



**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 East
Type of inspection:	Unannounced
Date of inspection:	15 October – 17 October 2024
Centre ID:	OSV0004187
Fieldwork ID	MON-0045014

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 13 and 17 years of age. The centre aims to provide a residential care placement for children and young people who have displayed problematic behaviours. In addition, the centre aims to promote well-being and reduce risk in order that the young people can return to their communities.

The centres 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 well-being, safety, rights, education and community involvement.

The following information outlines some additional data of this centre.

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

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

As part of our inspection, where possible, we:

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

In order to summarise 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
15 October 2024	10:00hrs – 18:30hrs	Hazel Hanrahan	Inspector
16 October 2024	10:30hrs – 18:40hrs	Hazel Hanrahan	Inspector
17 October 2024	10:00hrs – 15:00hrs	Hazel Hanrahan	Inspector

What children told us and what inspectors observed

The centre is a large two storey house set on a large area that includes a large garden. The centre is served by a main motorway to a neighbouring city and towns that offer access to schools, community groups and a range of activities such as sports, library and arts. The centre has access to three vehicles to support children to and from activities, school and contact with friends and family.

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. The inspector spoke with three children, one family member, one guardian ad litem¹ and one social worker and listened to their experiences of the service.

The centre had a games room that had video games, books, a television and games that catered to meet the young people's needs through different activities. The games room also had a wall that was used as a blackboard for children to express themselves through drawings or words. The premises had a room that was solely dedicated as a sensory room for young people to use. The sensory room was a combination of dark and relaxing colours for young people to use as a safe and calm place. The sensory room provided time away for young people when they were feeling overwhelmed in their life. From observations and speaking with staff, the inspector found that staff and managers had considered the positive impact a young persons living environment can have on them. The centre had a big outdoor space which was equipped with a large trampoline, a seating area and a swing.

There were four children living in the centre at the time of the inspection. The inspector could hear laughter between the children and staff and from observations their interactions appeared to be relaxed and at ease with one another. One child greeted the inspector and asked about what they were doing. The child told the inspector that:

- they were 'happy living' in the centre'
- that staff were good to them
- they were part of helping decide the meal plan for the week
- they were given money to buy bed linen and accessories for their bedroom.

The inspector was invited to attend and have dinner with children and staff on two occasions during the inspection. The inspector observed that staff encouraged the

¹ Under Section 26 of the Child Care Act 1991 (as amended) a Guardian ad Litem may be appointed to inform the Judge of a child's wishes and feelings and to give advice on what he/she thinks is in the child's best interests.

children to be part of the cooking. One child prepared the potatoes for the meal, while the other children helped prepare the table setting. One child thanked the staff for cooking the meal and said that was the best bacon they had tasted. Conversations between staff and the children were effortless, talking about their day, telling jokes and talking about their pastimes that included beauty, shopping and fishing. Children appeared settled in their placement in the centre. One child invited the inspector to view their fish tank. The child appeared excited, with a big smile on their face, and was knowledgeable about the type of fish in the tank, the cleaning and feeding process to keep them healthy. The child told the inspector that staff encouraged and supported their pastime.

The inspector spoke with one guardian ad litem who described the service provided by staff as:

- "pretty good at promoting children rights"
- children "are listened to"
- "encourages" child to attend an education setting and "help [child] build practical skills and resilience"
- staff work out difficulties with and between children Staff listen and bring them together
- staff encourage child to "try different foods"
- staff "advocate strongly for [child]" and
- staff encourage the child to meet with their aftercare worker.

The inspector spoke with one social worker who described the staff as;

- "advocate for [child] at meetings" and
- they do all that they can for the child.

The inspector spoke with one family member who described the service provided by staff as:

- "amazing support"
- "all [staff] fond of [child]"
- child is "about to do a fork lift course"
- "really support [child] Staff supported child to get their drivers licence
- "helped [child]- with doing their CV"
- "pushed [child] in the right direction"
- "they listen to [child]" and
- "they are at the end of a phone call if I have any issues or problems, they are there".

Staff and managers promoted children's right to access information held about them. One child told the inspector that they get asked by staff if they want to read their file. The child said that sometimes they do read it.

Capacity and capability

The inspection found that the governance arrangements and structures had been strengthened to set out the lines of authority and accountability. Where challenges arose regarding the role and responsibilities expected of a social care leader management had devised a short-term plan. This plan included the interim centre manager and the deputy centre manager sharing the reporting lines and supervision responsibilities of social care leaders between their respective roles. In addition, an interim *'Induction Programme for Social Care Leaders'* was devised by the regional manager, deputy regional manager and centre managers for the South to strengthen and bring clarity to the social care leader role. Leadership was demonstrated and evidenced at all levels, alongside a good culture of learning in the service.

In this inspection, HIQA found that, of the four national residential care standards assessed under capacity and capability:

- One standard was substantially compliant.
- Three standards were compliant.

There was an effective 'on call' system in place, where the interim centre manager or the deputy centre manager were rostered on call during evenings and weekends. Managers undertook regular workforce planning to mitigate against any disruption to children's continuity of care.

There was good management and oversight of some but not all aspects of the service. Further strengthening of the audit process was required as not all gaps in practice and risks were always identified or placed on the risk register. Communication on findings of audits and areas of good practice and or development was shared through different meetings with staff. Yet, further improvement was needed to ensure that management meetings took place on a regular basis. Improvement had been made in management oversight of the use of restrictive practices.

