



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:	11 and 12 January 2022
Centre ID:	OSV-0004186
Fieldwork ID	MON 0035141

About the centre

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 two 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. 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 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 or to live independently.

Number of young people on the date of inspection:	4
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To prepare for this inspection 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
11/01/2022	09:00-17:00	Olivia O'Connell	Lead Inspector
12/01/2022	09:00-17.00	Olivia O'Connell	Lead Inspector
12/01/2022	09:00-13.00	Ruadhan Hogan	Support Inspector

Views of young people who use the service

The inspector spoke with two of the four young people living in the centre. They told inspectors that they were well cared for and felt safe.

Young people who met with the inspector said that they liked 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 also 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. Young people had appropriate access to all areas of the centre; they could have time away from the centre unaccompanied, in line with centre rules, individual placement plans and risk assessments. 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, such as, "I'm very happy here. Staff are great." They 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, "I can talk with the people here and they listen. They respect me for who I am. They all mean well, even if they don't always understand me, they try to help me." Young people 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 changes in social worker and the length of their placement, but they were confident to express their views in this regard to staff members and that staff advocated on their behalf.

All young people had their own bedrooms which had been individually decorated. The centre was divided over two floors. The upstairs was designated as the main living areas and comprised of a sitting room, kitchen, dining room, utility room and electronic games room. The ground floor had a meeting room, offices and large games room with a pool table. There was also an additional bedroom on the ground floor for use by the young people if they needed to self-isolate due to COVID-19. There were outdoor recreational facilities on-site including a basketball court and grassed area for ball games.

The centre was homely and welcoming, however it remained on the grounds of a hospital and the building was institutional in nature. The hospital campus had a range of other services onsite and this did not ensure young people had adequate privacy. Young people told the inspector about their dislike of the residential building and its location on hospital grounds, saying, "I don't like the building. It took getting used to being on hospital grounds and having a security guard walking around outside at night." However, both

young people commented that it was “better to have an ugly building with nice people in it than the other way around.”

It has been a long-standing finding by HIQA that this premises is not fit for purpose as a children’s residential centre and Tusla management has confirmed that plans are in place to re-locate to new premises in 2022.

The centre supported young people and their families to keep in contact. The inspector spoke with staff and managers in the centre as well as family members, social workers and guardians of young people living there. There was effective communication between social workers and the staff in order to ensure that visits and access were appropriate and in line with individual care plans. Where contact was part of the plan, staff supported young people to engage with their families. Family members who spoke with the inspector felt that there was excellent levels of consistent support, communication and planning around all aspects of young people’s care. An example of what they said included: “They always check in with us to make sure he’s ok. Even when [the young person] is with us, we can contact them if we’re worried.”

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. As one young person told the inspector, “I used to be a lot more stressed and anxious, but I can manage it much better now. I’m much happier now.”

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. Young people spoke positively to the inspector about the support they received from staff in relation to becoming more independent and self-reliant. This included for example, support they received around selling their artwork, grocery shopping and being able to manage their health needs independently.

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

Capacity and capability

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 interim 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. 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 July 2020. At that time, of the eight standards inspected, seven were found to be compliant and one standard substantially compliant. This inspection found that the centre had maintained a well-managed service, providing good quality care to young people.

The centre had a statement of purpose and function that accurately described the service provided. The statement contained all the information required by the standard, describing the day-to-day operation of the centre and the policies underpinning practice. It outlined 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. 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. On review of one young person's care plan it was evident that they may remain in the centre for educational reasons following their 18th birthday. While this care plan may change, and the centre was meeting its statement at the time of inspection, there was the potential for the service to operate outside of its statement of purpose and function in the coming months.

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 through 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.

There were good systems of communication within the centre and records of regular team meetings and management meetings reflected this. Managers and staff also developed good working relationships with the young people's family members and with the external professionals involved in their care. Parents, social workers and other professionals told inspectors that managers and staff were accessible and that they were kept informed of the progress that young people were making and advised of any incidents that took place. A system was also in place for significant events to be recorded, investigated, and reported to all relevant persons involved in the young people's 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 three assigned 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.

