



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:	13 and 14 July 2021
Centre ID:	OSV-005720
Fieldwork ID	MON-0033562

About the centre

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

A decision was made on 22 October 2020 that the centre would move to another building on the campus in order to provide a safer environment in relation to COVID-19. The new environment will provide more space and ventilation which are important elements in relation to controlling the spread of COVID-19. The new building also has a separate apartment which can be used in the event of an episode of self-isolation of a young person.

The centre is located on a campus. It provides residential accommodation for up to three male residents. There are three single bedrooms with each young person having access to an additional spare room.

Aim: Our aim is to provide a residential placement for males in the care of TUSLA aged 13-17 years who have displayed problematic behaviours. We aim to reduce risk in order that the young people can return to their communities.

Objective: To provide a high standard of care and interventions to enable the young person to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
13 July 2021	9:30hrs to 17:30hrs	Tom Flanagan	Inspector
14 July 2021	9:00hrs to 17:00hrs	Tom Flanagan	Inspector

What children told us and what inspectors observed

The service provided to young people was person-centred. Young people were encouraged to express their views and wishes and these were listened to and respected by staff. Young people were encouraged and facilitated to maintain good contact with their siblings, their parents/guardians, when appropriate, and with other significant people in their lives. They were helped to develop skills for independent living and to take responsibility for decisions about their future. An experienced staff team provided the young people with good quality care and support and worked well with other professionals and with families to ensure that the young people's care plans were implemented.

There were three young people living in the centre at the time of inspection. The centre was clean and well maintained with lots of natural light and good ventilation. There was an adequate number of toilets and showers. Young people had sufficient private and communal space and facilities to meet their needs.

Each young person had his own bedroom and was encouraged to decorate his own room to reflect his own likes and interests. Due to the large number of rooms in the centre, each young person had a second room that they could use for leisure purposes, for storing belongings or for availing of some quiet time alone. One young person told the inspector that he liked the centre as it was spacious and there was lots of light. There was also a chill-out room and a games room which had a play station.

The centre was located on a large campus and the young people had access to a swimming pool, a playing field, a games room and riverside walks. Young people were also encouraged to pursue their own particular interests. For example, one young person told the inspector that he had joined a gym which he frequented almost daily. Another young person was able to pursue his passion for fishing. Arrangements were also in place for the young people to have a programme of summer outings, including day trips and a short residential stay away from the centre.

Staff were mindful of the general health and wellbeing of the young people and ensured that they had access to educational or vocational placements that suited their individual needs.

The inspector spoke with two parents/guardians who spoke positively about the centre. They said that their children could phone them at any times and that visits home were organised with their children's social workers and the staff team. One spoke about how her son had been helped to mature while in the centre. Both knew the manager and their children's key workers. They said that they had been given lots of information

about the centre before their children were admitted. They also said that they had good relationships with staff who kept them informed and updated about their children's progress. They were included in all meetings concerning their children and staff talked to them about practical ways in which they could support them to visit their children when they wished to.

The inspector spoke to the social workers for each of the young people. They described the staff team as experienced and proactive in meeting the young people's needs. They felt that staff provided a safe and nurturing environment for each young person. They described good working relationships between the staff and social workers and said that staff kept them informed in a timely manner of any changes in the young people's circumstances or of any concerns that arose. One social worker spoke about how they received weekly reports from staff on the progress made by the young person during the previous weeks. Another social worker said that when she planned to visit the young person, staff invited her to come earlier than the visit so that the key worker could explain to her the model of care and how it was implemented in relation 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 run, there were good systems of governance and adequate resources were in place. Management structures were clear and the centre was well managed by an experienced centre manager, a deputy centre manager and three social care leaders. Oversight was provided by a deputy regional manager who supervised the centre manager each month and visited the centre on a regular basis to review the operation of the centre.

