



**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:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	27 - 28 June 2024
Centre ID:	OSV -0004165
Fieldwork ID	Mon_0043955

## About the centre

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

The aim of the service, as outlined in its statement of purpose and function, is to provide a safe, caring environment characterised by the quality of relationships developed with the young people, in which they can address the issues preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, the service will work to prepare each young person for a successful transition to an agreed placement of choice and will do so up to a point to be determined by their age, need or development whereby circumstances are such that it becomes more feasible to help prepare them to live independently, initially with the support of the providers aftercare services.

The centre provides placements for up to 4 young people, aged between 13 and 18 years. Children under 13 years are considered where appropriate approvals are in place.

The centre ensures that the care practice is always young person centred and that staff maintain a needs led, multidisciplinary approach to looking after the young people. The care of young people is planned through individual intervention plans tailored to meet the unique individual needs of each young person. The staff team encourage positive attachments and build relationships to provide a therapeutic environment for young people in order that they learn new skills to live successfully in the community.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection</b>	4
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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:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
27 June 2024	10:00 hrs to 17:50 hrs	Bernadette Neville	Lead Inspector
27 June 2024	10:00 hrs to 17:50 hrs	Hazel Hanrahan	Support Inspector
28 June 2024	09:00 hrs to 17:15 hrs	Bernadette Neville	Lead Inspector

## What children told us and what inspectors observed

Inspectors carried out a routine unannounced inspection of this children's residential centre which found that most young people living in the centre received good quality support and care from a committed staff team. At the time of the inspection there were four young people resident in the centre, three aged between 16 and 18 years old. However, of these four young people three were living in the centre but one had disengaged from their placement and was, at the time of inspection, living in a temporary alternative placement. Young people living in the centre were encouraged to do well in education, to maintain family relationships and links in the community. Their dignity and privacy was respected, and their right to be included in care planning was recognised and supported by staff. The inspectors spoke with two young people, and two social workers. Inspector's attempts to contact parents or family members were unsuccessful.

The residential centre is a large two storey house located on the outskirts of a big town with access to a range of amenities including shops, schools and leisure activities. There was a large well-kept garden area around the centre which provided ample space for young people to play and relax. The centre had a pet.

Internally the centre was bright, clean, and comfortable and decorated with modern furnishings. The centre had been renovated some years ago and has been well maintained. The centre had two well-furnished and comfortable sitting room areas. These provided private spaces for young people to meet with family, friends and professionals. Upstairs there were four bedrooms and two bathrooms. Inspectors observed two of the bedrooms and found them to be decorated in an age appropriate way. There was sufficient storage for the young person's belongings. Both bathrooms were clean and modern in decoration.

Inspectors observed positive interactions between staff and the young people. Staff spoke warmly of their relationship with young people and noted significant progress young people had made since being admitted to the centre. The two young people met with by inspectors spoke positively about their experiences of staff and living at the centre. They described the positive contributions staff had made to their lives in terms of support with education and support maintaining family contact. One young person spoke about attending fortnightly young people's meetings and being consulted on what activities they would like to participate in over the summer holidays. Another young person felt that having a high level of contact with their family made their placement work.

When asked about staff in the centre, the young people said

- 'everyone is sound'

- 'all staff are good'
- 'staff helped me to get back to school after dropping out before coming to the centre'
- 'if ever I needed anything staff would do it'

The young people described living in the centre as 'good' and that the centre had a 'relaxed atmosphere'. One young person said they would change nothing about the centre. Inspectors spoke to two social workers who were also positive about staff, in particular, their ability to advocate for young people and meet their needs. Some comments in relation to the staff included

- 'they care so much about the young person'
- 'they do everything for them-transport, education, advocacy'
- Staff go 'over and beyond for the young person'
- Staff are 'absolutely brilliant'
- 'they let me know if something happens'
- 'they support the young person'

One social worker noted staff supported young people to have their voice heard and gave an example of the young person being linked in with the national advocacy service to make a complaint about not having an allocated social worker. Social workers told inspectors that young people were kept safe, that the young person's history was taken into account and risks were well managed. One area for improvement, stated by a social worker, was that more could be done by staff to encourage and support young people engage in activities in the community.

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. Inspectors tried to contact family members but were unsuccessful.

## Capacity and capability

Overall, there was good leadership in the centre. There were governance structures in place and clear lines of accountability which supported the delivery of the service. However, some management systems in place were not always effective and required improvement. There was a culture of learning and quality improvement in the centre, which was actively promoted by the management team. However, improvements were required in the risk management framework and supporting structures to ensure the appropriate identification and management of risk. There were gaps in the centre management response to risks with the centres risk register not updated to take account of new or recurrent risks

to the safety of young people and staff. Responses to safeguarding concerns were not adequate and improvements were required to ensure child protection concerns were recognised and responded to ensure that young people were kept safe and their care and welfare was promoted. HIQA sought assurances from the centre management with respect to the safeguarding and risk management. Assurances were also sought from the relevant social work department with respect to care planning and oversight of one young person. Satisfactory assurances were provided with respect to both requests.

The previous HIQA inspection took place in October 2022 when the centre was inspected against nine of the national standards for children's residential centres. At that time the centre was found to be compliant with eight standards and substantially compliant with one standard. Tusla's Practice Assurance and Service Monitoring Team completed an inspection in March 2024 and found 'substantial assurance' in the centre.