There was good practice where complaints raised by children were resolved swiftly by management.

Supervision took place on a regular basis and created a forum for staff and managers to exchange information on the challenges faced and actions devised to address these. Professional development plans (PDP's) had recently been completed by some staff, with other staff in the process of finalising theirs. Staff had a range of therapeutic supports available to them if required and this was discussed in supervision.

A training needs analysis (TNA) had been undertaken by the centre manager, since the previous inspection, to identify any gaps in staff knowledge and skills.

All information, including information held on each child who resided in the centre, was handled securely and safely in line with legislation. Children's files were well maintained, with up-to-date information about the child's care planning needs. There was good communication and information sharing between different agencies involved in the care planning needs of each child. Management and staff promoted children's right to access any information held about them in the centre.

Standard 5.2

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

Leadership was demonstrated and evidenced at all levels, alongside a good culture of learning in the service. Where management had faced a challenge to ensure that staff who completed the social care leader's pathway programme had clear accountability and reporting lines in place, management had devised a short-term plan. Although management frequently undertook audits, gaps in practice and risks were not always identified and placed on the risk register. Further improvement was needed to ensure that management meetings took place on a regular basis. Risk assessments were undertaken to identify and assess sources of potential harm and developed a plan for the management of these identified risks. The handling of complaints was child-centred and complaints raised by children were resolved swiftly by management.

A change in the management structure had occurred since the previous inspection where an interim centre manager had taken up position in June 2024. The interim centre manager had previously held a position of social care leader in the centre and was familiar and knowledgeable about the operation of the centre and the care planning needs of the children. The interim centre manager was supported by a deputy centre manager. A deputy regional manager had responsibility for the operational management of the overall service.

At the time of the inspection there were eight social care leaders in position and management had no guidance on how they would oversee their supervision arrangements. Staff raised a concern in supervision related to the social care leader's pathway programme stating that there was *"not a lot of clarity around roles from the career pathways"*. The impact, there was no framework in place to support managers to effectively guide and monitor staff, that completed the careers pathways programme. Upon a document review, a supervision note documented that this concern was *"being addressed at national level"*. In the interim, management had devised a short-term plan whereby the interim centre manager and the deputy centre manager had shared the reporting lines and supervision responsibilities of social care leaders between their respective roles. In addition, an interim *'Induction Programme for Social Care Leaders'* was devised by the regional manager, deputy regional manager and centre managers for the South to strengthen and bring clarity to the role and responsibilities expected of a social care leader. The interim centre manager raised this challenge with the deputy regional manager in supervision as the number of social care leaders outnumbered that of social care workers.

Management frequently undertook audits that included children's case files, fire safety, medication management, and staff supervision. From the findings of monthly audits undertaken by the assigned social care leaders the inspector found that gaps in practice and risks were not always identified from audits and placed on the risk register. For example, audits had identified inconsistent practice in the management of children's medication records, and where audits were undertaken into fire safety, management had not identified that fire drills for children were not taking place on a regular basis and that fire and road safety kits were either absent or not sufficiently supplied for each vehicle. The audit process did not always provide management with effective oversight to support them to identify and mitigate risks in a timely fashion.

Forums such as staff supervision and the significant event regional review group (SERG) provided methods for the interim centre manager to monitor performance of the service. Findings from audits and SERG meetings were communicated to staff through team meetings.

The inspector found that further improvement was needed to ensure that management meetings took place on a regular basis. In 2023 and 2024 only two management meetings had occurred. The interim centre manager told the inspector that there was no terms of reference in place to define the purpose and structure of management meetings and how often these should occur. The impact of not having consistent management meetings may lead to a lack of collaboration between teams, the loss of information sharing and missed

opportunities for management to make informed decisions to assess problems and to propose working solutions.

Since the previous inspection, a tracker was developed to monitor and measure progress made on actions outlined in the centre's HIQA compliance plan. The inspector found that all actions outlined in the compliance plan had been completed. This included a training needs analysis completed, new collective risk assessment introduced, restrictive practice a standing agenda item at team meetings and risk assessments completed for all children. Management had completed Tusla's quality improvement framework assessment in 2023 to identify gaps and deficits in the service to inform a quality improvement plan. The interim centre manager was in the process of commencing a new assessment for 2024. The inspector sampled one of the assessments and found it to be detailed.

Staff and managers undertook risk assessments in the centre to identify and assess sources of potential harm and developed a plan for the management of these identified risks. These assessments were placed on the young person's risk register, the centre's risk assessment review log and the restrictive practice register. The inspector reviewed some of these risk assessments and registers and found that they were detailed and of good quality.

Management maintained a complaints register for the service with four complaints made by children in 2024. The inspector reviewed the four complaints and found there were examples of good practice where complaints raised by children were resolved swiftly by management. The handling of complaints was child-centred, where children were provided with a safe space to discuss their concerns and to be heard. Children were provided with feedback on the decisions made and the outcome of their complaint.

