



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Announced
Date of inspection:	04 - 05 August 2021
Centre ID:	OSV-0004167
Fieldwork ID	MON-0033802

About the centre

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

The centre has capacity to care for five young people aged between 13 and 17 years of age upon admission. Our aim is to provide a safe, caring environment characterised by the quality of the relationships we develop with the young people in our care, in which we can address the issues that are preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, we will work to prepare each young person for a successful transition to an agree placement of choice and will do up to a point to be determined by their age, need or development whereby circumstances are such that it becomes more feasible for them to live independently, initially with the support of our aftercare services. We work to ensure that our care practice is always young person centred and that we maintain a needs led, multidisciplinary approach to looking after the young people in our care.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	5
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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
04 August 2021	09:00hrs to 17:45 hrs	Una Coloe	Inspector
05 August 2021	09:00hrs to 17:00hrs (remote)	Una Coloe	Inspector

What children told us and what inspectors observed

The service provided to young people was person-centred. Young people were listened to and respected by staff and they were encouraged to express their views and wishes. They felt safe living in the centre. Young people were encouraged and facilitated to maintain good contact with their siblings, their parents/guardians and with other significant people in their lives. They were involved in their care planning and were helped to develop skills for independent living. An experienced staff team provided the young people with good quality care and support and worked well with other professionals and families to ensure that the young people's care plans were implemented. Staff were aware of the needs of all the young people and supported them in relation to their general health and wellbeing.

There were five young people living in the centre at the time of inspection. The centre was safe and homely but some areas required updating and maintenance work. The young people told inspectors that they would like the house redecorated and modernised. Each young person had their own bedroom and they were encouraged to decorate their own room to reflect their individual likes and interests. There was adequate space for young people to engage in group activities or have quiet time by themselves. There was a games room, an art room and there were plans to renovate the garage in to a gym/activity space.

Young people were encouraged to participate in group activities such as karaoke evenings, art and dancing. They were also encouraged to pursue their own particular interests, though there were some difficulties for young people joining local sporting groups due to COVID-19. The young people spoke fondly about various outings including day trips and a holiday away from the centre.

Social workers told the inspector that the staff and managers were supportive of the young people and understood their needs. They said that staff had good relationships with the young people and ensured they felt safe to express and explore their feelings. Social workers felt that staff provided a safe and nurturing environment for each young person. They described good working relationships between the staff and social workers and said that staff kept them informed in a timely manner of any changes in the young people's circumstances or of any concerns that arose.

The inspector spoke with two parents/guardians who were positive about the centre. They said their children were well looked after and they were happy with the care provided. They said that they were welcome in the centre and could visit depending on their child's wishes. Parents said they would like more updates on their children's day-to-day care from staff, and that sometimes it is difficult to get through to the centre

when they call by phone. Despite this, the parents were happy with the overall care their children received. They were involved in care planning meetings and said the staff and management team were approachable and respectful.

In summary, the centre was experienced as a safe and supportive place for children to live where staff provided good quality care. The staff team had developed positive relationships with the children. Children were listened to and were supported to maintain good relationships with their family. Staff worked to meet the needs of the children, and prepare them appropriately for independent living.

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

The centre was managed by an experienced management team. There were systems of governance in place to ensure the management team had oversight of the care provided to the children. Management structures were clear and the staff team felt supported by managers. Oversight was provided by a deputy regional manager who supervised the centre manager and visited the centre on a regular basis to review the operation of the centre.

The previous inspection of the centre took place in January 2020 against 14 of the national standards. The centre was found to be compliant with nine standards and substantially compliant with five standards. This current inspection found that there had been improvements made, as a national suite of policies and procedures had been introduced and implemented.

Young people were aware of how to make a complaint and complaints were acted upon on a timely manner. A complaints log was maintained by the centre manager. The inspector was advised about a complaint made regarding a young person who had moved on from the centre. The centre manager managed this complaint and reviewed the related incident but this was not recorded on the complaints log.

