Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid-Leinster
Type of inspection:	Unannounced
Date of inspection:	24 September 2024
Centre ID:	OSV:0004163
Fieldwork ID	MON-0044804

About the centre

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

The aim is to provide a safe, caring environment characterised by the quality of the relationships developed with the young people in their care, in which they address the issues preventing them from living at home with the view of facilitating their earliest possible return. Where this is not possible, they will work to prepare each young person for a successful transition to an agreed placement of choice and will do so to a point determined by their age, needs or development. If circumstances are such that it becomes more feasible to help to prepare them to live independent, this will be done initially with the support of aftercare services.

The objective of the centre is to ensure that its care practice is young person centred and that they maintain a needs led, multidisciplinary approach to looking after the young people. Their work is conducted through the care planning process and complies with the requirement of the *National Standards for Children Residential Services 2018* and *Childcare (Placement of Children in Residential Care) Regulation 1995.*

The centre provides residential care placements for up to four young people in the care of Tusla aged 13 – 17 years on admission. Children under the age of 13 years will be considered and approval is by the area manager. It is a mixed centre with both male and female young people.

The model of care operational in the centre is one of attachment and trauma informed approach. The aim is to provide therapeutic living environment which promotes physical, psychological and emotional safety. The care of the young people is planned through intervention plans that are individual to the young people.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	3

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**
24 September 2024	10:30 hrs to 18:40 hrs	Sheila Hynes	Inspector
25 September 2024	08:00 hrs to 17:10	Sheila Hynes	Inspector

What children told us and what inspectors observed

The centre had capacity to accommodate four young people and there were three young people living there at the time of the inspection. The inspector observed warm and caring interactions between staff and young people and there was a welcoming homely feel in the house. The centre had experienced some challenges in the 12 months prior to inspection including, significant events, staff shortages and changes in manager and these challenges impacted on all young people. The inspector spoke with two young people about their experience of living the centre and the third declined to meet with the inspector. They spoke positively about aspects of living in the centre, they also found some aspects challenging. They said;

"I feel safe now, but I didn't always."

"It was very noisy with (other young people), but I never complained."

"Life has gotten worse since coming into care."

"Hard to make friends."

"The staff are alright, I wouldn't say anything bad about them."

"There is a lot of space here, great garden."

The inspector observed supportive interactions between the staff and the young people and it was evident that the staff cared for and had unconditional positive regard for the young people. The daily routines observed were well established and young people were at ease with these routines. Young people told the inspector they were supported and encouraged to make positive life choices. The young people spoke about positive and challenging experiences with the staff over the previous 12 months. They said;

"I can talk to any of the staff about any problem or worries."

"I have had lots of great key workers, they are all really good."

"Sometimes I don't think that they are qualified enough to help with my problems."

"Some staff cannot handle our behaviour and then we get worse."

The young people told the inspector that they were supported to understand why they were in the care of Tusla. They felt that the staff have supported them to access information to help them fully understand their history.

When the young people were asked about specialist supports and services that they have received, they felt that they have received everything that they needed. They said;

"I got all my assessments done here."

"This place has been great for me, they have really listened and helped me."

"I got support in (name of service) that is good but I am not sure if I am ready to help myself."

The development of the young people's independent living skills was supported and encouraged. Money management was one of the skills that one young person highlighted as making a big difference to them. They felt that they have learned how to get good value and developed a habit of saving. Other skills developed included cleaning and organising their bedroom, getting to and from school independently and attending appointments. Young people were encouraged to attend their child in care review meetings and staff helped them to prepare. One young person said "I attend all my meetings, sometimes they can be uncomfortable." The young person added that the staff support them to feel more comfortable.

The inspector found that the centre was homely. The young people were complementary about their home. They said;

"The house is gorgeous compared to other residentials, the area is so nice."

"I like the house, I didn't get involved in decorating, but I was asked."

"I really like the garden and playing football."

The inspector observed mealtimes and found that the meals prepared were nutritious and there was good choice. Meal times were sociable and there was a lot of conversation that was good humoured. The young people were complementary of the food that was prepared for them. They were involved in the menu planning, food shopping and also had opportunities to develop cooking skills. They were facilitated to purchase food of their choice and preference and they were given their own space to store their chosen food.

The views of two social workers, one social work team leader, one social care leader and two Guardians ad Litem[1] were sought by the inspector. Overall, all professionals working with the young people had a largely positive experience

[1] Refers to a person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests.

with the service and regular communication through meetings, phone calls and significant event notifications. They acknowledged that there had been a lot of challenges for the young people that required significant support. Some of their comments include, "staff are doing the best they can", "a lot of agency and new staff", "get it as right as they possibly can" and "very well managed, kept informed and supported (young person)".

The inspector spoke with one parent and they were happy with the care and support their child received. They felt that staff had time to listen to them and this was reassuring for them. They said "any concerns were listened to", "communication was very good, any concerns I could tell them" and "they helped (their child) with everything, support (them) and never let (them) down".

The next two sections of the report provide the findings of this inspection on aspects of management and governance of the centre and the quality and safety of the service provided to the young person.

Capacity and capability

This was an unannounced inspection of the centre that took place over two days. Eleven of the National Standards for Children's Residential Care were assessed, four standards in the area of capacity and capability and seven standards in respect of quality and safety. The centre was found to be compliant with five standards, substantially compliant with two standards and not compliant with four standards inspected.

The inspector found that the centre had experienced significant challenges in managing the centre safely and effectively in the twelve months prior to the inspection. There had been an escalation in behaviours that challenged, changes in management, staff shortages, increased level of sick leave and an over reliance on agency staff. These challenges impacted on the provision of consistent and safe care of young people. At the time of inspection there was a return to greater stability, instances of challenging behaviour had reduced and staff shortages had been addressed.