Governance arrangements were clear and there was strong leadership in the centre, however, improvements were required to ensure safe and effective care for all young people. The centre was managed by a consistent, stable and experienced management team which ensured stability for the young people. The centre manager was responsible for the day-to-day running of the centre, and reported to the interim deputy regional manager. There were a number of responsibilities delegated to the deputy centre manager, including staff supervision, oversight of audits, and health and safety reviews. The centre manager and deputy centre manager were both present in the centre during the day and took part in daily shift plans. Managers took a lead role in the design and delivery of care for the young people in partnership with staff. The interim deputy regional manager provided supervision to the centre manager and maintained external oversight and monitoring of the centre. The centre manager provided on call support to staff. This was an interim arrangement and alternative options were required to maintain a sustainable on call system. The centre's statement of purpose outlined a national on call system was being developed. Staff told inspectors that they felt supported. There was a written delegation of duties in the centre which clearly defined the roles and responsibilities of the staff team.

The centre had sufficient staffing levels. At the time of inspection there were three and a half social care leader posts and 11 social care workers. This was at slight variance with the statement of purpose. Approval had been secured for a fourth social care leader post, and an additional social care worker position was in place to ensure staffing levels were adequate to meet the complex needs of one young person. The centre manager told inspectors that the statement of purpose would

be reviewed to include these changes. Overall there was good planning and management of staffing levels to meet the assessed needs of the young people.

There had been significant changes to the staff team in the last year, with a number of the more experienced staff leaving. However, both the centre manager and staff told inspectors that the recruitment of new staff has been experienced as a positive for the centre and young people. Staff spoken to by inspectors were competent and aware of their roles and responsibilities. Contingencies were in place in the case of unexpected leave and were filled by consistent agency staff, known to the young people. This ensured young people experienced the least amount of disruption to their daily lives. Inspectors found that the centre had a comprehensive induction schedule which included regular probation reviews, with oversight by the deputy centre manager. There was one vacancy which was to be filled through a national rolling recruitment campaign.

There were retention initiatives to support staff development and included a focus on staff wellbeing at team meetings, the appointment of a wellness ambassador in the team, and team building days. Staff also had access to external supports as required. Having a stable staff team supports the development of quality relationships with young people, which is central to the care model detailed in the centre's statement of purpose. There were established structures in place for the review of policies with policy updates discussed at team meetings and staff supervision.

There was a culture of learning in the centre which supported staff development and ensured young people were cared for by skilled staff groups who had varying levels of experience. Staff told inspectors that the centre manager and deputy centre manager were proactive in advocating for additional training to enhance their skill set. Training requirements were discussed at fortnightly team meetings and included as a standing agenda item in staff supervision. Continued staff training was also included in the centre's service plan for 2024. The provider completed a training needs analysis in January 2024 and identified further areas of learning for staff including training with a focus on autism, attention deficit hyperactivity disorder (ADHD), youth participation, motivational interviewing and the brain and trauma. The register was maintained of mandatory training and additional training provided to staff. The register showed staff were up to date across a range of training including Children's First Mandated persons training, fire safety, first aid, Tusla's approved national model of care. It was noted that some staff required updated training on the Freedom of Information Act (FOI) and the safe administration of medication.



Staff received regular supervision in line with Tusla policy, however records required improvement to support the effective monitoring of progress in implementing identified actions and addressing gaps or deficits in practice. There was a detailed supervision template with decisions clearly recorded. A sample of records reviewed by inspectors had staff supervision contracts and personal development plans. The personal development plans were in date, however, one supervision contract required review and updating. Supervision records of new staff showed a clear focus on practice development, building staff confidence and competence through reflective practice. The supervision records of managers reflected planning and monitoring of the service. Although decisions were recorded in the supervision records, there were no updates on these decisions at subsequent meetings making it more difficult to track and monitor the progress of the decisions made. This is an area for improvement. There were no yearly appraisals of staff performance as required by Tusla policy and in line with best practice.

There was a range of management systems in place including communication, risk management, quality assurance and service improvement. However, some of these systems were not effective in identifying and addressing risk in a timely way. There was good communication within the staff team which was supported by fortnightly staff team meetings. The meetings had a clear structure and were used effectively for care planning. Team meeting records were comprehensive and included progress updates on individual young people, feedback from young people's meetings, and review of restrictive practices, complaints and child protection concerns.

There was evidence of staff reflecting on their practice and changing their approach to promote better outcomes for young people. Updates on policies and training were discussed, as well as the outcomes of audits completed. However, attendance at team meetings, was low and there was poor sign off of team meeting records by staff not in attendance. While managers identified this as an issue in management and governance audits completed in February 2024 and, in response, made the required changes to staff rosters to support increased attendance, these measures were not effective and required further review. Improvements were required in the recording of updates on decisions made at team meetings.

There was a risk management framework and supporting structures for the identification, assessment and management of risk in line with Tusla's organisational risk management policy. Oversight and governance of the

management of risk required strengthening to ensure effective risk management in the delivery of safe and effective care and support to young people.

The service maintained a risk register. At the time of the inspection, the identified recorded risks on the centre's risk register included, risks to the safety, health and welfare of young people in the centre due to violence, aggression, damage, risk of significant harm to young people targeted for and subject to sexual exploitation and risk of young person remaining in the centre at the age of 18 years.