Judgment: Substantially Compliant

Standard 6.1

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

Regulation 6: Staffing

The service had experienced a change in the management structure since the previous inspection. An interim centre manager had taken up position in June 2024 and was supported by a deputy centre manager. The interim centre manager had previously held a position of social care leader in the centre and was familiar and knowledgeable about the operation of the centre and the care planning needs of the children. Through document review and observations, the interim centre

manager was visible and accessible to staff and children. A deputy regional manager had responsibility for the operational management of the overall service. The staff team was made up of social care leaders, social care workers, relief and agency staff. Although the centre had a full complement of staff to ensure that the service operated in line with the statement of purpose and function. At the time of the inspection, there were two members of the staff team out on an extended period of leave. Management ensured that the needs of the children who resided in the centre could be met in a safe manner by enlisting the support from relief and agency staff to cover the gaps in the rota.

Managers undertook regular workforce planning to mitigate against any disruption to children's continuity of care due to this reduction in staff team. These measures included enlisting relief and agency staff to fill the vacant shifts on the rota. The inspector reviewed a sample of the staff rota's and found there were sufficient numbers of staff on shift to provide a safe service to children.

There was an effective on call system in place, where the interim centre manager or the deputy centre manager were rostered on call during evenings and weekends. In addition, two social care leaders would also provide additional support. The 'on-call' arrangements were noted on a guidance document and was discussed at handover meetings to ensure all staff were aware of same.

Judgment: Compliant

Standard 6.3

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

At the time of the inspection there were eight social care leaders in position with no guidance from Tusla National Director Children Residential Care services on how management would oversee these supervision arrangements. This posed as a challenge for management to ensure that there were clear accountability and reporting lines in place. The interim centre manager raised this challenge with the deputy regional manager in supervision as the number of social care leaders outnumbered that of social care workers. In the interim, management had devised a short-term plan whereby the interim centre manager and the deputy centre manager had divided the supervision responsibilities of social care leaders between their respective roles. In addition, an interim '*Induction Programme for Social Care Leaders*' was devised by the regional manager and deputy regional manager for the South to strengthen and bring clarity to the role and responsibilities expected of a social care leader. From document review, the inspector found in a supervision note that this concern was "*being addressed at*

national level". The impact was that proactive action was being taken to address the identified needs and challenges for the service.

The inspector reviewed three supervision records which showed that supervision was taking place on a regular basis. Supervision created a forum for staff and managers to exchange information on the challenges faced and actions devised to address these. These included clarity on the social care leader roles and responsibilities and discussion on keywork sessions. The supervision records were detailed and consisted of discussion about each child who resided in the centre and how their care was being progressed. From document review and interviews, the inspector found that annual appraisals had not taken place.

The inspector found that professional development plans (PDP's) had been recently completed by some staff, with other staff in the process of finalising theirs. The PDP's set out goals that were completed by the staff member that they wished to achieve and progress in their development in the role.

Management told staff that staff PDP's would be included in future training needs analysis and progressed within supervision for continuous growth and development. Staff had a range of therapeutic supports available to them if required and this was discussed in supervision. This included coaching, counselling and Employee Assistance Programme (EAP).

A training needs analysis (TNA) had been undertaken by the centre manager, since the previous inspection, to identify any gaps in staff knowledge and skills. The TNA identified five areas for further learning and development for the team. These included drug awareness, mental health, sensory awareness intervention, supervision and coaching skills. The inspector reviewed the training register and found that either all of these areas identified in the TNA had been completed or were in the process of being completed. A selected number of staff were trained in the use of a ligature cutter, child sexual exploitation, child trafficking and a number of staff had completed mental health training. The interim manager told the inspector that two staff members had been identified to be trained as facilitators. A culture of learning was promoted within the service.

The inspector reviewed the minutes of team meetings and found that the quality had been improved since the previous inspection and that there were standing agenda items that included restrictive practices. In addition, detailed discussions were had in relation to each child's care planning needs and progress. This included educational needs, healthcare, any restrictive practices in place, mental health needs and family relationships. Team meetings focused on the sharing of key information such as the new supervision policy, training and the identification of key risks and how to address difficulties experienced by the team. For example, restrictive practice and risk assessments along with findings from audits. In spite of this, the information discussed at team meetings was not transferred to

management meetings as management meetings had not occurred on a regular basis. See standard 5.2 where this is discussed further.

Staff and managers who spoke with the inspector were committed to providing a safe and nurturing environment to support and prepare each young person to become independent young adults upon leaving care.

Judgment: Compliant

Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

Regulation 21: Maintenance of Register

The inspector found that all information, including information held on each child who resided in the centre, was handled securely and safely in line with legislation.

The inspector reviewed the centre's register and found that it was of good quality and up to date. The centre's register was a hard copy book that detailed all the relevant information in respect of each child who resided in the centre. This included their care status, date of birth, gender, social workers name, reason for being in care and religious status. For any child who had moved on from the centre to alternative accommodation, there was an entry on the register which had been completed by management.

The inspector reviewed two children's files and found that they were kept securely in a locked cabinet in a staff room. The children's files were well maintained, with up-to-date information about the child's care planning needs. For one child there was a slight delay in their care plan being shared with the staff team. However, the child-in-care review had recently taken place and time was needed for the minutes to be written up. The interim centre manager told the inspector that a staff member would be assigned to follow-up on this action to ensure that the child's file was up to date.