There had been a number of changes to the management of the centre in the 12 months prior to the inspection. At the time of the inspection, the centre had not had a centre manager since August 2024 and a new centre manager was due to take up the post on the 23 October 2024. In the absence of a centre manager, all managerial duties were delegated to the deputy centre manager who was supported in completing managerial tasks by the interim deputy regional manager and the regional manager. However, the inspector found that this was not fully

effective as not all managerial tasks had been completed. The temporary management arrangements were strengthened after the inspection, a deputy regional manager and social care leader was made available to support the deputy centre manager in completing the delegated duties. At the time of the inspection there were eight social care workers and three social care leaders who operated the centre on a day to day basis. There were two vacancies; a social care leader post and a permanent social care worker post. The social care leader was due to return to their post in December 2024. An on call system was in place that was communicated to the team through the roster. At the time of the inspection, in the absence of a centre manager, the deputy centre manager shared on call with the interim deputy regional manager or regional manager. There were good communication management systems in place such as team meetings, handovers and shift planning.

The centre's risk management system required improvement. The control measures put in place to mitigate against risk were not always effective. There was a risk management framework and supporting structures in place for the identification, assessment and management of risk. There was a risk register in place which recorded risks identified through risk assessments, these were completed by centre management. A review of risks was carried out regularly in team meetings, strategy meetings, and multidisciplinary meetings as appropriate to the risk. In addition, all risk assessments were reviewed by the interim deputy regional manager who had good oversight and routinely monitored the management of risks in the centre.

The inspector found, due to the nature and complexity of risks presenting, the centre experienced significant challenges in managing risks at times, and there were periods throughout the previous 12 months where risks were not adequately managed. Such risks included, the management of behaviours and staffing shortages. There was a significant escalation in risk during the summer months, all of which impacted on the safety within the centre, resulting in young people feeling unsafe and increased staff absences. The management and oversights with regards to significant events required strengthening to ensure effective behaviour management and the safety of all young people. There was good communication and regular meetings between the centre staff and the social work department regarding the risks. However, safety planning was not always effective nor appropriate for all children and the provider did not always respond in a timely way. There was a lack of effective oversight of safety planning for some children in the centre. In addition, a reliance on agency staff impacted on stability and continuity of care provided to the young people. The inspector was informed that at times the centre management team were required to work as part of the scheduled care team to fill gaps in the roster. The inspector found that at the time of the inspection and in the weeks prior, the picture within the centre had

improved. There was adequate staff and the young people had reengaged with their programmes of care.

Managerial responses to risk escalations was appropriate and effective. When risks, were beyond the capacity of the centre to manage safely, these were escalated by the centre manager to their regional management team, and appropriate additional resources and specialist's supports were provided. There were four risks escalated through the use of 'Need to Know'[2] escalation process in June and July 2024. These included young people's presentation, impact of young people's behaviour on the community, staff shortages and the impact of staff shortages on the continued operation of the centre. Additional resources and supports included, approval for waking night staff, additional therapeutic supports for the young people, and the provision of therapeutic expertise to support and guide staff in the management of high level risks, as well as the devising of safety plans for young people. In addition, a decision was made in 2023 to reduce the placement capacity within the centre from four to three, and this was under regular review by the regional manager.

The centre endeavoured to manage high risk behaviour that was outside of their statement of purpose and function. The centre's statement of purpose and function states that it does cater for young people with high risk behaviours; it does not cater for young people who can be '*reasonably expected to be violent; to cause significant property damage; or to destabilise the centre and /or the placement of the young* people'. The capacity of the centre to meet the complex needs of young people was considered following a period of significant escalation in behaviours that challenged, however, due to the absence of available suitable alternative placement options, additional supports were introduced to try to support them to maintain their placement in the centre.

There were good management and monitoring systems were in place. Tusla's practice assurance service monitoring team had completed an overview of the quality and safety of the centre in December 2023. The audit highlighted concerns, these included; young people's high risk behaviour, significant event analysis and recording in team meetings and staff vacancies. There had been some progress made on action plans following this audit, staff vacancies were addressed, additional support and training to manage high risk behaviours was put in place and significant events review was a standing item on the team meeting agenda.

[2] When a risk cannot be managed within the centre or requires additional controls that are outside the scope of the centre to implement, the risk should be escalated to the person responsible at the next appropriate level of management by the risk owner.

The centre completed a quality self-assessment in June 2024. There were a number of actions identified to improve quality, these included the implementation of a risk escalation register and the identification of individual staff training needs through personal development plans. The centre had also completed its own audit using the regional audit template. The audits began in April 2024 and the final audit was completed in July 2024. Some of areas audited included; health care, accommodation, fire precautions, complaints, education, religion and ethnicity. Findings from these audits informed decisions within the centre which had a positive impact on practice and many actions had been completed such as the centre's statement of purpose had been updated.

Appropriate service-level agreements and contracts were in place for the provision of services, these included the provision of agency staff and cleaning services.

At the time of inspection, the inspector found that staff in the centre had varying level of experience and there was a good skill-mix. It was highlighted to inspectors that the introduction of new staff members had a positive impact. Young people were building good relationships with them and have engaged in a number of significant conversations on topics relevant to their personal circumstances, including relationships and keeping safe.

The staff spoken to understood their roles and responsibilities and were clear on the lines of accountability. They were knowledgeable of the provider's policies and procedures such as promoting children's rights and their role as mandated persons. They found that the centre management were approachable and that the impact of the absence of a centre manager was reduced by the interim management arrangements. The culture was described by the staff as one where learning was supported and promoted, but they described times where they felt frustrated by lack of progress for the young people. Additionally, the reliance on agency staff at times who were not familiar with the centre impacted negatively on ensuring consistency of care for the young people.