The previous inspection of the centre took place in July 2020 against eight of the national standards. The centre was found to be compliant with six standards, substantially compliant with one, and in moderate non-compliance with one standard. This inspection found that improvements had been made in the interim. A national suite of policies and procedures had been introduced and implemented. Risks were well managed and significant events notifications (SENS) were reviewed, commented on and signed by the centre manager.

In October 2020, the regional manager, in conjunction with his deputy and the centre manager, decided that the centre should be re-located on a temporary basis to another,

larger building on the campus. This decision was made in the context of COVID-19 restrictions and with a view to the provision of a safer environment for the young people and the staff team. There was consensus among staff and young people who spoke with the inspector that the move was beneficial in many ways. There was evidence that the decision was reviewed on three occasions and that it was agreed that the decision would be reviewed again in January 2022.

The statement of purpose and function was changed on 28 October 2020 to reflect the changed circumstances of the centre, namely, the re-location to another building on the campus. It accurately described the new building and the service provided. It contained all the information required by the standard, including the facilities and therapeutic supports available to the young people and a description of the model of care which guided practice in the centre. Staff developed an information booklet for young people and their families which explained the purpose and function of the centre and provided sufficient information about the how the centre operated. Young people were given a copy of the booklet setting out the model of care and this was explained to the young people on admission by their keyworkers. Parents/guardians and other professionals told the inspector that, prior to the admission, they were given sufficient information on the centre and how it was run.

An experienced staff team provided good quality care. Team members received regular training and supervision. There was a sufficient number of staff in place to provide the level of care required by the young people. A review of the staff roster showed that there was consistency of staffing and an adequate number of staff on duty throughout the day and night. There were no vacancies on the team and no agency staff were required. One new staff member, a social care leader who had extensive experience in implementing the model of care, joined the team in early 2021 and there was evidence of their experience being used well in supporting team members to embed the model of care in their practice. Staff members who spoke with the inspector presented as experienced and knowledgeable. They demonstrated a good understanding of the young people, their strengths and areas for development.

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The statement of purpose clearly described the model of care and contained all the required information. It reflected the day-to-day operation of the centre and was reviewed regularly. It was also made available to young people and their families in an accessible format.

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

There were appropriate numbers of skilled and experienced staff employed in the centre to meet the needs of the young people.

Judgment: Compliant

Quality and safety

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

Each young person had an allocated social worker who visited them regularly and were actively involved in oversight of their care in the centre. Care plans were in place for two of the young people. Neither care plan was up to date as their child in care reviews had taken place within the previous month and the updated care plans had not yet been received. This did not affect the young people's care as staff attended the reviews and decisions of the reviews were incorporated into the young people's placement plans. The first child in care review for a recently-admitted young person took place on the day of inspection. Young people participated in their child in care reviews either by setting out their views to the social workers in advance or by attending the reviews in person. Parents/guardians also told the inspector that they were invited to and took part in the reviews.

Placement plans were in place for each young person and these were of good quality, reflecting the care plans and the aims of the placements. Placement support plans were up to date and set out specific guidance for staff on their responses to the young people's needs.

Young people were facilitated to maintain frequent and good quality contact with with parents, siblings and significant others. They could phone their families when they wished but arrangements for face to face contact were made in agreement with their social workers. Records showed that young people had regular visits to their homes, when appropriate, and could also stay overnight at times. Staff

maintained logs of all contacts with parents/guardians. Parents/guardians told the inspector that they could also visit the centre and that staff were helpful and accommodating in arranging this. In its current premises, the centre had sufficient private space and facilities to ensure that young people had private time with their families/guardians when they visited.

