



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 065**

**Year: 2019**

## Inspection Report

<b>Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Curam Nua Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>04<sup>th</sup> and 05<sup>th</sup> December 2019</b>
<b>Registration Status:</b>	<b>Without attached conditions from 30<sup>th</sup> April 2018 to 30<sup>th</sup> April 2021</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> January 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 its first registration on 30<sup>th</sup> April 2015. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 30<sup>th</sup> April 2018 to 30<sup>th</sup> April 2021.

The centre was registered to provide medium term residential care for children of both genders from age thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a 'blended' approach underpinned by the ethos and frameworks of the Rogerian person-centred approach, attachment theory and attachment parenting, experiential learning theory and a resiliency strengths-based model. There was one child in placement at the time of the inspection. The centre was granted a derogation to accommodate this child as they were under-thirteen years of age on admission. This derogation was granted for a period of nine months from December 2019.

## 1.2 Methodology

The inspector 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 staff 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 staff, 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, staff 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 8<sup>th</sup> January 2020 and to the relevant social work departments on the 8<sup>th</sup> January 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 22<sup>nd</sup> January 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: 065 without attached conditions from the 30<sup>th</sup> April 2018 to the 30<sup>th</sup> April 2021 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

The inspectors reviewed the centre's child protection policy. The inspectors found that written policy did not adequately reflect Children First: National Guidance for the Protection and Welfare of Children, 2017. For example, the introduction of mandatory reporting, the role of mandated persons, the use of the portal, the identification of the relevant reporting form and that a child protection reporting register is maintained at the centre was not reflected in the written policy. The centre manager must also maintain a list of persons in the organisation who are mandated persons under the Children First Act 2015. Despite policy deficiencies, those interviewed by inspectors demonstrated appropriate knowledge to recognise child abuse and report a reasonable concern about a child's welfare and protection. Staff interviewed were aware of the required procedure to report a concern to the social work department through Tusla's web portal, in line with Children First, 2017. The centre manager was the designated liaison person for the centre and all staff interviewed were able to identify the designated liaison person. Inspectors found the lack of up-to-date child protection policies and procedures did not support the centre's ability to ensure all aspects of the service were provided in line with national standards and current legislation.

Staff had received in-service training on reporting and managing allegations of abuse both at induction and in supervision. Staff records evidenced that each staff member had discussed the requirements of Children First, 2017 in supervision and all staff had also completed the Tusla E-Learning module Introduction to Children First, 2017.

The centre had an appropriate child safeguarding statement and a letter of compliance to confirm that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. Safeguarding practices were in place in the centre and staff interviewed identified a range of policies that support safeguarding children in placement. Inspectors found that the staff had a good understanding of what constituted safeguarding. Safeguarding policies identified by

staff included anti bullying, internet safety, HR and vetting procedures, lone working, staff code of conduct and risk assessments.

The inspectors examined five personnel files for core and relief staff that were recruited since the last inspection. The inspectors found deficits in the centres vetting processes whereby reference checks were not satisfactory or undertaken in line with the national requirements for vetting. Qualifications for two members of staff were also not verified on file. Concerns identified on Garda vetting did not have corresponding risk assessments on file to ensure robust safeguarding. References from the most recent employers must be secured for all staff recruited and the centre manager must ensure that gaps and deficits in vetting are rectified as a matter of priority and that written risk assessments are evidenced on file.

The centre records showed that child protection was discussed at the advisory board meetings and in staff supervision however the team meeting records and operational management meetings did not evidence a robust and consistent review of child protection and safeguarding practices. The inspectors recommend that child protection and child safeguarding is a standing item on the agenda for both team and management meetings.

The centre maintained a child protection register. Inspectors reviewed the centre child protection register and a range of centre records and found no additional child protection or welfare concerns or notifications since the last inspection. There was an agreed procedure in place to inform parent/significant family members of any incident of allegation of abuse.

The centre had created pre-admission risk assessments to identify and address areas of vulnerability for the child. Staff worked with the social worker, psychologist, the child and their family to promote the safety and wellbeing of the child in placement. Clear records were maintained of family and professional contact. The allocated social worker confirmed they were facilitated to have private access to the child on visits to the centre. The inspectors found that the child was supported to develop self-awareness and skills needed for self-care and protection. There was evidence that guidance and advice from the child's psychologist had been integrated into team practice. The individual areas of vulnerability, once identified, were assessed through risk assessment following which a plan was put in place. Written key work reports highlighted that that one to one work was completed relevant to the child's needs. The child's care plan, placement plan, risk assessments and safety plans were examined by the inspectors and addressed areas of vulnerability for the child and

took account of the need to keep them safe. The child informed the inspectors they felt safe living in the centre.

The centre had policies and procedures in place to address all forms of bullying including guidance for staff about possible exploitation of children on the Internet and social media. There was evidence through key work records and staff interviews that staff regularly discussed issues relating to bullying with the child in placement.

