



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Children's Residential Centre

|                     |                             |
|---------------------|-----------------------------|
| Name of provider:   | The Child and Family Agency |
| Tusla Region:       | South                       |
| Type of inspection: | Announced                   |
| Date of inspection: | 18 and 19 January 2022      |
| Centre ID:          | OSV-0004191                 |
| Fieldwork ID        | MON_0035544                 |

## About the centre

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

The children's residential centre is located in a large single storey dwelling within its own grounds in a suburban area of a large city. It provides residential accommodation for four female young people between the ages of 13 and 17 years of age on admission. The centre was part of the Tusla statutory provision of national children's residential services in the South region. The young people who needed medium to long-term residential care were referred to the centre through the central referrals committee of Tusla's South region.

The aim of the centre is to provide a high standard of care and interventions to enable the young people to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community or to live independently. The centre worked in conjunction with a psychologist as part of the children's residential services in the South region.

A wellbeing outcomes framework was the agreed model of care in place. The framework was informed by an attachment and trauma theory and it incorporated safety planning and risk management. The involvement of the young people, their families and community-based agencies is central to all care interventions.

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|---|---|
| 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      |
|------------------------|---------------------|----------------|-----------|
| 18/01/2022<br>(Onsite) | 09:30-18.00         | Sharron Austin | Inspector |
| 19/01/2022<br>(Remote) | 09:30-17.30         | Sharron Austin | Inspector |

## Views of young people who use the service

Young people living in the centre received a good quality service which was person-centred. They were supported by an experienced and committed staff team who encouraged and supported the young people to pursue their goals and achieve their full potential. The young people were central in all decisions about their care and placement plans. Staff worked in cooperation with them, their social workers, families and other relevant people in their lives, to promote their wellbeing and personal development and to ensure regular review of their care, safety and well-being. At the time of inspection, two of the four young people spoke with the inspector about their experience.

The centre was located on its own large grounds with sufficient parking and onsite recreational facilities in a suburban area of a large city. It had good access to public transport and amenities. Renovations undertaken in the centre had enhanced the living and working environment and provided more appropriate spaces that met the needs of the young people. It was homely and comfortable. Each young person now had an en-suite bedroom, which was decorated to their taste and they had adequate space and storage for personal belongings. The young people enjoyed spending time in their own rooms and took pride in their personal spaces. There was sufficient private and communal space for the young people. Staff were proactive in supporting and encouraging health and wellbeing initiatives with the young people.

Two of the four young people in the centre spoke to the inspector and had mixed views about their care. One of the young people said: "I get a say in what I like to do" and "I get involved in things like swimming, cycling, bowling and shopping". The other young person felt "there was nothing good" but did identify a key staff member they liked and who they would speak to about things.

The young people were supported to maintain relationships and contact with their families, local communities where appropriate and with key professionals involved in their care. One young person said "I would like more stays" with family. For the other young person, staff had respected their individual decisions about contact with family. Each of the young people had an educational or training placement. One young person spoke very positively about their school saying it was "very nice" and that they "liked my friends and teacher".

A family member who spoke with the inspector had some concerns in relation to the young person's care plan, as being in care was a new and anxious experience for them, and had visited the centre to see it for themselves. However, the inspector observed the assurances provided to them and the willingness of the staff to work closely with them in the best interests of the young person. They responded by saying "thank you for looking after her". Another family member told the inspector that the level of care "is

unbelievable” and staff “go above and beyond” and “are open to exploring opportunities” with the young person.

The inspector spoke with three social workers and a guardian ad litem. They spoke positively about the level of care provided and that staff had established good relationships with the young people, acted in their best interests, and supported them in achieving their potential. All four professionals were satisfied with the level of communication and information-sharing with the centre and were promptly notified to any incidents or concerns in relation to the young people. One social worker noted that they received bi-weekly updates from staff on the progress made by the young person and any arising issues of concern. Another said that staff “went above and beyond” for a young person to ensure appropriate and safe care. Other comments in relation to the level of support and care to the young people were: “the staff are there all the time and take the lead on a lot of things” and “staff are committed” to the young person.