Comprehensive risk assessments were completed on all risks identified, appropriate control measures were in place to manage the risk and regular reviews held. However, significant gaps were found in the identification and management of some risks relating to the safety and protection of one young person who was struggling to engage in their placement. There were gaps in the identification of child protection risks and this had the potential to negatively impact on the safety of all the young people in the centre. Not all child protection concerns had been notified in line with Children's First (2017).

Inspectors found that the risk register did not include specific repeated risks arising from a number of significant event notifications. There were no individual risk assessments completed in respect of these risks and no safety plans in place to respond to these risks, when required. There was a lack of recognition of the potential for cumulative harm associated with behaviours of concern or actions by young people which significantly compromised their safety and a failure to consider the potential and significant safety issues for staff and other young people. This indicates a learning need for management and staff in relation to the identification and management of risk.

There were systems in place to monitor the service and inform service improvement. However, monitoring systems did not identify and address some gaps identified on this inspection. Regular audits were completed by the centre manager, deputy centre manager and interim deputy regional manager and covered areas such as governance and management, risk management, care practices, medication management, staff supervision and young people's files. There were clear actions and timelines recorded where gaps were identified. Furthermore, there was evidence of changes being made to practice in line with audit findings, for example, improvements were made to the recording of staff probation meetings and the completion of risk assessments to inform restrictive practices. External monitoring of the service was completed by the interim deputy manager on a monthly basis. Overall the interim deputy manager found the service to be managed well with good systems of recording in place.

Inspectors found there was an adequate system of record keeping and file management. Young people's records were kept in a secure cabinet in the staff

room. The room was locked when not in use to ensure safe access to young people's information. The centre manager told inspectors that young people's records were reviewed daily by managers to ensure consistency and quality in terms of recording as well as, monitoring work being completed with the young person. There was evidence of oversight by management, noted by inspectors, in the review of key documents on young people files including individual safety plans, placement plans and behaviour management plans. There was evidence of audits on young people files completed by the deputy centre manager. However, inspectors found that there was no up-to-date care plans for two of the young people in the centre. The centre manager had requested these from Tusla and received them following the inspection. There was a system in place for the archiving of files and young people were informed of their right to access their information. Some staff were required to complete updated training on data protection. The centre had an up to date register containing all relevant details in respect of each child cared for in the centre, as required by regulations.

## **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 was an experienced leadership team, with systems in place to ensure effective oversight, planning and service improvement. However, some management systems were not effective. Staff were provided with training opportunities to enhance their knowledge and skills in meeting the needs of the young people. Roles and responsibilities were clear. There was a risk management framework and supporting structures for the identification, assessment and management of risk, however these structures did not effectively manage risk. Not all repeated risks in significant event notifications were recognised, managed and included in the centres risk register. There were no individual risk assessments completed and no safety plans in place for young people to respond to these risks, when required. There was a lack of recognition of the potential for cumulative harm associated with behaviours of concern or actions by young people which significantly compromised their safety and a failure to consider the potential and significant safety issues for staff and other young people. Responses to safeguarding concerns were not adequate and improvements were required to ensure child protection concerns were recognised and responded to so that young people are kept safe and their care and welfare promoted. The centres own monitoring and oversight systems did not identify and address gaps found on this inspection. Some records of team meetings required improvement. Attendance at

team meetings was low and there was poor sign off of team meeting records by staff.

**Judgment: Not 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**

Staffing levels were sufficient. There were structures and clear plans in place to ensure absences were covered and any staffing gaps were filled by consistent agency staff. The provider had a written delegation of duties. There was good planning and management of staffing levels to meet the assessed needs of the young people.

**Judgment: Compliant**

### **Standard 6.3**

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

All staff received regular supervision and support. Staff were supported to develop their skills, to enable them meet the needs of young people. There was a comprehensive induction programme for new staff with oversight by managers. However, staff performance had not been formally appraised as required. Records of the progress of actions agreed during supervision required improvement. Not all mandatory training for staff was up-to-date, such as the safe administration of medication training.

**Judgment: Substantially compliant**

### **Standard 8.2**

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

#### **Regulation 21: Maintenance of Register**

Young people's records were reviewed regularly and held in a secure cabinet. Young people were advised of their right to access information and there was a system for the archiving of care records. Not all care plans were up to date.

The provider had an up-to-date register containing all relevant details as required by regulations.

**Judgment: Substantially compliant**

## Quality and safety

Overall inspectors found the care provided to young people was of good standard and reflected the values of the centre as set out in its statement of purpose. There was a strong focus on building relationships with the young people, supporting young people to participate in care planning, to exercise choice and to develop new skills. Young people were cared for by a committed staff team, who promoted the inclusion and participation of young people in the day-to-day running of the centre. Some improvements were required in the identification, assessment and management of risk including the quality of safety planning to ensure young people are safeguarded and their care and welfare protected and promoted.

Young people's identified needs informed their placement. Inspectors reviewed the admission process for one young person who was recently admitted to the centre. Overall the process was well planned. Pre-admission meetings were held with the young person's social worker and other professionals previously involved in the young person's care. Comprehensive information was shared about the young person's needs, behaviours of concerns and previous care history. A plan for supporting the young person move to the centre was agreed and included introductory meetings with staff and other young people living in the centre. Inspectors noted the young people living in the centre were kept informed of the planned move at weekly young people's meetings, and were provided with opportunities to talk about the potential impact of this change on them. A child friendly information booklet outlining how the centre works with young people was provided to them on admission. Young people were given information on care planning, contact with family, education, children's rights, accessing information, the centres complaints procedure and guidance on keeping safe. Details of the national advocacy service were also included.

