



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	07 - 08 May 2024 04 June 2024
Centre ID:	OSV-0005624
Fieldwork ID	MON-0043283

About the centre

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

The aim of the centre as outlined in their statement of purpose stated that they will:

Ensure each young person has a placement plan which is led by their care plan and aligned to the centre's model of care. This will focus on building the necessary life, social skills, and promoting independence of each young person in line with their age, skills and capabilities. Support the young people with their emotional and behavioural needs and assist them in developing the appropriate coping skills to deal with the challenges that may face them in the future. Identify any specialised services for therapeutic interventions and make referrals for the young person where applicable.

Encourage and support the young people in education, training, employment and continuing in further and higher education, consideration given to young person who reaches 18 years of age and has aftercare plan in place to remain living in the centre subject to risk assessment carried out with all relevant professionals. Support young people on a move to independent living/aftercare and complete exit interviews with the young people following their discharge, in order for the service to be young person-led and promote consistent learning.

Advocate for the young people in relation to their rights as a citizen and as young person living in care and help foster positive relationships with other people in order to build up a supportive social network of friends and family where possible. Support young people to practise their own spiritual and religious beliefs. Actively encourage young people's skills development in participating and leading their own placement plan and encourage the young people to learn the skills necessary to use their own voice and advocate for themselves.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service

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

2. Quality and safety of the service

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
07 May 2024	09:45 hrs to 18:30 hrs	Adekunle Oladejo	Lead Inspector
08 May 2024	09:00 hrs to 17:10 hrs	Adekunle Oladejo	Lead Inspector
04 June 2024	16:00 hrs to 16:30 hrs	Adekunle Oladejo	Lead Inspector

What children told us and what inspectors observed

Inspector carried out a routine unannounced inspection and found that young people living in the centre received good care and support from a stable and committed staff team, who worked to keep the young people safe and supported their integration into the community. Services being provided promoted young people's rights, respected their cultural diversity and supported their health, wellbeing, and education needs.

The centre has capacity for up to six young people. At the time of the inspection, there was one vacancy in the centre. There were four young people and one young adult living in the centre. The young adult had just turned 18 and was awaiting a move to their aftercare placement. Young people were invited to share their views about the service provided in the centre. All four young people agreed to participate and spoke with the inspector.

The centre is located in a rural setting in county Dublin. It provides residential care service to separated children seeking international protection. The centre is a three storey detached residential house with a large outdoor garden space. The centre was clean and suitably decorated. Posters about children's rights, advocacy support service and the complaint process were placed in different rooms in the centre. This provided young people with an immediate access to information they may require about their rights, how to make a complaint and how to contact an advocate. There was a large mural consisting of young people's photographs on the wall to enhance the overall homeliness of the centre. Inspector observed that staff interaction with young people was warm and respectful. Young people presented as comfortable in the company of staff.

All young people spoken with expressed positive views about their care. From what the young people said and what the inspector observed, it was clear that young people were well cared for in the centre. They told the inspector that they liked living in the centre and that staff treated them with respect and dignity. They stated that they were aware of their rights, they felt listened to by staff and know how to make a complaint if there was anything they were unhappy about. Young people stated that they were facilitated to pursue their hobbies and interest, and that staff supported their education pursuit to maximise their individual talents. Examples of comments made by the young people included:

- "I know my rights"
- "Yes I know how to make a complaint"

- "If I have a complaint, I will talk to the manager or staff I feel comfortable with"
- "I get treated very well, with respect"
- "Staff listen to me, everything I say they listen"
- "Staff do their best to help with homework"
- "School is going well, I have an exam in a few weeks"
- "Staff got us everything for school in the first day"
- "I want to be a doctor, staff encouraged me to focus on subjects like biology"
- "I have joined a taekwondo club, I want to do cricket also"

Young people said that they were satisfied about the arrangements in place in respect of their health and wellbeing. They told the inspector that they were regularly supported by staff to access medical services, and other health and social care services as required. They stated that there was sufficient supply of food that took account of their individual dietary needs. Young people also spoke positively about how staff had promoted their independent living skills and how they were facilitated to access their care records.