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

### **Capacity and capability**

The centre was well managed and the governance arrangements in place were effective and ensured accountability for the delivery of good quality and safe care to the young people placed there. Roles and responsibilities were clearly defined. An experienced and competent centre manager, supported by a deputy manager led a committed and child-centred staff team. There was a shared understanding on what was appropriate and safe practice among the manager and staff. Staff were aware of their roles and responsibilities and this was demonstrated during interviews and observations during the inspection.

The centre had a sufficient staffing level, mix and distribution of skills and competencies within its workforce, which was in line with its statement of purpose. The centre manager reported to the interim deputy regional manager, who in turn reported to the regional manager for children’s residential services in the Tusla South region. Those interviewed reported that the management systems provided strong governance and accountability which provided appropriate direction, support and leadership to staff. Communication systems in the centre were good and staff said they received good support from management.

The previous HIQA inspection took place in July 2020 when the centre was inspected against eight of the national standards for children’s residential centres. At that time the centre was found to be compliant with three standards and substantially compliant with

the remaining five standards. Improvements were found during this current inspection resulting in a higher level of compliance with standards.

Tusla's national suite of policies and procedures for children's residential services had been fully introduced and implemented in the centre since the last inspection. While all staff had received the training in relation to this, a number of staff had yet to complete online exercises so as to receive their certification of the training. The centre manager outlined that delays in completion were due to the cyber attack and some information technology (IT) issues internally. They were satisfied that staff had a good working knowledge of the new suite of policies and procedures. An agreed target timeline for completion of the online exercises was end of quarter one 2022.

Risk was effectively managed in the centre and was underpinned by Tusla's risk management framework. Operational risks were set out in the centre's risk register reviewed by the inspector, and risks were found to be appropriately risk assessed and rated. In line with Tusla's national information management system (NIMS), incidents, accidents and significant events were appropriately notified. There were effective recording systems in the centre, including, care files, young people's daily logs and placement plans which were organised and well maintained to facilitate day-to-day practice and accountability.

The centre had an up-to-date and comprehensive statement of purpose that had just been reviewed and met regulatory requirements. It clearly described the aims, objectives and ethos of the service which was at the core of the model of care being provided to the young people. Staff who spoke with the inspector understood the model of care. An accessible format of the statement of purpose was available to young people, their families and social workers.

Young people were cared for by an established and experienced staff team. The manager and staff who spoke with the inspector were knowledgeable and demonstrated a good understanding of the requirements of relevant legislation, regulations and standards appropriate to their individual roles, and this was reflected in their daily practice. They also had a good understanding of the needs of the individual young people.

There was a sufficient number of staff in place to provide the level of care required by the young people. The centre had a sleep-in staff and a waking night staff each night, with an average of three staff on each shift over a 24 hour period. The centre rota demonstrated a consistency of staffing and appropriate numbers of staff on duty throughout the day and night. Additional staffing was sourced when the needs of the young people required additional staffing. The move to a 'national rota' which included waking night staff only was in the process of being negotiated. Despite the slow progress, it did not impact on the level of care currently provided to the young people in the centre.

There were clear on-call arrangements in place whereby the centre manager and deputy manager shared this responsibility to provide staff with out-of-hours support if required. External professionals who spoke with the inspector were satisfied that they were kept informed of all aspects of the young people's care and notified of any significant events in a timely manner.

Communication systems in the centre were good and staff told the inspector that they received a good level of support from their managers. The inspector observed a team meeting during the inspection and records of team meetings demonstrated that discussions were person-centred, respectful of the young person, comprehensive and that the voice of the young person was clearly represented by staff. Team meeting records also demonstrated that significant event notifications (SEN) were reviewed and any learning recommended from the SEN review group was shared and discussed.

### **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.

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 was well managed and the governance arrangements in place were effective, and ensured accountability for the delivery of good quality and safe care to the young people placed there. An established, knowledgeable and experienced staff team with a good understanding of the needs of the individual young people were in place.

