



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Announced
Date of inspection:	13 – 14 June 2022
Centre ID:	OSV 0004184
Fieldwork ID	MON-0036789

About the centre

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

The aim of the centre is to help separate children seeking international protection in Ireland to settle into their new country and provide opportunities for them to realise their full potential, until they can be reunited with their family, return to their country of birth, or live independently.

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

The following information outlines some additional data of this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
13 June 2022	09:30 hrs – 17:00 hrs	Lorraine O'Reilly	Inspector
14 June 2022	09:30 hrs – 16:00 hrs	Lorraine O'Reilly	Inspector

What children told us and what inspectors observed

There were four young people living in the centre at the time of the inspection who all spoke with the inspector. They were referred to the centre from either the Irish Refugee Protection Programme or from the separated children seeking international protection social work team. English was not their first language, however, they all had the ability to converse through speaking English.

All young people told the inspector that they were satisfied with the service they received while living in the centre. Some were approaching 18 years of age and planning was on-going in relation to their future and independent living. When asked if they would change anything about the centre, they all said they liked it as it was and one young person replied 'no, I'm happy'.

The young people told the inspector about the things they liked about living in the centre. They said they liked the staff. They told the inspector that staff were 'doing a good job' and said 'they support me'.

Each young person had their own bedroom and they shared two bathrooms. The young people showed the inspector their bedrooms which they decorated to their own liking. There were photos, plants and other personal belongings in their bedrooms.

Young people's privacy was respected. Staff knocked on their bedroom doors and asked their permission to enter their bedrooms. Young people could spend time alone in their rooms when they wanted to.

All the young people placed a high value on education. Three young people were attending local schools and the fourth would be enrolling later this year. They received extra tutoring with regarding English and this was facilitated within the centre.

Young people were observed to be relaxed in the company of staff and there was a relaxed atmosphere in the centre. Young people were observed to be watching cricket, talking with staff regularly and making dinner with staff.

The centre was decorated to create a homely environment. There was a bright kitchen area, a large hallway which was decorated with murals and clocks with the flags from the young people's country of origin. There were two living areas, one with couches and a television and one of the young person's completed 3-D jigsaw puzzle was on display. The second room was a study area where the young people had tutoring. The young people's belongings were evident throughout the centre including sports gear and equipment.

There were two sheds to the rear of the main house. One contained sports equipment for cricket, badminton and boxing. There were maintenance issues in this shed that are addressed under the quality and safety section. The other shed was used for storage. There was a large garden area to the side and back of the main house.

The house was centrally located and close to the town. This meant that residents could walk to and from work and to other activities if they wanted to.

As part of this inspection, attempts were made to speak with the young people's social workers. An inspector spoke with one of the three social workers assigned to support the four young people. This social worker was newly appointed and told inspector they were due to meet the the young person in the weeks following inspection.

Capacity and capability

This inspection found that the centre had good governance and oversight which ensured a safe service was provided to young people. The centre was last inspected in July 2020 against eight standards. Six standards were found to be compliant, one standard was substantially compliant and one standard was non-compliant moderate. The current inspection found good levels of compliance in the centre.

Management structures were clearly set out and staff said they felt supported in their roles. A regional manager and an interim deputy regional manager oversaw the operation of the centre. There was one part-time centre manager and one full-time deputy social care manager in the centre. The centre was adequately staffed by a consistent staff team. There were four full-time social care leader positions, six full-time social care worker positions and five part-time social care worker positions.

The centre manager and deputy centre manager met to discuss the rota on a weekly basis. This meant that the rota for the following week could be reviewed and any gaps were identified and addressed in a timely way. Generally there were three staff member on day-shifts and evening-shifts and two staff scheduled to work during the night. The two managers were also in the centre on weekdays.

The deputy centre manager told the inspector that in the months prior to the inspection, staffing had been impacted by the COVID-19 pandemic. The team managed this by being flexible in their working hours. When staff were on sick leave, others were flexible in covering shifts to ensure the centre continued to provide a safe service. The deputy centre manager told the inspector that managers rostered themselves into the work schedule to fill gaps where required.

There was also a local protocol in place for on-call arrangements, covering both this centre and another centre. This meant that staff could contact a member of the management team if required, out of hours.

The centre had an up-to-date comprehensive statement of purpose which contained adequate information as required by the standards regarding aims, objectives, services and it detailed the model of care being provided to young people. The specialised programme of care, services provided, policies that informed practice and the management and staffing arrangements to meet the specific care and support needs of the young people were outlined in detail.