- "I can make my own food, I have learnt how to cook"
- "Food is good, staff help me to cook my favourite food from home"
- "Staff provide halal food"
- "I keep my medicine, no problem with it"
- "Staff supported me to read my logbook"
- "I have my own GP...I go there with staff"

Two young people shared their experiences of moving to the centre and spoke positively about their admissions process. They stated that they were happy with how their admission into the centre was managed. They said that they were supported to visit the centre and met with staff and other young people before they moved in.

- "I visited the house before, I met staff and other children"
- "They told me about the house, I came to check and after 2 or 3 weeks, moved in"

Parents were invited to give feedback about the care and support provided to the young people in the centre. One parent spoke with the inspector and stated that although they had not spoken directly with the staff in the centre, they said that they were consulted by a social worker about the plan for the care of their children. They said that they were able to express their views and that they were happy with the level of information provided to them. The inspector sought the

views of the four young people's social workers and Guardian Ad Litem (GAL)¹ for three young people as part of the inspection process. All professionals spoke positively about the care and support provided to the young people in the centre. Professionals told the inspector that staff had experience of working with separated children and that they had a good understanding of the young people's care and support needs. One professional said that "staff genuinely care about the young people's welfare, always on top of things and go the extra mile".

Professionals stated that staff were very supportive of young people's emotional and physical needs and very good at helping them to maintain "phone contact with family". Staff were described as "brilliant" at supporting young people with their education, religion and facilitating cultural celebration that mattered to the young people.

While professionals said that the service was responsive to the young people needs, not all professionals expressed satisfaction with the system in place for information sharing. It was a standard practice within the centre to share young people's information with their social worker only and a GAL expressed dissatisfaction with this practice as the centre would not share all information directly with them. The GAL stated that they had to seek information from the young people's social workers, and this had caused delays in them having the most up-to-date information about care of the young people.

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

Overall, there were management and governance systems in place aimed at ensuring that young people receive good quality care and support that was delivered by a consistent staff team. Records kept about young people were up-to-date, securely stored and shared. However, management oversight of delegated duties, risk management, staff supervision and appraisals required some improvements.

There were clearly defined governance arrangements and structures that set out lines of authority and accountability. The centre was managed by an experienced

¹ A court appointed advocate to independently establish the wishes, feelings and interests of the child and to present these to the court with recommendations.

manager who had the overall responsibility and authority for the delivery of the service in the centre. The centre manager was supported by a deputy centre manager. There were four social care leaders who supported the management team in the day-to-day operations of the centre, and reported to the managers. Both the centre manager and deputy centre manager were present in the centre during the day and were available to staff and young people. The centre manager reported to a deputy regional manager, who in turn reported to a regional manager. External oversight of care practices was carried out by the deputy regional manager who visited the centre at regular interval and reviewed the centre's records including young people's care records. The inspector spoke with the deputy regional manager and found them to be knowledgeable about the operation of the centre.

The management oversight of the quality and safety of the service required improvement. The managers reviewed the quality and safety of care practice through the use of audits and review of records including; daily logs, two-weekly young people's progress reports, and key-work records. The centre manager had delegated some duties such as health and safety checks and medication audits to staff members. While the manager was aware of who these duties were delegated to; no written records were kept and management oversight of delegated tasks required improvements. It was unclear how the manager ensured staff were completing tasks as required or how they were held to account. Inspector identified a number of risks which had not been picked up by staff checks nor had these gaps been identified though the centre's management oversight systems, prior to inspection. For example, health and safety check did not identify fire safety risks and monthly car check did not identify significant concern about the condition of the tyre on one of the centre cars. These are covered in detail under the safety and quality section of this report.