The centre had a policy and procedure on whistle blowing. Staff interviewed were aware to whom they would report a practice concern and were confident they would call out poor practices without fear of adverse consequences to themselves. Staff identified a named person from the centres advisory board should they have concerns about the managers/registered proprietors practice.

### **Standard 3.2**

The inspectors found that the child living in the centre received child-centred care and support. Staff encouraged and supported the child to engage in daily activities and routines and this helped the child to manage their emotions and behaviours. The social worker for the child had provided sufficient pre-admission referral to the centre at the point of referral and there was evidence of a planned transition to the centre.

The centre had policies on behaviour management, sanctions and physical restraint. The centres behaviour management policy named positive role modelling, learning through relationship and experiences as the core approach. In the course of staff interviews, the inspectors found that staff understood the approaches to behaviour management and were able to implement this on a day-to-day basis. The day-to-day work was informed by a stable and experienced team.

Staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. At the time of the inspection managers had scheduled additional training for members of the team to further develop their trauma informed model of care and their approach to responding to behaviours that stem from trauma in early childhood.

The inspectors found the child was supported to develop an understanding of the behaviour that caused challenges and behaviour that was respectful of the rights of others. The child was also aware of the expectations for behaviour and there was

evidence that key work and individual work had been undertaken with them in this regard. Inspectors found this was a strong feature of staff practice at the centre and that there was a unified approach to care at the centre.

The child in placement had an individual crisis management plan and there was evidence that this plan was regularly reviewed in conjunction with the allocated social worker and more recently with the assigned psychologist. The centre had a written strategy document that outlined the behaviour management approach and this also evidenced input from the psychologist. The strategy document was individualised and reflected the behavioural challenges of the child. This document was reviewed on a monthly basis and was referenced at each handover meeting and updated as required.

Inspectors found the staff displayed good knowledge and understanding of the child and were able to anticipate potential risks and put measures in place that mitigate against the likelihood of such risks occurring. There was evidence that the voice of the child was heard in relation to expectations within the home, sanctions, rewards and daily life experiences. This was evidenced in the daily logs, in key work and in individual work reports. The team used opportunities that presented through discussion to assist the child to link their actions to outcomes for their quality of life where not positive for them.

The role of the practice development manager within the centre was focussed specifically on reviewing and developing the teams care approach, staff supervision and the on-going development of the centre's model of care. There was evidence that the practice development manager regularly discussed and reviewed the centres approach to managing behaviours that challenged, however the inspectors found these discussions and reviews were not sufficiently reflected in the centre records. Inspectors found that consequences and sanctions were not a regular feature in the management of the child's behaviour. However, there was no system in place that included an audit of the sanctions, rewards, restrictive procedures and other behaviour management practices in place in the centre that was evident to the inspectors. The registered provider must ensure there is a system in place for audits to be undertaken by personnel external to the centre to audit and monitor the centres approach to managing behaviour that challenges. The outcome of such audits must be relayed to staff and recorded to evidence learning and thus achieve better outcomes for children in placement.

At the time of the inspection there were no restrictive procedures utilised in the centre and there were none used since the last inspection. The inspectors found the centre's written policy on behaviour management 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 registered proprietor must ensure they update the centre's behaviour management policy to incorporate the use of restrictive procedures and the process for reviewing and auditing such procedures.

### **Standard 3.3**

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 child. There were good systems of communication between staff, the child, their family and the external professionals involved in the child's life. The child had allocated key workers. There were lots of opportunities for the child to provide feedback on the day-to-day operations of the centre and this was evidenced on the centre records and through staff interviews. There was evidence through the daily logs and key work records of the child's voice and wishes about the house in which they lived and the care they received.

The centre had a clear complaints process and this was explained to the child on admission and periodically through key work sessions. The inspectors reviewed the complaints log for the centre and noted that there were no complaints recorded since the last inspection. The child told the inspector they had no complaints about their care.

There was a system in place for the notification of significant events. There were a low number of serious incidents at the centre with only two incidents since the last inspection. Significant events were notified promptly and managed appropriately in line with Tusla's national centralised notification system. The centre had a significant event notification policy which provided detailed guidance on the information to be recorded and the process to be followed. There was evidence of oversight of significant events by the centre managers. Inspectors found the significant event reports were sent in a timely manner and outlined the required information. Staff interviewed by inspectors confirmed that learning from incidents was fed back to the team and incorporated as necessary into the strategy document and the individual crisis management plan.

Family members were verbally updated on incidents by telephone or in person if family contact was taking place. There was evidence that communication with family members was open, honest and promoted by the centre staff. This was a strong area of practice within the centre. The inspectors recommend the centre manager develop a more structured system to receive feedback from parents or allocated social workers in order to identify areas for improvement.