A child-friendly statement of purpose was also provided to young people in an information booklet which was translated into children's first language. Staff spoke to young people about the service and explained the booklet to them. This meant that children were made aware of what service would be provided and how the service would be provided.

The centre had adopted and implemented a model of care that focused on meeting the individual needs of young people with particular consideration given to their lived experiences. This model of care was embedded in practice within the centre. Staff working in the centre were competent, experienced and knowledgeable on the model of care and the individual needs of young people.

Standard 5.3

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

The centre's statement of purpose and function was up-to-date and clearly described the model of service delivered in the centre in line with the national standards.

Judgment: Compliant

Standard 6.1

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

Regulation 6: Staffing

There was an appropriate number of staff employed in the residential centre with regard to the number and needs of the young people and to meet the centre's aims and objectives set out in their statement of purpose.

Judgment: Compliant

Quality and safety

Young people in the centre received good quality, individualised, person-centred care. The centre was homely and a safe place for them to live. Staff encouraged young people to pursue activities and to develop skills for their future. The staff team worked well with relevant people in young people lives to promote their safety, care and welfare. While staff supported young people to maintain contact with family, this was not possible for all young people and depended on their individual circumstances. Staff worked with young people to develop their skills to work towards living independently in the future.

The four young people, resident at the time of inspection, had an allocated social worker. All children at the centre had an allocated social worker from the separated children seeking international protection social work team. Social workers from this team had a dual role of assisting children through their immigration process as well as day-to-day responsibility for the children's care. Staff told the inspector that social workers were available to young people by phone. From information provided by the centre, it appeared that social workers did not visit children as often as required by regulations. This meant that young people were not provided with the opportunity to develop a relationship with their social worker by meeting with them on a regular basis. Young people were given the opportunity to attend their child-in-care reviews and they completed child-in-care booklets to express their views and opinions about their care. These were stored on children's records.

Placement plans were drawn up for each young person at the beginning of their placement. They described in detail how the young person's needs would be met during their placement. Placement plans reflected young people's care plans and were of good quality. Placement support plans were up to date and set out specific guidance for staff on their responses to the young people's needs. Progress in working towards set goals were measured on a regular basis with the involvement of the young people and the professionals working with them. Placement planning meetings occurred monthly to review placement support plans which were updated in respect of progress. These monthly reviews were attended by residential care staff, the centre manager or deputy centre manager, social workers and an aftercare worker where relevant. Young people were also involved in developing their placement plans and were aware of what goals they were working towards such as developing their independent living skills.

Good supports were in place to prepare young people for leaving care. Two of the young people resident were over 17 years of age and had an allocated aftercare worker. There was evidence in young people's files that residential care staff advocated for young people to be allocated an aftercare worker to support progress in their placement and to prepare the young people for adulthood. Both young people had completed their assessments of need with the aftercare worker in the weeks prior to the inspection. Staff and managers told an inspector about how it would benefit the young people to be allocated an aftercare worker at an earlier age to give them more time to build a relationship with them, to have more time to assess their needs and plan for their future.

Young people were supported by staff to further develop independent living skills. All young people were supported to develop skills for life, including cooking, budgeting and general self-care. Young people were supported to undertake tasks independently such as going on day trips, walking to and from school and being active members of sports clubs.

Young people were supported by staff to keep connected with their culture. For example, staff linked in with the local mosque where some residents attended. Staff also supported young people to maintain contact with family members where possible to do so.

Some children in the centre were in the care of Tusla on a voluntary care basis, under Section 4 of the Child Care Act 1991. However, two of the children's files did not contain parental consent for the children's admission to voluntary care in accordance with the regulations. Staff had made attempts to obtain one child's voluntary care form following a young person's admission to the centre. This was brought to the attention of the centre managers who followed up with the children's social workers in order to obtain the necessary paperwork and store it in the children's files as required.

The safety of the young people was the main priority of managers and staff. The centre had a safeguarding statement and there was a national policy and procedures on safeguarding and child protection. Staff reported no incidents of bullying at the centre and young people told an inspector they felt safe living there. Not all staff had up-to-date training in *Children First: National Guidance of the Protection and Welfare of Children* (2017). Managers were aware of this and it was a focus for them at the time of the inspection to ensure staff completed this training. Training was planned to occur and a social care leader was assigned the task of ensuring all training was completed as required. Staff who spoke with an inspector were aware of their responsibilities as mandated persons.