The statement of purpose and function was reviewed on 28 April 2021. It contained all the information required by the standards, including the aims and objectives and the facilities and therapeutic supports available to the young people. The statement of purpose also contained a description of the model of care which guided practice in the centre. The centre catered for five young people aged between 13 and 17yrs upon admission. However, in some circumstances, placement extensions were provided to

young people post 18 who were completing leaving cert examinations. There was a risk assessment completed in relation to this that contained some guidance for staff on how to manage significant events and concerns that may arise for an adult in the centre. However, staff who met with inspectors were unclear if recording and reporting systems for children continued to apply to a young adult over 18 years. There was no specific guidance to reflect how placements for young adults would be provided.

There was an information booklet for young people and their families which explained the purpose and function of the centre and provided sufficient information about the how the centre operated. Parents and other professionals told the inspector that they were given enough information on the centre and how it was run.

An experienced staff team provided good quality care. Team members were committed to provide child-centred care and were knowledgeable about the young people living in the centre. However, staff and management reported that there was insufficient staff in place to provide for the care of five young people. There were staff vacancies on the team and also staff members on extended leave and therefore agency staff were required on a regular basis. From a review of rosters and discussions with staff and managers, it was evident that there was consistent use of agency staff. Due to staff vacancies it was not possible to have a social care leader on each shift. Staff and managers told the inspector that tasks were divided among staff according to requirements of the shift planner.

Standard 1.6

Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Young people were aware of how to make a complaint and complaints were acted upon on a timely manner. However, not all complaints made about the centre were recorded on the complaints log.

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 statement of purpose clearly described the model of care and contained all the information required by the standards. It reflected the day-to-day operation of the centre and it was regularly reviewed. However, care was provided in certain circumstances to young people post 18 and there was no specific guidance in place to reflect how placements for young adults would be provided.

Judgment: Substantially 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

There was a dedicated and committed staff team that provided consistent care to the young people. Due to staff vacancies and extended leave, agency staff were required on a regular basis to ensure the centre had adequate staffing levels. Due to the staffing shortages, it was not possible to have a social care leader on each shift.

Judgment: Substantially Compliant

Quality and safety

The young people received good quality, person-centred care. The centre provided them with a safe and comfortable home. They were encouraged and supported to maintain regular contact and good relationships with their families and significant others. The young people were encouraged to pursue their own interests and hobbies. The staff team worked in partnership with the young people themselves, their families, their social workers and other professionals to promote their care, welfare and potential.

Young people were facilitated to maintain frequent and good quality contact with parents, siblings and significant others. They could phone their families when they wished. Although some visits to the centre had been restricted due to COVID-19, parents/guardians told the inspector that they could visit the centre if the young person agreed, and that staff were helpful and accommodating in arranging this. The centre had sufficient private space and facilities to ensure that young people had private time with their families/guardians when they visited. Some parents told inspectors that communication with staff could improve, reporting difficulties getting call backs and minimal updates from staff.

There were regular activities facilitated by staff for the young people to engage in including music, dancing, meditation and trips to the beach. Young people and staff reported difficulties accessing some community activities due to COVID-19 but the young people were satisfied that these were being pursued. There were plans to develop further recreational areas in the centre including a games room/gym in the

garage and an outdoor space to facilitate visits for the young people with family and friends.

Each young person had an allocated social worker who visited them regularly and were actively involved in oversight of their care in the centre. Care plans were in place for three of the four young people that required one. A meeting was planned to devise a care plan for one young person recently admitted to the centre. In the interim, staff members accessed information from the admission process, the young person's social worker and through getting to know the young person to guide their immediate care needs. Young people participated in their child-in-care reviews either by setting out their views to the social workers in advance or by attending the reviews in person. Parents/guardians also told the inspector that they were invited to and took part in the reviews.

Placement plans were in place for each young person and these were mostly of good quality, reflecting the care plans and the aims of the placements. However, some plans had not been updated following a child-in-care review, and contained overarching statements rather than specific actions to inform the interventions with the young person. The deputy centre manager said that there were some delays updating plans for young people due to the cyber-attack.

The model of care adapted in the centre was in an early stage of implementation. Staff said that there was insufficient training in this process and managers outlined their plans to embed the practice in the day-to-day work with the young people. The roll out of this programme was impacted by COVID 19 and the recent cyber-attack. This model of care set out themes under which specific work takes place in conjunction with the young people. Although there was regular engagement with the young people, staff reported that individual work with the young people tended to be on an impromptu basis. The young people reported good relationships with their keyworkers and the staff team. Social workers who spoke to the inspector said they received regular updates on the child, and were notified promptly of any situation or event that arose for the child. The centre management team maintained oversight of the children's care records.