There was good communication and information sharing between different agencies involved in the care planning needs of each child. This included education, social worker, mental health services and psychologist. Upon reviewing two children's files, it was found that reports and assessments were shared with staff and managers to ensure that staff were equipped with all available information to work in the best interests of the child.

Management and staff promoted children's right to access any information held about them in the centre. Upon review of a child's file and speaking with the child

in person, the inspector found that staff supported the child to access their information and supported them to read through the different documents.

Judgment: Compliant

Quality and safety

The staff team and managers had a good understanding and knowledge of children's rights. Children received information about their rights in a booklet and staff completed key work sessions with children to help them understand how these rights were translated in their day-to-day life. Children's identities were documented in their care plans and their understanding of why they were in residential care and their family connections. Each child's privacy was promoted by staff and managers in the service. Each child had their own bedroom which comprised of a private bathroom. Children were informed of how to voice concerns where they felt that their rights were not respected. The inspector reviewed the complaints log and found that four complaints were made by children in 2024. Staff and managers promoted the continued strengthening of the child's relationships through facilitating family and sibling contact.

In this inspection, HIQA found that, of the seven national residential care standards assessed under quality and safety:

- five standards were compliant
- one standard was substantially compliant
- one standard was not compliant.

A child's right to education was promoted by the staff and managers in the centre. The staff and managers in the centre took all appropriate measures to encourage children to participate in education.

The layout and design of the residential centre provided a safe environment for the number of children who resided there. There were no blockages in the hallway that would prevent access to any of the rooms or exits in the building. There was an up-to-date safety statement in place and all staff had completed training in fire safety. Not all necessary steps to protect children from harm on the premises were taken. Children were exposed to hazards where the electric charging cable was left thrown across the footpath. In addition, an outdoor gas canister was left exposed to the elements and attached to the barbecue mains.

All children had a personal emergency evacuation plan (PEEP) in place which identified each child's individualised needs. Only two fire drills had taken place in 2024 with children in comparison to ten fire drills with staff. This practice was not

effective to ensure that all children who resided in the centre continued to be familiar with the procedure in the event of a fire.

Improvements had been made in staff and managers approach to safeguarding children from online safety and children who presented with mental health needs. Child protection concerns were reported by staff in a timely manner and in line with '*Children First: National Guidance for the Protection and Welfare of Children (2017)*' (*Children First*). All staff and managers had up-to-date training in Children First. There was a policy in place that addressed all forms of bullying in line with *Children's First*. Staff and managers managed concerns related to bullying in a child-centred manner.

Risk assessments were completed for children where safety concerns were present. These were detailed and took into account all available information.

Improvements were made by management to ensure that there was an effective mechanism in place that identified, recorded and reviewed the use of restrictive practice in the service.

Staff and managers worked in partnership with children that supported and developed their social, emotional, independence and functional skills. Each young person had a placement plan in place and behaviour support plans outlined measures in place to manage behaviour.

Creative ways were used to meet children's needs that promoted their health and well-being, and supported integration into their local community. For children who were diagnosed with additional needs and or a disability, staff and managers collaborated with professionals and children to promote their health and development.

All four children who resided in the centre were in the preparation stage for leaving care. Each child had an allocated social worker and they were also assigned an aftercare worker. The inspector reviewed two children's files and found that both children had an aftercare assessment of need completed that outlined all the key areas to address goals and tasks to be completed for each child.

Standard 1.1

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

Regulation 10: Religion**Regulation 4: Welfare of child**

The inspector found that the staff team and managers had a good understanding and knowledge of children's rights. Staff told the inspector that when children were first admitted to the centre they were provided with a booklet that explained to them what their rights were. This booklet was reviewed by the inspector and had all the information around children's rights in it. Staff also told the inspector that they would continue this work with children in keywork sessions to ensure that they fully understood what their rights were and how these rights were translated in their day-to-day life both in the centre and outside the centre. This included the right to have an aftercare worker to support them in their journey in leaving care, the right to access education and the right to see their friends and family. This work was done by each child's assigned keyworker who would build a relationship with the child and complete key pieces of activities with them either formally or informally. For one child the keyworker worked with the child to develop a plan for them to stay with their friends overnight in order to promote resilience, the development of positive identity and to continue to create a support system for the child.

The children's register and children's files documented the child's identity and religious beliefs which in turn translated into the child's overall care planning needs. All children in the centre did not practice their religion in terms of attending religious premises. From document review, the inspector found that the children's identities were documented in their care plans and their understanding of why they were in residential care and their family connections. The inspector spoke with three children and found that they were all aware of their family connections and that staff and managers promoted the continued strengthening of the relationships through family and sibling contact. Where children voiced that they did not wish to see their family in person, staff and managers promoted, through collaboration with the child's social worker, contact with family members through alternative means such as the phone.

Each child's privacy was promoted by staff and managers in the service. Each child had their own bedroom which comprised of a private bathroom that afforded children further privacy. The inspector was provided with an opportunity to see a child's bedroom with their consent. The bedroom had good space and contained sufficient storage through wardrobes, lockers and chest of drawers. There was also an en-suite attached to the bedroom. The premises had communal spaces in the form of a sitting room and a games room that provided an alternative option for

children to meet privately with their social worker, friends, family or other professionals. Staff told the inspector that social workers, family and a child's friend visited the centre.