Young people's right to dignity and privacy was respected. Each young person had their own bedroom which was decorated to their individual preferences. Personal space was respected and there were rules around young people entering each other's bedrooms. There were private spaces within the centre where young people could meet with family, friends and professionals. Young people's confidential information and care records were held securely in a locked cabinet, accessed only by staff. They were informed of their right to access this

information. Young people were actively supported to maintain links with their families and communities of origin and this strengthened their sense of identity.

Young people were encouraged to express their views in relation to the running of the centre. Many of the staff had completed training on child and youth participation and had engaged the young people in projects to enhance the centre. Recent improvements included updating the games room to include comfortable seating. Young people's meetings were held weekly. If the young person was unable to attend, individual meetings were arranged with staff to hear their views. The meetings had a clear structure. There was an agenda and actions agreed were followed through. The views of young people were recorded, including any points of disagreement. Meetings showed young people were supported to get involved in the planning of centre activities, such as meal planning and the organising of fun activities during holiday periods. Requests made by young people were followed through. There was some difficulties in relation to overall attendance of young people at these meetings. However, the centre manager had identified the need to allocate chairing of the meetings to named staff, to ensure consistency and promote greater attendance and engagement by the young people. This action was included in the service improvement plan for 2024.

Staff had completed training on responding to complaints. There was one complaint on the centres complaints register, which was resolved and closed off in a timely way. The young person was consulted in relation to the closing of the complaint and their views recorded. Young people had access to the national advocacy service and were advised of some of the resources available from the service.

The layout and design of the centre was in line with its statement of purpose. Young people had their own bedrooms, which were spacious and provided ample space for the storage of personal belongings. There was a smoke alarm in each of the young people's bedrooms. The centre was clean, well lit, ventilated and maintained in good structural condition. There were sufficient bathroom facilities, located next to young people's bedrooms. Young people had access to a dedicated games room, which was appropriately furnished with bean bags and gaming chairs. Young people had opportunities to engage in play and recreational activities both inside and outside of the centre. Inspectors noted board games in both of the sitting rooms and a dart board in the laundry room. Externally, there was a trampoline in the back garden, which was well maintained and secured. The outside space was sufficient for young people to engage in a range of outdoor activities and sports or relaxation, with the outdoor spaces safe, secure and well

maintained. Closed circuit television (CCTV) was in operation outside of the centre and used for security purposes. There was clear signage at the entrance to the centre informing visitors of this. The main staff office was located upstairs, off the landing leading the young people's bedrooms and locked when not in use.

The centre had three cars, one of which was electric. There was an electric charging point to the side of the centre, which is serviced on a yearly basis. Two of the cars were viewed by inspectors and found to be clean, well maintained, with tax, insurance and NCT in date. Both cars had a first aid box and breakdown kits. All cars were serviced regularly.

The centre promoted the safety and wellbeing of young people. The centre had an up-to-date safety statement informed by a health and safety risk assessment. There was a designated health and safety officer. Matters relating to health and safety were discussed at team meetings. Health and safety checks were completed on a quarterly basis. Maintenance issues were resolved in a timely manner.

There were effective fire safety arrangements in place in the centre. Fire safety equipment was serviced regularly. The centre had a designated fire safety officer and staff had completed fire safety training. The young people had personal emergency evacuation (PEEP) plans which were reviewed twice a year. PEEP's were developed at the time of a new admission. There had been four fire drills in the previous six months, however not all young people attended these. Some improvements were required in respect of this. There were daily and weekly fire safety checks completed by the deputy centre manager. The certificate of insurance for the centre was up-to-date.

Improvements were required to ensure young people were safeguarded from abuse and their care and welfare was promoted. The safeguarding statement of the service was clearly displayed and set out standards of child protection practice in line with Children First: National Guidance for the Protection and Welfare of Children, (Children First 2017) and Tusla's child protection policies and procedures. There were policies and procedures in place to protect young people from all forms of abuse and neglect in line with Children First (2017). All staff had up-to-date training for mandated persons. Staff spoken with were aware of their reporting responsibilities. There was a policy on protected disclosure and staff were aware of this.

However, the inspection found gaps in safeguarding for one young person in the centre and their welfare was not adequately promoted or protected. Considerable improvements were required in the area of risk assessment and management to ensure there was comprehensive safeguarding measures in place for all young people. There were 86 significant event notifications (SEN's) on the centre's

register for 2024. SEN's were notified in a timely way with oversight by the centre manager and were discussed at team meetings. However, inspectors found there was inconsistent follow up and inadequate responses to some risks identified in significant events.

There was an absence of risk assessments being completed for known risks which meant that the risks were not effectively managed. Risk assessments were not updated and the risk register was not revised to include new or recurrent risks. Safety plans did not adequately consider or address known vulnerabilities, specifically for one young person, where these risks had been already been identified in the collective risk assessment.