The safety and protection of the young people was the primary focus of managers and staff. The centre had a safeguarding statement and there was a national policy and procedures on safeguarding and child protection. The centre manager was the designated liaison person for the centre and all staff had received training in Children First: National Guidance of the Protection and Welfare of Children (2017) and were aware of their responsibilities as mandated persons. Staff who spoke with the inspector were also familiar with the policy on protected disclosures. One child protection concern was made in the previous 12 months. Records showed that the centre manager was supportive of the young person in relation to this and that he had followed up with the social work department and other relevant agencies to check on the status of the investigation. One young person told the inspector that he felt safe in the centre and could talk to staff about any concerns he might have. Both parents/guardians told the inspector that maintaining the safety of their child was the main focus for staff.

The health and development needs of the young people were identified prior to admission and these were addressed. Medical histories, medical cards and records of immunisations were sought from the referring social workers. Each young person had a medical assessment on admission and they were then supported to attend general practitioner (GP) appointments and any specialist services, such as dentistry, mental health and speech and language therapy, that were required. The young people's key workers monitored their general health and carried out individual key work sessions with the young people on a broad range of health-related topics.

Medicines for young people were well managed. Comprehensive medication management policies and procedures were in place and staff were trained in the safe administration of medicines. Medicines were stored and administered appropriately. There was good practice in the management of controlled medicines. Regular audits were carried out and there was evidence of learning from these.

The educational needs of the young people were given careful consideration and staff sourced suitable educational and vocational placements to meet these needs. One young person had an educational placement in a specialised placement in the school on the campus. Another had a school placement in the local community. The third young person had been attending a vocational placement in the nearby town but was considering other options for the coming year.

Each of the young people was supported to develop independent living skills. One young person told the inspector that he now had good cooking and self-care skills and that staff worked with him to help him open a bank account and manage money. All young people were supported to develop skills for life, including cooking, budgeting and general self-care. Staff also assisted young people to gain greater understanding of their personal histories, including exploring cultural issues and the impact of loss of loved ones. The young people had regular house meetings and where they could voice suggestions or express their wishes. They also were included in meal planning. One of the young people was over the age of 16 years. He had been allocated an aftercare worker who carried out a timely and comprehensive assessment of his needs in relation to leaving care. This assessment was due to be updated shortly after the inspection.

The staff team adopted a positive approach to the management of behaviour. This involved building relationships of trust and respect with the young people and understanding how each young person behaved in the context of their own personal history. The model of care underpinned this approach and the team had the additional resource of a psychologist to assist them in understanding complex behaviours. All staff received training in a Tusla-approved approach to managing behaviour that challenges. While there had been several incidences of behaviour that challenges in the 12 months prior to the inspection, there was no incidence of physical restraint in response. There was also little use of restrictive practice in the centre. At the time of inspection, there was one documented restrictive practice in use and this was used to assist young people in maintaining a good routine. This practice was reviewed regularly by the staff team to ensure that it was not used unnecessarily.

In order to guide staff in how to respond in times of crisis, each young person had an individual crisis management plan and an absence management plan. These were based on risk assessments and they set out the interventions to be used by staff. Unauthorised absences of the young people were managed in line with the absence management plans. According to the records of significant events, there were 39 unauthorised absences in the 12 months prior to the inspection. These were well managed by staff with the close cooperation of members of An Garda Síochána. There was a significant reduction in unauthorised absences in the five months prior to the inspection and the centre manager was able to explain to the inspector how greater understanding of the young people and the use of different strategies had contributed to the reduction. In order to manage more complex situations, managers occasionally convened professionals meetings, attended by managers and staff, the young people's social workers, guardians ad litem and the psychologist attached to the residential service. One young person had also attended a recent professionals' meeting.

Risks were well managed. Prior to each admission, a risk assessment considered potential risks in relation to the young person about to be admitted and the potential impact on the current residents. Individual risk assessments were then carried out in relation to specific young people and, for example, the external activities they were involved in. The centre also had systems in place for identifying and managing risks in the centre and escalating risks that they could not manage. Systems were also in place for the notification of accidents and incidents, and significant events notifications (SENs) were sent to senior managers, the Tusla monitoring officer and copied to the young people's social workers and guardians ad litem.

