



**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:	Unannounced
Date of inspection:	19 th & 20 March 2024
Centre ID:	OSV -004184
Fieldwork ID	MON-0043063

About the centre

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

The children's residential centre is based within a large detached house located on the outskirts of a town. The centre can accommodate five children, male and female, between 13 and 17 years of age and provides medium and long term care. All admissions are overseen by the social work service for separated children seeking international protection.

The aim of the service is to help separated children seeking international protection to settle in Ireland, supporting them to realise their potential until they can be re-united with their families, return to their country of birth, or live independently.

The objective of the service is to provide a high standard of care and intervention to enable each child to address their life experiences and develop new skills and coping strategies to enable them to live safely in their community. This is achieved through a supportive, nurturing and holistic living environment that promotes their wellbeing, safety, rights, education and community involvement.

Number of children on the date of inspection

4 children under 18 years.
1 young person over 18 years

How we inspect

To prepare for this inspection the inspector 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 social work professionals 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 dates and times:

Date	Times of inspection	Inspector	Role
19 March 2024	10:00 hrs to 19:00 hrs	Sue Talbot	Inspector
20 March 2024	07.45hrs to 16.30 hrs	Sue Talbot	Inspector

What children told us and what the inspector observed

Overall, this inspection found that the service was able to safely and effectively meet children's individual needs. Children's views and experiences of the service were established through speaking with them, their social workers and centre staff, as well as reviewing their care and centre management records. Three out of four children resident on the day of the inspection consented to speak with the inspector. The inspector also spoke with a social work team leader and a Guardian ad Litem¹ (GAL) in order to gather other views about the outcomes for children and the quality of joint working arrangements.

Overall, children said they were satisfied with the help and care they received. Some said they were keen to 'get on with their lives' and move on, while newer residents valued the stability and opportunities they had to learn and fulfil their potential. Having certainty about their care arrangements until they were 18 years of age was important to them.

Their feedback included:

"I am happy here, everything is good".

"Most of the staff are nice, and some are easy to talk to".

"Staff do their best."

"Staff are good- they will help me if I ask, and I receive what I need".

"It sometimes takes a long time to get feedback on the things I have asked for". This comment related to both their social workers and centre staff.

Some children spoke about having difficulties sleeping for the first few weeks following their placement, and not feeling well, but that they were doing much

¹ Court appointed social workers to represent the best interests of children in legal proceedings

better now and had a good routine. Staff had spent time getting to know them, finding out their interests and where they thought they needed help the most. Children were provided with a good balance of education, sports and leisure activities and had opportunities to go on holidays and for days out.

The children spoke positively about staff encouraging them to make choices and that their wishes were respected. Staff actively supported them in the practice of their faith and with any specific dietary needs. They valued being supported to attend school and the help they received with their homework.

The young people were supported with skills for independence including using public transport and managing their money. They were able to keep in touch with their friends and families by phone. They said they were aware of how to use the complaints process, and some spoke about receiving support from the national advocacy association for children in care. Managers ensured children were supported to have their views heard and convened meetings with the child and their social worker to try and sort out any issues, when they arose. However, some children were not satisfied with how their complaint was managed and said that it had taken too long for their complaint to be resolved.

The inspector observed staff having warm and friendly conversations with the children, showing genuine interest in their wellbeing and how their day went. They gently reminded the children of key tasks and appointments they needed to make and encouraged curiosity and awareness of each other's culture and history.

Both the social work team leader and GAL spoke highly of the centre staff and managers, and praised the level of ongoing contact and communication they had in planning for and working together to meet children's individual needs. They reported positive relationships between the children and their keyworkers. They also praised the quality of the direct work undertaken with children including recognition of their faith and cultural backgrounds and support provided to help them stay safe and have their health needs met. They reported good and continually improving outcomes for the children including their engagement in schools and a range of community activities. External professionals were involved in jointly reviewing the progress children were making and any risks to their welfare.

While the location of the service and opportunities children had to settle and build on their interests and skills was good, they sometimes experienced challenges in seeing their social workers when they needed to as the centre was located at a significant distance from the social work team that placed the young people. There were also delays in centre staff receiving essential information about the children at the point of placement and in social workers responding to queries from centre

staff. This was due to capacity challenges within the social work team that placed these children. Centre staff were good advocates for children. They expressed concerns to their social workers about delays in aftercare assessments and plans as well as lack of suitable move-on accommodation which negatively impacted on the experiences of young people at the point of their leaving care.