Risk management systems were in place for the identification and assessment of risk. However improvement was required to ensure that all identified risks were effectively managed. At the time of the inspection, managers maintained a risk register and inspector found that relevant risks had been identified, and reviewed on a regular basis. For example, a risk of communication challenges with young people, due to language barriers, was appropriately identified with adequate measures put in place to manage the risk. Similarly, potential risk posed by a young adult residing in the centre had effective measures in place to mitigate the risk. Individual risk assessments were completed for specific risks that related to each young person in the centre as required. However, all risks had not been effectively managed. Inspector found that one risk relating to delays in accessing specific medical assessments for young people was correctly placed on the risk

register but all identified controls were not implemented in a timely manner. Delay in accessing specific medical assessment services for young people had not been escalated to senior managers as required and no progress had been made for a significant period of time, and no effective action had been taken by the service to address this.

Improvements were required to ensure efficient and effective service planning promoting timely pursuit of referrals and placement of young people in the centre when vacancies became available. At the time of the inspection, despite the high demand for residential care services nationally, the centre was not operating to its full capacity. While the centre manager told the inspector that they had just received a referral, which was being reviewed with the view of completing a pre-admission collective risk assessment to inform a placement decision, this placement had been unoccupied for a month prior to inspection. In addition, a second placement was due to become available soon after inspection, as one young person was due to move to their aftercare placement.

Inspector found that workforce planning in the centre was effective. There were appropriate numbers of staff employed in the centre with regard to the number and needs of the young people and the centre's statement of purpose. The centre had a full staffing compliment at the time of the inspection. This consisted of four social care leaders and nine social care workers. The inspector reviewed a sample of the staff rosters which showed that there was consistent and adequate numbers of staff on duty each day. From the sample reviewed, it was evident that there was a good mix of staff on duty with the necessary experience and competencies. Rosters were adjusted to effectively meet the needs of the young people in the centre.

Staff who spoke with the inspector had been working in the centre since it opened a number of years ago. This meant that there was a consistency of staff that provided stability and promoted young people's familiarity and sense of security. Staff told the inspector that managers were accessible and supportive of the staff team. They said that managers were good at empowering the team which had enabled them to apply their knowledge and skills to provide a safe and effective care to the young people.

There were arrangements in place to promote staff retention. A staff member was appointed as a wellbeing ambassador with the responsibility for leading and facilitating staff wellbeing programmes within the centre. Staff told the inspector that they had participated in a number of wellbeing initiatives which they said they

had found to be beneficial. The provider had an employee assistance programme in place to manage and support staff on the impact of working in the centre.

There was an on-call arrangement in place at evenings and weekends. This ensured that staff had access to immediate support and guidance in relation to any issues or concerns that arose during these periods. This support was being provided by the centre manager and at times by the deputy centre manager. While the managers did not keep a formal schedule of who was on call, the inspector found that staff had an understanding of who to call if they required any support or guidance during their shift. The centre would benefit from maintaining a formal timetable of the on-call roster.

There were effective systems in place to promote a team-based approach to caring for the young people and support communication among the staff team. Team meetings took place every two weeks. A samples of team meeting minutes reviewed by the inspector demonstrated good attendance by the staff team. Each young person's care and support needs was discussed including placement and key work plans and goals for the next two weeks were clearly outlined. Significant events, complaints, child protection concerns, the risk register and restrictive practices were reviewed at team meetings for trends. Learning was discussed and where required, follow-up actions were identified along with the person responsible for the implementation of any agreed actions and timeframe for completion.

There was a culture of learning and development in the centre. Staff training needs analysis was completed in 2023 that clearly set out learning and development needs of the team. Additional training was provided, specific to the needs of the young people resident in the centre, to support staff in understanding young people's unique experiences and develop staff's skills and practices in meeting the young people's needs. Examples of additional training provided to staff included understanding migrant mental health and wellbeing, intercultural awareness and training on the understanding of child trafficking in Ireland.

