



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 036**

**Year: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Compass Family Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of Inspection:</b>	<b>16<sup>th</sup> and 17<sup>th</sup> January 2020</b>
<b>Registration Status:</b>	<b>Without attached conditions from the 13<sup>th</sup> June 2018 to the 13<sup>th</sup> June 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>10<sup>th</sup> March 2020</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

# National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in November 2013. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without conditions attached from the 13<sup>th</sup> June 2018 to the 13<sup>th</sup> June 2021.

The centres purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people from their relational interactions with the adults in the centre and with other significant people in their life.

There were three young people living in the centre at the time of the inspection. The centre was granted derogation in August 2016 to accommodate one of the children as they were less than thirteen years of age on admission. A further extension of this derogation was granted for a period of twelve months from 1<sup>st</sup> of March 2019 to 1<sup>st</sup> of March 2020.

## 1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional adults work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and adults, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about

how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, adults and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 17<sup>th</sup> February 2020 and to the relevant social work departments on the 17<sup>th</sup> February 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 27<sup>th</sup> February 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 036 without attached conditions from the 13<sup>th</sup> June 2018 to the 13<sup>th</sup> June 2021 pursuant to Part VIII, 1991 Child Care Act. At the time of this inspection the centre was registered from the. This is a draft report and the decision regarding the continued registration status of the centre is pending.



### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

The inspectors reviewed the centre's child protection policy. They found the written policy did not adequately reflect the Children First Act, 2015 or Children First: National Guidance for the Protection and Welfare of Children, 2017 (DCYA). The regional residential services manager informed the inspectors that their child safeguarding policy was currently being revised and updated to ensure compliance with legislation as required.

The centre manager was the designated liaison person for the centre and staff interviewed understood the role of the designated liaison person. Training records evidenced that each staff member had completed Tusla's E-Learning module: Introduction to Children First, 2017. In December 2019 a number of centre staff received supplementary training in child safeguarding and in Children First: National Guidance for the Protection and Welfare of Children, 2017. The remaining staff members will be facilitated to attend supplementary child safeguarding training in 2020.

Despite policy deficiencies, inspectors found that child protection concerns were appropriately reported to the social work department through Tusla's web portal, in line with Children First, 2017. Staff interviewed by the inspectors demonstrated appropriate knowledge to recognise child abuse and report a reasonable concern about a child's welfare and protection. Records of child protection concerns were maintained separately on the individual care files. There were six mandated reports submitted from the centre to Tusla in the past twelve months. The inspectors examined records of child welfare/protection concerns on file and were satisfied that they had been managed appropriately and the correct procedures had been followed. However, a number of reported concerns on file did not evidence a response or outcome of screening of the concern from the social work services. The centre manager must follow-up on the status of these concerns with the relevant social work service. The centre had recently established a register to record all child protection and welfare concerns. This will be a useful resource for the centre manager to ensure

the tracking of such concerns and to monitor reported concerns to ensure they have a clear outcome and response from social work services.

The centre had a child safeguarding statement and a letter of compliance to confirm the statement had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. Staff interviewed were aware of the Child Safeguarding Statement that was displayed in the staff office, however overall staff were not sufficiently familiar with the risks identified in this statement and the safeguarding policies and practices in place to mitigate against such risks occurring. There was evidence that the centre's regional manager had attended a team meeting to discuss their child safeguarding statement however the staff team require continued input from managers in relation to the centre's child safeguarding practices, potential risks of harm associated with living in residential care and the policies in place in the centre to mitigate against the risk of harm occurring to the children in placement. The registered proprietor must also ensure that, when updated, the staff team receive regular training in the centre's safeguarding policy, its identified safeguarding practices and in the prevention, detection and response to abuse.

The centre had an anti-bullying policy that outlined procedures in place to address bullying and harassment by others including reporting serious instances of bullying to Tusla where regarded as possibly abusive. However, the inspector's recommended that the centre's written policy on bullying is updated to include cyberbullying and other forms of bullying as outlined in Children First, 2017.

There was evidence that key work was completed with the young people in relation to bullying, self awareness and safety on-line and in the community. Inspectors found where issues of bullying emerged individual work and community meetings took place to ensure any negative impact was addressed and minimised. The centre had a written policy on young people's use of mobile phones and procedures were in place to monitor the young people's use of the internet and social media. The centre had created pre-admission risk assessments to identify and address areas of vulnerability for the young people in placement. Staff interviewed were able to identify the key vulnerabilities and risks associated with each young person. There was evidence that staff worked closely with social workers, specialists and the children's family members to promote the well-being of the young people.

