



**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:	6th and 7th July 2021
Centre ID:	OSV-0006438
Fieldwork ID	MON-0033552

## About the centre

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

The centre provided a mainstream community-based children's residential centre managed by (Tusla) the Child and Family Agency, Children's Residential Services, South region. It was a single storey building located on hospital grounds with good amenities and access to public transport. The centre provided care for up to four young people both male and female, between the ages of 13 and 17 years on admission who had displayed problematic behaviours. The admission criteria also allowed young people currently residing in the unit past the age of 18 to complete a formal education. The young people needed medium to long-term residential care, and were referred to the centre through the central referrals committee of Tusla's South region.

The objective of the centre was to ensure that the care practice was always young person-centred, maintaining a needs-led multidisciplinary approach to looking after the young people in their care, while complying with the requirements of the National Standards for Children's Residential Centres 2018 and the Childcare (Placement of Children in Residential Care) Regulations, 1995. The centre's model of therapeutic care was rooted within Tusla's nationally approved framework for delivering improvements in young people's wellbeing and outcomes.

The centre's aim was to provide high-quality, person-centred care to all young people in accordance with evidence-based best practice; to ensure young people live in a comfortable, clean and safe environment that promotes their wellbeing, health, education, rights and independence. The central task of the centre was to help young people realise their full potential so as to assist them to return home, live within an alternative family setting, alternative residential placement or to live independently.

**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 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
06 July 2021	09:00hrs to 17:00hrs	Olivia O'Connell	Inspector
07 July 2021	08:00hrs to 16:00hrs	Olivia O'Connell Sabine Buschmann	Inspector Inspector

## What children told us and what inspectors observed

The centre supported young people and their families to keep in contact. Young people's individuality was respected and their rights were promoted. The staff team, families and external professionals worked in partnership in the best interests of each of the young people and this ensured an increased sense of security and quality of life for the young people. Young people's views were sought, listened to and acted upon, thereby ensuring that young people knew their views were valued and wherever possible, what mattered most to them was promoted.

Three young people were living in the centre at the time of the inspection. All young people had their own bedrooms which had been individually decorated. The centre was a single storey building, with a long L-shaped corridor. The centre was bright and nicely decorated. On a walk around the premises, the inspector could see that there was ample private and communal space for recreational facilities, and equipment purchased for the centre was appropriate and accessible. Young people could also access a computer room, games room and beauty room. However the centre remained on the grounds of a psychiatric hospital and the building was institutional in nature. The hospital campus had a range of other services onsite including a public pitch and putt course, and this did not ensure young people had adequate privacy. It has been a long-standing finding that this premises is not fit for purpose as a children's residential centre and Tusla has confirmed that plans are in place to re-locate to a new build.

The inspector spoke with all three young people living in the centre. They told the inspector that they were well cared for and felt safe. They loved the food and enjoyed having different communal areas to relax in. The inspector observed how staff and young people engaged with each other in an open and relaxed manner that seemed to foster positive relationships. The inspector observed conversations where staff expressed support and kindness to young people; as well as other instances of joking and banter between the centre manager and young people. While onsite, the inspector also saw young people preparing food in the kitchen with staff. Young people had appropriate access to all areas of the centre and could leave the centre unimpeded where appropriate. The levels of staff supervision observed were responsive and appropriate to the needs of the young people.

Young people described positive relationships with staff and being able to talk with them if they had a problem. All three said that they were provided with good care and they spoke positively about the staff, and described them as supportive and kind, and as one young person said, "There is no pressure to fit in, they accept you as you are". Young people also spoke of how staff supported them in their contact with family. "I can take the bus myself and go visit my family". Each young person told inspectors that

they had regular contact with their social worker and could talk with them about their care and future plans. One young person expressed some frustration about the length of their placement, and they were confident to express their views in this regard to staff.

While the young people told inspectors that they felt safe in the centre, some described the negative impact on them of disruptive behaviours by other young people living with them, particularly around destruction of property. The staff team were very mindful of these concerns and were proactively managing disruptive behaviour; as well as figuring out creative ways to avoid future property damage.

Young people described to the inspector the different summer activities they had been involved in or were planning, such as a musical summer camp. They enjoyed these activities and these were often discussed and planned at their weekly group meetings with staff.

The inspector spoke with young people's family members who said that they felt the young people were safe and well looked after by staff at the centre. They also described staff as respectful and supportive. They spoke of good communication with staff and told inspectors that they would be told if there were any concerns related to the young people.

The inspector also spoke with social workers and a guardian ad litem (GAL). They experienced the centre as providing a valuable service which included significant support to young people and their families. They spoke well of the staff team in the centre and what they had achieved with young people in their care. They were of the view that the centre provided a good quality service to the young people living there. Social workers and the GAL felt that the programme of care in the centre met the individual needs of young people, and that the staff team provided a nurturing and caring environment for young people to develop and flourish. The centre communicated well with all involved and provided regular updates on young people's progress. All were satisfied that the staff team promoted the young person's safety and wellbeing in their everyday work, and treated young people with respect and dignity in all their interventions with them.