Judgment: Compliant



## Quality and safety

The centre provided good quality, child-centred and safe care to the young people. Developing positive attachments and building trusting relationships was central to day-to-day interventions with the young people. The staff team were well established and spoke respectfully of the young people and their families. Young people were encouraged and supported to pursue their goals and achieve their full potential and were central in decision-making about their care and placement plans. They were supported and facilitated to develop skills they would need to successfully transition to adulthood and independent living where appropriate. Staff worked collaboratively with the young people, their families and relevant professionals to promote their wellbeing and personal development, ensuring regular review of their care, safety and well-being.

Each young person had an allocated social worker and there were records of their visits and contact with each young person. Care plans were up to date, regularly reviewed and were reflective of the young person's needs as required for three of the four young people. A hand-written record of the child-in-care review for one young person's care plan in May 2021 was provided to the centre by the social worker, in lieu of a typed care plan. It was noted that this was as a result of the cyber-attack at that time. However, the centre had not been provided with an updated typed care plan for this young person subsequently, despite evidence of requesting same from the young person's social worker. The absence of the up-to-date typed care plan had not impacted on the young person's care, as agreed actions from the child-in-care review meeting were incorporated into the young person's placement plan. The care plans and child-in-care review records evidenced that the young people participated in these meetings either by attending the meeting in person or by completing a review report that was shared by their social worker and discussed at the meeting. Family members told the inspector that they were invited to participate in the young person's care plan review.

It was evident in centre records and through interviews with the centre manager, staff and external professionals, that the levels of need of each young person was different. Where complexities existed, they were responded to well and appropriate additional supports were in place for individual young people to keep them safe. In addition to these services, some of which included admission to specialist therapeutic care for a short period of time, the staff team worked hard to maintain positive relationships with the young people involved to ensure their smooth transition back to the centre, or making other living arrangements in consultation with the young person and other professionals. While these findings were positive, there was a need to ensure appropriate alternative forward placements were in place in a timely way, to provide consistent and needs led care. Placement plans and placement support plans were part of the wellbeing outcomes framework, which was the approved model of care operational in the centre. The plans reflected the overall care plan for the young person and provided a holistic focus on their needs, interests, choices, as well as future hopes and goals for achievement. One of the

four young people did not yet have a placement plan in place as there were language and comprehension difficulties to overcome that required further consideration and support. As part of the model of care, placement support plans should be reviewed every 12 weeks where young people, staff and relevant professionals score the young people's progress with the identified indicators. While there was evidence that the placement support plans had been reviewed, these were not consistently carried out as required. The scoring element of the review was only completed by the staff. The centre manager and staff told the inspector that they had difficulty in getting the young people to participate in the scoring element of the plans and that family members did not wish to engage in the scoring process. Despite this, there was evidence in other centre records such as team meetings, professionals meetings and direct work sheets of discussions in relation to the plans and their progress.

Two of the young people aged 17 years had been referred to the aftercare service recently and were awaiting the allocation of an aftercare worker. The centre manager told the inspector that an aftercare worker for one young person was due to be allocated in the coming week. All of the young people were supported to develop their social and independent skills for life as part of the care provided by the staff which were aligned with young people's interests and preferences.

Young people were supported to maintain relationships and contact with their families and communities where appropriate. Staff who spoke with the inspector highlighted the importance of family contact and supported and facilitated contact between young people and those significant in their lives where required. Records showed that where agreed and in line with their care plan, young people had regular visits to their homes or relatives, and had opportunities to stay overnight at times. Family members who spoke with the inspector said that they were kept up-to-date on aspects of the young person's care as appropriate, they had "open and honest communication" with staff and some had also visited and spent time in the centre.