Inspector found that staff in the centre did not receive formal supervision, in line with the provider's supervision policy and National Standards for Children's Residential Centres. The centre manager told the inspector that regular staff supervision was not taking place and written records were not available. In the absence of supervision there was no evidence available to the inspector of formal mechanisms in place to routinely support staff to reflect on their work, discuss expected standards, and provides assurance to the manager that staff were delivering high-quality care and support. The manager recognised this as an area

that requires improvement. The manager had started implementing a plan which ensured that all members of staff receives regular supervision in line with the provider's policy, and that records of supervision are maintained. Similarly, inspector found that individual staff member's performance had not been formally appraised as required by national standards and in line with the provider's policy.

Young people's care records were well maintained and up-to-date. There was a register of young people living in the centre which contained all the relevant details in line with regulations. Each young person had files and these were kept in a secure filing cabinet, in the staff office downstairs. The files were well organised and kept up-to-date. The young people told the inspector that they had access to their records and they could read their daily logs as required. Computer systems were password-protected and suitable arrangements were in place for sharing of information with allocated social workers for the young people in a timely and efficient manner. Information sharing processes protected the privacy and confidentiality of the young people.

It is of note that the cover of majority of registers maintained in the centre including the young people's register, was branded with Health Service Executive (HSE) name and logo. Standard records used within children's residential centres should be updated to reflect the changes in responsibilities for the operation of Children Residential Centre's from the HSE to Tusla, which occurred more than 10 years ago.

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were clearly defined governance arrangements and structures that set out lines of authority and accountability. However, risk management required improvement to ensure all identified risks were effectively managed. Oversight of delegated duties also required improvement to ensure that staff were completing delegated tasks to the required standards.

Judgment: Not Compliant

Standard 6.1

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

Regulation 6: Staffing

There were appropriate numbers of staff employed in the centre with regard to the number and needs of the young people and the centre's statement of purpose. There was a good mix of staff with the necessary experience and competencies, on duty each day.

Judgment: Compliant

Standard 6.3

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

Staff in the centre did not receive formal supervision as required by National Standards for Children's Residential Centres and in line with the provider's supervision policy. Staff member's performance had not been formally appraised as required.

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

The records in the centre including young people's care records were well maintained and up-to-date. There was a register of children living in the centre which contained all the relevant details in line with regulations.

Judgment: Compliant

Quality and safety

Overall, young people living in the centre received care and support that promoted their rights and respected their diversity. Placements of young people in the centre was informed by their identified needs and a positive approach to the management of behaviour was being promoted. Appropriate safeguarding measures were in place and young people's education needs were being met. While fire safety measures and equipment were in place and maintained, the inspector had significant concern around fire safety practice in the centre. In addition, young people were not adequately supported to access specialist medical assessments as required and medication management required improvement.

Inspector found that care and support provided to the young people was child-centred. There was a strong focus on young people's rights in the centre and this was reflected in staff's practice and care planning processes for young people. Posters about children's rights, information about the complaints process, and how to contact advocacy service were prominently displayed throughout the centre. The centre had received an Investing in Children Membership Award in 2023. This was given to the centre in recognition of their work for actively including young people in dialogue that results in change.

Young people were supported to participate in decision-making around their care and their voices and views were evident in the day-to day care and support provided by staff. At the time of the inspection, all young people had social workers allocated to oversee their care and up-to-date care plans were in place for all but one young person. A plan was underway to set a date for the review of the statutory care plan for the remaining young person at the time of the inspection.

Staff supported young people in maintaining their culture and values while also facilitating their exposure to Irish culture and promoting their integration into the community. They were provided with items required to practise their religion and culturally-relevant food that met young people's dietary needs were also provided. Young people were facilitated in celebrating their cultural heritage. Religious festivities and special occasions were celebrated with young people. Young people were supported in maintaining family connection. They had access to a phone to contact their friends and families. In addition, they were facilitated to access community resources in order to build links and develop friendship.

