



**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:	17 October – 19 October 2023
Centre ID:	OSV0004174
Fieldwork ID	MON-0041681

## About the centre

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

We are a mainstream residential unit for ages 13-17 nestled within the community. We take a trauma and attachment informed approach to our interventions where the child is at the centre of it. We take a therapeutic approach to behaviour meaning we don't look to change the behaviour rather we try see what's driving it. We have an ethos of building strong trusting relationships and place a high emphasis on supporting family contact and accessibility to education that caters to the needs of the individual.

**The following information outlines some additional data of this centre.**

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

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
17 October 2023	09:30hrs – 17:30hrs	Saragh McGarrigle	Lead Inspector
17 October 2023	09:30hrs – 17:30hrs	Sheila Hynes	Support Inspector
18 October 2023	09:30hrs – 14:30hrs	Saragh McGarrigle	Lead Inspector
19 October 2023	09:00hrs – 17:00hrs	Saragh McGarrigle	Lead Inspector (remote)

## What children told us and what inspectors observed

Inspectors carried out a routine unannounced inspection of this centre. The inspectors found that the young people living in the centre receive support and care from a committed staff team who work to keep the young people safe and promote their rights. Young people's dignity and privacy are respected and they are encouraged to exercise their rights, such as participation in decision-making about aspects of their care. However, recent changes in management, in addition to staff recruitment challenges meant that the young people had to regularly get to know new staff.

On the day of the unannounced inspection, inspectors found the centre to be clean and warm. The centre appeared well maintained and nicely decorated, which gave it a sense of homeliness.

At the time of the inspection, there were three young people, aged between 14 and 17 years old, living in the centre and one vacancy. On the day of inspection, the young people were invited to give their feedback on their experiences of living in the centre. Two of the young people spoke to inspectors and the third young person choose to give feedback by completing a short survey.

Young people were well cared for in the centre. All of the young people stated that their opinions are taken into consideration in matters that affect them, such as having their views heard as part of their child-in-care reviews. Two young people attended part of their reviews, they said:

"staff listen to my views".

"staff take care of me, they do everything"

The young people were aware of their rights, including how to make a complaint. They were aware of a young people's advocacy service and were confident in speaking with staff as issues arose for them. Young people said:

"..... I know I could talk to social care workers"

Young people were facilitated to engage in activities. The young people spoke about the activities that the staff organised for them, and one of the young people spoke about having a friend visit them in the centre. The inspector observed a visit between a young person and their friend during the inspection.

The young people indicated that they had taken the opportunity to visit the centre and familiarise themselves with the staff, and the day-to-day living arrangements before moving into the centre.

Inspectors observed the staff being respectful of the young people's privacy when interacting with them, and also observed one of the staff respectfully and discreetly responding to one of the young people when they had raised a concern.

Inspectors spoke with a number of people involved in the lives of the young people to seek their views on the care that the young people were receiving while living in the centre. Family members spoke about the staff working well with the young people and keeping them informed.

Inspectors spoke with all of the young people's allocated social workers. The social workers spoke positively about the care given to the young people in the centre. All of the social workers reported that they are kept informed of any incidents that happened with the young people. The social workers said that while there had been changes with the management in the last few months (discussed in the next section of the report), they felt the centre continued to be well managed.

The next two sections of this report outline the findings of this inspection on aspects of management and governance of the service and on the quality and safety of care provided to the young people.

## Capacity and capability

Overall, the management ensured a safe and caring service is provided to the young people. This centre was inspected against eight of the National Standards for Children's Residential Centres. Inspectors found the service compliant with five standards and substantially compliant with three of the standards examined.

There are appropriate governance and management systems in place but there have been significant changes in the management and staff team over the last six months, with vacancies remaining for both management and social care worker posts. These changes impacted negatively on the oversight of the service and management's capacity to ensure ongoing quality improvements. As a result, the continuity of care for the young people had been disrupted somewhat. However, staff who spoke with inspectors said that while there had been a lot of changes, the management team are assessable to them, and they feel supported in their roles. There was a clear statement of purpose which reflects the day to day operation of the centre. While management were striving to improve safety and the quality of care, inspectors found room for improvement in this area.