Safety plans were in place for two young people, however the quality of these required improvement. There was no standardisation of the recording of the plans and although plans were regularly reviewed, the outcome of the review was not clear. As a result, it was difficult to determine when the plan had been reviewed and whether changes were made to take account of new risks. There was no safety plan in place for one young person who was engaged in repeated risk taking behaviour.

Child protection concerns were not recognised as such and not reported in line with Children First (2017). The centre had a child protection log to record child protection concerns notified to Tusla by centre staff. There were no child protection concerns notified for the previous six months. However, a number of SEN's identified one young person engaging in risk taking behaviour which had the potential to cause harm to the young person and impact their health, development and welfare. These risks had not been identified as safeguarding concerns which required reporting in line with Children First (2017). Following the inspection, HIQA sought and received satisfactory assurances in this regard.

The centre had a positive approach to the management of behaviour that challenged, however, further training was required to support staff understand and respond to behaviour that may indicate an issue of concern. The staff team were trained in the provider approved behaviour management approach. In addition, staff had received bespoke training from a specialist team to support them meet the complex needs of young people. There was evidence of staff evaluating the progress of young people. Young people spoke positively of the support they received from staff. Key working sessions reviewed by inspectors focused on a range of areas including keeping safe, planning social activities, money management and peer/family relationships. Inspectors noted there were no key working sessions in the care records of one young person. This meant it



was difficult to assess how the young person was supported to develop their understanding of their risk taking behaviour. Oversight and monitoring of the centres positive behaviour support approach was completed by the deputy centre manager and recorded in the centres audits.

There was an effective system in place that monitored, recorded and reviewed the use of restrictive practices in the centre. The restrictive practices policy ensures that appropriate restrictive practices are in place when required, to address specific risks for the young people, and that the least restrictive practice is used for the shortest period of time. A restrictive practice log was maintained by the provider with oversight by the centre manager and deputy centre manager. There were clear risk assessments informing the restrictive practices. Restrictive practices were discussed at team meetings. This ensured that staff were fully aware of the reason for the restrictive practice. The use of restrictive practices was monitored on an ongoing basis. There were two restrictive practices recorded; one which had been an interim measure and was reviewed and closed within a short period, and the other in place since 2021. There were risk assessments completed for both restrictive practices. Although the current restrictive practice, which related to the monitoring of phone usage, was in place for a significant period, there was a clear plan outlining changes required before the restrictive practice can be removed. Monthly reviews were held with social workers. The centre manager told inspectors the young person was invited and attended the reviews. From the records it is unclear what level of participation the young person had in the reviews.

Young people's health, wellbeing and development was promoted. Maintaining healthy routines were encouraged and included in placement plans and placement support plans. Inspectors observed young people being provided with a range of foods which were easily available in the centre promoting a varied diet. There were adequate cooking facilities for young people. Furthermore, there were regular discussions with young people in relation to food preferences, and changes made to meal planning in line with young peoples preferred choices. Direct work was undertaken with young people in relation to smoking cessation.

Young people's health needs were identified and addressed in a timely manner. Young people were supported to attend medical appointments as required and advice given was followed up. Some young people's medical history, including a history of immunisations, was not on file, although the information had been requested from the young person's social worker. Physical activity was encouraged and young people were supported to join local gyms.

There were effective systems in place for medication management. There was a medication checklist in place to guide staff prepare for medical appointments and the follow up required after appointments. Details of the young person's general practitioner, medical card and prescriptions were on file and in date. Patient information sheets on the prescribed medication were also on file and this ensured staff were aware of the nature of the medication being administered, the dosage and possible side effects. The dispensing of medication was tracked in the medication administration sheet and completed in line with Tusla policy. Any changes in medications were noted in the administration sheet including reasons for particular medications being given, such as pain relief. None of the young people self-administered medication in the centre. This was documented in medication administration sheets as required. The medication cabinet was located in the staff office, the keys to which were held in a separate safe. The medication cabinet was clean, had adequate space for the safe storage of individual young people's medication. There was also a medication fridge, not currently in use as no medications required refrigeration.

Errors in medication management were reported as significant event notifications, with all SEN's reviewed and discussed at team meetings. Oversight of medication management was maintained by the deputy centre manager who completed monthly audits. The audits were of good quality, however in some cases did not record actions to address identified deficits, for example, some agency staff not having medication management training. A review of the centres training tracker showed that some of the staff team required updated medication management training and this needed to be addressed.

Most of the young people attended education provision and had made great progress. The approach taken by staff reflected an understanding of, and a sensitivity to, the impact of previous educational experiences on young people. Young people had been consulted and supported to exercise choice and this led to greater levels of engagement and attendance. For example, staff had supported young people to connect with education provision in their communities of origin and this had enabled them to continue to maintain and strengthen relationships with family and friends. Education plans reviewed by inspectors were comprehensive and identified areas of strength, areas requiring support, goals for the young person and the centre and schools support plans.

There was a focus on building young people's skills in the preparation for leaving care. There was a designated aftercare officer in the staff team who provided guidance to staff and young people preparing for leaving care. Young people were encouraged to make good choices in relation to money management and provided with opportunities to practice relevant life skills such as navigating public

transport, seeking independent accommodation and managing conflict. The provider was proactive in linking young people with Tusla aftercare services so as to ensure young people receive the required supports in a timely way.