The inspector found that children were informed of how to voice concerns where they felt that their rights were not respected. The inspector reviewed the complaints log and found that four complaints were made by children in 2024. The inspector found that staff took into consideration the views of the child who made the complaint against promoting the best interests of the child. For one child they had made a complaint due to the measures put in place to protect their safety. In a second example, a child made a complaint against another child's behaviour. Staff spoke with both children, listened to their views and took steps, through supervision and work with the child, to ensure that the behaviour did not continue. Staff told the inspector the children's meetings were held weekly that provided children with the opportunity to have a say in the day-to-day running of the service. Yet, the inspector found that the quality of the children's meetings was poor and needed to be further strengthened. There was no set agenda and the recording of a meeting had very limited information and in some cases no information. In addition, no information was provided an updates from actions that arose from previous meetings. When speaking with staff and managers, the inspector found that children were met with individually to seek their views. Staff told the inspector that at times children did not want to attend these meetings and instead staff ensured that their voices were heard by proactively speaking with them individually. The inspector found that children's meetings were not occurring and that managers had not looked at other ways of how to bring children together as a group.

A child's right to education was promoted by the staff and managers in the centre. The staff and managers in the centre took all appropriate measures to encourage children to participate in education. From document review, of the four children residing in the centre, three of these were in education. The inspector found that where children experienced difficulties in mainstream school, staff and managers worked with the children to source alternative options such as courses in retail and other schemes to complete the leaving certificate. Staff and managers were proactive in their role in promoting the rights and best interests of children residing in the centre.

Staff and managers told the inspectors that children's right to access information about them was promoted by all staff and managers. Inspectors found through document review that children were asked by staff if they wished to review information held by the service about them. For one child, they took the opportunity to access this information with the support of staff and read through some documents held on their file.

Judgment: Compliant

Standard 2.3

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

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The layout of the centre consisted of four bedrooms upstairs, all of which had an ensuite bathroom. There was also a main bathroom upstairs along with a staff office. Downstairs included a sitting room, a games room, a sensory room and a kitchen/dining room. There was also two bathrooms and four offices on the ground floor. Since the previous inspection, improvements had been made to the centre to make it more homely. The inspector found that there was no longer a cold feel to the house. The centre was well heated and there a range of colourful pictures displayed in the different rooms that made the walls less bare and more homely. The colours in the sitting room were bright and warm. In addition, there were colourful rugs with fun designs placed in the hall and the sitting room which further added to the warm character of the centre.

The inspector found that the layout and design of the residential centre provided a safe environment for the number of children who resided there. There were four emergency evacuation points within the centre for children to leave the premises in the event of a fire or an emergency incident. There were no blockages in the hallway that would prevent access to any of the rooms or exits in the building. The hallways also had good lighting. Managers had in place a maintenance book that recorded areas of the centre that required works to be carried out. The inspector reviewed this book and found that works identified by staff to be carried out in the centre had been referred to the appropriate professional and were completed. For example, a new washing machine had been purchased for the centre, loose carpet at the top of the stairs had been repaired and the electrics in the shed outdoor had been repaired by an electrician.

The inspector found that there was an up-to-date safety statement in place and that all staff had completed training in fire safety. The inspector reviewed the fire safety register and found that quarterly inspections had been undertaken through an external provider to ensure that the centre were in line with regulations. All firefighting equipment was serviced, and a record maintained of the service dates.

The inspector found that not all necessary steps to protect children from harm on the premises were taken. For instance, an electric vehicle was assigned to the

centre for staff to use. The electric vehicle's battery needed to be charged from the electricity supply from the centre when the vehicle was not in use. The inspector found, when conducting a review of the premises, that children were exposed to hazards where the electric charging cable, which was not in use, was still attached to the electric supply and was left thrown across the footpath. This left children exposed to the risk of coming into contact with a voltage element and also posed as a trip hazard. In addition, an outdoor gas canister was left exposed to the elements and attached to the barbecue mains. This flammable gas canister was not stored in a safe place and left children exposed to a potential hazard on the grounds of the centre. The inspector escalated this safety concern to the interim centre manager who took immediate steps in removing the potential hazards, the charging cable and the gas canister, and placed them in the outdoor storage room. Inspectors found that all children had a personal emergency evacuation plan (PEEP) in place which identified each child's individualised needs. The inspector found that fire drills were not taking place on a monthly basis and had taken place more regularly for staff than with children who resided in the centre. Upon review of the fire safety register only two fire drills had taken place in 2024 with children in comparison to ten fire drills with staff. This practice was not effective to ensure that all children who resided in the centre continued to be familiar with the procedure in the event of a fire.

There were three vehicles assigned to the centre that were used by staff and managers to transport children to and from education, activities, friend and family contact. The inspector found that managers kept a tracker in place of staff drivers licences. The inspector reviewed this tracker and found that all staff drivers licences were in date. There was appropriate insurance in place for all vehicles in line with legislation and that all vehicles had been inspected by the National Car Testing Programme (NCT) to ensure that the vehicles were road safety. However, inspectors found that the quality of the fire safety kits and road safety kits in all three vehicles was poor or absent. For all three vehicles there was an absence of road safety kits. The inspector found that all three vehicles had first aid kits but these were of poor quality and had last been inspected in 2016 by the designated person. This safety concern was escalated to the interim centre manager at the time of the inspection. Immediate measures were put in place by the interim centre manager who inspected the vehicle kits and put a plan in place to purchase the necessary equipment.