One-to-one work was completed with young people around their rights and responsibilities, and how to make a complaint if they were unsatisfied with any aspect of their care. External advocates had visited the centre to meet young people

and provided them with information about their service. Staff engaged the use of interpreters to facilitate effective communication with young people who do not speak, or had limited comprehension of the English language.

Admissions to the centre were managed well and in line with the centre's statement of purpose and function. There was a written policy on admissions which took into account children rights, the statement of purpose and function and the requirements of the national standards. Referrals for admission were made to the centre manager from the social work team for separated children seeking international protection. The centre manager worked closely with the deputy regional manager and the allocated social worker to ensure that the centre was suitable to meet the needs of young people being admitted. Information about the centre was provided to the young people and this was explained to them with an interpreter if required.

Pre-admission collective risk assessments were completed for young people prior to their admission to the centre, the outcome of this informed placement decision. A pre-admission collective risk assessment reviewed by the inspector was comprehensive and of good quality. It considered, among other areas, the potential impact of the new admission, on young people already placed in the centre and clearly outlined measures required to manage identified risks. Prior to admission, young people were given opportunities to visit the centre and become familiar with the day-to-day living arrangements, to meet the young people already living there and to meet the staff team.

The residential centre is a spacious six bedrooms detached house. It is located in a rural setting close to a Dublin suburb. The centre was clean and appropriately decorated. The layout of the centre was suitable for providing safe and effective care for the young people, and for meeting their needs. Each young person had their own bedroom. The centre provided opportunities for rest, play, recreation and skills development for young people.

There was adequate communal space for both indoor and outdoor recreational facilities. There were two bathrooms, two sitting rooms, a large recreation room, and a gym. The centre had two offices and a large front and back garden with a football post and a basketball hoop. The recreation room was located on the ground-level floor and it was equipped with snooker table, table tennis and fuzzi ball table. There were also musical instruments such as a guitar and piano available for young people's leisure. There was a well-equipped gym with thread mill, rowing machine, and boxing bag available to the young people. There were two sheds to the left hand side of the house. One of these sheds was the boiler

room. Close circuit television (CCTV) was in operation outside of the centre for security purposes. There was clear signage at the entrance to the centre informing visitors of this.

There was an outstanding action from the compliance plan arising from HIQA's previous inspection that took place in December 2022. This related to the refurbishment of one of the upstairs bathroom that was not homely and has a clinical appearance. Managers told the inspector that a funding request for this refurbishment work had gone in this year and this had been escalated to the regional manager. However, despite the effort of the local management team, this work was still not completed 17 months after it was first identified as being required.

The centre's safety statement was recently reviewed in February 2024. The centre had three cars that were being used to facilitate young people's transportation as required. All cars were insured, taxed, and had an up-to-date National Car Test (NCT). There were systems in place to identify maintenance issues in respect of cars and premises. However, these systems required significant improvements to ensure they are effective and fit-for-purpose. Inspector found that one of the car tyres was defective and did not have the minimum tread depth. This was brought to the attention of the centre manager during the inspection. In addition, the lawn surrounding the centre was overgrown and needed to be mowed.

There were fire safety management systems in place, including fire detection and alert systems, emergency lighting, fire doors and firefighting equipment. Routine checks were being conducted on fire safety systems and the firefighting equipment was being regularly serviced. Staff had received training in fire safety, and there were up-to-date personal emergency evacuation plans in place for each young person.

While the centre had fire safety measures in place, fire safety practice requires improvements. A system of checks was in place aimed at identifying potential hazards and risks in the centre, however these checks were ineffective and did not identify risks that were identified on this inspection. For example, only one fire action notice was on display, which was insufficient for the size of the centre. Despite daily checks on this, risks had not been identified. Recording of fire drills required improvement as time taken to evacuate the building was not recorded on all fire drills conducted this year. This had not been identified by the centre manager or external manager in their audits of fire registers. Inspector identified a fire risk during the inspection whereby combustible materials were being stored in the boiler room. The provider was required to address this immediate risk on the

day of the inspection. The manner in which the provider responded to the risk provided assurance that the risk was adequately addressed. In addition, the location of an internet router posed a trip hazard which had not been identified as a risk prior to inspection.