There were good arrangements in place to promote staff retention both nationally and regionally. A national staff survey had been conducted and a deputy regional manager had conducted feedback sessions with the centre staff. There was a regional manager's forum in place attended by centre managers within the Dublin Mid-Leinster region. This forum provided an opportunity for the centre managers to connect, share information and discuss solutions to difficulties being experienced in their centres.

Improvements had been made to team meeting records, however, further improvements were required. Team meetings were held weekly, even when there was reduced numbers of staff available. The inspector observed a team meeting

that was well attended both in person and online. There was a good discussion on the young people's needs and how to best meet their needs. A review of meeting records found that quality improvements had been made with the introduction of a new standard template in March 2024. However, further improvements were required to ensure a record of discussion was captured under each heading in the template and learning from reviews of significant events were documented clearly.

There were policies, procedures and systems in place which outlined the support available for staff to manage the impact of working in the centre. Staff had the opportunity to avail of support as individuals through an employee assistance programme. Group support in the form of a group debriefing session was facilitated by a senior psychologist in August 2024 and available staff attended. The centre risk register included occupational risks such as violence, harassment and aggression and lone working. It also included appropriate measures to mitigate these risks, such as additional resources being provided as required to support the safe management of such risks.

The staff personnel files were maintained by the national personnel administration (NPR) and they ensure that staff records are correct and up to date. The centre maintained a data base including records of up-to-date An Garda Síochána vetting, mandatory training and additional training. The inspector reviewed the centre's data base and found that it was not up to date and there were gaps in the mandatory training for a recently employed staff member. The necessary record of training was submitted during the inspection and the data base was updated to reflect that training had been completed.

For the most part, staff received regular supervision. The inspector reviewed a sample of supervision records and found that the centre had not fully implemented the providers revised supervision policy which was introduced in early 2024. All but one supervisor was trained in the revised policy, which was scheduled to occur. The inspector reviewed the supervision records of six staff and found that five staff records showed that they had received regular supervision and the quality was good. However, despite the requirement within the policy for new staff to receive at a minimum of monthly supervision, one new staff member who had been in post for six weeks, had not received supervision, this was acknowledged by management.

The centre did not operate a formal performance appraisal on an annual basis for each employee in line with best practice standards. Some of the longer serving staff had completed their initial personal development plans in December 2023 and were due to be updated in June 2024, however, this did not occur. These plans had not been completed with new staff members.

The inspector found that young people's files were securely stored and appropriate arrangements were in place for archiving records. The sample of records reviewed by the inspector were of good quality. The provider has a policy in place that outlined how information was managed and shared along with a schedule for record retention and disposal which was in line with legislative requirements. There was both a shared folder to access records and printed records. The deputy centre manager explained the process for archiving information. At the time of inspection, the centre was part of a pilot programme for a new paperwork system which included new young people's daily logs, placement support plans and team meetings. The staff team had given feedback on the new paperwork system and their feedback was being considered before the implementation of the new system. It was hoped that this system would lead to quality improvements in records for the centre and other centres in the region.

All young people were informed on admission of their right to access their records and they were also given an information booklet. The staff who spoke with inspectors gave examples of young people accessing their records, such as daily logs. Young people were supported by staff and social workers to access information regarding their family history. The young people who spoke to the inspector understood their rights.

The centre held a hard copy register of young people living in the centre, in line with regulations. All the young people's details in the register were up to date and accurate.

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 has been a number of changes and challenges in the centre and this has impacted on the effective leadership, governance and managements arrangements. In the 12 months prior to the inspection, there were periods where the systems in place did not adequately support a safe and effective service for all young people in the centre. There was a lack of alternative placements which resulted in the centre caring for young people outside of the centre's statement of purpose. The management and oversight of significant events required strengthening to ensure effective behaviour management and the safety of all young people. Safety planning was not always effective nor appropriate and the provider did not always respond in a timely way. Additionally, the oversight of staff training records required improvement to ensure they were up to date.

Judgment: Not compliant

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.
Regulation 6: Staffing
Arrangements were in place to promote staff retention. There were formalised on-call arrangements. There were times the centre experienced staffing shortages. The centre management filled gaps in the roster by doing shifts themselves and there was a reliance on agency staff. The centre did not have a centre manager at the time of the inspection and not all managerial tasks were completed. Additional supports were put in place following the inspection.
Judgment: Substantially 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.
There was no system in place for an annual appraisal of staff, in line with Tusla policy and best practice. There were no professional development plans in place for new staff and longer serving staff's professional development plans were not up to date. New staff did not receive supervision in line with the provider policy. Team meeting required improvements to ensure a record of discussion was captured under each heading and learning from reviews of significant events were documented clearly.
Judgment: Not compliant

Standard 8.2 Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.
Regulation 21: Maintenance of Register
The provider has a policy in place that outlined how information was managed and shared along with a schedule for record retention and disposal which was in line with legislative requirements. The inspector found that young people's files were securely stored and appropriate arrangements were in place for the young people to request and access their information. The centre held a register in respect of the young people living there which contained all the relevant information.

Judgment: Compliant

Quality and safety

All staff in the centre were aware of and promoted and protected the rights of children as described in the *United Nations (UN) Convention of the Rights of the Child* (1989) and in Irish law. The staff team supported the promotion of young people's rights in their everyday lives, from supporting them in their education, to providing them with a homely environment, good food, and time with family and friends, access to information on their history and supporting their culture. Young people's rights were communicated to them through one to one work, young people's meetings and contact with their social workers. The young people were supported to practice their religion if they so wished. All young people attended their general practitioner (GP), dentist and support from mental health professional as appropriate to the young person's needs. All young people were being supported to achieve their potential through accessing education and attending courses.

The young people living in the centre were aware of their rights. On admission they were given a welcome booklet that explained their rights, and what it means to have them promoted and protected. The booklet included details on how to use the complaint and appeals process, how to access an advocacy service for children in care, what to do if they do not feel respected or supported and planning for after care. There were four complaints made in the 12 months prior to the inspection, and three were made by young people and one by a parent. Two complaints were resolved and complainant was satisfied. Two other complaints remained open and unresolved and are awaiting advice from social work department.