Judgment: Not Compliant

Standard 3.1

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

Since the previous inspection, the inspector found that improvements had been made in staff and managers approach to safeguarding children from online safety and children who presented with mental health needs.

There was a log of child protection concerns maintained in the centre by staff and manager that included the status and outcomes of referrals. The inspector found that child protection concerns were reported by staff in a timely manner and in line with '*Children First: National Guidance for the Protection and Welfare of Children (2017)*' (*Children First*). There was one child protection concern logged in the register in 2024 and seven logged in 2023. The child protection concern that was logged in 2024 was closed with the outcome documented as being resolved. All child protection concerns for 2023 were closed with the outcome also documented as resolved.

The inspector reviewed the training register and found that all staff and managers had up-to-date training in Children First. In addition, staff and managers undertook training in a number of safeguarding areas to support the team to effectively identify and respond to a child in need so that intervention measures can be put in place. This included child sexual exploitation, child trafficking and ligature cutter training. The previous centre manager had undertaken a training needs analysis into staff training needs in 2023 and found that further training was required in the areas of mental health, sensory awareness intervention and drug awareness. In 2024, three staff members had undertaken teenager mental health training with a staff member identified to complete the trainer training so that it could be delivered to the wider staff team.

There was a policy in place that addressed all forms of bullying in line with *Children's First*. This included procedures to prevent and address bullying and harassment by other children and staff. Upon review of the complaints log, two complaints were made that related to bullying in the centre by children. The inspector found that staff met with the children and listened to what had happened. The staff and managers made a plan of action to address the concerns and behaviours. This included children taking accountability for their behaviour and staff regularly supervising and monitoring the situation.

Managers and staff completed risk assessments for children where safety concerns were present. The risk assessments were detailed and took into account all available information about the child, possible impact of the risk and the support required from staff, family members and or professionals. Inspectors found that the manager and staff had a good understanding of each child, and recognised possible triggers for unsafe behaviour. This included the completion of

a risk assessment into the use of social media for a child and the support required from staff to develop their knowledge of how to keep themselves safe online. This was completed through key work sessions and the child completed an online safety programme.

There was good communication between the social workers, aftercare workers, guardian ad litem and staff and managers to promote the safety and wellbeing of children. Records reviewed by the inspector showed that regular phone contact took place between staff and the children's social workers, aftercare workers and guardian ad litem.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The inspector found that managers had made improvements since the previous inspection to ensure that there was an effective mechanism in place that identified, recorded and reviewed the use of restrictive practice in the service. There was interim guidance on restrictive practice in place and the restrictive practice register was now more detailed and of good quality, that recorded the reason for the practice, the duration and the date it came to an end. In the ten months prior to the inspection there were ten closed restrictive practices that were recorded. These related to restricting gaming access and day and night checks on a child's health and well-being. 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 child was included as part of the process. The interim centre manager also undertook audits to review the use of restrictive practice in the centre to determine how it was safeguarding the child's well-being and if the practice was in line with national standards.

Staff and managers worked in partnership with children and this was underpinned by the model of care that focused on supporting and developing children's social, emotional, independence and functional skills. Staff undertook work with children around the development of healthy relationships, to empower them to fulfil their potential and to learn coping mechanisms in life. The inspector observed a learning opportunity between a staff member and a child, where the staff member used humour to encourage the child to reflect on the language they were using. The inspector heard the exchange of laughter between them the child acknowledged that this was out of character for them. Each young person's placement plan was informed by the model of care and they were allocated a keyworker who completed direct work with them. The inspector reviewed two children's case files and found that both children 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.

Staff were trained in an approved method of managing behaviour and this was reflected in the two behaviour support plans reviewed by the inspector. The two behaviour support plans captured the child's needs, identified all the risks and safety concerns and how external environments could pose a new set of complex risks. Children's behaviour support plans were discussed at weekly team meetings to understand underlying causes of behaviour and situations that may lead to behaviour that challenges. With an up-to-date behaviour support plan staff were able to understand the child's behaviour and to develop supports that would help the child recover after an incident. Such as, for two children, the use of child restraint to de-escalate an incident was not approved as staff and managers had assessed that it could contribute to the children experiencing further trauma. Instead other intervention techniques were to be used that included active listening, caring gestures and managing the environment.

Judgment: Compliant

Standard 4.1

The health, wellbeing and development of each child is promoted, protected and improved.

Regulation 11: Provision of food and cooking facilities

Staff and managers were trained in a therapeutic model of care and a child's keyworker adopted a theme from this model to support the child's development. Once the theme was completed an additional theme was identified. Some themes from the model included hope, health and well-being. Children were part of devising the plan for the themes identified. The inspector spoke with staff and managers and found that they were competent, experienced and knowledgeable of the approach in meeting the individual needs of children. The inspector reviewed two children's files and found that staff provided a positive environment where children worked in partnership to develop their knowledge and skills which in turn resulted in their needs being achieved. For one child, staff worked with them around what they hoped to achieve for the future. This included securing a fork lifting course, completing their leaving certificate and working towards their aftercare plan around independent living. For a second child, the focus was on developing their independent living skills by learning to cook, setup a bank account, use public transport and also work towards the actions set out in their aftercare plan.