The inspectors met with two of the three young people living in the centre. They stated they felt safe and cared for within the home and had good relationships with the staff and access to their allocated social worker. They had regular contact with

external managers and had opportunities to meet with them at the centre. They were aware of and had met representatives of a national advocacy group for young people in care. Social workers for the young people confirmed they were satisfied their allocated child was safe, cared for effectively and they had no safeguarding concerns. The social workers and centre management reported a good working relationship and worked in partnership to promote the safety and wellbeing of the young people. There were measures in place through joint working with social work departments to ensure parents would be made aware of any allegation of abuse.

The organisation had a whistle blowing policy that outlined the procedure in place for making a protected disclosure. All staff interviewed were familiar with the centre's whistleblowing policy and were satisfied that they would be supported by management in raising concerns without fear of adverse consequences to themselves. The centre manager stated the staff team were confident to question practice in their clinical team supervision, at team meetings and in individual supervision.

### **Standard 3.2**

The centre had a policy on the management of behaviour. There was evidence from interviews and on care files of a positive approach to managing behaviour focusing on putting incentives in place to encourage the young people to do well and achieve their goals. The inspectors found the young people living in the home received child-centred care and support. The staff interviewed outlined the importance of building caring relationships with the young people and ensuring their achievements were recognised and rewarded. The current resident group were generally well settled and the staff did not rely on sanctions or a behavioural approach to the management of behaviours that challenge. Staff encouraged and supported the young people to engage in daily activities and routines and this helped them manage their emotions and behaviours. Inspectors found the staff displayed a good knowledge and understanding of the young people in placement and were alert to situations that may lead to behaviour that challenges. The inspectors found that staff were attuned to the young people's emotional well being and the impact of mental health and bullying on the children. There was evidence the voice of the young people was heard in relation to expectations within the home and daily life experiences. This was evidenced in the house meeting records, in key work and in individual work reports.

A review of a selected sample of significant events reports was undertaken by one of the inspectors. The inspector found that events were managed in line with the centres behaviour management approach and the young person's individual crisis

management plans. There was evidence of oversight of staff practice and the management of the event by the centre manager.

The inspectors found the staff team had regular access to specialist advice and appropriate support from the organisation's psychologist to enable them to provide positive behavioural support, identify the underlying causes of behaviour and respond to and manage behaviour that challenges. The services clinical psychologist was scheduled to provide further training for the team in 2020 to continue to build skills and expertise in the area of behaviour management.

The staff team were trained in a recognised crisis prevention and management system and there was evidence of regular refresher training being completed. Each young person had an individual crisis management plan on file that was reviewed regularly. The crisis management plans outlined the appropriate and agreed interventions to support behaviour that presented a serious risk to the safety and welfare of the individual young person or that of others. Permitted restrictive procedures that were deemed necessary were outlined on the individual crisis management plans and safety plans. Staff interviewed were clear about restrictive procedures and the restrictive procedures that were permitted and not permitted. Social workers interviewed were familiar with the crisis management plans and the restrictive procedures in place for their allocated child. Individual key work, significant conversations and life space interviews were recorded following critical incidents and evidenced on the children's care files. The inspectors found that restrictive procedures were not a regular feature of the children's care. Agreed restrictive procedures were recorded on file and were subject to regular monitoring and review by the centre manager.

A review of the centre's written policy on behaviour management found that it did not include guidance for staff on the use of restrictive procedures or the procedures in place for the monitoring and oversight of such practices within the centre. The inspectors recommend the registered proprietor update the centre's behaviour management policy to include guidance on the use of restrictive procedures and the process for reviewing and auditing such procedures. There was evidence that external managers had oversight of significant events that occurred in the centre along with oversight of records relating to consequences and physical interventions. The regional residential services manager had recently developed an auditing process that would evidence their oversight and monitoring of the centre's approach to managing behaviour that challenges when fully implemented.

There was evidence that the social workers for the young people in placement had provided sufficient pre-admission information to the centre at the point of referral in relation to the young people's behavioural presentation that enabled the centre staff to assess and consider potential risks and strategies to manage identified risks. Placing social workers were satisfied that the young people's behaviour was well managed and highlighted the significant relationships the young people had built with their carers over time in placement. The social workers were of the view their allocated child was appropriately placed and was progressing well. The young people interviewed by the inspectors were able to identify how they were supported and assisted by staff to enable them to grow and develop. Young people were also aware of the expectations for behaviour and there was evidence that this had been discussed with young people both on an individual basis and a communal basis through young person's meetings.

