



**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:	Mid West
Type of inspection:	Unannounced
Date of inspection:	18 th May – 19 th May 2023
Centre ID:	OSV-0004202
Fieldwork ID	MON-0040181

About the centre

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

The centre is managed by the Child and Family Agency and can accommodate up to four children or young people, both male and female, at any one time, aged between 16 and 18 years of age. The aim of the centre is to provide young people between the ages of 16-18yrs with a safe, stable and supportive living environment where they are cared for, supported and valued. In addition, to ensure that each child or young person can access the supports and interventions necessary to address the circumstances of their admission to the centre. In addition, to provide each child with opportunities to prepare themselves for the transition from care, the move to a less supported living environment and the responsibilities that come with leaving care and adulthood. Staff and managers work in partnership with the young people to provide them the time, attention and support to facilitate learning and to practice adult life skills. This provides an opportunity for young people to build on their strengths, talents, interests and supports that will give them purpose and in time independence as young adults.

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
18th May 2023	09:20hrs – 17:30hrs	Hazel Hanrahan	Lead Inspector
18th May 2023	09:20hrs – 17:30hrs	Saragh Mc Garrigle	Inspector
19 th May 2023	09:00hrs – 17:00hrs	Hazel Hanrahan	Lead Inspector (Remote)
19 th May 2023	09:00hrs – 17:00hrs	Saragh Mc Garrigle	Inspector (Remote)

What children told us and what inspectors observed

There were three young people living in the centre at the time of the inspection. The centre is a large three storey house set on the outskirts of a city centre. The centre is served by a main road into the city centre that offers access to schools, community groups and a range of activities such as sports, library, cultural events, theatre and arts. The inspector spoke with one young person, and one parent and listened to their experiences of the service.

Upon entering the centre it was bright, spacious and full of natural light. The interior was a modern design against the backdrop of an old building. The décor of the centre was filled with a feeling of warmth and homeliness, with artificial plants throughout which provided cosy inlets at the foot of the stairs. The staff and managers were creative in making the most of the space in the centre by placing colourful paintings of animals and scenic landscapes throughout, along with developing the vertical space with artificial plants hanging from the ceiling, all of which provided the feeling of a calm oasis as you went up the stairs.

The centre had a communal sitting room with a television, games console and board games that created an additional space for young people to meet with family and friends or to gather together and get to know one another in the centre. Additionally, there was a communal kitchen that was spacious with natural light shining in. The centre was also equipped with an outdoor space that was decorated with plants and a seating area which was enjoyed by the young people. A boxing bag and shelter area was also being installed in the outdoor space. It was clear from the inspector's observations and speaking with staff that managers had considered the positive impact a young person's living environment could have on them.

Each of the young people had their own apartment, which had a kitchen, sitting room area, a bedroom and bathroom. The young people lived independently of each other. They cooked for themselves and, when they were in the centre, spent much of their time in their own apartment. While this living arrangement prepared the young people for independent living, the communal areas were not fully utilised by the young people to spend time together.

The young person, for the most part spoke positively about living in the centre. They said they liked the staff and liked their apartment and they liked being able to cook their own meals. The young person spoke about feeling comfortable to talk to staff if they had a complaint or difficulty, and also spoke positively about being able to go to see their family and have their family visit at the centre.

The young person said that they did not have much contact with the other young people living in the centre. When asked how they felt about that, the young person shrugged their shoulders. They spoke about meeting up with friends outside the centre, but they reported their friends did not visit the centre. When asked why, the young person said they think the process to have friends approved to visit the centre is too complicated and would involve their social worker.

Inspectors also spoke with a guardian ad litem (GAL) and two social workers, as part of the inspection.

All these professionals told inspectors that their experience of the service provided by the centre was positive. They all spoke about the good levels of communication with staff and in particular ensuring that any safeguarding issues were communicated to them promptly. They also spoke positively about how the staff supported the young people to attend child-in-care reviews.

Professionals spoke about how the staff supported young people to attend their education and training programmes as well as how they supported them to develop hobbies and that staff were very child-centred in their approach.