Managers and staff were creative in the ways in which they met children's needs, promoted their health and well-being, and supported integration into their local

community. The staff and managers had setup a dedicated area for the installation of a fish tank for a child as part of their health and well-being. The child invited the inspector to view their fish tank and was excited and knowledgeable when they spoke about the type of fish in the tank, the cleaning and feeding process to keep them healthy. For a second child staff transported them to and from soccer training and matches. The centre had a trampoline, a swing and a sensory swing available in the garden for the children to enjoy as part of promoting their health and well-being.

For children who were diagnosed with additional needs and or a disability, staff and managers collaborated with professionals and children to promote their health and development. From document review, this was achieved through staff liaising with mental health services and bringing children to and from medical appointment. In addition, staff supported the completion of medical documents with children and undertook key work sessions with them to help them understand key developments in their life. The inspector found that staff worked with professionals to create child friendly version of medical reports so that it was tailored to the meet the child's communication needs. In one file reviewed, a professional met with the child directly and went through the friendly version.

All four children who resided in the centre were in the preparation stage for leaving care. Each child had an allocated social worker and they were also assigned an aftercare worker. The inspector reviewed two children's files and found that both children had an aftercare assessment of need completed that outlined all the key areas to address goals and task to be completed for each child. Both children participated in their assessment of need. An aftercare plan must be prepared six months prior to the child turning 18 years. From document review and interviews, the staff team worked in collaboration with the child, the social worker, aftercare worker, guardian ad litem to devise a preparation plan in line with their aftercare plan. This included tasks such as budgeting, cooking, developing CV's, managing public transport and food shopping. It also included education around road safety, online safety, medication management, healthy relationships and sexual health education. Creating and establishing social networks for support for young people is also essential. This provides them with a clear network of support for when they move from the residential centre.

The inspector found that the indoor environment of the centre was designed with the sensory needs of children in mind to promote a safe space for their health and well-being. The centre was equipped with a sensory room that displayed a combination of relaxing and bright colours. Staff told the inspector that the sensory room was used by children and that it provided a safe and calm space for them when they are experiencing a lot in their life. From the inspector's observations and speaking with staff and managers, the impact of a child's living environment was

always taken into consideration. The centre also had a games room where children could access gaming devices, reading books, board games and karaoke.

Staff undertook weekly meal plans where the children were consulted with. The inspector reviewed the weekly meal plan where there were a variety of meals available to children. The inspector was provided with two opportunities to eat dinner together with the children and staff. From observations, children interacted with ease with staff talking about their day and laughing at jokes between each other. Children were encouraged and supported to prepare some elements of the meal. One child prepared the potatoes, while another child laid the table with the dinnerware. The children commented on how good the meal was and thanked the staff who had cooked it. This designated time provided an opportunity for everyone to come together as one in the centre to discuss their day, but it also provided a teaching moment for on how to communicate with one another, how to listen and how to respect one another.

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

Upon a review of two young people's files, there was a clear record of the young person's medical and health information recorded and this supported the implementation of their care planning needs. Each young person had a document on their file titled '*hospital passport*' that included the medical information about the young person and areas where they needed or support or if there were risks identified. Where a young person was diagnosed with a disability which impacted on their ability to understand information this was recorded on their '*hospital passport*' to inform staff in their care planning needs. In addition, the young person's file contained details of referrals or assessments from medical, psychology, dental, ophthalmic (eyesight) or other specialist services, as required. Each young person was registered to a local doctor and their details were recorded on their file. Good practice was found of staff promoting sexual health education. Staff worked in partnership with children and their social worker around this topic to ensure that children were equipped with information and resources to make responsible choices in relation to their sexual health. The inspector found that staff had undertaken a sex education programme with a young person to equip them with knowledge and confidence to develop healthy relationships and to make responsible decisions in relation to their sexual health. The inspector found that staff and managers were proactive in ensuring that young people's health

appointments were organised and that they were transported there. This included dental, psychology, eyesight checks and mental health services.

There was a policy in place in relation to medication management. The inspector reviewed a sample of medication administration and reconciliation records to determine the quality of practice. When medication was prescribed to a child, information was obtained by staff and managers about the type, dose, amount and other specific requirements. However, the inspector found that there was inconsistent practice in a child's medication record being updated when their medication had been changed by the doctor. For one child, a medication error was logged as the child's medication dosage had not been updated and staff continued to administer the incorrect dosage. In addition, in an audit conducted in August 2024, the interim centre manager found that not all medications were administered to children correctly nor recorded correctly on their file. Further strengthening of staff's practice and understanding of prescription and non-prescription medications a child was taking was required. When medication had expired, staff had returned this to the local pharmacy for appropriate disposal. Although the interim centre manager had identified the gap in practice limited measures were put in place to address the risk. This measure was the re-issuing of the practice guidance.

Two children's placement support plans were reviewed and it was found that there was good record of a child's medication information. There was good practice by staff and managers working in partnership with a child on how to manage administering their medication when the child was away from the centre overnight. This was part of their preparation for leaving care. Staff and managers also worked in consultation with the child's social worker and a family relative who could also provide support to the child. A risk assessment was completed by staff and managers to inform their decision-making and to look at people in the child's life who could support them to safely manage this. Advice was sought from the child's doctor which informed the risk assessment on how best to manage self-administration of medication. The child was not required to complete a medication record for self-administration however, staff checked their medication to track if the child was following medical advice.