Child protection concerns were reported and managed appropriately. Child protection concerns reviewed by an inspector were referred to Tusla through the portal, and in line with *Children First* (2017). Staff who spoke to an inspector were knowledgeable

of their responsibilities in relation to reporting child protection concerns and were aware of their responsibilities as mandated persons.

Safety measures within the centre were well maintained but not all staff had up-to-date training in fire safety. Adequate fire precautions, including fire and smoke alarms, were in place. Fire safety training was impacted by COVID-19 and this meant not all staff had up-to-date training in fire safety. An inspector confirmed with managers that this training had been scheduled to occur in the months following the inspection. Staff completed fire checks as required and fire drills with the young people occurred on a regular basis. Cars used to transport the young people were roadworthy, regularly serviced and insured. Some maintenance issues were outstanding at the time of the inspection, including the removal of mould from a shed which managers had taken action to address. Managers escalated issues as required and requested updates about when issues would be resolved.

The centre was clean, adequately lit and ventilated. It was generally well maintained and sufficiently large for its purpose and function. Staff and young people had decorated the living areas to make it homely and comfortable. The service had further plans to paint the centre. There were CCTV cameras around the external of the house and residents were told about these when moving into the centre. The centre manager spoke with an inspector about ideas to further enhance the centre such as developing a semi-independent living unit in the back garden which would further support young people transitioning out of care to live independently.

There were systems in place to manage risks appropriately within the centre but some needed to be strengthened. Prior to each admission, a risk assessment considered potential risks in relation to the young person being admitted as well as the potential impact on the current residents. Individual risk assessments were carried out in relation to specific young people depending on their needs. Managers and staff collaborated well with external professionals to ensure the safety of young people living in the centre. Risk assessments occurred as required to ensure activities and outings were safely managed.

Systems were in place for identifying and managing risks in the centre, as well as escalating risks that they could not manage. Systems were also in place for the notification of accidents and incidents, and significant events notifications (SENs) were sent to senior managers and to young people's social workers. There were seven SENs in the twelve months prior to the inspection. These related to COVID-19, medication, a welfare concern and acknowledging a young person receiving their international protection status. The significant events were also subject to review at regional management meetings.

Each young person had an individual crisis management plan and an absence management plan based on risk assessments. These set out the interventions to be used by staff. An inspector sampled some of the significant events records and noted

these were appropriately managed with good oversight. There were no missing from care episodes in the twelve months prior to the inspection.

The centre had a risk register which was not reviewed on a regular basis. The most recent risk on the risk register provided to an inspector was noted to be reviewed in 2020 and the most recent review date was June 2021. The centre manager was assured that risks were reviewed as required and where relevant were recorded on children's files. They acknowledged that this was not reflected in the risk register for the centre.

The staff team adopted a restorative approach to the management of behaviour. The team built respectful relationships with the young people and developed an understanding of how each young person behaved in the context of their own personal experiences. All staff received training in a Tusla-approved approach to managing behaviour that challenges. There was oversight and review of the use of restrictive practices so that managers could be assured that the least restrictive measures were in place for reasons of risk and for the shortest duration possible. For example, managers told an inspector that there were initial restrictions in place for how much free time young people had when they moved into the centre. They told the inspector that this was reviewed on a weekly basis when residents had settled into the centre and were more familiar with the local area.

The health and developmental needs of the young people were identified and these were addressed in the centre. An inspector reviewed the health needs of two young people and found their needs were identified and addressed in a timely way. Young people were supported to attend health services in a timely way. Key working records also showed that young people were supported to develop knowledge and understanding around their health.

Systems were in place to ensure that medicines for young people were well managed. Most staff were trained in the safe administration of medicines and management kept a tracker of those who had yet to complete refresher training. There were comprehensive medication management policies and procedures to guide them. Accountability for medication management involved daily counts of the stocks of medicines and monthly audits. Young people who could manage self-administration of medication were facilitated to do so and this was decided on an individual basis. The manager's monthly audit identified one error when a young person was self-administering medication and one error in the administration of medication by staff. While these errors did not have a negative impact on the young people, they were subsequently discussed with staff to ensure the safe administration and management of medications. Controlled drugs were managed securely.

Three of the four young people attended schools which were located close to the centre. It was planned that the fourth young person would enrol in school at the beginning of the next school year having recently moved into the centre. Staff liaised

with the schools as required and the young people's individual needs were met in school. Details of their educational needs were outlined in their placement support plans.