All of the professionals highlighted the independent living skills work undertaken with the young people and spoke about how important these skills were for the young people. One of the professionals said "independence skills piece is huge and staff support the young person to see the bigger picture".

Capacity and capability

The inspection found that there was good management and oversight of all aspects of the centre. Communication to staff on audits and areas of good practice and or development was disseminated through different forums to staff. A culture of learning was promoted within the service. Where the service was experiencing challenges in not having a full staff team, measures were introduced to mitigate against this to provide an effective and safe service. However, there were areas for improvement which would further strengthen the governance of the service.

Since the previous inspection the staffing team and young people had relocated to an alternative building, during the COVID-19 pandemic, whilst renovation work was being completed at the current centre to update and improve the building structure. Staff and young people transferred back to the centre when the renovation works were completed in 2022. It was clear that the staff and

managers had to navigate through complicated periods of change to continue to deliver an effective service to young people who needed care, support and protection.

The service had an experienced centre manager who was supported by a deputy centre manager. The staff team was made up of social care leaders, social care workers, and agency staff. They had experienced challenges in 2023 due to vacancies and did not have a full staff team at the time of the inspection. There were two vacancies, one for a social care leader and one for a social care worker. Two new members of staff had been recruited to the team who were in the midst of completing their induction programme. It was clear that the team had experienced instability in staffing, however; this was mitigated against by the introduction of measures to reduce the number of young people the service could cater for to reflect staffing capacity. This was to ensure that young people's continuity of care was not disrupted and that a safe and effective service could be delivered. Furthermore, the centre manager told the inspector that recruitment campaigns had been progressed, and they had been successful in recruiting one social care worker.

The centre manager was visible and accessible to staff and young people. A deputy regional manager had responsibility for the operational management of the overall service. There were effective management structures in place where roles and responsibilities and lines of reporting were clear. Staff and managers who spoke with the inspector were clear of their role in the delivery of the service and were committed to providing a safe, nurturing and learning environment to help prepare each young person to become independent young adults upon leaving care.

From document review and interviews with managers and staff, it was evident that the staff team exercised resilience in the face of many changes experienced since the previous inspection. They adapted to changing environments and stressors in the workplace that resulted from this and continued to instil a culture within the service that was welcoming and calm. During this time staff and managers continued to nurture collaborative working with social workers, aftercare workers and other professionals to strengthen the support networks who worked with and for the young people transitioning from care or who had an important responsibility for the well-being of young care leavers.

The centre manager had good oversight of all aspects of the service through audits of young people's case files, staff supervision and from the findings of monthly audits undertaken by the deputy regional manager. In addition, the centre manager supervised new staff members who were undergoing an induction programme. This provided further oversight of the development of staff skills and

identified specific areas for improvement in the practice of those skills, as well as the provision of feedback on their performance. The oversight and monitoring measures provided the centre manager with an evaluation of staff performance and on how well the service was achieving positive outcomes in the lives of young people. Findings from audits were communicated to staff through team and management meetings. The inspector found that learnings from HIQA inspections nationally were also discussed and reviewed. This approach created a consistent culture of learning that provided staff with the space to reflect, challenge and identify areas for further improvement.

The centre manager developed a quality improvement framework action plan for the service in 2022 and in 2023 that focused on a number of areas for development. These documents were found to be detailed and of good quality. They included the development of a participation strategy which looked at how to seek feedback from young people, families and professionals to help inform practice along with compliance with policies. In addition, the centre manager together with staff participation had commenced a review of placements where a young person's placement had come to an end. One review sampled was found to be detailed and looked at a wide range of topics that included relationship building, the young person's engagement with the programme, independent living skills development, how the young person was supported, along with staff views and beliefs. This was an in-depth review that provided areas for future learning and insight into staff practice and development.

The manager maintained a complaints register for the service with two complaints having been received in the six months prior to the inspection. The inspector reviewed the two complaints and found there were examples of good practice where complaints raised by young people were resolved swiftly by the centre manager. Staff and managers logged complaints made by young people that were related to other services that they were linked with. The handling of complaints was child-centred, where young people were provided with the space to discuss their concerns and to be heard. Young people were provided with feedback on the decisions made and the outcome of their complaint. Where young people were not happy with the outcome of a decision, they were provided with information on how to raise their concerns further.