Young people living in the centre were safeguarded from abuse and neglect and their welfare was protected. Staff and managers interviewed by the inspector demonstrated good understanding of their role as a mandated person² under *Children First: National Guidance on the Protection and Welfare of Children* (2017)³. All staff had received appropriate training in safeguarding young people and were knowledgeable about Tusla's policy and procedure on protected disclosures.

There was one child protection concern reported in the previous 12 months. This was reviewed by the inspector and was found to be well managed and notified to Tusla in a timely manner. Similarly, a sample of significant event reviewed by the inspector demonstrated that the incident was reported to the allocated social worker and managed well. Staff had worked in partnership with the young person and their social worker to promote the young person's safety and wellbeing.

Significant events were well managed. There was a formal process in place for the review of significant events which occurred on a monthly basis. The initial review took place in the centre, the role of facilitating this review was assigned to a staff member and the purpose of the review was to identify emerging pattern of behaviour arising for the young person, ensure all follow up actions were carried out in a timely manner and identify significant events to be escalated to the regional significant event review group (SERG) for the purpose of quality assurance, risk identification and risk management. A sample of in-house SERG record reviewed by the inspector was of good quality and clearly showed where further action was required and the date an action was completed.

Staff were aware of different dynamics at play in respect to the young people's nationalities, culture, value, belief system and past experiences. Inspector found that these differences were being managed well and individualised care and supports provided had enabled young people to settle into the centre and feel safe. Young people were assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection. Staff completed individual one-to-one work with young people in line with their

² A person who has a legal duty to report child protection concerns.

³ National policy document which assists people in identifying and reporting child abuse.

placement plans on topics such as internet safety, appropriate use of social media, anti-bullying and building healthy relationships.

A positive approach to the management of behaviour was promoted in the centre. Staff were familiar with the policies and procedures in place to respond to and manage behaviours that challenged. All staff had an up-to-date training in Tusla-approved behavioural management techniques. There had been no incidents of physical restraint carried out by staff within the last 12 months prior to this inspection.

Restrictive practices were appropriately identified, assessed and reviewed. There was no restrictive practice in place in the centre at the time of the inspection. The inspector reviewed records relating to the use of a restrictive practice that was in place recently, prior to inspection, and found that it was informed by the outcome of a risk assessment. The implementation of the measure was proportionate to the level of risk and was notified as a significant event to young people's social workers. It was reviewed regularly and was in place for the minimal amount of time necessary.

The health and wellbeing of the young people was promoted and supported through the provision of healthy diet, recreational exercise and physical activities. Health promotion initiatives within the centre prioritised the importance of good physical and mental health and wellbeing. There was a formal approach in place to support the mental and emotional wellbeing of young people in the centre. This aligned with the provider's model of care, the centre's statement and purpose, and was evident in staff's practices. This approach was aimed at promoting young people's resilience and supporting young people to understand the range of normal responses to life event and assisted young people to develop effective coping strategies. The approach recognised that young people may require more intensive intervention based on the assessment of their needs, and identified services such as child adolescent mental health service (CAMHS) that young people could be referred to.

Young people were provided with adequate supply of food and drinks which took into account their cultural and religious beliefs. Young people reported they were involved in weekly meal planning and that they were supported and encouraged to learn to cook for themselves. Mealtimes were a positive social event, the inspector observed staff and young people eating together. There were varieties of food available to the young people, including fresh fruit and snacks.

Young people were enabled and supported to develop skills in preparation for leaving care. There was a robust independent living plan in place for young people transitioning into the aftercare service. There was an aftercare plan in place for one young person, another young person had just been allocated an aftercare worker. The centre management had implemented a process of supporting young people's independence through exercises that promoted young people's autonomy in decision-making, managing money, making and attending appointments, as appropriate to each child's age and stage of development.