The next two sections of the report provides the findings of this inspection on aspects of management and governance and the quality and safety of the service.

Capacity and capability

The residential centre had clearly defined governance and structures in place to oversee the delivery of care. Overall, the day-to-day management of the service was adequate, but there were some gaps in the expected levels of governance and frequency of supervision of staff. Front-line staff reported their line managers were supportive and approachable. Team meetings took place weekly and were well-managed, though not always well-attended, but other service management meetings were infrequent. Over the past year, the capacity of social care leaders had been very stretched which led to inconsistencies and gaps in the supervision of front-line staff. Actions to review the staffing rota and bring it into line with other residential services had been delayed.

Service managers had given priority to and taken relevant actions to address learning from previous HIQA inspections and from Tusla's practice assurance and service monitoring (PASM) team visits. Staff spoken with were clear about their responsibilities for keeping children safe and tasks involved in implementing Tusla's national model of therapeutic care. Children's progress was regularly monitored and reviewed by managers and shared with the wider team. Arrangements for ensuring staff accessed mandatory and additional training were well-managed. Staff advised the inspector they had also undertaken additional personal learning to strengthen their awareness of the needs and circumstances of children seeking international protection.

The centre was inspected against 12 of the National Standards for Children's Residential Centres (2018). The service was:

- Compliant with five standards
- Substantially compliant with five standards
- Not compliant with two standards.

There was a clear management structure in place for overseeing the service. The service is managed by a social care manager who works four days a week. The manager is supported by a deputy centre manager who works full-time Monday to Friday, though had reduced their working hours to term-time during 2023. They jointly undertook a number of management tasks including audits, review of records, financial management, HR-related activity and administration. They also provided out-of-hours cover with another centre management team one weekend a month.

The social care manager is accountable to a deputy regional manager who in turn reports to the regional residential services manager. Staffing includes four social care leaders, eight full-time social care workers and two relief social care workers. At the time of this inspection there were two vacant social care leader posts and a relief social care worker. Agency staff were deployed to cover gaps in the rota. The service welcomed social care students on work placements and the inspector observed their contribution was valued by both children and wider team colleagues. Two social care staff were allocated as key workers to each child to help meet their individual needs.

The centre management team was suitably trained and experienced. Team meetings were held weekly and the minutes contained clear decisions and actions. Records indicated there had been regular discussions of any matters arising from significant event notifications and child protection concerns. Health and safety as well as feedback from children, including their requests and complaints, were core agenda items. Key workers provided updates of children's progress and ensured their placement plans and direct work with children was followed up. However, team meetings were not always well attended. Staff who could not attend, were expected to read the minutes of the meetings. The level of attendance of the deputy regional manager and psychologist who were also standing members, overall was low.

There were few other records of management meetings available for the inspector to review. The centre manager advised that given there had been a significant period where just one social care leader was in post, that management meetings with social care leaders had not taken place. There were records of just one meeting with the deputy regional manager. The centre management team had not yet developed an annual plan to support its future strategic direction and provide assurance of continual improvement in its performance. The service provider had recently appointed a quality, risk and service improvement manager for the region to assist in moving the service forward.

Front-line staff and managers had a good understanding of organisational policies and procedures and sought to actively promote children's rights and improve their outcomes. New staff members benefited from a structured induction and their probationary period was overseen by the centre manager. The service had developed an information booklet for new staff that explained the legal processes and support required by children seeking international protection. This also outlined key priorities in relation to the management of their health and education needs. This booklet set out clear expectations about how children's progress would be monitored and reviewed.

Centre managers had appropriate arrangements in place for the identification, assessment and management of risk. Overall, the risks that had been identified appropriately reflected the areas of care practice that managers were working to strengthen and provided relevant controls for mitigating these risks. Senior managers were kept informed about new or emerging issues of concern. The manager regularly reviewed and updated the centre's risk register including following the admission of a new resident. The risk register contained key actions to address gaps in health and safety requirements, including medication management. It recognised the specific vulnerabilities of these children due to their previous experiences of war, loss and grief and the importance of privacy and control for children over their personal space in their bedrooms. It also took account of contracts with children over 18 years of age who continued to live at the centre until they completed their State exams.