The young people were supported to participate in decision making. The centre held regular young peoples' meetings, however, young people were not always available. The staff team tried to make it more attractive for young people to attend by having take-away food. If a young person missed a meeting, they were asked if there was anything that they had wished to discuss. It was evident there were efforts made to make the meetings more meaningful for example, having a discussion around rights and how they are promoted and acknowledging the young people's effort to keep the house homely.

The centre was homely and provided opportunities for rest, play and recreation. The layout and design of the centre was suitable for providing safe and effective care and meeting the needs of the young people living there. The young people

were encouraged to get involved in decorating the house. The kitchen and dining area was well equipped with small and large appliances and with ample space for food preparation. There was a living room with a TV and also a games room that had a beauty area. Each young person had their own bedroom and there were sufficient number of bathrooms. There were two sleepover bedrooms for staff and a separate bathroom. The office was located on the ground floor. The house was clean and well maintained. The centre was lit, ventilated and heated adequately.

The garden had ample room for recreation and had a seating area. There were swings, a goal and rebounder for practicing hurling. There was a shed for laundry that also housed the boiler. There was another shed that stored other items, such as BBQ and skate boards. There was external closed-circuit television (CCTV) in operation and there was appropriate signage in place.

The centre was committed to promoting the safety and wellbeing of each child. The centre was in compliance with fire safety and building control statutory requirements. The centre's fire detection and alarm system was inspected and tested by an external contractor on 25 July 2024. The staff completed daily checks on the fire safety management systems, including fire detection and alert systems, emergency lighting, fire doors and firefighting equipment. All staff had received training in fire safety, and there was an up-to-date personal emergency evacuation plan in place for the young people. Fire drills had taken place when new staff came on duty. While all young people had attended a fire drill since moving into the centre, only one young person had attended a fire drill in the 12 months prior to the inspection. It is best practice for staff and young people to be familiar with emergency and evacuation procedures and ensure this is in line with each young person's personal evacuation plan. The fire extinguishers had been removed from the living spaces due to high risk behaviour, and this was risk assessed and reviewed regularly. The location of the fire extinguishers was recorded daily in the fire check and also it was indicated on a floor plan that was placed above the normal location of the fire extinguishers. Fire extinguishers were located upstairs and down stairs.

The centre was adequately maintained and repairs were dealt with promptly. The reporting and recording of maintenance requests was the responsibility of all the staff. These requests were made by email or by phone and recorded in the centre health and safety/maintenance log. The office door had superficial damage, while this did not impact on keeping the office secure, it did require replacing. The door had been measured up and the centre was awaiting a date that it will be ready to be fitted. There were also plans agreed to paint the front of the house and to resurface the parking area.

The centre had two vehicles. The cars tax, insurance and national car test certification were up to date. The vehicles viewed by the inspector have fully stocked first aid kits, high visibility jackets, a torch and safety a triangle. However, there were gaps in the weekly checks of the cars. These gaps occurred during the summer months when the centre was experiencing significant challenges.

Improvements were required in the management of behaviour that challenged. The staff team were trained in the provider approved behaviour management approach. All young people had up-to-date individual crisis support plans, placement support plans, absent management plans and safety plans that were reviewed regularly. There were regular strategy meeting with the social work departments and other professionals regarding behaviours of concern and safety planning. All young people had an up-to-date care plan.

The centre had experienced difficulties managing behaviour that challenged and at times required assistance from An Garda Síochána. There were 480 significant events notified in the 12 months prior to the inspection. Some of these significant events included misuse of substances, property damage and young people missing from care. In early 2024, additional support and guidance on the safe use of restrictive practice was provided to centre staff by a manager from another Tusla service, who had experience in the management of behaviour that challenged and a Tusla trainer in the provider approved behaviour management approach. The staff who spoke with the inspector found this additional support and guidance beneficial to their practice. Notwithstanding this support, there had been incidents that could not be managed by centre staff and required the assistance from An Garda Síochána to ensure the safety of staff and young people.

The review and recommendations of significant events needed to be strengthened to impact on management of significant events. The inspector reviewed a sample of incidents and found; while the staff response to behaviour that challenged was in line with the provider management approach for the most part, other incidents were managed poorly and not in line with the young people's individual crisis support plan. Reviews and analysis of incidents were not adequate as these did not examine or identify trends and potential opportunities to inform staff practice or interventions in engaging young people during periods of crisis.

The inspector found that while there were structures in place to review and learn from significant events, the analyses and recording of this learning in the staff team meeting minutes required greater detail to impact on behaviour management. Some incidents were reviewed externally by a significant event review group. The recommendations from these reviews were communicated to the staff through team meetings. Some of the recommendations included ensuring significant conversations were had with young people as required, one to one

work with young people on risk taking behaviour and recording the outcome of professionals meetings. The internal review of all significant events was completed by the centre management and all learnings were discussed at team meetings.

The inspector found that consequences for the young people were not in line with the provider policy. The inspector reviewed consequences that were imposed on young people as a direct result of an action they had taken. As per the provider policy, a consequence should be a source of learning for the young person. The consequences imposed on the young people relied on the withdrawal of pocket money and reducing the young person's clothing allowance. During the inspection, the inspector raised concerns regarding these consequences and the impact on young people having enough clothing or money. The use of consequences within the centre required review to ensure that these are a source of learning for young people.