Overall, young people were supported to meet identified health and development needs. However improvements were required regarding medication management and ensuring young people had timely access to all necessary supports for maintaining good health and wellbeing. Each young person was registered with and had access to a general practitioner (GP). Staff and allocated social workers worked in partnership to access specialist services to meet the individual needs of the young people. However, there was delay in accessing a specialist medical assessment for two of the young people living in the centre.

The provider had a medicine management policy in place and staff had completed training in safe administration of medication. However, medicines management system in the centre was poor and required significant improvements. Storage of medicines was not in line with the best practice. Individual young person's medicines were stored in a plastic zip lock bag with the young person's initials written on the bag, several bags of medicines belonging to different young people were stored together in the same space inside the medicines cabinet. There was no designated space for individual young person's medicines and this practice could lead to error in medication administration.

Similarly, records of medicines administered to young people required improvement. Inspector found that a young person's name was not recorded on their medicine administration sheet, this could lead to potentially high-risk error of medication misadministration. While the commencement date was reflected in the young person's medication record, the date the medication was discontinued was not recorded. In addition, risk assessment records for young people self-administering medication required improvement to clearly show details of medication that young people were assessed to self-administer.

Young people's rights to education was actively promoted by the staff and managers. Different education programme options were available to the young people depending on their education needs. At the time of the inspection, all

young people in the centre were engaged in education programmes that suited their individual needs.

Centre staff worked collaboratively with the school staff to ensure that young people settled into the school system in Ireland and achieved their educational goals. Young people's education progress was monitored to identify any additional support and assistance required and promote their adjustment to school. Records of young people's educational progress was maintained as part of their care record.

Standard 1.1

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

Regulation 10: Religion

Regulation 4: Welfare of child

Young people were informed of their rights and they were supported to exercise and understand these rights. Young people were supported to participate in decision-making, express their views, including making complaints. Young people's dietary requirements, cultural and religious beliefs and values, were taken into account in the daily activities of the centre.

Judgment: Compliant

Standard 2.1

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

Admissions to the centre were carefully planned and well managed. Young people's placements in the centre were informed by their identified needs. Comprehensive pre-admission collective risk assessments were completed prior to the admission of a new young person. Young people were given the opportunity to become familiar with the centre's day-to-day living arrangements, other young people and staff prior to their admission.

Judgment: Compliant

Standard 2.3

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

Regulation 7: Accommodation**Regulation 12: Fire precautions****Regulation 13: Safety precautions****Regulation 14: Insurance**

The centre provided a comfortable environment for young people. There was appropriate firefighting equipment which was well maintained. However, inspector had concerns in relation to the storage of combustible materials in the boiler room. Fire drill durations were not recorded. There was insufficient fire action notice on display, and the location of an internet router posed a trip hazard. In addition, there was an outstanding action from HIQA's previous inspection regarding one of the bathroom.

Judgment: Not 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 effectively implemented in the centre. 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.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

There was a positive approach to the management of behaviour. Staff were trained in approved behaviour management technique. When the use of a restrictive practice was deemed necessary, the least restrictive procedure was used, this was reviewed regularly and was in place for the shortest duration necessary.

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

Health, wellbeing and development needs of young people were appropriately cared for. Staff prioritised the importance of good physical and mental health. Young people were provided with adequate supply of food and drinks and were involved in meal planning in the centre.

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**

Storage of young people's medication was not in line with the best practice. A young person's medicine administration record was incomplete and risk assessment record for young people self-administering medication required improvement to clearly show details of medicines that young people were assessed to self-administer.