Effective measures were in place to safeguard and protect children. Practices were governed and directed by national policies and procedures in line with Children First: National Guidance for the Protection and Welfare of Children (2017). Staff interviewed had a good understanding of child protection and were knowledgeable of the policies and procedures in place to safeguard children. Social worker's interviewed were satisfied that they were appropriately notified of concerns affecting the safety and or welfare of the young people living in the centre. A policy on protected disclosure was in place in the centre. Staff and managers were familiar with the policy and said that there was an open culture to express concern or challenge each other's practice. Since January 2021, 16 child protection concerns were reported to the relevant social work departments. A review of the child protection concern register demonstrated that 14 were appropriately closed. Of the two open concerns, one related to a concern reported in September 2021 which was being investigated by An Garda Síochana. This was currently on hold for good reason. The

second concern was reported in the seven days prior to the inspection and was being assessed by the relevant social work department.

The health, wellbeing and development of each young person was actively promoted by the centre. Each young person had a medical examination on or prior to their admission to the centre and their health and development needs were incorporated into their care and placement plans. Young people were supported and facilitated to attend their preferred general practitioner (GP) and any other medical or specialist services as required. Records were maintained of all medical and healthcare appointments and contact with relevant professionals. Staff told the inspector of physical, mental health and wellbeing initiatives and plans in place for individual young people which included zumba classes, swimming, cycling and boat trips. Direct work pieces completed with young people as part of their placement plan demonstrated conversations in relation to healthy coping strategies, healthy eating, physical activities and the importance of self-care and getting appropriate sleep. One young person told the inspector that they "got a say in what they liked to do and get involved in things" which included some of the activities outlined above. External professionals who spoke with the inspector said that "staff are very present" to the young people and were very committed to ensuring young people's needs were being met.

There were appropriate medication management policies and procedures in place to support practice in relation to medication storage, administration and disposal. Up-to-date training in medication management was not in place for all staff due to the cyber-attack. The centre manager outlined that online training was available to staff and that action in relation to this would be completed before the end of quarter one 2022. Records in relation to the medication management were complete and up-to-date. The centre manager told the inspector of one medication error that occurred in December 2021 and the action taken. This included the young person been medically assessed in a timely manner. The significant event notification report was completed and reviewed and a subsequent change was recommended to ensure a safer practice going forward.

Education and training was valued and promoted by the centre and staff were proactive in supporting the young people to achieve their potential. This was particularly evident for one young person where regular attendance was an issue. The staff worked closely with the young people's social workers, educational welfare service and the respective schools or training placements in the promotion of the young people's attendance and progress. Each young person had an educational or training placement in line with their abilities and the young people who spoke to the inspector spoke positively about their placements and programmes.

A positive approach to the management of behaviour that challenges was promoted in the centre and supported by appropriate policies and procedures that guided practice. Staff were knowledgeable and had a good understanding of each young person's behavioural support needs. Records demonstrated consistency in behaviour management approaches.

Physical restraint was never used to control the behaviours of young people. A register was maintained in the centre which reflected minimal use of appropriate and proportional restrictive practices in response to particular behaviours. There was clear evidence of oversight of this register by the centre manager that demonstrated where a restrictive practice was open, the rationale for same was outlined and subject to review.

The centre had undergone significant renovations in the previous four years which had enhanced the living and working environment. The re-design of the floor plan for the centre, décor and furnishings provided more appropriate spaces that met the needs of the young people. It also provided for improved and less intrusive supervision of the young people, which complimented the homely and comfortable atmosphere upon entering the centre. Each young person now had an en-suite bedroom, which was decorated to their taste and had adequate space and storage for personal belongings. The cleanliness and maintenance of the centre was of such a good standard, it was difficult to believe that the renovations had been completed in four years previously, as there was minimal wear and tear of the accommodation. The young people enjoyed spending time in their own rooms and took pride in their personal spaces. There was sufficient private and communal space for the young people. The communal spaces included two sitting rooms, a large kitchen cum dining room, laundry room and a visitors/family room. A selection of recreational materials were available in the sitting rooms which included televisions, games consoles, books and other items that the young people used. The centre was located on its own large grounds with sufficient parking and onsite recreational facilities, including a basketball court and a large grassed area for other outdoor games and activities. The use of closed circuit television (CCTV) was in operation for external use. The centre manager told the inspector that it was used for security reasons only and visible signage in relation to its use was in place.