Within the last six months there were changes in both the manager and deputy manager posts, as a result of some staff leaving the service and others on long term leave. The new manager and deputy manager were appointed from within the staff team on an interim basis. As some of these changes happened suddenly,

there was no opportunity for effective handover to the new managers. Additionally, of the three team-leader posts, there are two vacancies, again due to staff leaving and staff being on long term leave. This resulted in gaps in areas such as consistency with supervision for staff. In addition the inspectors had concerns about the viability of the ongoing delegation of duties due to the reduced management team.

The manager told inspectors that an annual service review had been completed in January 2023 by the previous managers, however the inspectors did not receive a copy of this report. The current managers advised they had not reviewed this report as part of the handover when taking on their management roles. This is an example of how the lack of a proper handover impacted on oversight and service improvements for the centre. The manager advised that there is a plan in place to conduct a review in January 2024.

While there are systems in place for oversight and communication with staff such as staff supervision, audits and team meetings, the inspectors identified gaps and inconsistencies in how these measures were being implemented. Both staff and management reported that formal supervision was not happening at the frequency in line with policy and formal supervision for agency staff, some of whom have taken on key working roles, was not in place.

There were systems in place to facilitate effective communication within the staff team; nevertheless, some improvements to keeping to these systems were required. While team meetings were scheduled to be held on a weekly basis, inspectors found that these were not always happening as scheduled. Inspectors examined a sample of team meeting minutes and found that they had been well structured and used a set agenda. The minutes demonstrated good discussion about each of the young people and their current issues. Team meetings also covered the assignment of tasks to staff for completion. These meetings were used as a medium for reflection and learning, whereby practice issues had been brought up for discussion. Staff who missed the team meetings were required to read the minutes of the meetings and sign a sheet to confirm this. However, most sheets had only one, or in some cases no names signed and no evidence that managers had reviewed this.

The staff team should consist of twelve full-time staff; however, at the time of inspection there were seven vacancies as a result of staff leaving the service and staff on long term leave. Nonetheless, inspectors saw evidence of effective efforts being made to ensure good care of the young people.

At the time of the inspection, there had been a reliance on agency staff to provide the care and support required. Two agency staff had been effectively working full-time in the months prior to the inspection. In addition, other agency staff had

been used as well as staff being brought in from other centres. Managers had ensured that where agency staff were on shift that they were working alongside more established staff team members. There were clear processes in place for induction of agency staff, and staff who spoke with inspectors were clear about this process and their role in supporting any new staff they might be on shift with. Another measure to address the staff vacancies was that the management had agreed a temporary block on the placement of a fourth child in the centre. However, the impact for young people living in the centre was it is was difficult for them to build relationships with staff during this time of change. In addition, one agency staff, just prior to the inspection, had been assigned a key working role, though they were not receiving formal supervision.

There were good arrangements in place for out-of-hours support. This ensured that staff had access to immediate support and guidance in relation to any issues or concerns that arose during periods outside the standard management working hours. This support was provided on a rotational basis by the centre manager and the deputy manager. Both of these managers advised that, in light of their recent appointments to their roles, they were supported during out-of-hours by the regional management team.

There was good management oversight of significant incidents and events in the centre. 'Significant event notifications' (SEN's) had been delegated for review by one of the social care team leaders, while they were on leave, the manager and deputy manager had taken on this role to ensure learning was shared with the team, this continued oversight ensured SEN's were recorded, reviewed and reported as required.

An external review by the child and family agency's (Tusla's) practice and service monitoring (PASM) team had taken place in August 2023, and the report was published on 6<sup>th</sup> October 2023. This review identified two areas for improvement; a more consistent approach to engaging children following incidents of challenging behaviour and that the regional management team support the service to address the staffing deficits. A clear action plan was developed by the manager to address these areas. Inspectors observed that a number of these actions, such as reviewing the use and recording of individual work and conversations with children following incidents at a team meeting, and the redeployment of staff from another service, had been actioned.