### **Standard 3.3**

Staff interviewed stated that there was an open culture within the organisation and they felt well supported in their work both at personal and professional level. There were a number of forums including clinical group supervision and staff representative meetings with senior management where staff issues, concerns and areas of improvement were discussed. The service had recently provided staff with an opportunity to participate in an on-line survey to give feedback to the senior managers. The inspection found that there was a culture of reflective practice in the centre and this demonstrated the commitment to continuously improve the quality of care that was provided to the young people. There were good systems of communication between staff, the young people, their families and the external professionals involved in their lives. The young people had allocated key workers who set aside individual time for them and advocated on their behalf where necessary.

The centre had a clear complaints process and this was explained to the young people on admission and periodically through key work sessions. The inspectors found the young people were aware they could report issues of concern to both staff and management.

There was evidence that the centre was in regular contact with social workers and family members as appropriate. Parent and social work feedback on the children's placement was evident through care plan reviews however the registered proprietor must ensure that the centre has its own mechanisms in place for significant people in

the children’s lives, for example their parents or their allocated social workers to provide feedback and identify areas for improvement within the centre.

The centre had a policy on the notification, management and review of incidents and inspectors were informed by the allocated social workers that all incidents were reported in a prompt manner both via phone and e-mail. The centre manager participated in a significant event review group that met monthly and reviewed incidents for a number of the centres in the region. Serious incidents that occurred in the centre were reviewed by both internal and external management as well as the organisations clinical psychologist and feedback and learning outcomes were communicated to the staff team. The allocated social workers confirmed they were notified of all significant events in a timely manner. Family members were updated on significant events by the allocated social workers.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2 Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The registered proprietor must ensure that the centre’s child safeguarding policy is reviewed and updated to adequately reflect the Children Act, 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The registered proprietor must ensure that, when updated, the staff team receive regular training in the centre’s safeguarding policy, its identified safeguarding practices and in the prevention, detection and response to abuse.
- The registered proprietor must ensure there are mechanisms in place for significant people in children’s lives, for example their parents or their allocated social worker, to provide feedback on the care being provided by the centre for learning and quality improvement purposes.

## Regulations 5 and 6 (1 and 2)

### Theme 5: Leadership, Governance and Management

#### Standard 5.1

The management and staff interviewed by the inspectors were aware of the regulatory and legislative requirements for the care and welfare of children appropriate to their respective roles and this was reflected in aspects of their practice.

The registered provider had policies and procedures in place to guide staff practice. There was evidence that centre policies and procedures were reviewed at team meetings and in staff supervision. However, the inspectors found that centre had not updated their full suite of policies and procedures for the residential centre to ensure they were aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). Thus, the capacity of managers to monitor practice and performance effectively against the National Standards for Children's Residential Centres, 2018 (HIQA) and current legislation was hindered.

The registered proprietor must ensure that the centres policies and procedures are reviewed and updated and aligned with the National Standards for Children's Residential Centres, 2018 (HIQA) and other relevant legislation. The registered proprietor must ensure they review new and existing legislation and national policy on a regular basis to determine how it impacts on practice and to address any gaps in compliance.

Staff interviewed by the inspectors were, in a general way, able to identify the legislation, policies and procedures that informed their work. The inspectors recommend the centre manager develop an on-going programme of policy review at team meetings and in staff supervision to ensure all staff members can demonstrate a good understanding of in-service policies, legislation and national standards in the context of their day-to-day work.

#### Standard 5.2

There was a management structure in place with clearly defined lines of authority and accountability. The organisational structure for the centre comprised of a chief executive officer, who was the named registered provider, a regional residential services manager, a centre manager, a deputy manager, eight activity pedagogues and

four support pedagogues. The centre manager was the appointed person in charge and took up this post October 2019. They were appropriately qualified, had appropriate experience within the service and had previous experience in a leadership role. The centre manager had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. The inspectors found that the centre manager demonstrated a clear vision for the centre and the centre was well managed. Their ethos, leadership and care approach was evident across the records at the centre and demonstrated in interviews with the inspectors. The centre manager was well regarded by the team members and they reported they received good support and guidance from their managers.

A new deputy manager post was created in the centre and a core member of the team was recently appointed to this position in January 2020. There were suitable arrangements in place to provide cover when the centre manager was on leave since the appointment of a deputy manager. The centre manager maintained a written record of duties that were delegated to the deputy manager. The regional residential services manager had daily contact and communication with the centre manager and the deputy manager in relation to the operational activities of the centre. The managers read and signed off on the young people's daily logs, on significant event notifications and all other care records generated by staff.