The centre complied with the requirements of fire safety and health and safety legislation. All staff were trained in fire safety and there were adequate fire precautions in place, including fire and smoke alarms, fire doors and firefighting equipment. Fire exits were clearly identified by fire evacuation signage and each young person had a personal emergency evacuation plan (PEEP) in place. There was an up-to-date safety statement which was approved in January 2022 and appropriately signed by managers and staff. Fire checks were completed routinely as required and regular fire drills were undertaken.

There were effective systems in place for the identification and management of risks. The centre maintained risk assessments in relation to the individual young people and to the operation of the centre. The centre was adequately insured. Incident and accidents were notified through the National Incident Management System (NIMS) and significant event notifications (SENs) were reported to senior managers and Tusla's quality assurance directorate. Relevant professionals such as the young people's social workers and guardian ad litem told the inspector that they were promptly notified of any such event. A review of the centre's risk register by the inspector found that there was good evidence of

appropriate actions being taken to mitigate identified risks. There were also detailed records of all incidents and significant events maintained in the centre which demonstrated good managerial oversight of these events. There were registers of all significant events, accidents, child protection notifications and restrictive practices which were kept up to date and appropriately monitored by the centre manager. In addition, there was a clear recording system for contact between staff and external professionals as well as contact with families. The records contained relevant and concise details of the various types of contact which included the sharing of appropriate information and updates in relation to young people.

Four vehicles were available for use in the centre. They were insured, maintained and equipped with appropriate safety equipment. A car maintenance log book was in place which noted any safety checks that needed to be completed and also recorded service checks.

**Standard 1.5**

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

**Regulation 8: Access arrangements**

Young people were supported to keep in touch with and to see their family and other significant people in their lives. Staff were proactive in engaging young people in their personal interests and preferred activities and facilitated links with their local communities.

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**

Care practices took account of the young people's individual needs in a respectful manner. Comprehensive care plans were in place for three of the young people and the centre awaited an up-to-date typed care plan for one young person. Placement plans provided a holistic focus on the young person's needs, interests, choices and goals for achievement. Where complexities existed, they were responded to well and appropriate additional supports were in place for individual young people to keep them safe. While there was evidence that the placement support plans had been reviewed, these were not consistently carried out as required. There was a need to ensure appropriate alternative forward placements were in place in a timely way, to provide consistent and needs led care.

Judgment: Substantially compliant

**Standard 2.3**

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

**Regulation 7: Accommodation**

**Regulation 12: Fire precautions**

**Regulation 13: Safety precautions**

**Regulation 14: Insurance**

The renovations undertaken had enhanced the living and working environment in the centre. The re-design of the floor plan for the centre, décor and furnishings provided more appropriate spaces that met the needs of the young people. It also provided for improved and less intrusive supervision of the young people, which complimented the homely and comfortable atmosphere upon entering the centre. The centre complied with the requirements of fire safety and health and safety legislation.

Judgment: Compliant

**Standard 2.6**

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

The young people were supported to develop their social and independent skills for life as part of the care provided by the staff which was aligned with young people's interests and preferences.

Judgment: Compliant

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| <p><b>Standard 3.1</b><br/>Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>  |
| <p>Safeguarding and child protection policies and procedures were effectively implemented in the centre. Young people were supported to develop their understanding and skills for their own protection.</p>   |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 3.2</b><br/>Each child experiences care and support that promotes positive behaviour.</p>   |
| <p>A positive approach to the management of behaviour that challenges was promoted in the centre and was supported by appropriate policies and procedures that guided practice. Staff were knowledgeable and had a good understanding of each young person's behavioural support needs. Records demonstrated consistency in behaviour management approaches.</p> |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 4.2</b><br/>Each child is supported to meet any identified health and development needs.<br/><b>Regulation 9: Health care</b><br/><b>Regulation 20: Medical examination</b></p>   |
| <p>The health, wellbeing and development of each young person was actively promoted by the centre. Young people had access to all appropriate medical and health services as required. Education and training was valued and staff were proactive in supporting the young people to achieve their potential.</p>   |
| <p>Judgment: Compliant</p>   |

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

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