The centre's statement of purpose was reviewed in July 2023. It described the aims and objectives of the centre, the model of care, and the care and support needs it intended to meet. Information booklets were provided to the young people and their families which outlined the purpose of the centre and provided

sufficient information about how the centre operated. These booklets include information on their rights and how to make a complaint.

### **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 was appropriate management and governance systems in place. However, the service had undergone significant changes to the management structure in the months prior to this inspection. There was also significant staffing challenges. As a result there were gaps in oversight capacity of the management team in areas such as staff supervision where supervision was not happening at the frequency in line with policy and team meetings not being as frequent as required. Where staff were not in attendance at team meetings, the systems in place did not ensure they familiarised themselves with decisions and discussions of the meetings.

Judgment: Substantially Compliant

### **Standard 5.3**

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

The statement of purpose clearly outlined the centre's model of care, the aims and objectives, and the care and support needs it intended to meet, which was last reviewed in July 2023.

Judgment: Compliant

### **Standard 5.4**

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

While there were appropriate systems in place to monitor the safety and quality of care to the young people living in the centre, inspectors did not see the annual review for 2022 and the manager reported she was not briefed about outstanding actions when she took over management role six months ago.

Judgment: Substantially Compliant

## Quality and safety

Overall, the young people living in the centre received a good quality service from the staff at the time of this inspection. The provider's approach ensured that young people were informed about the centre and their rights. Staff were working to keep the young people safe and promote their rights. Staff are respectful of young people's privacy. Staff encourage young people to exercise their rights, such as participation in decision-making about aspects of their care. Young people's placements had been tailored to their needs and this was supported by the admissions policy that ensured placements were appropriate for young people.

The service had effective systems in place to safeguard young people. While, overall, there was a positive approach toward behaviours that challenge, inspectors had concerns over one practice in the centre. The restrictive practice of using an alarm that alerted staff if a young person left their bedroom during the night rather than having staff available to young people throughout the night, was of concern to inspectors.

Overall young people's rights were promoted by staff in the centre. Staff demonstrated a good understanding of young people's rights and their responsibility to support these rights. Inspectors found that staff tried to ensure the young people were supported to maintain links with friends and minimised disruption to their routines. One young person was supported to remain in their school, after moving to the centre, despite a considerable distance. There was also examples of staff promoting good family contact for the young people. Young people were encouraged and supported by staff to participate in decision-making about their lives, such as having their views heard at their child-in-care reviews. Inspectors found that staff appropriately responded to the concerns of the young people.

The young people, when they move to the centre, are provided with a guide to living in the centre. This guide includes information on their rights, including their right to be involved in their care planning and access to their files, as well as information on how to make a complaint and how to contact advocacy services. The young people who spoke with inspectors indicated their understanding of how to make a complaint. A staff member told inspectors about how on one occasion, they had discussed how to make a complaint with a young person and how they had followed up on this. One of the young people described how they had raised an issue and how staff gave them reassurances to address the issue.

In addition, there were weekly meetings of the young people, and the records of these meetings demonstrated the efforts staff went to engage young people in these meetings. For example, when one young person could not attend these meetings, a staff member would call them in advance to give them the opportunity to contribute to the agenda and have their views shared at the meetings. There were occasions where it was not possible to hold a group meeting and on these occasions staff meet with the young people individually. There was evidence that issues raised at these meetings had been followed up by staff.

Young people's right to dignity and privacy was respected in the centre. Each young person had their own room, with a bathroom, which they could decorate to their individual taste. Young people were provided with a key so they could lock their own bedrooms, and at their request were also provided with secure boxes to keep personal items locked away. The centre has two living room spaces, one of which has been designed to be a 'sensory space' – which had soft lighting and sensory materials available for the young people. These spaces allow the young people to spend time alone or meet privately with family, friends or social workers.

Admissions were well managed and ensured each young person's identified needs informed their placement. Management ensured that proposed admissions had been considered in line with the statement of purpose for the centre, as well as consideration of the needs and rights of the young people already living in the centre. A collective risk assessment had been carried out for the young people who were admitted in the last 12 months that outline key risks associated with a young person's placement in the centre and how these could be effectively managed. A collective risk assessment reviewed by inspectors had been comprehensive and of good quality. This meant that the needs of the young people being admitted to the centre were adequately being considered. However, in light of the staffing difficulties at the time of inspection, there was a temporary block on the placement of a fourth child in the centre.