There were written job descriptions for all roles within the centre and the inspectors found the internal management structure was appropriate to the size and purpose and function of the centre. The staff interviewed confirmed they were supported by the internal and external managers in their work and that a culture of learning existed within the organisation. This was demonstrated across all interviews with staff and managers.

The young people interviewed were able to identify who was the person-in-charge and were able to identify the external line managers. The inspectors found the young people had appropriate contact with external managers at the centre.

The centre had written policies and procedures in place for the identification, assessment and management of risk associated with the young people's care and their behavioural presentation. Risk assessments carried out by the centre staff were found to be thorough and appropriate control measures were in place to mitigate these risks. There were suitable arrangements in place to provide 'out of hours' on-call support to staff to manage adverse and significant incidents and risks in the centre. The inspectors found that the current risk assessment policy did not outline



procedures in place to escalate risk where necessary. Additionally, the organisation did not have a centre risk register or organisational risk register in place to account for risks specific to the overall operation of the service. The registered proprietor must develop a risk management framework to identify, assess and manage centre and organisational risks to meet the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).

The centre had a service level agreement in place with Tusla’s National Private Placement Team specific to the young people in placement and they provided written reports to the funding agency. The registered provider attended bi-annual review meetings with the national placement team in relation to the service level agreement and the progress and outcomes of the young people’s placements.

### **Standard 5.3**

The centre had a written statement of purpose which described the model of service provision. The statement outlined the aims and objectives of the service and the key policies in place to support safe care. Information on the centres statement of purpose was provided in young people’s booklets. The inspectors found the statement of purpose was not reviewed since April 2018 and must be updated to ensure compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) and the Children First Act, 2015. The management and staffing employed in the centre and the arrangements for the wellbeing and safety of children placed in the centre must also be detailed in the centre’s statement of purpose. The name of the most recently appointed centre manager must also be updated on the statement of purpose. The centre manager in conjunction with the regional residential services manager must ensure that the statement of purpose is updated, reviewed and evaluated as part of the centre’s governance arrangements, in order to provide assurance that services are being delivered in line with the statement of purpose.

From observation of staff practice and centre records it was evident that the current statement of purpose was reflected in the day-to-day operation of the centre. Staff members displayed a good understanding of their model of care and had received annual training specific to this model of care. Interviews with staff members evidenced the centres model of care was understood by staff and implemented in the day-to-day care of the young people.

The centre had written information about its operations that was in an accessible format for the young people. There was evidence that key workers and managers had

communicated the information about the centre to the young people on their admission. The young people's booklet must be updated to reflect current practices, safeguarding procedures and new staffing arrangements within the centre. The booklet must be more accessible to young people in terms of its design, format and language. The centre had not developed specific written information for parents and families in an accessible format. The centre manager must therefore develop specific information for parents about the centre and how it meets the care, safety and support needs of the children.

#### **Standard 5.4**

There was evidence that the centre manager and the external manager monitored the quality of care in the centre. The internal and external managers read and signed off on children's daily logs, on significant event notifications and all other care records generated by staff. There was evidence that the external line manager monitored the quality of care in the centre through receipt of monthly audit reports from the centre manager, regular visits to the centre, periodic attendance at team meetings, supervision of the centre manager, meeting with the children and staff and signing off on centre records. There was evidence that the service held monthly management meetings, care plan meetings and clinical meetings to review the quality of care and ensure good outcomes for the young people.

At the time of inspection the regional residential services manager had developed a framework to undertake specific audits that were aligned to a number of themes set out in the National Standards for Children's Residential Centres, 2018 (HIQA). The audit tool evidenced gaps and deficits in centre practice and a process in place to address same. This auditing process was in the early stages of development at the time of the inspection and will be further examined in future inspections.