The centre adhered to the provider's policy and procedure with regard to the use of restrictive practices. At the time of inspection there were three restrictive practices in use in the centre including, locking away of sharp knives, the locking and securing of medication prescribed to young people over the age of sixteen and the use of unbreakable cups and plates. The young people were consulted with on the use of restrictive practices, for example, the young people were consulted on returning to the use of standard cups and plates, however, the young people wished to continue to use of unbreakable cups and plates. The inspector found all of these practices were in place as a last resort to reduce risk, for the shortest duration possible and were regularly reviewed. The restrictive practices in operation were based on a risk assessments. The rationale for the use of restrictive practices were clearly recorded and discussed with the young people and other professionals. In the 12 months prior to the inspection, there had been seven types of restrictive practices in use in the centre. Each restrictive practice was introduced in response to a presenting risks and removed promptly follow appropriate review of the need for such measures.

Child protection and welfare concerns were managed as required. The centre operated in line with the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2017). All staff were trained in Children First and the staff who spoke with the inspector were clear on their role as mandated persons and how to make a report using the national reporting portal. Parents and relevant professionals were informed of all incidents or allegations of abuse. Some of these concerns required interagency working with An Garda Síochána and the provider to protect the young people from harm. The inspector reviewed minutes of strategy meetings that demonstrated clear action planning for the safety of young people.

Nevertheless, the provider did not always protect the young people from harm and promote their welfare through effective and adequate safety planning. Staff expressed concerns to the inspector about the young people's safety and they did not always believe that the safety plans put in place were adequate. There were regular strategy meetings with the centre, the social work department and other professionals regarding the monitoring of safety planning. The week prior to the inspection, a strategy meeting was held and the ineffectiveness of the safety plan was raised by an external professional. During the inspection, the inspector sought assurances with respect to the quality of the safety plan, the inspector was assured with the response as the safety plan was revised.

The young people were supported to develop their skills and knowledge to keep themselves safe. For example, safety plans were discussed with some young people, regular contact was maintained when they were in the community and one to one sessions on positive relationships and drug or alcohol misuse were undertaken. External supports and therapeutic interventions were put in place as required to support the young people developing skills on reducing possible harm, such as addressing drug use and risk taking behaviour.

The centre was committed to promoting, protecting and improving the health, wellbeing and development of young people living there. The inspector found examples of one to one work completed with young people with regard to mental health, sexual health, positive relationships, smoking cessation and substance misuse. The young people were consulted on the weekly menu and the inspector observed many healthy eating options for the young people. The young people were supported to cook their own meals and there were easy to cook meals options available also.

The young people's physical and mental health needs were been met in line with their care plan. All young people attended their GP and dentist. Additional support from mental health professionals and specialist services were accessed by young people as required. There was good interagency communication with all services that were supporting the young people's physical and mental health.

There was effective medication management which was supported by the provider's medication management policy. The staff completed daily check of medication. There was an audit of medicines on a monthly basis and a standardised audit template was used. These audits were effective and found issues such as staff required to sign off on the provider medication management policy, a medication error was noted that was followed up and discussed in a team meeting and all staff needed to ensure they signed their designated signature sheet. Staff were trained in medication management and two new staff member were waiting to be trained. Young people's prescription sheets were recorded

correctly and medication refusals were recorded appropriately. Medication was stored in line with best practice.

All young people were supported and enabled to develop skills in preparation for leaving care. Two of the young people were planning for life after care. One young person had an aftercare worker and another young person had effective support from their key worker and social worker for after care preparation. The inspector found examples of young people demonstrating independent living skills such as making appointments, money management and accessing health care services The preparation for leaving care was guided by each young person's individual needs and was taken at their pace.

All young people were supported to achieve their potential in learning and development through accessing education and courses. The inspector observed a positive and calm morning routine that supported young people to attend school. Incentives were put in place to encourage attendance when this was appropriate. The centre worked closely with schools to support the young people's education. The staff felt that there was a strong working relationship with the schools. The centre endeavoured to develop good routines around school attendance, completing homework and supporting bringing young people to and from school. When a young person required additional educational support through a grinds tutor, the centre had arranged this for them. A lot of support has been given to young people who had passed school leaving age to remain in education or to attend a course.

The provider has a protected disclosure policy and staff the inspector spoke with were aware of the policy. This policy was discussed in a team meeting in July 2024.

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

All staff in the centre were aware of and promoted and protected the rights of children as described in the *United Nations (UN) Convention of the Rights of the Child* (1989) and in Irish law. Staff in the centre inform the young people of their rights and are supported to exercise their rights.

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 centre was well maintained. There was a prompt response to repairs. However, there were gaps in the weekly checks of the cars. In the 12 months prior to the inspection, not all young people had participated in fire drills. The service needs to ensure young people are familiar with emergency and evacuation procedures and attend regular fire drills. The location of the fire extinguishers continued to be risk assessed and reviewed on a weekly basis.
Judgment: Substantially compliant

Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.
The centre operated in line with the requirements of Children First (2017). However, not all young people were safe. The provider did not always protect the young people from harm and promote their welfare through effective and adequate safety planning. Safety planning was not always effective and did not respond in a timely way when risks and individual vulnerability presented, resulting in the young people's continued exposure to risk. HIQA sought and received satisfactory assurances following the inspection that appropriate safety measures were put in place.
Judgment: Not compliant

Standard 3.2 Each child experiences care and support that promotes positive behaviour.
There had been incidents that the centre did not manage safety which impacted on the centre's ability to keep all young people safe at all times. Incidents reviewed by inspectors outlined that they were poorly managed and not in line with the young person's individual crisis support plan. In addition, analysis of incidents were not adequate with regards identifying trends and informing staff

practices. In addition, improvements are required with regards the use of consequences and ensuring they are a source of learning for young people.

Judgment: Not 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

The centre were committed to promoting, protecting and improving the health, wellbeing and development of young people living in the centre. The staff advised and guided the young people on nutrition, physical exercise and sexual health. All young people were supported in education in line with their abilities. All young people were supported and enabled to develop skills in preparation for leaving care.

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

All young people's health and development needs were identified and addressed. All young people attended their GP and dentist. Additional support from specialist and therapeutic services were accessed by young people as required and based on children's assessed needs.

