreation room. Staff worked effectively with social workers, young people and their families to promote the safety and wellbeing of young people and demonstrated a good understanding of safeguarding policies and procedures. Collective risk assessments were undertaken for each young person prior to admission. A recent safety plan was developed in relation to an identified risk for one young person and a review date was scheduled to assess its effectiveness. The young person told the inspector of what was in place for him and was involved in the development of the plan. Unplanned absences from the centre were few and were well managed. Staff who spoke with inspectors demonstrated a good knowledge about safeguarding and child protection practices and were aware of the centre's policy and procedure about making a protected disclosure.

A trauma-based model of care was in place in the centre alongside an approved approach to managing behaviour that challenged. The model of care included an outcomes based framework to support meeting the young person's identified needs and to review the impact of care on their wellbeing. Restrictive practices were not routinely used in the centre. One example such as, locking the door to the recreation room at night was deemed necessary to address a particular behavior. This was appropriately recorded, reported and reviewed by managers and staff. However, while records were completed in a timely manner, they were not consistently signed by staff and this did not ensure accountability for practice.

The health, wellbeing and development of each young person was promoted and protected by staff in the centre. This was particularly evident during the initial stages of the Covid-19 restrictions as staff expressed concern for the young people in their ability to cope at that time as it had significant impact on their ability to maintain contact with family, friends as well as other social outlets. However, staff told the inspector that despite the concerns the young people managed well and engaged with staff in programmes and organised activities when they wished to. Both young people confirmed this when they spoke with the inspector. The centre had access to specialist psychological support and this was facilitated via teleconference during the Covid-19 restrictions so as to ensure continuity. Young people's health care needs were appropriately assessed and met. They had access to a general practitioner and other required health and wellbeing services.

Educational needs were outlined in care and placement plans and staff endeavoured to support young people to attend school and to complete state examinations and participate in further education or vocational training. Both young people were either attending a school or training placement prior to recent restrictions put in place in relation to schools. One young person was due to sit his Junior Certificate examination. During the lockdown, the young person was supported to link in with a tutor and to complete schoolwork. In line with the national road map and opening up of schools, this young person was planning to return to school so as to complete further examinations. However, while online courses were being pursued, a future educational or vocational placement had yet to be identified.

Parents and social workers interviewed said that the staff were proactive in encouraging and supporting young people when they experienced difficulties in their educational placements. However, attendance depended very much on the young person's motivation and this was a difficulty expressed by those who spoke with the inspector.

Standard 2.2

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

Care and placement planning was good and well recorded.

The centre worked well with social workers to ensure children's care was planned and well delivered.

Judgment: Compliant

Standard 3.1

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

Good safeguarding practices were in place and young people were supported to develop self-awareness and skills needed for self-care and protection. Staff demonstrated a good understanding of safeguarding policies and procedures. Collective risk assessments were undertaken for each young person prior to admission. Staff were aware of the centre's policy and procedure about making a protected disclosure.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff were trained in an approved approach to managing behaviour that challenged that operated alongside a trauma informed model of care which provided a framework for positive behavioural support. They maintained good relationships with the young people, promoting positive behaviour and updating interventions in line with their placement plan and programme goals as required.

Judgment: Compliant

Standard 4.1

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

Practices within the centre promoted the health, wellbeing and development of each young person. Despite concerns expressed by staff about the young people's ability to cope during the initial stages of the Covid-19 restrictions and the impact it had on maintaining family contact, the young people managed well and engaged with staff in programmes and organised activities when they wished to.

Judgment: Compliant

Standard 4.2

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

Young people's health care needs were appropriately assessed and met. They had access to a general practitioner and other required health and wellbeing services. The centre had access to specialist psychological support and this was facilitated via teleconference during the Covid-19 restrictions so as to ensure continuity.

Judgment: Compliant

Standard 4.3

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

Educational needs were outlined in care and placement plans and staff endeavoured to support young people to attend school and to complete state examinations and participate in further education or vocational training. However, one young person did not have an identified future educational or vocational placement. There was no strategy in place to adequately address non-school attendance.

Judgment: Non-Compliant Moderate

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>	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>	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>	Compliant
<p>Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.</p>	Non-Compliant Moderate

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-0029895
Provider's response to Inspection Report No:	MON-0029895
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	06 and 07 July 2020
Date of response:	10 August 2020

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

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

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

Compliance plan provider’s response:

Quality and Safety	
Standard : 4.3	Judgment: Non-Compliant Moderate
<p>Outline how you are going to come into compliance with Standard 4.3: Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.</p> <ul style="list-style-type: none">(1) Any young person without an identified school placement will have a written plan whereby they are encouraged and supported to participate in an established routine during school hours and complete a programme consistent with identified needs in conjunction with the centre’s model of care. Where appropriate alternative school settings or home tuition will be explored.(2) Where educational issues related to non-attendance or level of engagement occur, professional meetings will be convened and minutes will reflect the rationale for decisions made on the issue and placement plans will reflect the agreed plan of action regarding same.(3) Education will become a standing item on the centre team meeting agenda. <p>These actions will be reviewed at a team meeting on the 27th August 2020 and implemented on that date.</p>	