Staff were trained in fire safety and adequate fire precautions, including fire and smoke alarms, were in place. Fire drills were held regularly. Fire fighting equipment was located throughout the centre. Fire exits were clear and staff ensured that an up-to-date personal emergency evacuation plan was in place for each young person.

The safety statement was up to date and appropriately signed by managers and staff. Associated risk assessments had been carried out and the deputy centre manager carried out an audit of the premises and health and safety issues each month. Regular health and safety meetings were held on the campus and the campus manager had oversight of the premises. The centre manager maintained a detailed maintenance log and told that inspector that the maintenance team, based on the campus, were always timely in their response for assistance.

At the time of inspection there were three vehicles being used by the staff team. All had up-to-date motor tax and insurance and those that required NCT certification had these in place. They were serviced regularly and well maintained and each contained appropriate safety equipment. Staff maintained logs which recorded details of every journey. Managers maintained up-to-date records of staff driving licenses.

The centre was spacious, clean and had lots of natural light. Apart from the young people's private space, there was a nicely-decorated communal sitting room and a kitchen cum dining room.

While the premises provided a relatively safe environment for young people and staff during COVID-19 restrictions, the location of the centre within a large Tusla campus on the outskirts of a town was not suitable for a children's residential centre and was not conducive to being part of a local community. Both the regional manager and the centre manager told the inspector that they were currently seeking to purchase a suitable premises in a community setting to which they could re-locate the centre.

<p>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</p>
<p>Young people were encouraged and facilitated to maintain their relationships with their families and significant others. They were also supported to pursue their own interests in the centre and in the local community.</p>
<p>Judgment: Compliant</p>
<p>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</p>
<p>Good quality care and support was provided to each young person. Placement plans and placement support plans were based on comprehensive assessments of need. Each young person had an allocated social worker who visited regularly and ensured their care was reviewed as required. However, not all care plans were up to date at the time of inspection.</p>
<p>Judgment: Substantially compliant</p>
<p>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</p>
<p>The centre provided a safe and comfortable home for the young people. It was well maintained and had adequate facilities for the young people and the staff team. However, the location of the centre on a large Tusla campus did not support the integration of the young people into the local community.</p>
<p>Judgment: Non-compliant moderate</p>

Standard 2.6

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

Each young person was supported to develop the skills they required for the transition to adulthood and independent living. An aftercare worker was allocated in a timely manner to assess the needs of, and develop an aftercare plan for, a young person preparing to leave care.

Judgment: Compliant

Standard 3.1

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

Safeguarding and child protection policies were implemented in the centre and these guided the staff team in promoting the welfare of each young person and in supporting them to develop the understanding and skills to care for themselves and others.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The staff team were skilled in promoting positive relationships with the young people based on trust and respect. Young people were supported and encouraged to behave appropriately and any incidents of behaviour that challenges were managed well.

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**

The health and development needs of young people were identified early in their placements. The staff team ensured that young people had access to a GP and that any specialist services they required were provided to them.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

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

Compliance Plan

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

Compliance Plan ID:	MON-0033562
Provider's response to Inspection Report No:	MON-0033562
Centre Type:	Children's Residential Centre
Service Area:	CFA South
Date of inspection:	13 and 14 July 2021
Date of response:	10 th August 2021.

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Quality and Safety	
Standard : 2.3	Judgment: Non-compliant Moderate
<p>Outline how you are going to come into compliance with Standard 2.3: The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p> <p>The centre provided a safe and comfortable home for the young people. It was well maintained and had adequate facilities for the young people and the staff team. However, the location of the centre on a large Tusla campus did not support the integration of the young people into the local community.</p> <p>The National Director for NCRS has prioritised the acquisition of an alternative property in the community to facilitate the movement of the centre from it’s current setting. It is planned that the centre will have moved to a new property by end of Q4 2022.</p>	
Proposed timescale: 31st December 2022	Person responsible: National Director National CRS