Judgment: Not Compliant

Standard 4.3

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

Young people's rights to education was actively promoted. Young people were engaged in education programmes that suited their individual needs. Records of young people educational progress were maintained as part of their care record.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
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.	Not Compliant
Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
Standard 6.3: The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	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.	Compliant
Quality and safety	
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.	Compliant
Standard 2.1: Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.3: The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Not 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 4.1: 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.	Not 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-0043283
Provider's response to Inspection Report No:	MON-0043283
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	07-08 May 2024
Date of response:	27 th June 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: Not Compliant
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Outline how you are going to come into compliance with 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 centre manager now holds a list of delegated duties. Staff with delegated duties will maintain a record of duties carried out. The centre manager will audit the records of duties every six months.
- The centre manager will review the list of delegated duties on a yearly basis.
- The name of the person on call for the centre is now recorded on the roster and clearly displayed in the staff office.

<ul style="list-style-type: none"> • The Risk register will continue to be reviewed at team meetings and the centre manager will escalate, where required, matters to the Deputy Regional Manager through the "Need to Know" or "Risk Escalation" Process. • A Register of "Need to Know's" is now in place in the centre. • A National review, of the audit system current in operation in Children's Residential Services, is currently underway. This group is due to report by end 4th Quarter 2024. 	
Proposed timescale: 31 December 2024	Person responsible: Regional Manager

Capacity and Capability: Responsive Workforce

Standard : 6.3	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 6.3:</p> <p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> • The new Tusla supervision policy is now in operation in the centre. The new supervision policy and associated forms were reviewed by the staff team at a meeting on 28th May 2024 • New supervision files are in place as of 1st June 2024 and all supervision notes will be written up and placed on each supervision file by 30th June 2024. • The Deputy Regional Manager has scheduled a supervision audit for 6th September 2024. 	

<ul style="list-style-type: none"> • Each staff member's Professional Development Plan (PDP) will be reviewed and updated by the 30 September 2024 with the Centre Manager or Deputy Centre Manager. • All performance issues are managed in line with the Tusla HR policies & Procedures. • The performance of all newly appointed staff members is further monitored and managed under the Tusla Probation Policy. 	
Proposed timescale: 30th September 2024	Person responsible: Deputy Regional Manager

Quality and Safety: Effective Care and Support

Standard : 2.3	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 2.3</p> <p>The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <ul style="list-style-type: none"> • The WIFI equipment is now permanently placed in a secure location that eliminates the risk of a tripping incident. • The Health and Safety check template has been amended to include a check that no materials are stored in the boiler house: • The Vehicle safety audit has been added to the weekly chore list within the centre and The Driving for Work policy was reviewed at the Team meeting on 25th June 2024. • Fire procedures were reviewed at the staff meeting on 25th June and a Fire Drill was conducted to ensure that all staff understand the correct recording procedures. 	

<ul style="list-style-type: none"> • The Deputy Regional Manager will conduct an audit of the above actions on 30th November 2024 • The Regional Manager has approved funding for the refurbishment of the back upstairs bathroom. These works are scheduled to be completed 31st Dec 2024. 	
Proposed timescale: 31st Dec 2024	Person responsible: Regional Manager

Quality and Safety: Health, Wellbeing and Development

Standard : 4.2	Judgment: Not 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> <ul style="list-style-type: none"> • The zip log bags, within the medication cabinet, have been replaced with individual boxes which are clearly labelled and named. • The self-administration of medication risk assessments have been reviewed to include the names of the prescribed medication: • Medication management refresher training for the staff team has been scheduled for 4th July 2024. This training will place particularly focus on the correct completion of medication records. • The delay in the provision of specific medical screening, for two young people, to screen for infectious diseases like TB, Hepatitis B, Hepatitis C and HIV was escalated by the centre manager to the Deputy Regional manager, the through Need-to-Know process, on 22nd May 2024. • The centre manager received confirmation on 24th June that the screening appointments have been scheduled for 4th July 2024. 	

Proposed timescale:	Person responsible:
4th July 2024	Social care 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 arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not Compliant		31 December 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		30th September 2024
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Not Compliant		31st Dec 2024
4.2	Each child is supported to meet any identified health and development needs.	Not Compliant		4th July 2024