Overall, the centre managers and staff had continued to build their knowledge and expertise in supporting children seeking international protection since the service was established seven years previously. However, while management reporting and accountabilities were clear, there were ongoing gaps and delays in the appointment of social care leaders. This particularly impacted on the quality of support and oversight of the work of social care workers and there were occasions when there was no senior member of staff on duty.

The centre manager was responsible for the supervision of the deputy manager, who in turn supervised social care leaders. One social care leader was responsible for workforce training and development. The other social care leader was responsible for health and safety and implementation of the model of care provided. Both social care leaders also provided supervision to some front-line staff. Staff who were previously supported by social care leaders who had left their posts, were not receiving regular supervision and oversight of their work.

Supervision of managers and staff overall was inconsistent and required significant improvement. Despite supervision contracts being put in place, some staff had not

received supervision for a considerable period of time, over six months in a few cases. This included relatively new and inexperienced social care workers and those returning to work after an absence or leave. The service was not compliant with the expectation set out in the provider's supervision policy that all staff receive six supervision sessions each year. Out of 17 staff records reviewed, only two staff had received this level of support over the past 12 months. There were a number of occasions when supervision had been cancelled given the need to ensure the rota was adequately covered. Arrangements for annual professional development (PDP's) plans were not yet fully embedded within supervision records.

Centre managers sought to ensure there were three staff on duty for each of the day-time shifts. Two agency staff were regularly used to address shortfalls in capacity as the service had experienced challenges in appointing to the part-time relief social care worker post. However, review of the children's daily logs indicated there were times when only two staff were available, including weekends and bank holidays. Children said this meant they were not always able to do things at the time they wanted. Staff described being very busy when just two staff were available. They also said improvements were required to shift patterns. Team meeting records highlighted this matter had already been raised with centre managers and within supervision records, but had not yet been addressed.

The centre continued to operate with one waking and one sleeping-in member of staff. This was not in line with other residential centres managed by the provider which had moved to having two staff awake overnight. Limited progress had been made in addressing this at the time of the inspection. On one occasion earlier this year, there was no-one available for the waking night shift which led to management decision that two staff would sleep-in overnight. The manager's decision was informed by a risk assessment and senior managers had been informed of challenges in covering the rota.

Overall, managers and staff had good access to a range of training and there was a clear focus on ensuring mandatory training was up to date. The training needs analysis for the service set out a clear set of priorities. These included the need for further training on diverse cultural and family care arrangements and team working/communication. Centre managers aimed to promote a culture that supported the safety of young people and protected their rights. The centre manager had recently completed coaching training and some staff had attended additional training in relation to trauma. The staff team had identified the need for additional learning in relation to the management of group dynamics and understanding cultural differences. Staff told the inspector they had good access to training and recognised their responsibilities for updating mandatory training,

including Children First and fire safety training which had been highlighted as areas for improvement in the last HIQA inspection.

Managers and staff clearly recognised their responsibilities for the management, recording and sharing of confidential information including for data protection. Records were well-managed overall, kept up-to-date, and stored securely. Children were advised of their right to view and contribute to their personal records. The centre's child care register was adequately maintained. The register was updated when young people left the service to include details of their onward placement. Children were informed of their right to view and contribute to their individual records, though few chose to do so. Daily logs were typed up, but were not always signed by all staff. Logs clearly set out the priorities for action in relation to children's plans and daily activities. However, there was limited use made of the direct feedback from children to give a clear sense of their wishes and feelings and changes over time. Although the recording template contained a section for children, this had not been used or signed as having been read by children on any of the sample of records the inspector reviewed. Positively, one record did indicate the daily logs had been read by a guardian ad litem and social worker as part of their recent visit to the centre.

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.

The residential centre had clearly defined governance and structures in place to oversee the delivery of care. Overall, the day-to-day management of the service was adequate, but there were some gaps in leadership capacity and the expected levels of governance and supervision of staff. Care practice was informed by relevant operational policies and procedures, with appropriate oversight of risk and a strong focus on the safety and rights of children.

Judgment: Substantially 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 service did not always have appropriate numbers of staff employed in line with its statement of purpose. There was an urgent need to appoint to the vacant social care leader posts and review the staffing rota to address workforce concerns and night-time cover.