Judgment: Compliant

Standard 4.3
Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

All young people were been supported to achieve their potential in learning and development through accessing education and attending courses. The staff worked with schools to ensure that all the young people adjust to school and achieve their educational goals.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension	
Standard Title	**Judgment**
Capacity and capability	
Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not compliant
Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substaintially compliant
Standard 6.3: The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Not compliant
Standard 8.2: Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Compliant
Quality and safety	
Standard 1.1: Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
Standard 2.3: The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant
Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant
Standard 3.2: Each child experiences care and support that promotes positive behaviour.	Not compliant
Standard 4.1: The health, wellbeing and development of each child is promoted, protected and improved	Compliant

Standard 4.2: Each child is supported to meet any identified health and development needs.	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-0044804
Provider's response to Inspection Report No:	MON-0044804
Centre Type:	Children's Residential Centre
Service Area:	Dublin Mid-Leinster
Date of inspection:	24 – 25 September 2024
Date of response:	26 November 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:

Standard : 5.2	**Judgment:** Not complaint

Outline how you are going to come into compliance with Standard 5.2:

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

- The Centre Manager (Person in Charge) started in their position on the 23rd of October 2024. The Centre Manager has experience in management and holds the relevant social care qualification for a social care manager. With this experience the Centre Manager will provide consistency and stability for the team. The Deputy Regional Manager is providing the induction for the new centre manager. Extra support is also being provided through mentoring by a peer centre manager The Deputy Regional Manager will provide supervision monthly to the centre manager for the first six months and eight weeks thereafter. Every eight weeks the Deputy Regional Manager will also provide a joint supervision with the Centre Manager and Deputy Manager.

- The Centre Manager and Deputy Centre Manager have devised a list of managerial tasks, listing who is responsible for each task. The Centre Manager and the Deputy Regional Manager has oversight of the completed tasks. Centre management have oversight of all tasks delegated to the staff team.

- The centre's documents will be audited every eight weeks by the Deputy Regional Manager to ensure the completion of tasks and the quality of the documents. Feedback will be provided to the centre management and any issues/gaps within the documents will be addressed with centre management. This feedback will also be brought to the staff team in team meetings.

- Once completed, significant events are reviewed by centre management, and a manager's response is provided to the event. Risk assessments will be completed for identified risks presenting in young person's significant event notifications and the outcome of which will be incorporated into the young person's placement support plan. Placement support plans and assessments will be updated at a minimum monthly or prior to this if required. Where needed safety plans will be developed with specific review dates. All changes to safety plans will be clearly documented. The placement support plan and safety plan will be completed in consultation with social work department. The Centre Manager will convene strategy meetings as required with the young person's social worker team. Deputy Regional Manager will attend where required.

- Safety plans will be developed by centre management and staff team as required in consultation with young person's social work team and Deputy Regional Manager. Continued consultation and reviews of the safety plans will be completed and documented on a fortnightly basis and any changes will be referenced in the shift planner and brought to team meetings for all staff's attention.

- In situations where a risk is identified for a young person and the level of risk elevates, this will be escalated to line management. The escalation process in the form of the "Need to know" will be continued to be used when required as part of the risk management framework to escalate high risk behaviours/situations.

- Where required external specialised services will continue to be sought to support young people in placement, and the staff team.

- Significant event notification review is a standing item on the team meeting agenda for each young person. Significant event notifications are discussed to identify what is required to support young people with behaviours and situations that challenge, also, to support learning among the team. The team meeting minutes will be reviewed by centre management when completed to ensure the discussions and the learning from the incidents is reflected appropriately. Young people's safety plans, and placement support plans are updated from this learning when required. Further oversight will be provided by the Deputy Regional Manager by reviewing significant events notifications. Feedback will be provided from this review to centre management and in turn to the staff team.

- A sample of the centres significant event notifications are reviewed at the monthly regional Significant Event Notification Review Group (SENRG). Feedback is provided to the centre in the form of written minutes on how the incident was managed, follow up and/or additional information is requested by the Regional Manager or Chair of the committee if not detailed in the notification.

- Further oversight of significant event notifications is provided by the Practice Assurance and Service Monitoring Team (PASM), who receives a log of the significant event notifications for their review.

- Risk management will be a standing agenda item at team meetings.

- The staff team will complete training in Organisational Risk Management by the 31st of December 2024

- The staff team will complete training in Incident Management by the 31st of December 2024

- Team meeting minutes will be reviewed weekly by centre management to ensure that the record of discussion is captured under each agenda item to maximise learning for the staff team. The minutes will be reviewed weekly with the staff team to ensure that the discussion is recorded accurately, if not amendments will be made. The Deputy Regional Manager will attend one team meeting every five weeks, the Deputy Regional Manager will provide additional oversight on discussions being reflected in the minutes from their attendance at these meetings.

- A review of the training record was completed on the 22nd of November 2024 by the Deputy Regional Manager – A training plan for staff including agency has been developed in consultation with the Centre Manager to ensure that the team are compliant with the mandatory training requirements. The record of completed mandatory training will be updated to reflect this and is reviewed monthly by the Centre Manager and the Deputy Regional Manager. Any gaps in the team's training will be addressed by the Centre Manager.

Proposed timescale:	**Person responsible:**
Completed by 31st of December 2024	**Centre Manager and Deputy Regional Manager**

Capacity and Capability: Responsive Workforce	
Standard : 6.1	**Judgment:** Substantially Compliant

Outline how you are going to come into compliance with Standard 6.1:
The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

- The Centre Manager started their position on the 23rd of October 2024. The Centre Manager has experience in management and holds the relevant social care qualification for a social care manager. With this experience the Centre Manager will provide consistency and stability for the team. The Deputy Regional Manager will provide supervision monthly to the Centre Manager for the first six months, and eight weeks thereafter. Every eight weeks the Deputy Regional Manager will also provide a joint supervision with the Centre Manager and Deputy Manager.