**Standard 1.1**

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

**Regulation 10: Religion**

**Regulation 4: Welfare of child**

Young people's right to privacy, dignity and respect was promoted in the centre. The views of the young people were sought in relation to the day-to-day running of the centre and in care planning. Young people were aware of the complaints process and the supports available through the national advocacy service. Staff showed good engagement with young people and had availed of additional training on youth participation to help strengthen their practice.

**Judgment: Compliant**

**Standard 2.1**

Each child's identified needs informs their placement in the residential centre.

The centre had a clear admission process, in line with its statement of purpose. Pre admission meetings were held to consider and plan for the specific needs of the young person. Young people were provided with a child friendly information booklet which set out how the staff would work with the young person. There was a transition plan which allowed young people to get familiar with the staff and other young people before moving to the centre.

**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**

The centre was bright, clean and suitably furnished for young people. There was ample space for young people to come together or have private meetings with family and professionals.

The centre complied with fire safety legislation and had an up-to-date safety statement. However not all young people had participated in the fire drills in the previous six months and this required improvement. There were regular health and safety audits completed by the deputy centre manager. Maintenance issues were responded to in a timely manner, ensuring the environment was free from hazards for the young people. Cars used to transport the young people were serviced and well maintained. The centre had a current certificate of insurance.

**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 gaps in the safeguarding of some young people. Staff had up-to-date mandated persons training and were clear about their reporting responsibilities. SEN's were completed in a timely manner with oversight by the centre manager. However gaps in safeguarding were noted in relation to one young person. Risk assessments were not completed on known risks and there was poor safety planning in respect of risks included in the collective risk assessment. There was inconsistent and inadequate follow up in relation to SEN's reviewed. The risk register was not updated to include new or recurrent risks. Some safeguarding concerns were not recognised as such and were not notified in line with Children's First (2017). Overall, improvements were required in relation to the identification, assessment and management of risks to ensure adequate safeguarding of young people.

**Judgement: Not compliant**

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

There was a positive approach to the management of behaviour that challenged. Staff were trained in the provider approved behaviour management approach. Although restrictive practices were in place, these were reviewed on a monthly basis. There were no records of key working with one young person who was engaged in risk taking behaviour.

**Judgment: Substantially compliant**

**Standard 4.1**

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

**Regulation 11: Provision of food and cooking facilities**

The provider promoted, protected and improved the health, wellbeing and development of young people living in the centre. All young people were supported and enabled to develop skills in preparation for leaving care.

**Judgment: Compliant**

**Standard 4.2**

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

**Regulation 9: Health care**

**Regulation 20: Medical examination**

Young people's medical needs are recorded and responded to in a timely way. There are effective systems in place for medication management.

**Judgment: Compliant**

**Standard 4.3**

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

Education and training was valued by the staff team. Young people were supported and facilitated to attend education provision of their preferred choice. There were education plans in place which identified goals for the young person.

**Judgment: Compliant**

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 5.2:</b> 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.	Not compliant
<b>Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
<b>Standard 6.3:</b> The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Substantially compliant
<b>Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially compliant
<b>Quality and safety</b>	
<b>Standard 1.1:</b> Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
<b>Standard 2.1:</b> Each child's identified needs informs their placement in the residential centre.	Compliant
<b>Standard 2.3:</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant
<b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.	Substantially compliant

<b>Standard 4.1:</b> The health, wellbeing and development of each child is promoted, protected and improved	Compliant
<b>Standard 4.2:</b> Each child is supported to meet any identified health and development needs.	Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Compliant

# Compliance Plan

**This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.**

<b>Compliance Plan ID:</b>	MON-0043955
<b>Provider's response to Inspection Report No:</b>	MON-0043955
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	27 June and 28 June 2024
<b>Date of response:</b>	02 September 2024

## Introduction and instruction

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.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.



- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

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:**

**Capacity and Capability: Leadership, Governance and Management**

<b>Standard : 5.2</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b></p> <p>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> <ul style="list-style-type: none"> <li>• A standardised collective risk assessment template has been developed and implemented within Children’s Residential Services on the 25<sup>th</sup> of March 2024. This template will be used in the assessment for all future referrals. The assessment is completed and agreed upon between the person in charge (PIC) and the referring social work department.</li> </ul>	

A briefing on the collective risk assessment and the standard operating procedure on how to complete the assessment was delivered to the staff team at the team meeting of 18<sup>th</sup> July 2024.

- The collective risk assessment template has been discussed in the person in charge's supervision by the person participating in management 23<sup>rd</sup> of August 2024. The focus was on identifying and managing risk within young person referral information. This learning will be brought back to the team by the person in charge.
- The collective risk assessment will inform the young person's placement support plan by developing risk management strategies and identified actions for identified behaviours or vulnerabilities of concern. The placement support plan will be developed in consultation with the social work department. It will be reviewed monthly or prior to this if needed and updated if any new behaviours or vulnerabilities are observed.
- Significant event notifications are completed by the staff team for issues of concern for individual young people. Centre Management reviews the significant event following its completion and provides a manager's response to the event which is recorded on significant event notification. If the centre management identifies a child protection concern, that hasn't been reported they will ensure that staff have reported the matter via the Tusla portal and in line with Children First 2017 requirements.
- If a child protection concern or risk is identified, the centre manager will ensure that risk assessments are updated, safety plans are put in place and the young person's placement support plan is updated without delay and copies forwarded for the attention of the young person's social worker. The centre manager will convene strategy meetings as required with the young person's social worker.
- Centre Management will provide learning and guidance to the staff team in team meetings or shift planning meetings which will be noted in informal supervision notes.
- The person participating in management has reviewed 55 significant event notifications from 7<sup>th</sup> May 2024 to the 10<sup>th</sup> of July 2024. Any gaps in risk management and child protection have been addressed with centre management by the person participating in management and child protection notification submitted retrospectively where appropriate. The

person participation in management will continue to have oversight on significant event notifications.