Judgment: Not compliant

Standard 6.3

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

There were gaps in the expected standard of supervision for all staff and arrangements for staff appraisal were not yet fully embedded. There was however, a good and growing focus on staff knowledge and skills in meeting the needs of children seeking international protection.

Judgment: Not 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

Records were well-managed overall, kept up-to-date, and stored securely. However, children's records would benefit from a stronger focus on their voice and feedback, and daily logs required sign-off by all staff.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found the service was providing a high standard of care and support to keep children safe and help them achieve their goals. Front-line staff were observed to have open and warm relationships with the children and sensitively encouraged them to share their worries and concerns. There was good recognition of their faith and cultural diversity, with consideration of their rights including a range of actions to support them with their education, health and development.

However, there were delays in centre staff receiving all relevant records for children at the point they were placed in care. The centre premises was maintained to a satisfactory standard overall and had been recently decorated. There was evidence of a stronger recent management focus on health and safety. Further work was required to ensure medication was consistently well-managed and that there were daily checks of the centre's vehicles. In addition, there was a

need to progress the personal evacuation plan of one child and to ensure regular review of these arrangements for all children.

Only children and young people seeking international protection could be accommodated in the centre. The service provider had a clear policy and process in place to support their admission. This was in line with its statement of purpose, placement regulations and the National Standards for Children's Residential Centres (2018). All children had a social worker allocated to oversee the delivery of their care. Placement decisions were informed by a pre-admission meeting which the child attended. They were advised of how they would be supported including who their key workers were and relevant house rules. The meeting was undertaken virtually in some cases given the social work team was located some distance from where the child was placed. The admission process also included a collective risk assessment that took into account the needs of children already living at the centre, as well as, the specific needs of the child being admitted.

However, there continued to be some delays in the service provider receiving all relevant information about the child and ensuring appropriate care orders were in place at the point of their placement. Care plans were missing on two children's records and application for a Care Order had not yet commenced on another. Centre staff recognised their responsibilities for ensuring placement plans and therapeutic work was in line with children's care plans and regularly communicated with the children's social workers to ensure a complete record of the child's needs and legal status following their placement.

Staff assisted children to get to know the area and the other children they lived with. There was an agreed system of phased free time in place for children over the first few weeks following their admission to the centre. All children had an absence management plan with set curfew times that was reviewed and updated as their placement plan changed. Staff supported children to have a clear routine and to manage their time effectively. Placement planning meetings involving the child, their key worker, centre managers, the child's social worker and aftercare worker regularly took place and identified progress made in improving their outcomes and any emerging risks and challenges.

Staff and managers were strong advocates for children and worked to enable them to understand and make choices about their daily lives and future. They worked closely with local schools, community and faith leaders to ensure they were able to practice their faith and experience a range of activities to help them expand their friendships and develop new skills. The service ensured interpreters were available to children to enable them to make informed decisions and

participate in relevant meetings, as required. Direct work with children had a strong focus on their human rights, responsibilities and respect for others.

The residential centre had recently been re-decorated and was clean and homely. Relevant maintenance work had been completed. The building layout and design overall provided adequate individual and group living space, although the kitchen and dining room facilities were stretched when all the children were present. Each child was assisted to personalise their bedrooms and to ensure shared spaces such as bathrooms were kept tidy. They were able to lock their bedrooms when they went out. The grounds and garden were adequately maintained but better use could have been made of this space to encourage children's hobbies and interests including use of the garage. The safety of children was promoted through the installation of closed circuit television (CCTV) outside the property, with appropriate notices of its use.

The service had a safety statement in place and accidents were appropriately recorded, with children supported to access medical attention when required. Staff accessed first aid training and in turn shared their learning with young people. One of the social care leaders had recently conducted an audit of health and safety practice. This highlighted areas for improvement. Gaps in compliance with regulations such as the management of medicines and fire safety were being followed up by the centre management team. All fire safety equipment and detectors were serviced at regular intervals and generally there was evidence of daily checks of the fire alarm system that indicated it was working effectively. However, a recent unannounced fire drill indicated that not all children had responded to the alarm in a timely manner. Work was required to remind children of their personal emergency evacuation plan (PEEP). The most recently placed resident did not have a PEEP in place, and the PEEP records of other children had not been reviewed or updated from the point of their admission, including for one child since 2022.