In summary, young people felt safe and well supported by what they described as a caring and responsive team. Everyone inspectors spoke to complimented the quality and levels of support given to young people placed there. There was a general consensus that young people had benefited from a strong person-centred culture, within a clear structured and caring approach, delivered by an experienced, skilled and committed staff team. This was reflected in the findings of this inspection.

The next two sections of this report provide the findings of this inspection on the governance of the centre and how this impacted on the quality and safety of care provided to young people.

## Capacity and capability

There were effective management systems in place in the centre which ensured good quality care was provided to young people. The centre was well run and adequately resourced. The management structure was clearly defined and staff were aware of their roles and responsibilities. The centre was led by an experienced manager and deputy manager who maintained an active presence within the team. The centre manager reported to the deputy regional manager, who reported to the regional manager. The centre management and staff team demonstrated a high level of commitment to the care of the young people in what was at times an intense working environment. It was evident to the inspector that the level of vigilance required by staff to support the young people was responsive to their needs.

The centre was last inspected in November 2020. At that time two of the standards were found to be non-compliant moderate, one was substantially compliant and three were compliant. This inspection found that there were improvements, particularly in relation to their statement of purpose, governance arrangements and the safeguarding of young people.

This inspection found that the centre had a statement of purpose and function that accurately described the service provided. The statement of purpose and function contained all the information required by the standard, describing the day-to-day operation of the centre and the policies underpinning practice. It described the model of care practiced in the centre and the philosophy on which it was based. There was an adapted version of the statement of purpose that was provided to young people and their family; this was going to be further reviewed as it still contained language related to special care. Families, centre staff and external professionals interviewed by inspectors were all familiar with the purpose and function of the centre, including their model of care.

There were competent and experienced staff working in the centre. At the time of inspection there were no vacant posts. The centre was staffed with a stable team, including core agency staff to cover leave. The care provided to the young people in the centre was consistent and meaningful. Staff and management were knowledgeable and

experienced in responding appropriately to complex behaviours by the young people in their care.

A new staff rota had recently been introduced to ensure the needs of the service and children were being met. Staff told inspectors that they were adapting to these changes. The manager and deputy manager operated an on-call system so as to always be available to staff where required. Staff told inspectors that balancing the needs of all the young people, particularly those with high levels of complexity, was at times quite challenging. This was evident during the on-site inspection where an incident occurred that required intervention by staff present. Staff and management were confident however that they had the necessary resources, skills, knowledge and experience to manage this complex environment; this was also a finding of this inspection.

**Standard 5.3**

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

The centre's statement of purpose and function clearly described the model of service delivered in the centre. It also described the organisational structure and the management and staff employed in the service.

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 centre management and staff team demonstrated a high level of commitment to the care of the young people in what was at times an intense working environment. Management and staff were knowledgeable and experienced in responding appropriately to all aspects of young people's care.

Judgment: Compliant

## Quality and safety

Overall young people were supported and encouraged to have a good quality of life where their wishes and choices were considered. Inspectors found that the young people living in the centre received care and support which respected their diversity and promoted their rights. Care was provided in partnership with family members and other professionals involved with the young person. This person-centred care and support enhanced the wellbeing of the young people placed in the centre.

Centre staff aimed to provide good quality, person-centred and safe care through developing individually tailored programmes of support, built around young people's strengths and needs. The inspector observed positive and warm relationships between staff and young people, and this was further reinforced in how young people described staff. Positive relationships resulted in better communication between staff and young people and this was particularly important in problem solving and managing their behaviour.

There was a good standard of care and appropriate interventions for young people, which enabled them to address past experiences and develop alternative skills and coping strategies. The centre worked collaboratively with other professionals to ensure these interventions were effective. All three young people living at the centre had an allocated social worker. Centre managers had close contact with young people's social workers in ensuring regular review of their care, safety and well-being. Areas for additional assessment or specialist intervention had been identified for each young person given shared concerns about their development and wellbeing. An external multi-disciplinary team was available to provide additional specialist supports where needed. Young people's healthcare and medical needs were well taken care of.

Up-to-date care plans were in place for one out of three young people. The other two young people's care reviews had only recently taken place, and there had also been delays due to a recent cyber attack. Current and past care plans reviewed by the inspector were comprehensive, and set out each young person's individual needs and how those needs would be met.