Managers undertook risk assessments and risk management in the centre to identify and evaluate sources of potential harm in order to manage identified risks. There was a system in place to notify reportable events in line with Tusla national policy and procedures. The centre manager promoted a culture of good communication, and their approach was open and transparent.

The centre had a statement of purpose and function in place that clearly outlined the service it aimed to provide and the age range for young people it catered for. The statement of purpose and function was up to date. From speaking with staff, the inspector found that they were familiar with the contents of the statement of purpose and were confident that it reflected the model of care provided to young people.

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 clear governance arrangements and structures that set out the lines of authority and accountability. There was strong leadership that was demonstrated and evidenced at all levels, alongside a strong culture of learning in the service.

Judgment: Compliant

Standard 5.3

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

There was a detailed statement of purpose and function which described the full extent of the service and facilities provided to young people.

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.

The quality, safety and continuity of care provided to young people in the residential centre was regularly reviewed through audits and quality improvement plans to promote developments in practices. Information related to complaints, concerns and incidents was well managed and acted upon in a timely manner.

Judgment: Compliant

Quality and safety

Young people received care that was individualised to meet their needs, and staff in the centre worked in the best interests of the young people. Managers and staff effectively implemented the admission process and made decisions based on all available information about the needs young person moving to the centre alongside the needs of those young people already living there. Further improvement was needed to nurture the social development of the young people in the centre. Young people were supported to maintain regular with their families and friends. Young people's rights were promoted by staff and managers and young people were provided with opportunities to exercise these. There was an effective system in place in the management of restrictive practice and any learning from practice. It was found that further improvement and development was needed in staff knowledge in the management of and responding to a range of issues in a young person's life that may place them at greater risk of abuse that included indicators of child exploitation related to drugs.

The admissions process for young people transitioning into the centre was well planned. The managers and staff worked together with the young person's social worker and staff from their previous placement to make the change in the young person's life as smooth as possible. This included organising visits with the young person to the centre with the social worker and or staff from their previous placement, to view the accommodation and meet with the new staff. This helped to support the young person to gradually become more secure and in control of their new world and to lessen the likelihood of becoming overwhelmed. However, the opportunity for young people to meet with those already living in the centre required further improvement. The centre manager and staff told inspectors that this was a challenge as the young people kept themselves separate from each other and did not always come together as a group. Inspectors did not find evidence that creative ideas were used to develop an approach to nurture the social development of the young people in the centre which is an important part of forming a sense of identity.

Managers and staff held pre-admission meetings with the social worker and other key professionals in the young person's life to discuss and gather key information to inform their care planning. This included family contact, absence management plan, the young person's skills, strengths and risk behaviours. A separate pre-admission meeting was held with the young person to provide a platform for them to have a voice and a say in their care planning.

Managers and staff completed impact risk assessments for all young people prior to them coming to live in the centre. The impact risk assessments were detailed and took into account all available information from the social worker and reports from the young person's previous placements. This assessment documented

information about the young person, their experiences, their family, their activities and their behaviours to provide the staff with the identified internal or external risk factors. Additionally, it took into consideration the impact and possible risk of the young person being admitted to the centre would have on those already living there and or the risks presented to the young person being admitted into the centre. Inspectors found that the manager and staff had a good understanding of each young person, and recognised possible triggers for unsafe behaviour and outlined steps the staff could take to reduce harm. The assessments took into account how influences of different relationships may affect a young person's behaviour due to their complex needs, age or vulnerabilities.

The staff team had received adequate training pertinent to their role in areas such as the model of care that underpinned their practice, the model of behaviour management and child protection and safeguarding. However, the inspector found that further improvement was needed in the area of managing and responding to a range of issues in a young person's life that may place them at greater risk of abuse that included indicators of child exploitation. Safety planning was not effectively used to understand and respond to the nature and level of risk possibly faced by young people where indicators of child exploitation were present. This meant that the work to reduce the risks was less focused in determining what interventions to be provided. In addition, there was also no evidence that safety planning was undertaken to address any potential risk that may be posed to the young people that were living in the centre. This meant that the possible risks were left unknown.