There were three cars on the premises for the use of children and staff at the time of the inspection. Children were encouraged to use public transport where possible and mostly cars were used to take children to sports events in the evening, for shopping or days out. For a considerable period of time over the past year, however, only one car had been taxed and insured and was safe to use. One car had not passed its NCT test and needed to be removed. The recent health and safety audit had highlighted gaps in the daily checks of the cars that managers were working to address.

Children were appropriately safeguarded from abuse and their welfare protected. Centre managers and staff understood their professional accountabilities for keeping children safe. One of the social care leaders had oversight of training and

had recently conducted an audit to ensure all staff were up to date with their *Children First: National Guidance of the Protection and Welfare of Children (2017)*, mandatory training. The child protection log together with individual case records provided relevant details about the status of child protection investigations and evidenced appropriate reporting of past harms to the children. The centre had just one historical child protection notification open at the time of this inspection and staff were working with the child and partner agencies to bring it to a conclusion. Staff sought to encourage mutual respect in their relationships with children and to prevent all forms of bullying.

Managers gave careful consideration to the impact of children remaining at the centre after they had reached 18 years of age. Relevant safeguards were in place in relation to their personal responsibilities while continuing to share their home with younger people. Managers and staff worked closely with the children to help them understand a range of everyday risks and to keep themselves safe. This included work on consent, use of social media and awareness of the risks of exploitation, as well as explanations about Ireland's laws and values.

There were few instances of the young people presenting with challenging behaviour and therefore there was limited need for or use of sanctions or restrictive procedures. Significant event notifications were appropriately managed. There had been just one incident where a child had left the centre without consent. Centre staff followed the missing from care protocol including communication with An Garda Síochána, and senior managers were appropriately notified of this.

Centre staff had a strong shared focus on ensuring children received the individual care and support they needed. Staff effectively helped them to feel safe and encouraged alternative strategies for problem-solving when they found things difficult. The need for children to be given space to work through issues was recognised. Individual crisis management plans had a strong focus on prevention and follow up discussion with children following any incidents. Staff had received appropriate training to help manage escalating risks and for dealing with violence and aggression.

Children were encouraged to access counselling from the service provider's psychologist. However, such offers of support were not generally taken up by the children. The centre manager recognised the need for closer joint working with the psychologist given the children's specific needs and their history of trauma. Further guidance would assist in strengthening staff confidence and consistency of approach when handling peer dynamics and relationship breakdowns.

Children's health needs were appropriately identified and health inequalities such as gaps in immunisations were addressed by the service provider. Children were registered with their local GP and benefited from regular health, dental and sight checks. They were referred for additional assessment or treatment as required. Staff worked with the children to help them experience good quality sleep, helping them to learn to relax and cope with what continued to be sources of stress for them due to the trauma they had experienced.

Meal planning took account of children's faith needs and dietary preferences. They were encouraged to be actively involved in planning, shopping, and food preparation and cooking. A good variety of nutritious meals was provided. Mealtimes were observed by the inspector to be a relaxed occasion for sharing stories and catching up with children.

Children's care records showed health professionals were regularly consulted to inform the delivery of their care. Relevant medical and multi-disciplinary reports were kept up to date. Risk assessments of children's health needs were routinely undertaken and provided a clear picture of where the child needed assistance to safely manage their own care. This included medication management. However, improvements were required to ensure consistent safe administration of medication. The inspector identified, through a review of medication records, there were occasions where the required standard of practice set out in the provider's medication policy had not been met. This included incidents of medication not being taken as prescribed and gaps in reconciling medication administered, with those remaining. Inconsistencies in medication management were highlighted within significant event reports. There was evidence of senior management review of these with additional training and management audits in place to monitor for improvement. The reasons for incidents were followed up with individual staff and the required standards of practice were reinforced in team meeting discussions.

The staff team assisted children to understand and take responsibility for their health needs to help prepare them for leaving care. Key workers ensured children were provided with a range of information relevant to their specific risks and personal circumstances. This included maintaining good physical and mental health, with recognition of their development as young adults, including in handling sexual health matters. Direct work included discussion of risks associated with use of illegal drugs and alcohol, and working with children to help them develop strategies for managing relationship difficulties. Children were supported in the management of their finances, to set up a bank account and to recognise the importance of budgeting and getting value for money.