Part of the pre-admission plan for young people being admitted to the centre included visits to the centre to meet staff and other young people living there. Transition plans included a combination of day visits and an overnight stay that provided young people with opportunities to become familiar with the day-to-day arrangements in the centre and to meet the other young people and the staff team. In addition, inspectors saw flexibility in the implementation of this transition plan whenever it was in the young person's best interests.

The provider and staff promoted safe care in the centre. Staff who spoke with the inspector demonstrated a clear understanding of their safeguarding responsibilities. The staff team appropriately identified and reported child protection concerns in line with Children First (2017). Children First training was up-to-date for all but one current staff member, and the manager gave assurance that this staff member

would complete the training on their return from leave the week following the inspection. All safeguarding concerns were notified by staff in line with legislation. The notifications were recorded on the centre's child protection concerns log, and these were tracked and reviewed regularly to ensure they were completed and closed appropriately. Inspectors found that staff took steps to safeguard young people, such as ensuring safety plans were regularly reviewed with social workers and others as required. Staff that inspectors spoke with understood the policy on protected disclosures.

Staff were proactive in their management and monitoring of young people's safety. Individual crisis management plans, absence management and safety plans were detailed and tailored to the needs and circumstances of the young people. There were records of strategy meetings with key professionals to address the needs and risks of young people as they arose.

Young people were supported to develop their skills and knowledge to keep themselves safe. For example staff carried out one-to-one sessions with one of the young people to understand risks in the community and increase the young person's awareness of how to keep themselves safe. Young people who required additional support were linked with appropriate services in order to promote their overall wellbeing. In addition some of these services had completed workshops with the staff team to increase their skills in supporting the particular needs of the young people.

Staff and management were skilled in recognising the potential for exploitation of the young people and there were comprehensive safety plans in place which were updated regularly. Staff were using appropriate reporting forms to pass any such concerns to social workers and engaging in strategy meetings with social workers and Gardaí when required.

Training in the identification of potential sexual exploitation was identified as a priority for staff in order to meet the needs of the young people. While a number of staff had completed training in this area a few years ago, at a recent staff team meeting there was a direction from the manager for all staff to complete this training as a priority. The provider had also ensured other measures had been implemented to promote the safety of young people. For example, the provider had engaged with other professionals in strategy meetings and had ensured child protection notifications had been completed when required.

There was an effective system in place that monitored, recorded and reviewed the use of restrictive practices in the centre. The restrictive practices policy ensures that appropriate restrictive practices are in place when required to address specific risks for the young people and that the least restrictive practice is used for the

shortest period of time. However, in the six months before the inspection, the restrictive practice of using 'child protection alarms' on children's bedroom doors at night had been put in place on two occasions, once for all the young people, and, at the time of the inspection, for one of the young people. This practice of using technology as a means of alerting sleeping staff that a young person may require support or an intervention — rather than having a staff member readily available in such situations — was not adequately supported by the centres documentation. Despite there being risk assessments completed on this practice, using such alarms instead of having staff readily available did not adequately promote the safety, wellbeing and rights of the children during the night-time hours. The manager undertook to continue to review the current use of this practice on a monthly basis.

In addition, inspectors had concerns about temporary use of security personnel in the centre for a short period of time, in the months before the inspection. While the manager had consulted with and obtained approval from the regional management, and while the use of such personnel had been risk assessed by the manager in line with the standards, their presence diminished both the homeliness of the centre and the rights of the young people and did not promote positive behaviour in line with the standards. At the time of the inspection, the provider had not carried out a review of the use of this intervention; therefore, no learning from this practice had been available to the provider or staff.

**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 experienced care and support which respected and protected their rights. They were supported to exercise their rights and to participate in decision-making. Staff and management ensured young people understood their rights and had information about their rights.

Judgment: Compliant

**Standard 1.2**  
 Each child's dignity and privacy is respected and promoted.

Staff and management respected young people's right to dignity and privacy. Young people had their own rooms and access to other spaces where they could be alone should they choose.