Staff and managers at the centre possessed a good understanding and knowledge of young people's rights. Young people were made aware of their rights from the beginning of their admission to the centre, where they were provided with information in the form of a booklet. From document review and interviews, staff supported young people to become aware of and to understand how rights apply to them and their lives. For example; the right to have an aftercare worker to support them in their journey in leaving care, the right to access education and learning to recognise if relationships were healthy or made them feel unhappy or unsafe. This was done by each young person's mentor. This is a staff member who builds a relationship with the young person that is focused on supporting their growth and development, and complete key pieces of work with them. Additionally, staff and managers arranged for an independent advocacy agency to visit the centre to speak with young people about their rights when in care and how to contact an advocate to support them to have their say. Staff and managers told the inspectors that young people's right to access information about them was promoted by all staff and their mentors.

Each young person's privacy was also promoted by staff and managers. Each young person had their own apartment which comprised of a bedroom, bathroom and an open plan sitting room and kitchen. The space afforded young people privacy with friends and family. Each apartment contained a safe to store personal possessions and medication. There were additional communal spaces in the form of a sitting room and kitchen that provided an alternative option for young people to meet privately with their social worker, family or other relevant professionals. Inspectors found that young people were informed of how rights applied to their own lives and to voice concerns where they felt that these were not respected. Where a young person felt that their right to privacy was disrespected, for example, when a room search was conducted, this was raised as a complaint to be investigated.

There were different platforms available for young people to exercise their many rights. Staff held community meetings with them that were tailored specifically for young people to have a voice and a say in the day-to-day running of the service. However, inspectors found that the community meetings could be further strengthened as there was no set agenda and areas of how to bring the young people together as a group through activities was not discussed. Young people were supported to maintain relationships with their family and friends, as agreed in their care plan, and in line with the centre policy. Inspectors found evidence where parents, siblings, relatives and friends visited the centre to see them. Also, mentors and staff created opportunities to support young people to pursue their interests such as sports activities and healthcare appointments.

Staff and managers reported child protection concerns in a timely manner and in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)*. The centre manager maintained a log of child protection concerns, including the status and outcomes of referrals. There were seven child protection concerns logged in the register in the previous 12 months. Five of these were recorded in 2022, with two recorded in 2023. It was found that two child protection concerns for 2023 were still awaiting an outcome and assurances were sought from the centre manager that these outcomes would be followed up with the respective social workers. All staff had up-to-date training in Children First. There was good communication between the social workers, aftercare workers, guardian ad litem and the staff and managers. Records reviewed showed regular phone contact between staff and the young people's social workers.

From document review and speaking with staff, practice, knowledge and understanding in the management of risk that included indicators of child exploitation related to drugs required improvement to effectively respond to and reduce these potential risks. This would support a holistic approach in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)*

in identifying the range of issues in a young person's life that may make them more vulnerable to harm.

The response to the contextual safeguarding of young people where indicators of child exploitation may be present required a stronger management response. Contextual safeguarding is the practice of recognising that as young people develop they are influenced by different environments and people and that assessment of, and intervention with, these spaces are a critical part of safeguarding.

Staff and managers promoted building a culture of working in partnership with young people by being open and respectful with them. This was underpinned through a mentoring programme that focused on empowering young people to develop their social, emotional, independence and functional skills. This work undertaken by the staff was underpinned by an approved model of care and enabled young people to acquire coping mechanisms and to take steps towards resilience and wellbeing. Each young person's placement plan was informed by the model of care and they were allocated a mentor who completed direct work with them. The inspector reviewed two young people's case files and found that both young people had an up-to-date placement plan that reflected their care plan. The placement plan was of good quality and detailed the expectations and routines of the young person, as well as how their needs would be met.