The service provider had good links with local schools which helped ensure children were able to access education in a timely way. Staff supported children to

regularly attend school and to adapt to what was a different system of education for them. Days of schooling missed were closely monitored and discussed in meetings with teachers. Centre staff actively supported children with their homework and requests for support with their learning. Children were able to access additional English and other language classes which helped to build their confidence and communication skills.

Children were encouraged to make good use of their free time to pursue social and leisure activities which gave them opportunities to make new friends. Some were involved in volunteering activities which enabled them to make connections within their local community. They were encouraged to keep in touch with friends living in other parts of the country and to travel independently. Such arrangements were approved through the use of risk assessments and safety plans agreed with young people, which helped strengthen their awareness and confidence. Children were supported to maintain contact with their family, and where possible, plans for their reunification were considered.

Staff were conscious of the need to give children as many experiences and opportunities they could before they left care, given that their age at admission and duration of their placements was relatively short in some cases. Children were helped through the process of work permits and to have a part-time job. Their individual hopes, interests and talents were carefully considered in supporting them to access further education, training or employment. Children who were 18 years of age and still attending school were permitted to stay on at the centre to complete their academic qualifications. However, delays in aftercare assessments and care plans starting and being agreed, was a source of concern for children and centre staff. This had a particular impact given the shortage of suitable move-on accommodation. This concern had been escalated by service managers to the child's social worker and aftercare services. However, once an aftercare worker had been allocated, the service provided was good.

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

The service clearly recognised the individual needs and rights of each child, including their right to be safe, respected and to practice their faith.

Judgment: Compliant

Standard 2.1

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

While the service had clear systems in place to ensure children were appropriately placed, there continued to be delays in their receipt of essential care documentation to help direct their initial work with individual children.

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 centre was homely with sufficient individual and group living space. There were some gaps in compliance with health and safety regulations that were being addressed. Work was required to review and update personal evacuation plans and ensure cars were suitably maintained with daily checks undertaken.

Judgment: Substantially compliant

Standard 3.1

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

The service ensured children were appropriately safeguarded from the risk of abuse or exploitation. Direct work promoted children's understanding of risk and how to keep themselves safe.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

A preventative approach, coupled with building relationships based on trust, helped promote positive behaviour. There were few significant events or need to use restrictive interventions to ensure the safety and welfare of the child or others.

Judgment: 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 service provider ensured that the health, development and wellbeing of each child was promoted and protected, with evidence of improved outcomes in relation to their health, gaining skills for independence and quality of life.

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**

There were clear plans for meeting children's physical, emotional and mental health needs. However, there were inconsistencies in the management of children's medication which required further improvement.

Judgment: Substantially compliant

Standard 4.3

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

The service provider, in partnership with others, demonstrated a number of strengths in ensuring children had access to a range of education, training opportunities and work experience to improve their life chances. Additional help was provided as required to enable children to achieve.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Substantially compliant
<p>Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Not compliant
<p>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.</p>	Not compliant
<p>Standard 8.2: Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p>	Substantially compliant
Quality and safety	
<p>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.</p>	Compliant
<p>Standard 2.1: Each child's identified needs informs their placement in the residential centre.</p>	Substantially compliant
<p>Standard 2.3: The children's residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Substantially compliant
<p>Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant

Standard 3.2: Each child experiences care and support that promotes positive behaviour.	Compliant
Standard 4.1: The health, wellbeing and development of each child is promoted, protected and improved	Compliant
Standard 4.2: Each child is supported to meet any identified health and development needs.	Substantially compliant
Standard 4.3 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.

Compliance Plan ID:	MON-0043063
Provider's response to Inspection Report No:	MON-0043063
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	19 and 20 March 2024
Date of response:	13 May 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	
Standard : 5.2	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 5.2:</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> <p>A temporary Social Care Leader post has been approved pending the return of the substantive post holder and the onboarding of a fourth Social Care Leader. A schedule for Social Care Leader meetings will be determined at the start of each 13 week rota cycle. This will be implemented for the remainder of 2024 with effect from 1st June 2024.</p> <p>A template for an Annual Service Plan has been agreed through CRS South Governance meetings which is currently being implemented.</p>	

Proposed timescale: Q4 2024	Person responsible: Centre Manager
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Capacity and Capability: Responsive Workforce

Standard : 6.1

Judgment: Not compliant

Outline how you are going to come into compliance with Standard 6.1:

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

A temporary Social Care Leader post has been approved and an expression of interest has issued, pending the return of the substantive post holder and the onboarding of a fourth Social Care Leader. A Need to Know has been escalated to the Regional Manager due to the gaps in staffing especially at Social Care Leader grade.