Staff developed good quality placement plans which outlined how the young people's needs would be met in the centre. Placement support plans focussed on the day-to-day care and support to be provided. They were also comprehensive and regularly updated as required. Placement plans were reviewed on a regular basis in line with the model of care. However the inspector found that further implementation of the model of care was required. Young people and their social workers were not sufficiently involved in rating the progress that the young people

had made in achieving their goals. The centre manager told the inspector that this was an identified area for improvement and fed into a broader goal of creating more opportunities for young people to be co-creators in every aspect of their care.

Managers and staff supported young people to maintain contact with their families. Frequent contact between young people and their families was recorded on their care files. Young people were facilitated to meet their families and friends and to stay overnight in their homes when this was appropriate. Family members told inspectors that they were consulted by managers and staff, and involved in decision-making processes. The centre had appropriate private space to enable young people to have visitors.

Young people's educational needs were outlined in care and placement plans. Staff supported young people to attend school, to complete state examinations and participate in further education or vocational training. One young person had completed their junior certificate, one was attending a specialist school and one was looking into a training placement for September.

Two of the young people were over the age of 16 years. Each had a timely aftercare assessment of their needs on leaving care. One young person over 17 years had a completed needs assessment and had an allocated aftercare worker. Young people were supported to develop skills for life, including cooking, budgeting and general self-care. They were encouraged to strengthen their sense of identity by developing links with their own communities and cultures. When young people identified specific areas of interest, they were encouraged to pursue them. This was evident in the support given to young people to avail of work placements, volunteer activities, and courses that provided them with certification. Young people were also encouraged and supported to engage in physical activities, including sports and outdoor pursuits.

Managers and staff were committed to the protection of the young people. Staff were trained in Children First (2017). Tusla had developed a suite of national policies and procedures for its children's residential services. These policies and procedures guided the staff team in their daily work. The deputy centre manager had provided briefings on these policies at team meetings. A review of the child protection log showed that five child protection concerns had been reported since the beginning of 2021. Records showed that the centre manager followed up with the respective social work teams to find out the outcome of each report. At the time of the inspection, two remained open. Risk assessments were a common feature of this centre in how it safeguarded children, and assessments reviewed by the inspector were found to be of good quality, and important in informing decisions about risk. Staff told inspectors that any concerns they had could be raised in the team meeting forum and that the managers were very approachable in the event

that they needed to raise any issues with them. In sampling minutes of team meetings the inspector observed progress in how team meetings were recorded and identified actions followed up on.

The inspector reviewed recent safety plans that were developed in relation to identified risks for the young people. They were all child-centred and of good quality. Placement support plans included specific goals aimed at promoting self-care and protection in the young people. Records of key working sessions demonstrated that staff undertook individual work with young people on issues such as self-care, sexual health, and safety on the internet. There were fourteen unplanned absences in the seven months prior to the inspection and they were well managed. The inspector saw evidence that An Garda Síochána were notified appropriately where required.

The model of care encouraged staff to adopt a positive approach to young people in order to build mutual trust and staff told inspectors that building respectful relationships with the young people was their aim. Staff had also been trained in a Tusla-approved approach to managing behaviours that challenge. Young people told inspectors that they got on well with staff. There were however numerous incidents of behavior that challenged which were well documented. There were several incidents of the use of physical intervention, including while the inspector was on-site, and this was carried out appropriately and proportionally. Records also showed that other restrictions were placed on young people which made sense, given their level of need and vigilance by the centre. They included limiting access to the internet and removing phones at night. The restrictions in place were open to challenge from the young people and subsequently amended if safe and appropriate to do so.

Young people were provided with information on their rights, including their right to make a complaint. There were six complaints from the young people since the start of 2021, including from previous residents. The inspector found that complaints were well managed and responded to promptly. There was also a detailed log for managerial oversight, to ensure timely responses. Young people were also provided with information on an organisation that provided independent advocacy for young people in care and there had been direct contact between the young people and the advocacy service.

The young people were encouraged and supported to become involved in leisure and social activities in the local area. Staff used keyworking sessions and young people's meetings to explore individual areas of interest, and decide what activities the young people may like to get involved in. As the inspection took place during school holidays, young people were involved in making arrangements for summer activities, such as attending summer camps and going to the beach.

The centre provided a warm and comfortable environment for the young people. Each young person had their own bedroom with good storage space for their personal belongings. Young people told inspectors that they enjoyed having multiple communal areas to relax in. The inspector saw evidence of young people's personalisation of their bedrooms and was told by young people how much this mattered to them. The staff also sought input from the young people and included their voice in relation to the weekly food shopping and meal choices. Young people were encouraged to cook for themselves and others. There were indoor and outdoor recreational facilities, although access was being monitored due to the dynamics of the group.

While staff and the management team had made significant changes in order to make the centre more homely, the design and location of the building remained unsuitable for the provision of mainstream residential care to young people. This was identified in previous inspections, and the inspector was assured that plans were in place to relocate the centre to a more suitable premise and location.