- The Deputy Regional Manager is providing the induction for the new Centre Manager. Extra support is also being provided through mentoring by a peer centre manager.

- The Centre Manager and Deputy Regional Manager have devised a list of managerial tasks, listing who is responsible for each task. The Centre Manager and the Deputy Regional Manager has oversight of the completed tasks. All tasks delegated to the staff team are over seen by the centre management. Every two weeks the centre management will review together the tasks that have been completed.

- The centre's documents will be audited every eight weeks by the Deputy Regional Manager to ensure the completion of tasks and the quality of the documents. Feedback will be provided to the centre management and any issues/gaps within the documents will be addressed with centre management. This feedback will also be brought to the staff team in team meetings.

- In the event of a position becoming vacant within the staff team, a business case is completed when notified, and approval sought to fill this post from the employment Monitoring Group (EMG). Follow up is completed fortnightly by the Regional Manager with Tusla Recruit to ensure the position is filled promptly.

- The centre engages regular agency staff that are familiar with the centre. Regular agency staff will attend the centres training and staff meetings as

required. Regular agency staff will also receive supervision from centre management in line with the requirements of the policy.

- The staff team will receive supervision in line with the requirements of the policy. Supervision will be completed by centre management and social care leaders.

- Staff supports such as the Employee Assistance Programme (EAP) and Occupational Health are available to the staff team. Referrals will be forwarded where required and staff will be supported to attend.

- Team meeting minutes will be reviewed weekly by centre management to ensure that the record of discussion is captured under each agenda item to maximise learning for the staff team. The minutes will be reviewed weekly with the staff team to ensure that the discussion is recorded accurately, if not amendments will be made. The Deputy Regional Manager will attend one team meeting every five weeks, the Deputy Regional Manager will provide additional oversight on discussions being reflected in the minutes from their attendance at these meetings.

Proposed timescale:	**Person responsible:**
31st of December 2024	**Centre Manager and Deputy Regional Manager**

Standard : 6.3	**Judgment:** Not compliant

Outline how you are going to come into compliance with 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.

- Centre management has completed a schedule of supervisions to ensure that supervision policy requirements are being met consistently.

- All new staff have received supervision since the inspection.

- All new staff will receive supervision every four weeks as a minimum for the first six months of employment, after which individual supervision will occur at a minimum six times during the year, or every eight weeks, depending on the needs of the individual and service at the time. The frequency of new staff supervision will be reviewed by the Deputy Regional Manager every three months.

- The Centre Manager will complete a supervision audit annually to ensure that all supervision contracts are updated, and policy is being adhered to. This will be completed by the 31st of December 2024.

- Each staff member's Professional Development Plan (PDP) will be reviewed and updated every six months with centre management. New staff's PDP's will be completed by the 31st of December 2024.

- All performance issues are managed in line with the Tusla HR policies & Procedures.

- The performance of all newly appointed staff members is further monitored and managed under the Tusla Probation Policy.

- Significant event notification review is a standing item on the team meeting agenda for each young person. Significant event notifications are discussed to identify what is required to support young people with behaviours and situations that challenge, also, to support learning among the team. The team meeting minutes will be reviewed by centre management when completed to ensure the discussions and the learning from the incidents is reflected appropriately. Young people's safety plans, and placement support plans are updated from this learning when required. Further oversight will be provided by the Deputy Regional Manager by reviewing significant events notifications. Feedback will be provided from this review to centre management and in turn to the staff team.

Proposed timescale:	**Person responsible:**
31st of December 2024	**Centre Manager and Deputy Regional Manager**

Quality and Safety: Effective Care and Support

Standard : 2.3	**Judgment:** Substantially complaint
Outline how you are going to come into compliance with Standard 2.3 The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	

- Since the inspection, the office door was replaced on the 22nd of October 2024

- Painting the front of the house and resurfacing the parking area were completed on the 19th of October 2024.

- On the 24th of November 2024, the Centre Planner was setup with a weekly reminder to complete the centre cars checks. This will be discussed at the team meeting on the 26th of November 2024. The recording of the car checks will be overseen by Centre Manager, who will address any issues/gaps in the recording of the weekly checks. The Deputy Regional Manager will also oversee this and address any identified issues/gaps in the recording.

- Deputy Regional Manager will complete six monthly audits on car requirements such as NCT expiry dates and service checks via TCM.

- A fire drill was completed with one of the young people on the on 29th of September 2024. Another planned fire drill will be completed before the 31st of December 2024 to ensure all young people have participated in a fire drill with the other young person. Details of these drills has been documented in the fire register book.

- Planned and unplanned fire drills will continue to take place at a minimum of twice yearly for each and, this will be recorded and documented in the fire register.

- Fire drills will take place as required for any new admission or new staff member in the centre. Centre Manager and Deputy Regional Manager will provide oversight to ensure that this requirement is completed as required.

- Each of the young people residing in the centre has an individual Personal Emergency Evacuation Plan (PEEP).

- The location of the fire extinguishers continues to be risk assessed and reviewed by the centre management team within team meetings as required -The extinguishers were returned to their original location on the 13th of November 2024. The centre's fire map has been updated to highlight this.

Proposed timescale:	Person responsible:
31st of December 2024	**Centre Manager and Deputy Regional Manager**

Standard : 3.1	Judgment: Not 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.

- Significant event notifications will be reviewed and discussed at the team meetings by centre management and the staff team. This is a standing agenda item. The focus of this review is to provide learning for the team in how to respond to incidents and, to identify patterns and trends of incidents arising. The placement support plan and or safety plans will be updated if required from this discussion. Centre management will review the team minutes to ensure that the discussion and learning is accurately reflected.