Workforce planning was effective which meant that the service pre-empted and planned for reductions in staffing such as retirements. To this end, a newly appointed staff member was scheduled to join the team in early February; with a further recruitment campaign in place to hire a new social care leader. Furthermore, the centre manager had access to a regional pool of 15 agency staff, should the centre's staffing levels drop, due to COVID-19 for example. The centre manager and deputy manager were assured that they had appropriate staffing numbers to meet the needs of young people currently in the centre. This was also a finding of this inspection.

A 24 hour staff rota was in place to ensure the needs of the service and young people were being met on a continuous basis, including waking night staff. Staff told inspectors that they felt well supported while on shift, by both colleagues and managers. The centre had a good mix of experienced and recently qualified staff; who had a wide range of skills, whose capacity and work practices responded flexibly to the individual needs of the young people to promote the safe running of the centre.

The manager operated an on-call system with the deputy manager so as to always be available to staff where required. Staff and management were confident 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. However, the age range of the statement of purpose was lacking in detail. While the centre was meeting its statement at the time of inspection, there was the potential for the service to operate outside of its statement of purpose and function in the coming months.

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. Management and staff were knowledgeable and experienced in responding appropriately to all aspects of young people's care. There were sufficient numbers of staff employed in the residential centre to care for the number and needs of the children placed there. Workforce planning was effective.

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.

Managers and staff had a detailed understanding of the history of each young person and of risks to their safety and their vulnerability. The referral and admissions process was well managed, with appropriate support and care given in helping young people 'settle in'. Placement plans were effectively informed by multi-agency assessments; with good recognition of the complexity of each young person's needs. Young people's day-to-day care was well-managed; with careful attention given to building relationships of trust with the young people; whilst promoting their independence, balanced with increasing their awareness of risky situations and how to keep themselves safe. The ethos of the centre was one of enabling young people to excel, to grow in confidence and know what is expected of them as they moved into young adulthood. Good attention was paid to helping young people to re-build their networks of support and to promote new links in their local community through a range of education, work experience and social activities. 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; 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 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. The focus on young people's health and development was holistic and recognised their emotional, sexual health, mental wellbeing and cognitive functioning. The centre staff actively sought and used the advice of specialist practitioners to inform each young person's individual programmes of care; and to assist them in recognising and taking on greater personal responsibility when they were ready and able to do so.

Up-to-date care plans were in place for all four young people. The 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 by the centre and were informed by their individual care plans. Placement support plans focussed on the day-to-day care and support to be provided. They were also comprehensive and were agreed in consultation with each young person. Placement plans were reviewed on a regular basis in line with the model of care and statutory care planning. Young people, their social workers, and centre staff were jointly involved in rating the progress that the young people had made in achieving their goals.

Records of keyworking sessions demonstrated that staff undertook individual direct work with young people on issues such as self-care, sexual health, and safety on the internet. Staff reported regular contact with the young people's social workers, guardians ad litem, schools and health professionals. They actively supported young people to have their voice heard in wider planning and decision-making forums. Links with the aftercare service were well-developed in promoting joint discussions about the young person's wishes and future support needs.

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 community meetings to explore individual areas of interest, and decide what activities the young people may like to get involved in.

Managers and staff supported young people to maintain contact with their families. Family members told inspectors that they were consulted by managers and staff, and involved in decision-making processes. Where reunification was part of young people's care plans, the centre actively supported the increased contact and overnights, to enable a smooth transition for the young person and their family.

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. For example, three young people were in full time education.

Three young people were 17 years of age, and at the time of the inspection, all three had been referred to the aftercare service 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 and courses that provided them with certification. Inspectors found that care and placement planning was strong, with staff creativity encouraged. The journey of each young person clearly mapped from admission to leaving care. This additionally included time-limited outreach support as they transitioned to their new home.