The centre provided a homely, warm and comfortable environment for the children but some improvements were required. Each young person had their own bedroom with storage space for their personal belongings. The inspector viewed one young person's bedroom and found there was adequate storage and it was personalised according to the young person's wishes. There were sufficient indoor and outdoor facilities but some maintenance work was required to ensure the spaces were safe, accessible and that the centre was decorated appropriately. For example, some areas of the garden were overgrown and posed a risk. Although there was gym equipment available, this equipment was not set up and the inspector found that

this room was not accessible to young people. Young people said they wanted the centre painted and modernised. The centre manager outlined plans to update spaces in the centre and to change carpets which the inspector viewed as necessary.

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. Open risks that had been assessed with controls measures put in place included staff shortages, COVID-19, health and safety concerns. There was a system in place for the notification of incidents, accidents and significant events through the National Incident Management System (NIMS) and in line with Tusla's national centralised notification system. The centre completed regular checks and audits in relation to health and safety. Actions taken to resolve the issues were not consistently recorded and there was some delay carrying out the necessary work on occasions. Vehicles used by the centre were maintained and serviced as required. The centre had a system for recording staff driving licenses and also which staff could drive the centre cars.

The safety statement for the centre was up-to-date. The majority of staff were appropriately trained in fire safety but this was required for one staff. Documentation regarding fire safety was up-to-date and the required checks and inspections had been completed. Fire drills were carried out regularly but not all of the the young people had completed a fire drill due to non-engagement. There were personal emergency evacuation plans in place for each young person but these were limited in detail and did not record the difficulties encountered during fire drills, for example.

Young people were supported in the transition from childhood in to adulthood. The staff provided the young people with opportunities to develop skills for independent living, and take increased levels of responsibility in line with their age and stage of development. Aftercare planning and preparation for independent living was promoted by the staff team and they were advocating for aftercare services where this was required for one young person. Two young people had an aftercare plan and they were supported adequately when issues with non-engagement with the service arose.

The centre promoted the safety and welfare of children. There were appropriate systems in place to safeguard children and protect them from abuse. Tusla had recently 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 centre manager was the designated liaison person for the centre. All staff had received training in Children First: National Guidance of the Protection and Welfare of Children (2017) and were aware of their responsibilities as mandated

persons. Staff who spoke with the inspector were also familiar with the policy on protected disclosures. One child protection concern was made in the previous 12 months and was appropriately closed. The young people told the inspector that they felt safe in the centre and could talk to staff about any concerns they might have.

Although there were no current child protection and welfare concerns related to providing a residential service to both children and young adults, further guidance was required to inform practice in this regard. By way of an example, staff members who met with the inspector were not clear on how concerns about an adult would be managed. They were equally unclear about reporting significant events related to an adult, or the rationale behind such practice.

The staff team adopted a positive approach to the management of behaviour. This involved building relationships and understanding the context of the behaviour. The majority of staff had completed training in a Tusla-approved approach to managing behaviour that challenges, while training for one staff was delayed due to COVID-19 and the cyber attack. The centre had gone through some difficult periods regarding behaviours that challenged and the centre manager outlined how this was reviewed for learning.

There were some restrictive practices used in the centre but staff's understanding and implementation of these practices was not consistent. There was a variation in practice whereby some staff were locking internal doors at night, while others were not. There was no risk assessment completed to assess if this was required. The centre manager outlined that the purpose of these practices was for safety at night time and not to restrict the movement of young people in the centre. However, not all young people understood if they could access the kitchen at night time. A restriction in place for one young person had not been recorded since January 2021, as it had become routine practice and required review. There were no incidences of physical restraint in the last 12 months.

In order to guide staff in how to respond in times of crisis, each young person had an individual crisis management plan and an absence management plan. These plans were generally good but one did not fully reflect risks posed to one child. Unauthorised absences by the young people were managed in line with their absence management plans.