Judgment: Substantially Compliant.

Standard 4.3

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

The inspector found that staff and managers worked with young people, schools, social workers and educational providers to ensure that each young person was supported to achieve their potential in learning and development. Two young

person's files were reviewed and the inspector found that they included educational reports and assessments. Of the four young people who resided in the centre, three were attending an educational setting. Two of the young people were focused on achieving good results in their leaving certificate to continue with their further education through an apprenticeship and third level education. Staff supported young people in their education by providing assistance with their school work when required. One child spoke with the inspector and spoke passionately about their interest in furthering their education once they had completed their leaving certificate. For the third young person, training opportunities were identified for them in their area of interest and they were participating in a course to attain an educational certificate.

The young person told the inspector that they enjoyed attending the course. For the fourth child the inspector reviewed their file and found that staff worked with them to identify their individual interests, strengths and abilities. Where an educational setting in a mainstream school was not the best environment for the young person to flourish and for their additional needs to be met, staff and managers had identified a local development programme in the area to build the young person's resilience and skills.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Substantially Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Compliant
<p>Standard 6.3 The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p>	Compliant
<p>Standard 8.2 Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p>	Compliant
Quality and safety	
<p>Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Compliant
<p>Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.</p>	Not Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	Compliant
<p>Standard 4.1 The health, wellbeing and development of each child is promoted protected and improved.</p>	Compliant

Standard 4.2 Each child is supported to meet any identified health and development needs.	Substantially Compliant
Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Compliant

Compliance Plan

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

Compliance Plan ID:	MON-0045014
Provider's response to Inspection Report No:	MON-0045014
Centre Type:	Children's Residential Centre
Service Area:	Southeast
Date of inspection:	15 October 2024
Date of response:	26 th Nov 2024

Introduction and instruction

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

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider’s response:

Capacity and Capability: Leadership, Governance and Management

Standard: 5.2	Judgment: Substantially Compliant
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Outline how you are going to come into compliance with Standard 5.2:
 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The Social Care Manager will ensure that follow ups from the monthly medication audit are completed and recorded. Where risks are identified in practice these will be placed on the risk register. Two Social Care Leaders have been designated to check the medication management files when on duty to ensure quick escalation to the Centre Manager in the event of risks been identified. (20.11.24).

Car safety kits were purchased for all three centre vehicles on Friday 18.10.24, a Social Care Leader has been designated with responsibility for checking the kits on a weekly basis and reporting back to the Centre Manager ensuring adherence to standards.

The Social Care Manager will arrange to have quarterly management team meetings which will include the Social Care Manager, Deputy Social Care Manager and Social Care Leaders. Recommendations from these meetings will feed back into team meetings. End January 2025.

As per National Guidance a fire drill will be completed on admission of a young person, and twice yearly while they are in placement. Staff will complete two fire drills per year, and new staff and students will complete an immediate fire drill on induction. A Social Care Leader has responsibility for fire drills and ensuring adherence to national guidance. The Social Care Leader with responsibility will report back to team meetings in relation to compliance and risks will be placed on the risk register where necessary (20.11.24)

Proposed timescale:	Person responsible:
31 January 2025	SCM

Quality & Safety: Effective Care and Support

Standard: 2.3	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 2.3</p> <p>The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <p>The Social Care Manager informed the staff team at a meeting on 16.10.24 that the EV charging cable should be unplugged from the wall charger unit and placed in the boot of the vehicle after every charging session. Risk assessments reviewed on the 19.11.24 in relation to slips, trips and falls and electrical equipment to include EV charging point and cable risk.</p> <p>The Social Care Manager removed the gas cylinder attached to BBQ and placed in the storage shed at rear of property on 15.10.24.</p> <p>Car safety kits were purchased for all three centre vehicles on Friday 18.10.24 and a weekly check arranged with feedback given to Social Care Manager.</p> <p>As per National Guidance a fire drill will be completed on admission of a young person, and twice yearly while they are in placement. Staff will complete two fire drills per year, and new staff and students will complete an immediate fire drill on induction. A Social Care Leader has responsibility for fire drills and ensuring adherence to national guidance, names of staff and young people attending fire drills will be evidenced in the centre fire book.</p>	
Proposed timescale:	Person responsible:
Complete - 26.11.24	SCM

Quality and Safety: Health, Wellbeing and Development

Standard: 4.2

Judgment: Substantially Compliant

Outline how you are going to come into compliance with Standard 4.2:

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

The social care manager has placed medication management on the team meeting agenda as a standing item commencing 23.10.24 and completed medication audits will be discussed for shared learning.

The Social Care Manager has designated two social care leaders with responsibility for centre adherence to the medication management policy. The designated social care leaders will check the medication file when on duty to ensure safe and effective practice in relation to prescription and non-prescription medication and report immediately to the social care manager on any irregularities. The monthly audit will continue to be completed and reviewed by the social care manager.

Proposed timescale:

Complete - 26.11.24

Person responsible:

SCM

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	31 Jan 2025
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Not compliant	Orange	Complete 26.11.24

4.2	Each child is supported to meet any identified health and development needs.	Substantially Compliant	Yellow	Complete 26.11.24
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