- The Practice Assurance and Service Monitoring Team (PASM) receives a log of the significant event notifications for their review.
- Centre risk register was updated on 11<sup>th</sup> July 2024 and again on 23<sup>rd</sup> of August 2024 by centre management and person participating in management. This will be updated and reviewed at a minimum quarterly or prior to this if needed by person in charge and person participating in management. Any changes or additional actions required to manage the identified risks will be documented on the register.
- Risk assessments for individual young people will be reviewed monthly or more frequently if required and will include input from relevant professions where appropriate.
- The young person placement support plan will be reviewed and updated accordantly and will be signed by the centre management.
- Safety plans will be developed as required in consultation with young person social work team and person participation in management. Continued consultation on reviews of the safety plans will be completed and documented on a fortnightly basis and any changes will be referenced in the shift planner and brought to team meeting for all staff's attention.
- Risk management to be a standing agenda item at team meetings.
- The centre staff team has completed training in Organisational Risk Management. This has been completed by 20<sup>th</sup> August 2024.
- A workshop on evaluation and reporting of child protection concerns was facilitated with the staff team to support learning on notification of child protection concerns on 1<sup>st</sup> Aug 2024 delivered by the service improvement manager from the chief social worker's office. Another workshop is due to take place on the 14<sup>th</sup> of October 2024 for staff who were unable to attend the first session.
- A refresher of the Children First Mandated Person's training has been completed by all staff since the inspection.

- Centre management will review the staff meeting minutes each fortnight ensuring that decisions are clearly recorded, and the review and update of the actions are documented in the following minutes.
- The staff team will be reminded at the team meeting on the 19<sup>th</sup> of September 2024 that minutes of the team meeting need to be signed by staff members when absent from that meeting to evidence that they have read them. Centre management will provide oversight of this being completed and will address any gaps with the staff team. This will also be addressed within staff supervision.
- The rationale for low attendance for a team meeting for the period reviewed by the inspectors included annual leave, supervision of children during school holiday period and live night roster. Issues relating to rostering will be addressed by the person in charge to support improved attendance at staff meetings. The person participating in management will review monthly the attendance at the centre staff meetings.
- The Practice Assurance and Service Monitoring Team (PASM) carried out a monitoring visit to this service on 12 March 2024 during which risk assessments and significant event notifications were reviewed. This visit evidenced good practice in respect of the reporting of notifiable matters including child protection and welfare concerns. Given the findings of the recent HIQA inspection and issues raised regarding the reporting of incidents/concerns, PASM will schedule a follow up visit to the centre in Q3 2024 to verify the completion of actions in respect of the current HIQA compliance plan.

<p><b>Proposed timescale:</b></p> <p><b>30<sup>th</sup> October 2024</b></p>	<p><b>Person responsible:</b></p> <p><b>Person in charge</b></p>
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**Capacity and Capability: Responsive workforce**

**Standard : 6.3**

**Judgment: Substantially compliant**

**Outline how you are going to come into compliance with Standard 6.3:**

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

- Each staff member's Professional Development Plan (PDP) will be reviewed and updated bi-annually with the Person in Charge or Deputy Centre Manager.
- All performance issues are managed in line with the Tusla HR policies & Procedures.
- The performance of all newly appointed staff members is further monitored and managed under the Tusla Probation Policy.
- A briefing on the supervision policy will be delivered at the team meeting on the 19<sup>th</sup> of September 2024 reminding supervisors and supervisees that decisions need to be clearly recorded within the minutes of the supervision and reviewed and updated at the following supervision session.
- All supervision contracts are in date and on file.
- Person in charge will complete a supervision audit annually to ensure that all supervision contracts are updated, and policy is being adhered to. This will be completed by the 30<sup>th</sup> of December 2024.
- All staff including agency staff who require training will complete training in medication management by the 5<sup>th</sup> of September 2024. The record of completed mandatory training has been updated to reflect this and is reviewed monthly by the person in charge and the person participating in management. Any gaps in the team's training will be addressed by the person in charge.

<b>Proposed timescale:</b> <b>30<sup>th</sup> December 2024</b>	<b>Person responsible:</b> <b>Person in Charge</b>
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**Capacity and Capability: Use of Information**

<b>Standard : 8.2</b>	<b>Judgment: Substantially compliant</b>
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**Outline how you are going to come into compliance with Standard 8.2:**  
 Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

- Care plan for one young person was received following the inspection on the 11<sup>th</sup> of July 2024.
- Person in charge will contact the social worker to request the updated care plan if it hasn't been received within two weeks of the child in care review. Person in charge will escalate to the person participating in management if care plans have not been received within four weeks from the Child in care review date. The person participating in management will contact the principle social worker to request that the centre is provided with the young person's care plan. If the care plan is subsequently not received of this request, this will be further escalated to the Regional Manager and Area Manager to be addressed.