Managers and staff were committed to the protection of the young people. Staff were trained in Children First (2017). There were a few gaps in relation to updated mandatory training with respect to the new suite of national policies and procedures. These had been clearly identified and were being addressed via e-learning programmes and face to face activities when public health measures allowed. A review of the child protection log showed that one child protection concern had been reported since the beginning of 2021. Records showed that the centre manager followed up with the respective social work team to find out the outcome of the child protection assessment. At the time of the inspection, the report was closed. 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.

Managers and staff had well-developed systems for identifying and managing risk regarding young people in their care. Serious incidents including child protection notifications and missing from care episodes were well-managed, monitored and subject to regular review with the young person, their families, as appropriate, and with external partners. Learning from such incidents was strongly promoted through routine follow up with young people, debriefing of staff and practice discussions within supervision and team meetings. Staff were deployed to ensure the required levels of support at all times, with sufficient staffing in place to meet the specific needs of each young person. 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.

There was evidence that centre staff were skilled in the use of positive behaviour support strategies; which meant that there had not been a need for restrictive interventions in managing episodes of challenging behaviour. There were some incidents of behavior that challenged which were well documented. Staff had the levels of knowledge and skill required to support young people with complex needs and address any risk taking behaviour, should it arise. Restrictive practices in relation to the current young people were not required. However, the management and oversight of the use of physical

restraint was strong. Staff were aware of the policy and procedure for its correct and appropriate use. Records showed that its use was limited to one incident in the previous year.

Young people were provided with information on their rights, including their right to make a complaint. There were three complaints from the young people in the six months prior to the inspection. 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 centre and the advocacy service. At the time of the inspection, all complaints had been resolved and young people were satisfied with the outcome for the most part; in one instance, the young person still felt dissatisfied and was advised of the right to appeal, but chose not to avail of this.

There was good communication between managers and staff and the relevant people in the children's lives. Social workers described good communication and collaboration. They received regular updates from staff on young people's progress, and were advised of any incidents or concerns. Other professionals involved in the young people's care described the managers and staff as welcoming, accommodating and as good advocates for the young people. External professionals liaised on an ongoing basis with the centre in what might benefit young people in their day-to-day care. This ensured that young people experienced care which was for the most part responsive and timely. One young person's care plan had been delayed, in part due to changes in social worker; this was resolved during the inspection and the young person's transition from the centre was moving forward as agreed in his placement plan.

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 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, which young people could freely access.

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 at the front entrance. There was appropriate signage visible in relation to the use of CCTV.

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.

Young people received appropriate medical care and medication was managed safely. The centre had a medication management policy in place which guided staff in the administration, storage and management of medication in the centre. There was evidence that issues identified around the administration of medication by staff were reviewed and necessary refining of systems completed. Medication management audits took place on a monthly basis, and the actions from these audits were completed. Findings from the audits were also shared and discussed at team meetings. All staff had completed mandatory first aid and medication management training.

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

The centre had up to date care plans for each young person. There was 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. Communication between the centre and relevant people in young people's lives was effective and ensured good quality care.

Judgment: 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 done everything they could 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

<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>
<p>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.</p>
<p>Judgment: Compliant</p>
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>
<p>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.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.2 Each child is supported to meet any identified health and development needs. Regulation 9: Health care Regulation 20: Medical examination</p>
<p>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.</p>
<p>Judgment: Compliant</p>

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	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.	Compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Non-Compliant Moderate
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.	Compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Compliant
Standard 4.2 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.

Compliance Plan ID:	MON-0035141
Provider's response to Inspection Report No:	MON-0035141
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	11 and 12 January 2022
Date of response:	Monday, 31 st January 2022

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: 2.3	Judgment: Non-Compliant Moderate
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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 every effort 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.

A new two storey house in a rural setting has been secured and is in the process of conveyancy. The new accommodation is homely and is in line with National standards. On securing purchase, a design team will be allocated to ensure that the house is fit for purpose in relation to refurbishment.

Proposed timescale: March 2023	Person responsible: Regional Manager
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