- Risk assessments will be developed for identified risks presenting in young person's significant event notifications and will be incorporated into the young person's placement support plan. Placement support plan and assessments will be updated at a minimum monthly or prior to this if required. Where needed safety plans will be developed with specific review dates. All changes to safety plans will be clearly documented. The placement support plan and safety plan will be completed in consultation with the social work department. The Centre Manager will convene strategy meetings as required with the young person's social worker team. Deputy Regional Manager will attend where required.

- Safety plans will be developed by centre management and staff team as required in consultation with young person's social work team and Deputy Regional Manager. Continued consultation on reviews of the safety plans will be completed and documented on a fortnightly basis or weekly if required and any changes will be referenced in the shift planner and brought to team meetings for all staff's attention.

- Where a risk is identified for a young person and the level of risk elevates, this will be escalated to line management. The escalation process in the form of the "Need to know" will be continued to be used when required as part of the risk management framework to escalate high risk behaviours.

- Since the inspection strategy meetings and a Child in Care Review has taken place for one young person to review safety plans on the 27th of September, 11th of October, 1st of November, 7th of November 2024 between the social work department, GAL and centre management. A planning meeting took place on the 8th of November 2024 with the social work department, Gal and centre management to discuss young person and safety plans. It was agreed that a referral be made to a specialised service and, the young person is in the final process of being allocated a key worker in this service. The young person participated in part of this meeting bringing their own agenda items to the meeting. Deputy Regional Manager has requested a date for a review meeting to review actions.

- Continued direct work is being completed with young people on safety and making safe decisions for themselves.

- A consistent staff team is in place since the summer months bringing a settled environment to the centre. Consistent routines are in place for the young people, and these continue to be developed based on the young people's needs, these are documented in the young people's placement support plans.

- The centre continues striving to sustain placements to the best of their ability so that placement disruption is avoided for young people. As highlighted in the report the centre has sought external services to support the team in relation to VHA or behaviours that challenge. If it is the case that these services or training are not available, this will be escalated to line management by centre management.

- Consequences review is a standing item on the agenda at weekly meetings for each young person. Consequences are discussed to assess learning among young people in identifying a change in behaviour. Centre management will review the team minutes to ensure that the discussion and learning is accurately reflected.

- CRS policies and procedures are implemented within the centre to support care planning for the young people. The centre adheres to the garda missing in care protocol regarding young people's absences. All staff are trained in Introduction to Children First, Implementing Children First in Tusla and Children First in Action. Four staff need to complete the training in Child Sexual Exploitation. This will be completed before the 31st of December 2024.

Proposed timescale:	Person responsible:
31st of December 2024	**Centre Manager and Deputy Regional Manager**

Standard : 3.2	**Judgment:** Not Compliant

Outline how you are going to come into compliance with Standard 3.2:

Each child experiences care and support that promotes positive behaviour.

- Centre management review significant event notifications to ensure that they are managed in line with the young person's placement support plan and safety plan. If the Centre Manager identifies that the event was not managed in line with young person plans, this will be noted on the notification and discussed with the staff team at shift planning and/or team meetings. This discussion will be recorded in informal supervisions notes by centre management and if needed addressed further in supervision. Further oversight will be provided by the Deputy Regional Manager by reviewing significant events notifications. Management of incidents that are not in line with the placement support plans or safety plans will be highlighted by the Deputy Regional Manager with centre management to source further clarity on the reasons for this.

- Safety plans will be developed by the centre team as required in consultation with young person social work team and Deputy Regional Manager. Continued consultation on reviews of the safety plans will be completed with the staff team at minimum fortnightly (or weekly if /when required) and will be documented. Any changes will be referenced in the shift planner and brought to team meeting for all staff's attention.

- Risk assessments will be developed for identified risks presenting in young person's significant event notifications and will be incorporated into the young person's placement support plan. Placement support plan and assessments will be updated at a minimum monthly or prior to this if/when required. Within the review of the placement support plan control measures will be reviewed to ensure that they have the maximum impact and will be continually monitored by centre management. Copies of the placement support plan are forwarded for the attention of the young person's social worker. The Centre Manager will convene strategy meetings as required with the young person's social worker.

- The escalation process will continue to be used when required as part of the risk management framework.

- Additional oversight is provided of significant event notifications by the Practice Assurance and Service Monitoring Team (PASM). The team receive a log of the significant event notifications for their review.

- Direct work continues to be completed with the young people regarding their safety and making safe choices.

- A sample of the centres significant event notifications are reviewed at the monthly regional SENRG. Feedback is provided to the centre in the form of written minutes on how the incident was managed, follow up and/or additional information is requested by the Regional Manager or chair of the committee if not detailed in the notification.

- Centre management and the staff team attend workshops delivered by Assessment Consultation &therapy Service (ACTs) in relation to concerns or patterns of behaviours presenting approx. every six weeks. This informs the young people's plans and direct work. The team also attend consultations with their model of care specialist to discuss recent presentations within the centre approximately every eight weeks.

- Care planning is completed annually for the young people (or every six months if required). These meetings are attended by centre management and social work department. Young people are encouraged to attend, or arrangements are made to capture their voice by other means.

- Consequences review is a standing item on the agenda at weekly meetings for each young person. Consequences are discussed to assess learning among young people in identifying a change in behaviour. Centre management will review the team minutes to ensure that the discussion and learning is accurately reflected.

Proposed timescale:	**Person responsible:**
31st of December 2024	**Centre Manager and Deputy Regional Manager**

Section 2:

Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
5.2	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not compliant	Red	31/12/24
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant	Yellow	

6.3	The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Not compliant	Red	31/12/24
2.3	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant	Yellow	
3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant	Red	31/12/24
3.2	Each child experiences care and support that promotes positive behaviour.	Not compliant	Red	31/12/24

Published by the Health Information and Quality Authority (HIQA).

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie