



**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:	15 – 16 December 2020
Centre ID:	OSV 4182
Fieldwork ID	MON 0031323

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

The centre provides an assessment service, a respite service and a family support and resource service to a mixed client group up to age 18 years. The centre provides a service to children with varied needs, ranging from those impacted by early developmental trauma, learning difficulties and/or disabilities and children who have been or are currently placed in the care of the child and family agency. A day service can be provided to wheelchair users.

It provides an assessment service to young people and families on a residential and/or outreach basis, together with on-going respite and resource services. Assessment is conducted either through a multi-disciplinary team process, or by individual disciplines. The assessment team consists of the following disciplines: Social Work, Education, Psychology and Social Care. The focus of assessment is to develop an understanding of the young person and the family's situation to formulate a plan of intervention to meet both the needs of the young person and the family. Each discipline engages in assessment activities from their own professional perspective. Throughout the process of assessment, the multi-disciplinary team meet to share and explore the information gathered in order to generate hypotheses on the presenting difficulties. During the final stage of the process, each discipline draws conclusions regarding the results of their assessment activities, which may inform the overall team recommendations.

The family support service involves the following two components:

1. An on-going weekend/occasional weekday & school holiday respite service aims to support current placements, providing a break for young people and carers. Where appropriate, respite can support specific interventions such as, independent living skills, self-care and personal and social development.
2. The resource service involves undertaking specific pieces of work with the young person and their families, such as; assistance with their educational needs; establishment and maintenance of routines; linking with community resources or any other needs identified by the referring agent. Resource work is on an outreach basis and in the family home or local community. It aims to support and strengthen families in their home environment. It also facilitates sibling/parent access, which is decided in conjunction with the referring agent.

The staffing comprises of a centre manager, deputy manager, principal social worker, psychologist, teacher and social care team including social care leaders and social care workers. The team work together to ensure the best possible service is provided to the children and families involved with us. All aspects of our work are guided by best practice guidelines and key policies, such as safeguarding and child protection, complaint policies and children's rights which work towards ensuring the best outcomes for the young person and family.

Number of young people on the date of inspection:

4

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 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
15 December 2020	0930 – 1600	Lorraine O Reilly	Inspector (remote)
16 December 2020	0930 – 1500	Lorraine O Reilly	Inspector (on site)

Views of children who use the service

From what children said and what the inspector observed, it was clear that children were provided with good quality care when they spent time at the centre. They were facilitated to live each day to the maximum of their capacity while at the same time being protected.

Three children completed questionnaires. Children said that they felt safe and had an adult they could speak to if they ever felt the need. They said that they were told how to make a complaint and knew where to find help if there was something that they were unhappy about. The children had allocated social workers who talked with them. The children said that they saw health professionals when they needed to, that they attended school and received enough support in education.

The inspector spoke with a social worker and a social work team leader, who said that the service provided to children and families was very positive, and staff maintained good contact with them.

The inspector spoke with three foster carers who cared for children that attended the centre for respite care. Foster carers said that the centre was 'warm and welcoming' and felt like a 'home away from home'. They said the staff were 'extremely kind', approachable and took note of everything that they talked about, to make sure children's needs were met and children's views were heard.

The centre was homely, warm and comfortable. The inspector observed staff interacting with children in a friendly, positive manner. Refurbishments had occurred since the last inspection. The living area and bedrooms had been renovated and outdoor play equipment was available for children. All downstairs areas of the centre were not easily accessible to wheelchair users because of the positioning of a large photocopier.

The inspector saw from children's files that the centre had information about the children's views, routines, hobbies, dietary requirements, cultural and religious beliefs prior to children living into the centre. Children were supported to assist in preparing meals where appropriate and to develop other life skills.

The inspector reviewed a sample of the exit interviews undertaken with children who were discharged from the centre. Children made positive comments about staff and the centre. Some comments were 'I felt listened to', 'would like to come back' and 'make it a long term unit' so children could continue to live there. Young people's suggestions about the bedrooms were considered and acted upon.

The centre had weekly house meetings for children to express their views and wishes about the care that was provided to them. Children made suggestions about what

activities they wanted to do, about what should be bought for the centre and raised any issues that they had which then addressed. For example, staff bought a gaming headset with one young person and another child wanted the internet to be fixed.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. There was a management structure which ensured clear lines of authority and accountability. The centre had a suitably qualified and experienced acting centre manager in place who was supported by an acting deputy manager. The acting centre manager reported to the child care manager for the region who reported to the area manager.

The centre changed its purpose and function in March 2020 due to COVID-19. Their statement of purpose was updated to show these changes. There was a child-friendly version of the statement within a colourful booklet provided to children who availed of the service. The description of the service was also contained in an information booklet provided to parents and carers. The purpose of the centre changed from providing outreach, respite and assessment services to providing an emergency residential service and community outreach for children up to 18 years of age. This was a significant change for staff, who reported that they were supported by management with this transition. The centre had returned to its original purpose at the time of inspection.

There were systems in place to provide assurance to managers on centre practices. Managers introduced monthly audits in the last year, which examined two themes of the national standards each month. The inspector saw that findings were discussed at management and team meetings, and this had led to service improvements. For example, the centre reviewed and updated how information was filed. It was noted that staff were provided with positive feedback from management when good practice was found, such as providing children with information about their rights.

There was an increase in absences from the centre and in the use of restrictive practices. The restrictive measures that were implemented were risk-assessed and were found to be necessary to ensure young people's safety. The rationale for their use was clearly recorded, and all incidents were reported in a timely manner.

Leadership was provided to the team through daily handovers, team meetings, supervision and informal support. Staff said that the management team were always accessible and that they felt supported in their role. Team meetings occurred on a regular basis, and issues such as monthly audits, centre risks, incident reviews, hygiene, and feedback from children were routinely discussed.

Staff reported that there was always a manager available to them and the centre manager provided on-call support at the weekends and out-of-hours. In the absence of a national on-call system, the centre manager provided this support to the staff team but this was not sustainable. Parents and social workers said the management team were always available to them and there was open communication with the team.

The acting centre manager provided strong leadership and ensured there was a proactive response to issues as they arose. Staff were involved in internal incident reviews to reflect on incidents that had occurred and there were also external incident reviews to support learning in the centre. Recommendations from these reviews were found to be acted upon in a timely manner.

Management systems in the centre were well established and implemented. The acting centre manager had oversight of all aspects of service provision. There was a formal monthly reporting system between the acting centre manager and the external manager, which was based on data gathered through audits of various aspects of the service. These audits included staffing, risk management, health and safety, children's care plans, child protection and welfare concerns, dissatisfactions and complaints. A monthly update in relation to staff vetting was also sent to the child care manager. Social care leaders reported monthly to the manager on aspects of the service, such as the number of children availing of the service, number of care plans in date or requested, accidents and respite agreements.

Significant events were comprehensively recorded, reported and responded to promptly. Incidents were recorded as a significant event notification (SEN) and then notified to the relevant persons, such as the child's social worker. These events were managed appropriately and in line with Tusla's national centralised notification system. The acting centre manager and acting deputy manager maintained oversight of SENs. Communication systems within the centre were effective at ensuring key information about children, care practices and risk were circulated. For example, the need for increased supervision for some children was discussed at team meetings.

There were systems in place to manage risk, but they were not always effective. Risks related to service delivery, including the risk from COVID-19 were identified, and comprehensive measures were put in place to mitigate against the majority of them. However, one risk relating to the location of a photocopier remained on the risk register for several years and remained a risk at the time of the inspection.

The inspector found that the acting centre manager and acting deputy manager were aware of and involved in responding to risks related to safeguarding issues. Reports were made to the social work department when required and in a timely manner. These were tracked and reported to the child care manager on a monthly basis.

Individual risk assessments and impact risk assessments were completed prior to each child's admission. The measures put in place to manage risks were effective. The risks to each child referred to the centre as well as the risks to children already availing of the service were considered and the safety of each child was the priority.

A full suite of up-to-date national policies for children's residential centres remained outstanding, but local arrangements were in place in the interim. The centre had updated and reviewed all of their policies in 2020.

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were effective governance and management arrangements in place for the centre with clear lines of authority and accountability. Some risks remained outstanding and not addressed.

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 changed in March 2020 to reflect when the centre accepted emergency referrals for placements during COVID-19. The centre had returned to assessments and respite at the time of the inspection and had an updated statement of purpose in place.

Judgment: Compliant

Quality and safety

Children's well-being and welfare was maintained by a good standard of evidence-based care and support. The inspector saw this through reviewing children's files, receiving feedback from children, speaking with foster carers, social care staff, a principal social worker, a centre teacher and managers of the service.

Children who had been in the centre during the week of the inspection, had an up-to-date care plan on their files. Children were involved in the care planning process and had completed their feedback forms to include their views in their care plans. Staff requested

care plans prior to each child's admission, as the care plans guided staff in their care approach. Care plans reviewed by the inspector were comprehensive and clearly detailed the needs of each child.

The centre did not have a standard template for placement plans, but this did not have an impact on the care provided to children. Instead, the children's care needs and goals for their time spent in the centre were contained in several documents. These documents included children's logbooks, management plans, assessments completed by the centre's social worker and teachers. The documents were very detailed and reflected the individualised work undertaken by staff to ensure children's needs were met through their model of practice. The staff also visited children and their carers in their home to start to build relationships and their knowledge about children prior to admission.

The centre used a trauma-informed model of care. Staff completed other training such as therapeutic play skills, sexual health and managing challenging behaviours. Staff who spoke with the inspector said that they were supported by management to explore areas of study and to then share the knowledge with the rest of their team. Managers set up case reviews which allowed the team the space to reflect on their work with children, to learn from experiences and improve their practice.