The service had recently re-drafted and updated their complaints policy following recommendations from a recent inspection in another of their centres. The inspectors found that recommendations around classification of complaints and information about Tusla's complaints procedure 'Tell Us' was included in the updated policy. The centre manager maintained a complaint register in the centre to allow for tracking and identification of complaint trends. The inspectors reviewed the complaints register for the centre and noted that there were four complaints recorded in the past twelve months. Overall there was evidence the complaints procedure was followed and complaints were resolved to the satisfaction of the young people concerned. There was evidence in practice that the voice of the child was heard and

improvements or changes in practice occurred as a result of complaints raised by the children. The young people interviewed by the inspectors confirmed they were satisfied that the manager and staff listened to them and responded to their concerns. The young people told the inspectors they had no complaints about their care. The allocated social workers confirmed they were notified of all complaints.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centres objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6.2 Regulation 6.1</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.1 Standard 5.2 Standard 5.3 Standard 5.4</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The registered proprietor must ensure that the centres policies and procedures are reviewed and updated and aligned with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.
- The registered proprietor must develop a risk management framework to identify, assess and manage centre and organisational risks to meet the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).
- The centre manager in conjunction with the regional residential services manager must ensure that the statement of purpose is updated and reviewed and evaluated as part of the centre’s governance arrangements, in order to provide assurance that services are being delivered in line with the statement of purpose.

- The centre manager must update the young people's booklet must to reflect current practices, safeguarding procedures and new staffing arrangements within the centre. The booklet must be more accessible to young people in terms of its design, format and language.
- The centre manager must develop specific information for parents about the centre and how it meets the care, safety and support needs of the children.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<p><b>3</b></p>	<p>The registered proprietor must ensure that the centre’s child safeguarding policy is reviewed and updated to adequately reflect the Children Act, 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The registered proprietor must ensure that, when updated, the staff team receive regular training in the centre’s safeguarding policy, its identified safeguarding practices and in the prevention, detection and response to abuse.</p>	<p>The centre’s child safeguarding policy has been reviewed and updated to reflect the Children Act 2015 and with Children First; National Guidance for the protection and welfare of Children, 2017. This has been forwarded to monitoring and inspection.</p> <p>All staff members complete the Tusla’s e-learning module: Introduction to Children First, 2017 prior to commencement of employment. All staff members receive in house training in child protection and it is mandatory for all employees to familiarize themselves with the company policy. All staff members will attend regular training identified by the company.</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation in January of each year.</p> <p>The company’s training co-ordinator has been provided with updated guidelines regarding training requirements for child protection. The regional manager will ensure training as identified in the updated child protection policy is adhered to.</p>

	<p>The registered proprietor must ensure there are mechanisms in place for significant people in children’s lives, for example their parents or their allocated social worker, to provide feedback on the care being provided by the centre for learning and quality improvement purposes.</p>	<p>The regional manager has introduced a survey for staff to provide feedback on the care being provided by the centre. This will be extended to families, significant people in the children’s lives and external professionals. June 2020.</p>	<p>Feedback process to take place throughout 2020 and regularly thereafter.</p>
5	<p>The registered proprietor must ensure that the centres policies and procedures are reviewed and updated and aligned with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.</p> <p>The registered proprietor must develop a risk management framework to identify, assess and manage centre and organisational risks to meet the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).</p>	<p>The policy and procedure document is updated at the beginning of each calendar year. The policy document will be edited to align to the National Standards for Children’s Residential Centres 2018 (HIQA) and other relevant legislation. June 2020.</p> <p>The organisation has an existing risk management framework which has been attached for review. The risk management framework will be reviewed and updated in accordance with the requirements of the national standards for children’s residential centres 2018 (HIQA). This is to include a centre risk register and an organisational risk register. June 2020.</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation in January of each year.</p> <p>Organisational and centre risk register to be introduced and added to policy document for 2020.</p>

	<p>The centre manager in conjunction with the regional residential services manager must ensure that the statement of purpose is updated and reviewed and evaluated as part of the centre's governance arrangements, in order to provide assurance that services are being delivered in line with the statement of purpose.</p> <p>The centre manager must update the young people's booklet must to reflect current practices, safeguarding procedures and new staffing arrangements within the centre. The booklet must be more accessible to young people in terms of its design, format and language.</p> <p>The centre manager must develop specific information for parents about the centre and how it meets the care, safety and support needs of the children.</p>	<p>The centre manager in conjunction with the regional manager is currently reviewing and updating the statement of purpose and function. May 2020.</p> <p>The young person's booklet containing current practices, safeguarding procedures and new staffing arrangements is being developed and made more accessible in terms of its design, format and language and will be provided to young people on admission to the centre. June 2020.</p> <p>A booklet containing specific information for parents and families is being developed and will be provided to parents and families on admission of young people to the centre. June 2020.</p>	<p>The organisation has developed a policy review group that will review and update all policy documentation, including the statement of purpose and function, in January of each year.</p> <p>This booklet will be reviewed annually and as required.</p> <p>This booklet will be reviewed annually and as required.</p>
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