Judgment: Compliant

**Standard 2.1**

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

There was an effective admissions process in place. Each young person's needs informed their placement in the residential centre. Collective risk assessments were completed prior to admission of young people. Transition plans were implemented which provided young people with the opportunity to become familiar with the centre's day-to-day living arrangements prior to their admission.

Judgment: Compliant

**Standard 3.1**

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

Policies and procedures were followed by staff to ensure the safeguarding of young people living in the centre. Staff and management responded appropriately to any child protection concerns in line with Children First (2017). Staff were trained and demonstrated knowledge in how to manage and report child protection concerns appropriately.

Judgment: Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Staff and management took a positive approach to the management of behaviours that challenged. Restrictive practices were monitored and regularly reviewed, however alarms on the young people's bedroom doors at night, rather than having staff readily available, was implemented on two occasions in the last six months. Use of security personnel for a period has not been reviewed to ensure learning for management and the staff team

Judgment: Substantially Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<p><b>Standard 5.2</b> 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><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p><b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p>	Substantially Compliant
<b>Quality and safety</b>	
<p><b>Standard 1.1</b> 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><b>Standard 1.2</b> Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p><b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Substantially 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.**

<b>Compliance Plan ID:</b>	MON-0041681
<b>Provider's response to Inspection Report No:</b>	MON-0041681
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA Dublin North East
<b>Date of inspection:</b>	17 <sup>th</sup> October 2023
<b>Date of response:</b>	18 December 2023

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:**

**Capacity and Capability**

<b>Standard : 5.2</b>	<b>Judgment: Substantially Compliant</b>
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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.**

1. A scheduled supervision plan is now in place. All staff, including long term agency staff have all received supervision in line with policy. Centre manager will ensure the supervision schedule is maintained and prioritised within the planning of the centre.
2. Team meetings will happen on a weekly basis and records will be made available to absent staff members to read and sign. All staff will sign any outstanding minutes during their subsequent shift and in advance of the next team meeting. The Centre Manager will review compliance of this on a fortnightly basis and raise any issues directly with the staff member.
3. The centre managers will continue to provide governance and support to the team through handovers, supervision, staff meetings, paperwork review and feedback, and formal/informal practice support where required.

<b>Proposed timescale:</b> 31 <sup>st</sup> January 2024	<b>Person responsible:</b> Social Care Manager
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<b>Standard : 5.4</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.4: The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</b></p> <ol style="list-style-type: none"> <li>1. A service review is scheduled for January 2024 in which the management and team will review our standards and quality of service and identified areas for improvement. The Deputy Regional manager will be part of this review and the goals set out last year will be included in this assessment. A plan will be developed to outline the goals for the coming year, identify the resources required, and review the current systems in place.</li> <li>2. The Regional Manager has re-deployed staff from other centres to ensure an increase in staffing levels in the Centre. 4 staff members have joined the team with an additional staff member currently on boarding.</li> <li>3. The Regional manager has prioritised the centre in relation to the most recent recruitment drive. Interviews took place and three positions have been offered to successful candidates from TUSLA recruit.</li> </ol>	
<p><b>Proposed timescale:</b> 28<sup>th</sup> February 2024</p>	<p><b>Person responsible:</b> Deputy Regional Manager</p>

<b>Standard : 3.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2: Standard 3.2 Each child experiences care and support that promotes positive behaviour.</b></p> <ol style="list-style-type: none"> <li>1. A review of the security personnel used within the centre will be completed by the centre management in consultation with the Deputy Regional Manager and Regional Quality Risk &amp; Service Improvement Manager to extract any learning. Input will be sought from the centre team</li> </ol>	

2. Regular ongoing meetings continue to be held with FORSA Trade Union regarding the implementation of live nights into all centres in Children's Residential Services nationally.
3. The centre booklet will be reviewed to ensure all relevant information in relation to the use of technology with particular reference to the centres alarm systems is detailed.

**Proposed timescale:**  
**30<sup>th</sup> June 2024**

**Person responsible:**  
**Regional Manager**