There was effective communication between staff and the social work department in relation to continuity of care and adherence to each child's care plan. The centre was proactive at communicating their concerns about children, when needed. The social work department was confident that when the centre had any concerns, they were reported in a timely manner, and staff were always contactable when required.

There were appropriate measures in place to promote the safety of children which included reporting of, and responses to concerns. Staff were appropriately trained in Children First (2017) and demonstrated a good level of knowledge about safeguarding and child protection practices. Information provided by the centre and a review of records showed that six child protection concerns had been reported in the last nine months in relation to children in care. At the time of the inspection, two remained open and were being managed appropriately.

The centre had a relatively high number of children reported as being absent from the centre and this was found to be reflective of the complex needs of the children placed there. Data returned to HIQA showed that there were 14 incidents of children being 'absent at risk', four of which were 'missing from care', in the previous nine months. However, the number of incidences had reduced prior to inspection. A review of a sample of these reports showed that the centre followed appropriate procedures and notified An Garda Síochána.

All staff had been trained in the Tusla-approved approach to managing behaviours that challenge. During day to day interactions, staff used consequences to address particular behaviours displayed by children which were effective. When incidents escalated, a consistent approach was employed by the team in the centre. After incidents settled down, staff met with children to go through what learning there was and how they would manage things differently.

Restrictive practices were used on five occasions over the past nine months. These occurred during the time of emergency admissions. When some of the more vulnerable children could not maintain their own immediate safety or that of others, restrictive interventions such as physical intervention were used. The inspector reviewed a sample of these records and found that where a restraint was used, the rationale was clear, and the restraint was applied for the shortest possible time. Managers had oversight of incidents and reviewed them with staff. It was evident that learning was gained following each incident by the staff team.

The centre was homely, warm and comfortable. Refurbishments had occurred in the centre since the last inspection. A family bedroom was created for parents and children to sleep in when attending the centre for assessments. The living area and bedrooms had been renovated. There was outdoor play equipment for children and families. All areas of the centre were not easily accessible to wheelchair users. This was due to the location of a large photocopier in a hallway. Although the location of the photocopier was raised in previous HIQA reports and was on the centre's risk register, it remained in the same location for a number of years.

The centre ensured that health, well-being and development of children was promoted. Staff encouraged children to prepare healthy meals with them based on food that children liked. Staff encouraged children to go for walks and maintain physical exercise during COVID-19. There were appropriate arrangements for children to access their doctor when required. Children also attended external support services to meet their needs. These included speech and language therapy and mental health supports. Staff told inspectors that when they felt children needed a service, they contacted the children's social workers or made recommendations in their assessment report.

The rights and diversity of residents were respected and promoted. For example, information about a child's religion was in their file prior to admission to inform staff about his beliefs and when he attended religious events.

Appropriate arrangements were in place for each young person to access educational and training facilities, supports and services appropriate to their assessed needs. There were two teachers in the centre who assessed children's needs. They visited children's main schools, spoke with staff and gathered information for their assessment. The inspector

reviewed completed school report forms and educational sessions. They were comprehensive and aimed at the child's ability.

Standard 2.2
Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Each of the children's care records reviewed had up-to-date care plans. The centre did not have a stand-alone placement plan document for children. Children's needs and goals of the placement were recorded on children's files in other documents. These documents were updated regularly.

Judgment: Compliant

Standard 2.3
The residential centre is child friendly and homely, and the environment promotes the safety and wellbeing of each child.

All areas of the centre were not easily accessible to wheelchair users. This was due to the location of a large photocopier in the hallway. The location of the photocopier was raised in previous HIQA reports and was on the centre's risk register, but remained in the same location.

Judgment: Substantially compliant

Standard 3.1
Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There were sufficient measures in place to ensure children were safeguarded in the centre and that their care and welfare was protected and promoted. Staff demonstrated a good understanding of safeguarding legislation, principles and procedures.

Judgment: Compliant

Standard 3.2
Each child experiences care and support that promotes positive behaviour.

Staff maintained good relationships with the children, promoted positive behaviour and updated interventions in line with individual crisis management plans as required.

Judgment: Compliant

<p>Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.</p>
<p>The staff team advocated for children and cared for them in ways which promoted their health, wellbeing and development.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.2 Each child is supported to meet any identified health and development needs.</p>
<p>The children's physical and health needs were clearly recorded. They had access to the required services and staff supported them to make good decisions in relation to their health and well-being.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.</p>
<p>Children have access to teachers in the centre who supported children to avail of educational and training opportunities most suited to their individual needs. Educational assessments occurred and recommendations were made based on children's individual strengths and abilities.</p>
<p>Judgment: Compliant</p>

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>	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>	Substantially compliant
<p>Standard 2.3 The residential centre is child friendly and homely, and the environment promotes the safety and wellbeing of each child.</p>	Substantially 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>	Compliant