<b>Proposed timescale:</b> <b>11<sup>th</sup> July 2024</b>	<b>Person responsible:</b> <b>Person in Charge</b>
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<b>Capacity and Capability: Effective Care and Support</b>
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<b>Standard : 2.3</b>	<b>Judgment: Substantially compliant</b>
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<b>Outline how you are going to come into compliance with Standard 2.3</b>
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The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.

- A fire drill was completed with a new young person placed in the centre on 27<sup>th</sup> July 2024. A second fire drill was completed on 12<sup>th</sup> August 2024 for one young person who had not participated in one since January 2024.
- Planned and unplanned fire drills will continue to take place at a minimum of twice yearly each and will be recorded and documented in the fire register.
- Fire drills will take place as required for any new admission or new staff member in the centre.
- Each of the young people residing in the centre has an individual Personal Emergency Evacuation Plan (PEEP).

<b>Proposed timescale:</b>	<b>Person responsible:</b>
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**12<sup>th</sup> August 2024**

**Person in Charge**

## Quality and Safety: Safe Care and Support

**Standard : 3.1**

**Judgment: Not compliant**

**Outline how you are going to come into compliance with Standard 3.1:**

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

- Child protection notification concerns relating to young people within the centre were notified retrospectively via the portal. This was completed by the 11<sup>th</sup> of July 2024.
- A workshop on evaluation and reporting of child protection concerns was facilitated with the staff team to support learning on notification of child protection concerns on 1<sup>st</sup> Aug 2024 delivered by the service improvement manager from the chief social worker's office. Another workshop is due to take place on the 14<sup>th</sup> of October 2024 for staff who were unable to attend the first session.
- A refresher of the Children First Mandated Person's training has been completed by all staff since the inspection.
- Policies and procedures are in place to inform staff on how to address all forms of bullying in line with Children first. Policies and procedures are in place for child safeguarding.
- Significant event notifications are completed by the staff team for issues of concern for individual young people. Staff as mandated reporters report child protection concerns as required which is also noted on the significant event notifications.
- Centre Management reviews the significant event following its completion and provide a manager's response to the event. If the centre management identifies a child protection concern, they will assure themselves that the staff have completed Child protection notification as per Children first.



- If a child protection concern or risk is identified, the centre manager will ensure that risk assessments are developed, safety plans are put in place and the young person’s placement support plan is updated without delay.
- Safety plans will be developed as required in consultation with young person social work team and person participation in management. Continued consultation on reviews of the safety plans will be completed and documented on a fortnightly basis and any changes will be referenced in the shift planner and brought to team meeting for all staff’s attention.
- Individual work is completed and recorded with young people to support and develop their knowledge and self-awareness, and understanding needed for self-care and protection. Young people are encouraged to speak out when they are feeling unsafe or vulnerable through their relationships that they have with the staff team.
- Risk assessments will be developed for identified risks presenting in young person’s significant event notifications and will be incorporated into the young person’s placement support plan. Placement support plan and assessments will be updated monthly or prior to this if required. Where needed safety plans will be developed with specific review dates. All changes to safety plans will be clearly documented. The placement support plan and safety plan will be completed in consultation with social work department.
- Centre risk register was updated on 11<sup>th</sup> July 2024 and again on 23<sup>rd</sup> of August 2024. This will be updated and reviewed quarterly or prior to this if needed by person in charge and person participating in management. Any changes to the identified risks will be documented on the register.

<p><b>Proposed timescale:</b> <b>30<sup>th</sup> September 2024</b></p>	<p><b>Person responsible:</b> <b>Person in Charge</b></p>
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<b>Standard : 3.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b></p> <p>Each child experiences care and support that promotes positive behaviour.</p> <ul style="list-style-type: none"> <li>• Person in Charge and keyworkers will continue to review the actions on each young person’s placement plan every three months to ensure they are meeting the assessed needs of the young person. This will inform the planned key working sessions with an assigned person to complete these with the young person. Progress and learning for the young person is assessed and reviewed every three months.</li> <li>• Person in Charge will ensure that all key working sessions are recorded accurately and in a timely manner for all young people at a minimum every three months.</li> <li>• Aspects from individual key working sessions are brought for discussion to staff team meetings to support staff knowledge and participation in the plan for the young person.</li> </ul>	
<p><b>Proposed timescale:</b></p> <p><b>30<sup>th</sup> September 2024</b></p>	<p><b>Person responsible:</b></p> <p><b>Person in Charge</b></p>

## Section 2:

### Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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.	Not compliant	Orange	30 <sup>th</sup> September 2024

<p><b>6.3</b></p>	<p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p>	<p>Substantially compliant</p>	<p>Yellow</p>	<p>30<sup>th</sup> September 2024</p>
<p><b>8.2</b></p>	<p>Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p>	<p>Substantially compliant</p>	<p>Yellow</p>	<p>Ongoing</p>
<p><b>2.3</b></p>	<p>The children's residential centre is homely, and promotes the safety and</p>	<p>Substantially compliant</p>	<p>Yellow</p>	

	wellbeing of each child			12 <sup>th</sup> August 2024
<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant	Red	15 August 2024
<b>3.2</b>	Each child experiences care and support that promotes positive behaviour	Substantially compliant	Yellow	Ongoing

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