There was good transition planning for young people when they were moving out of the centre. Staff continued to offer support to young people for a period after they moved out. This involved staff visiting young people and taking them out on activities, as well as being available by phone. This meant that young people continued to feel supported while settling into their new placement or returning home. Managers told an inspector that young people were also asked for their feedback when they moved out of the centre.

<p>Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.</p> <p>Regulation 8: Access arrangements</p>
<p>Young people were supported to maintain contact with their family and other significant people in their lives. Staff were proactive in engaging young people in their personal interests and preferred activities and facilitated links with their local communities.</p>
<p>Judgment: Compliant</p>
<p>Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p> <p>Regulation 23: Care Plan Regulation 24: Supervision and visiting of children Regulation 25: Review of cases Regulation 26: Special review</p>
<p>Care practices took account of the young people's individual needs in a respectful manner. Programmes of care were based on each young person's needs to support them in the most suitable manner. Children were not visited by their social worker as often as they should be as required by the regulations.</p>
<p>Judgment: Compliant</p>
<p>Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.</p> <p>Regulation 7: Accommodation Regulation 12: Fire precautions Regulation 13: Safety precautions Regulation 14: Insurance</p>
<p>The centre had a homely atmosphere which promoted the safety and wellbeing of the young people residing there. The management team showed commitment in striving to improve the centre further.</p> <p>Fire safety training was impacted by COVID-19 and this meant not all staff had up-to-date training in fire safety. An inspector confirmed with managers that this training had been scheduled to occur in the months following the inspection.</p>
<p>Judgment: Substantially compliant</p>

Standard 2.4

The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential care centre.

Regulation 22: Case records

Case records did not contain copies of court orders relating to the child or of parental consent to the child's admission to care as required by national standards and by regulations.

Judgment: Not compliant

Standard 2.6

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

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

Judgment: Compliant

Standard 3.1

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

Safeguarding and child protection policies and procedures were effectively implemented in the centre. Young people were supported to develop their understanding and skills for their own protection. Not all staff were up-to-date with their mandatory safeguarding training.

Judgment: Substantially compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

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

Judgment: Compliant

Standard 4.2

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

Regulation 9: Health care**Regulation 20: Medical examination**

The health, wellbeing and development of each young person was actively promoted by the centre. Young people had access to all appropriate medical and health services as required.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
Quality and safety	
Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially compliant
Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential care centre.	Not compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Compliant
Standard 4.2 Each child is supported to meet any identified health and development needs.	Compliant

Compliance Plan

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

Compliance Plan ID:	MON-0036789
Provider's response to Inspection Report No:	MON-0036789
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	13 – 14 June 2022
Date of response:	03 rd of August 2022

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

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

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

Compliance plan provider’s response:

Quality and Safety	
Standard: 2.3 Regulation 7: Accommodation Regulation 12: Fire precautions Regulation 13: Safety precautions Regulation 14: Insurance	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 2.3: The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p> <p>The Supervisor for each staff member will monitor and review each staff’s mandatory training status at supervision. This item will be added to the agenda for supervision.</p> <p>The Social Care Leader responsible for training will review, plan and audit the mandatory training with the Deputy Social Care Manager every two weeks.</p> <p>Fire Training is planned for the 1st of September 2022 and the Centre Manager will ensure any staff not in attendance will be booked to attend the next training available in the Region. All staff will be fully compliant by end of quarter 4 2022.</p>	
Standard: 2.4 Regulation 22: Case records	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential care centre.</p> <p>Documentation identified in the report have been obtained and awaiting return of one document.</p> <p>The Centre Manager added a content checklist on the 30th of June 2022 for the Statutory File. The Deputy Social Care manager and the Social Care Leaders will have on going monthly oversight of the files using the National Audit tool and will support Key workers to obtain any missing records.</p> <p>Bi-monthly Key Worker meetings will be conducted for each young person.</p>	

Standard: 3.1	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>All staff have now completed their Mandatory training in Children First.</p> <p>The supervisor for each staff member will monitor and review each staff's mandatory training status at supervision. This item will be added to the agenda for supervision.</p> <p>The Social Care Leader responsible for training will review, plan and audit the mandatory training with the Deputy Social Care Manager every two weeks.</p> <p>Fire Training is planned for the 1st of September 2022 and the Centre Manager will ensure any staff not in attendance will be booked to attend the next training available in the Region. All staff will be fully compliant by end of quarter 4 2022.</p> <p>The Centre Manager will ensure ongoing review of all staff in their Mandatory training by auditing the Training Folder monthly at staff meeting.</p>	