The centre had closed-circuit television (CCTV) in use on the exterior garden and driveway areas of the centre. There was appropriate signage visible in relation to the use of CCTV. Young people told the inspector that they were aware that CCTV was used for security purposes.

The centre had a system in place for identifying and managing risks. The centre had a risk register system which recorded and tracked risks within the centre. There was a system in place for the notification of incidents, accidents and significant events though the NIMS system and in line with Tusla's national centralised notification system. The centre completed self-assessment audits as part of the quality improvement framework, and also completed regular internal audits in relation to the service provided in the centre. Actions from these audits were completed in a timely manner ensuring that young people living in the centre received person-centred care.

Vehicles used by the centre were maintained and serviced as required, with the relevant safety equipment held within each car. The centre had a system for recording staff driving licenses and also which staff could drive the centre cars. Staff had received the required fire safety training. The safety statement for the centre was up to date and there was an identified health and safety representative. There were regular health and safety meetings held quarterly at a minimum, three had taken place since the start of 2021.

The centre had a medication management policy in place which guided staff in the administration, storage and management of medication in the centre. Medication management audits took place on a monthly basis, and the actions from these audits were completed. Staff had received appropriate training, particularly where specialised medical needs were identified.

**Standard 1.5**

Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.

**Regulation 8: Access arrangements**

The staff team planned, supported and facilitated family contact in line with the young person's care plan and their wishes. Young people were encouraged and supported to become involved in leisure and social activities in the local area.

Judgment: Compliant

**Standard 2.2**

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

**Regulation 23: Care Plan**

**Regulation 24: Supervision and visiting of children**

**Regulation 25: Review of cases**

**Regulation 26: Special review**

Each young person had a placement plan and a placement support plan which was reflective of the person's individual needs as outlined in their most recent care plan. There was effective communication between the centre and the relevant social workers. The centre did not have up to date care plans for each young person.

Judgment: Substantially Compliant

**Standard 2.3**

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

**Regulation 7: Accommodation**

**Regulation 12: Fire precautions**

**Regulation 13: Safety precautions**

**Regulation 14: Insurance**

All necessary safety and fire precautions were in place. Vehicles were well maintained with all necessary registration and insurance up to date. While staff and the management team had made significant changes in order to make the centre more homely, the design and location of the building remained unsuitable for the provision of mainstream residential care to young people. This previous finding was accepted by management and a relocation plan was in place.

Judgment: Non-Compliant Moderate

**Standard 2.6**

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

Young people were helped and supported to prepare for adulthood. Aftercare planning and preparation for independent living was promoted by the staff team.

Judgment: Compliant

**Standard 3.1**

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

Young people were protected from abuse. Good safeguarding practices were in place and young people were supported to develop self-awareness and skills needed for self-care and protection.

Judgment: Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Staff in the centre had appropriate skills, knowledge and training in an approved model of care to manage behaviours that challenged. Relationships between staff and the young people were respectful and young people received the support and

encouragement they required to engage in positive behaviour. The centre managed situations in line with the required policy, procedure and protocol.

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 health and development needs of young people were assessed on admission and both the routine services, such as having a GP, and specialist services, such as mental health services or psychological services, they required to meet these needs were provided.

Judgment: Compliant

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
<b>Standard 6.1</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
<b>Quality and safety</b>	
<b>Standard 1.5</b> Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Compliant
<b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially Compliant
<b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Non-Compliant Moderate
<b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.	Compliant
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.	Compliant
<b>Standard 4.2</b> Each child is supported to meet any identified health and development needs.	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.**

<b>Compliance Plan ID:</b>	MON-0033552
<b>Provider's response to Inspection Report No:</b>	MON-0033552
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	South
<b>Date of inspection:</b>	6th and 7th July 2021
<b>Date of response:</b>	Monday, 9 <sup>th</sup> August 2021.

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:**

<b>Quality and Safety</b>
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<b>Standard : 2.3</b>	<b>Judgment: Non-Compliant Moderate</b>
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**Outline how you are going to come into compliance with Standard 2.3:**  
 The children’s residential centre is homely, and promotes the safety and wellbeing of each child.

**While staff and the management team had made significant changes in order to make the centre more homely, the design and location of the building remained unsuitable for the provision of mainstream residential care to young people. This finding from previous inspections was accepted by management and a relocation plan was in place to find suitable accommodation in line with national standards.**

The National Service Director has prioritised the acquisition of an alternative property to facilitate the movement of the centre from its current setting. A range of property options have been viewed, and TUSLA has currently made two offers on properties in the North Cork Area. It is planned that the centre will have moved to a new property by the end of Q2 2022.

<b>Proposed timescale: 30<sup>th</sup> June 2022</b>	<b>Person responsible: Regional Manager CRS South</b>
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