The health and development needs of the young people were assessed and these were addressed. Medical information and histories were recorded in care files and each young person was supported to attend general practitioner (GP) appointments and any specialist services, such as dentistry and mental health that were required. The young people's keyworkers monitored their general health and carried out

individual key work sessions with the young people on a range of health-related topics.

Medication management practices required improvement. Comprehensive medication management policies and procedures were in place and staff were trained in the safe administration of medicines. Records were maintained for each young person but some prescription sheets required updating to ensure they were legible, and reflected current prescriptions for the young people. The centre manager outlined that prescriptions were completed and updated by general practitioners. Administration records did not consistently record if a medication was not administered or refused and there was no record of medication incidents. Regular audits were carried out but did not identify these errors. Self-administration of medication had not been considered for the current group of young people living in the centre, despite their age and need to develop independent living skills in this regard. The centre manager advised that although young people were supported to administer their own medication in the past, there were no risk assessments completed regarding the current young people.

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

Young people were encouraged and facilitated to maintain their relationships with their families and significant others. They were also supported to pursue their own interests in the centre and in the local community.

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

Good quality care and support was provided to each young person. Most of the young people had a satisfactory care plan to guide their care and there was a meeting planned to devise a care plan for another young person. Placement plans outlined the child's needs and actions required to support the young people. However, they were not all updated following the child-in-care review and some did not contain specific

detail to guide interventions with the young people. The model of care was in an early stage of implementation.

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

While the centre was homely and comfortable, some improvements and maintenance work was required to ensure all spaces were safe and accessible. Fire drills were completed regularly but not all of the the young people had completed a fire drill due to non-engagement. Personal emergency evacuation plans contained limited detail and one staff member required training in fire safety.

Judgment: Substantially Compliant

Standard 2.6

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

Young people were supported in the transition from childhood in to adulthood. The staff provided the young people with oppportunities to develop skills for independent living, and take increased levels of responsibility. Aftercare planning and preparation for independent living was promoted by the staff team and they were advocating for aftercare services where this was required for one young person.

Judgment: Compliant

Standard 3.1

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

Children felt safe living in the centre and there were appropriate policies and procedures to guide the protection and welfare of children. Further guidance was required to ensure staff had adequate direction and guidance to safeguard other children and young people over 18 living a children's residential centre.

Judgment: Substantially Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The staff team adopted a positive approach to the management of behaviour. There were some restrictive practice used in the centre but not all staff were consistent in their understanding, implementation and recording of restrictive practices. Each young person had a plan to support the team in the management of their behaviours and risks and while risks relating to behaviour were being managed appropriately, significant information was absent from one plan. One staff member required training in the management of behaviours that challenged.

Judgment: Substantially 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 young people were supported appropriately in relation to health and development needs but medication management practices required improvement. Medication management records were not adequate as some were illegible and administration records did not always record the reason why a medication was not administered. Self administration of medication had not been risk assessed for the current group of young people living in the centre.

Judgment: Non-Compliant Moderate

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 1.6: Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.	Substantially Compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially Compliant
Quality and safety	
Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially Compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	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.	Substantially Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.	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-0033802
Provider's response to Inspection Report No:	MON-0033802
Centre Type:	Children's Residential Centre
Service Area:	CFA Dublin Mid-Leinster
Date of inspection:	04 August 2021
Date of response:	

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 : 4.2	Judgment: Non-compliant Moderate
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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.

- Medication management records were not adequate as some prescription sheets were illegible and administration records did not always record the reason why a medication was not administered.
 - Medication errors were not recorded.
 - Self administration of medication had not been risk assessed for the current group of young people living in the centre.
1. Medication Prescription sheets were refilled by the GP on 20.08.2021. There was a staff meeting on 01.09.2021 where medication administration was reviewed, emphasis put on missed medication recording.
 2. Centre Management Team to review Medication Management sheets, including medication errors, fortnightly for October/ November 2021, and monthly thereafter.
 3. At a staff meeting on the 08.09.2021 it was agreed that the 3 young people over 17 years of age were suitable for self administration of prescribed medication. Risk assessments will be completed for all young people regarding self administration of medication on 08.10.2021. One-to-one sessions will also be completed with the young people to support them around self medication.

Proposed timescale: 08.10.2021	Person responsible: Centre Manager
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