The staff rota will be reviewed in consultation with the staff team regarding the current pattern and with consideration to a double live night roster. This review will be completed by 30th September 2024 given due consideration to the roster cycle and required timeframes for notification of change to rota.

Proposed timescale:

Q4 2024

Person responsible:

Centre Manager

Standard : 6.3

Judgment: Not 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.

All supervisors will complete the new online supervision training including the Social Care Leaders, Deputy Centre Manager, Centre Manager and Deputy Regional Manager. Any new Social Care leaders will complete Supervision Training for Supervisors.

The Centre Manager, Deputy Centre Manager and Deputy Regional Manager undertook a review of the supervision arrangements in the centre. Due to gaps

with Social Care Leaders an external Manager has been appointed to assist and support supervision within the centre until all Social Care Leader posts have been filled.

All supervisors will submit a supervision schedule for the remainder of 2024 to the manager by 31st May 2024.

Proposed timescale:

Q2 2024

Person responsible:

Centre Manager

Capacity and Capability: Use of Information

Standard : 8.2

Judgment: Substantially compliant

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.

A new national standardised CRS documentation suite will be rolled out with staff teams in the coming months and a co-ordinator has been appointed for CRS South to assist teams with the rollout and implementation.

At young people's weekly meetings, young people will be offered to read their logs and it will be recorded that they were offered this option. A Social Care Leader will be appointed to have oversight of the weekly meeting record to ensure this task is completed and this will be evidenced by signature and date.

The team will be reminded of the systems in place around signing daily logs. A Social Care Leader will be appointed to have oversight of this on a monthly basis to ensure this is being completed and this will be evidenced by signature and date.

Expectations around young people's meetings and recording will be clearly outlined at the next staff meeting on the 9th May 2024.

Proposed timescale:

Q2 2024

Person responsible:

Centre Manager

Quality and Safety: Effective Care and Support**Standard : 2.1****Judgment: Substantially compliant****Outline how you are going to come into compliance with Standard 2.1:**

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

A checklist is in place re Statutory File Requirements and this is sent to the allocated Social Worker during the admission process. A date has been scheduled for the young person's Care Order on 13th May 2024 and this will be on file following this hearing. The Centre Manager has followed up on outstanding Care Plans and will follow the escalation process if required. Any delays in receipt of required documentation will be escalated through the CRS South escalation process within a timeframe of 4-6 weeks.

Proposed timescale:**Q2 2024****Person responsible:****Centre Manager****Standard : 2.3****Judgment: Substantially compliant****Outline how you are going to come into compliance with Standard 2.3**

The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.

The Centre Manager will ensure that each young person has an up to date PEEP on file by 10th May 2024. Direct work will be completed with the young people where they do not engage with fire safety/fire drill exercises.

Car checks will be completed weekly in line with existing car check system in place and the documentation will be reviewed and amended to ensure this is accurately reflected. A Social Care Leader is appointed to complete monthly checks on the car audits and this is evidenced by signature and date. A Social Care Worker has responsibility for ensuring routine services are completed on centre vehicles bi-annually. This will be completed by 31st May 2024.

Proposed timescale:**Q2 2024****Person responsible:****Centre Manager**

Quality and Safety: Health, Wellbeing and Development	
Standard : 4.2	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 4.2: Each child is supported to meet any identified health and development needs.</p> <p>There is a medication management tracker in place following recent medication errors. Actions were identified following a review of these errors and have been entered on the tracker to ensure implementation and oversight. The tracker will be reviewed with staff at the next staff meeting on 9th May 2024. There is a regional governance meeting re the medication management tracker scheduled for 14th May 2024.</p>	
Proposed timescale: Q2 2024	Person responsible: Centre Manager

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	Substantially compliant	Yellow	Q4 2024

	arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.			
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Not compliant	Orange	Q4 2024
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	Not compliant	Orange	Q2 2024
8.2	Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	Q2 2024

2.1	Each child's identified needs informs their placement in the residential centre.	Substantially compliant	Yellow	Q2 2024
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant	Yellow	Q2 2024
4.2	Each child is supported to meet any identified health and development needs.	Substantially compliant	Yellow	Q2 2024

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