<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>Standard 3.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2</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 protection and safeguarding policies are reviewed and updated to adequately reflect Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre manager must ensure that gaps and deficits in vetting are rectified as a matter of priority.
- The registered proprietor must ensure that the centre has a mechanism in place to audit and monitor the centres approach to managing behaviours that challenge including monitoring of consequences, sanctions and restrictive procedures.
- The registered proprietor must ensure they update the centres behaviour management policy to incorporate the use of restrictive procedures and the process for reviewing and auditing such procedures.

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 role and this was reflected in aspects of their practice. However, strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, and the inspectors found that centre had not updated their full suite of policies and procedures for the residential centre in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). As centre practice was ahead of written policies and procedures, the managers’ capacity to monitor practice and performance effectively against policy and procedure was hindered. The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.

The inspectors found that the centre’s child protection policy was not compliant with the requirements of the Children’s First Act, 2015 and Children First: National Guidance for the Protection and Welfare of Children, 2017. The registered proprietor must ensure that new and existing legislation and national policy is reflected in organisational and centre policy.

The centre had recently commenced a process whereby an external person audited and monitored the centres administrative files and electronic files to ensure they were maintained and up to date. There was evidence that personnel files and the child’s care file were subject to an auditing process. The inspectors found that there was no system in place for the centre manager to evidence that deficits identified through this auditing process had been addressed by management. The centre manager must evidence their oversight of audits completed and ensure deficits identified are rectified in a timely manner.

The inspectors found there were no structured systems in place to review on a regular basis existing legislation and national policy, such as Children First, to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance.



## 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 an advisory board, the registered proprietors who also undertook the roles of centre manager (person in charge) and deputy manager, a practice development manager, two senior social care practitioners and eleven social care staff. The centre manager had communications with the advisory board in relation to the operational activities of the organisation. Governance meetings with the centres advisory board were scheduled three times per annum and addressed financial planning, corporate risks and staffing. The centre manager had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. The centre manager was on leave at the time of the inspection to complete further training. There were suitable arrangements in place to provide cover when the centre manager was on leave. Inspectors found that the acting manager demonstrated a clear vision for the centre. Their ethos, leadership and care approach was evident across the records at the centre and demonstrated in interviews with the inspectors. The practice development officer had undertaken the deputy manager role for the period of the centre managers leave. To ensure compliance with the national standards the centre manager must maintain a written record of when, and to whom, such duties have been delegated and the key decisions made.

Staff and managers were clear about their roles and responsibilities. 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 management in their work and that a culture of learning existed within the organisation

There was evidence that national standards and centre policies were discussed with staff at team meetings. The centre had a full suite of written policies and procedures to guide staff practice and the care in the centre however as previously stated these policies were not updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors found that staff team meetings and operational management meetings occurred regularly however the managers did not maintain a written record of management meetings and the team meeting minutes were not written to a sufficient standard to reflect the team meeting agenda and the meeting process in itself. The centre manager must ensure that a written record of all management meetings is



maintained and that the minutes of team meetings reflect the issues discussed and the decisions taken.

The centre had policies and procedures in place for the identification, assessment and management of risk associated with the child's care. 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 staff knew the child well and were alert to signs of potential risk of harm. There was evidence of individual risk assessments completed on the care file. Risk assessments carried out by the centre staff were found to be thorough and supported safe decision making. Risks were well described and appropriate control measures were in place to mitigate these risks.

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 framework to identify, assess and manage centre and organisational risks in accordance with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a service level agreement in place with the Tusla's National Private Placement Team specific to the child 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 child's placement.

### **Standard 5.3**

The centre had a written statement of purpose and function which adequately described the model of care provided. The aims, objectives and ethos of the centre, the age range, numbers and cohort of children it catered for, key policies that guided practice and specialised facilities provided to meet the needs of the child placed in the centre were comprehensively outlined in the statement. However, the written statement was not fully compliant with national standards. The statement did not accurately describe the full organisational structure and the management and staff employed in the centre. The centre manager must update the written statement to reflect the current status of the centre.

The centre had written information about its operations that was in an accessible format for children and for parents. There was evidence that key workers and managers had communicated the information about the centre to the child and their family on their admission. The information booklet included information on children's rights, complaints and bullying.

Staff and managers displayed an understanding of the model of care as outlined in the statement of purpose, the aims and objectives of the centre and the outcomes they sought to achieve for children in their care. The inspectors found the principles of the care approach were reflected in the day-to-day operation of the centre and the care of the child. The staff questionnaires strongly represented the model of care in feedback to the inspectors.

#### **Standard 5.4**

The registered proprietors had recently put arrangements in place to audit operations at the centre and to ensure the quality and safety of care was subject to monitoring and review through the appointment of a practice development officer. These arrangements must now focus on developing and implementing a written quality assurance and compliance framework. Records must be developed to reflect the oversight, actions and outcomes of audits. The centre must have a systematic approach to auditing practice which could track actions to inform improvements in practice. The external line manager must ensure that arrangements are put in place to assess the safety and quality of care provided in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA).