However, not all placement plans identified or addressed all of the potential concerns regarding the possible risks. Where some risks were identified and assessed, the mentor spoke with the young person to understand their perspective. In addition, staff and managers shared this knowledge and information in the best interests of the young person with their social worker. However, there was no evidence that an assessment was undertaken to determine the presence of protective measures in place that may reduce the level of concern about the current risks or the absence of these that may heighten the concerns further.

The staff were trained in an approved method of managing behaviour and this was reflected in the behaviour support plans that were in place for each young person. Out of the two plans reviewed one was not up-to-date and did not capture all of the young person's needs, as it did not identify all the risks and safety concerns and how external environments could pose a new set of complex risks. Further exploration was needed in how the influence of external factors in the young person's life could make them vulnerable to risks and harm outside of the centre. Without an up-to-date behaviour support plan to inform assessments and decision-making, staff may not always be able to make the right decisions, for the young person, at the right time.

There was an effective system in place that monitored, recorded and reviewed the use of restrictive practice. This was detailed and of good quality and recorded the reason for the practice, the duration and the date it came to an end. In the 12 months prior to the inspection there were four closed restrictive practices that were recorded. It was found that the four restrictive practices that were put in place related to searches undertaken of young people's apartments. These were assessed, recorded appropriately and were used for the least amount of time. The staff and managers had recorded the reason why the particular approach was undertaken, along with evidence that it had been proportionate to the identified risk. The young person was included as part of the process and was provided with an opportunity to be present when the restrictive practice was taking place. A consistent approach was undertaken by staff and managers in the implementation of a restrictive practice that was in line with the young person's best interests. The managers also undertook audits to review the use of restrictive practice in the centre to determine how it was safeguarding the young person's welfare and if the practice was in line with national standards.

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

Staff and managers had a good knowledge of young people's rights and this was promoted with young people from the point of their admission to the centre. Staff and managers liaised with an independent advocacy agency to meet with young people to help them to better understand their rights.

Judgment: Compliant

Standard 1.2

Each child's dignity and privacy is respected and promoted.

The dignity and privacy of each young person was respected by staff and managers. Each young person had their own apartment that provided privacy and space for their belongings. Through mentoring sessions with staff, young people were informed about their right to access personal information and were provided with opportunities to view their case file.

Judgment: Compliant

Standard 2.1

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

The admission process was effectively implemented by staff and managers who worked collaboratively with the social workers and other professionals involved in the young person's life. Pre-admission meetings were held with professionals and with the young person separately that promoted information sharing to inform their care planning. The staff and managers undertook impact risk assessments that were detailed and assessed the impact each young person's vulnerabilities and behaviours would have on each other and how to mitigate against these.

Judgment: Compliant

Standard 3.1

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

Staff responded appropriately to incidents of child protection concerns in line with Children First. Staff received regular training and demonstrated knowledge on how to manage child protection concerns and how to report if they occurred. However, further improvements were needed to effectively respond to and reduce potential risks to young people who may present with indicators of child exploitation.

Judgment: Substantially Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

There was an effective mechanism in place for the management of restrictive practice that monitored, recorded and reviewed the use of same. Audits were undertaken on the use of restrictive practice by the managers, to monitor trends and areas for improvement. Restrictive practice was used as a last resort and for the least amount of time, and young people were provided with information on why it was used.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Compliant
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p>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.</p>	Compliant
Quality and safety	
<p>Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Compliant
<p>Standard 1.2 Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p>Standard 2.1 Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Substantially Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	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-0004202
Provider's response to Inspection Report No:	MON-0040181
Centre Type:	Children's Residential Centre
Service Area:	Mid West
Date of inspection:	18 th to 19 th May 2023
Date of response:	26 th June 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:

Quality and Safety

Standard : 3.1	Judgment: Substantially Compliant
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. Training will be completed by all staff in Child Exploitation. The governance and oversight of risk management and safeguarding strategies in the centre will include assessment of how external environmental factors can impact the safety of the young people with robust reference to the indicators of child exploitation and the protective measures to reduce risk.	
Proposed timescale: 30/09/2023	Person responsible: Deputy Regional Manager