The managers read and signed off on children's daily logs, on significant event notifications and all other care records generated by staff. The centre manager and the deputy manager were present in the centre on a daily basis and there was evidence of practice being reviewed on a daily basis.

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 6.1 Regulation 6.2</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 in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.
- The registered proprietor must ensure there are systems in place to review on a regular basis existing legislation, national policy and national standards to determine how they impact on practice and identify gaps in compliance.
- The centre manager must ensure that a written record of all management meetings is maintained and that the minutes of team meetings reflect the issues discussed and the decisions taken.
- The registered proprietor must develop a framework to identify, assess and manage centre and organisational risks.
- The centre manager must ensure that a written record is kept when the centre manager delegates any or all of their duties to an appropriately qualified staff member.
- The registered proprietor must ensure the written statement of purpose is reviewed and evaluated as part of the residential centre’s governance arrangements to ensure compliance with the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered proprietor must ensure that the centre's child protection and safeguarding policies are reviewed and updated to adequately reflect Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The centre manager must ensure that gaps and deficits in vetting are rectified as a matter of priority.</p>	<p>A focus group led by the Practice Development Manager has been convened to review and update the centre's Child Protection and Safeguarding Policies in a manner which adequately reflects Children First: National Guidance for the Protection and Welfare of Children, 2017. Revised Child Protection and Safeguarding Policies to be submitted to the Centre Manager by 31<sup>st</sup> January 2020 for review and final authorisation.</p> <p>All vetting is currently up-to-date; one member of staff is currently involved in the process of renewing their vetting.</p>	<p>An Annual Review of Policies and Procedures Calendar to be compiled to schedule same. The Annual Review of Policies and Procedures Calendar will be included on the Centre's– National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by the External Auditor. The External Auditor will complete the National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit at a frequency of not less than every six weeks.</p> <p>The Centre has engaged the services of HR Consultancy Services which will provide an online automated alert system to signify when HR documents require renewal, including three yearly vetting renewals. The Staff Personnel Files – all elements are</p>

	<p>The registered proprietor must ensure that the centre has a mechanism in place to audit and monitor the centres approach to managing behaviours that challenge including monitoring of consequences, sanctions and restrictive procedures.</p> <p>The registered proprietor must ensure they update the centres behaviour management policy to incorporate the use of restrictive procedures and the process for reviewing and auditing such procedures.</p>	<p>All consequences, sanctions and restrictive procedures are recorded in the Centre’s Consequences Book. These are reviewed at monthly Team Meetings and audited at monthly Management Meetings.</p> <p>A focus group led by the Practice Development Manager has been convened to review and update the Centre’s Behaviour Management Policy to incorporate the use of restrictive procedures and outline the processes in place for reviewing and auditing such procedures. Revised Behaviour Management Policy to be submitted to the Centre Manager by 31<sup>st</sup> January 2020 for review and final approval.</p>	<p>included on the Centre’s National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be undertaken by the External Auditor.</p> <p>The ‘Consequences Book’ is included on the Centre’s – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be undertaken by the External Auditor at a frequency of not less than every six weeks.</p> <p>An Annual Review of Policies and Procedures Calendar to be compiled to schedule same. The Annual Review of Policies and Procedures Calendar will be included on the Centre’s – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by the External Auditor at a frequency of not less than every six weeks.</p>
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<p>5</p>	<p>The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.</p> <p>The registered proprietor must ensure there are systems in place to review on a regular basis existing legislation, national policy and national standards to determine how they impact on practice and identify gaps in compliance.</p>	<p>An Annual Review of Policies and Procedures Calendar to be compiled to schedule same. The centre manager, deputy manager, practice development manager and two suitably qualified and experienced staff members will comprise the panel tasked with completing the Annual Review of Policies and Procedures.</p> <p>An Annual Review (or earlier should national legislation, policy or standards be reviewed and updated before the next scheduled Annual Review ) of existing legislation, national policy and national standards pertaining to providing residential care for children and young people will be convened in February of each year. The centre manager, deputy manager, practice development manager and two suitably qualified and experienced staff members will comprise the panel tasked with completing Annual Review of national legislation, policy and standards in February of each year (or earlier should national legislation, policy or standards be</p>	<p>The Annual Review of Policies and Procedures Calendar will be included on the Centre’s – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by the External Auditor.</p> <p>The Annual Review of national legislation, policy or standards will be included on the Centre’s – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by the External Auditor.</p>
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	<p>The centre manager must ensure that a written record of all management meetings is maintained and that the minutes of team meetings reflect the issues discussed and the decisions taken.</p>	<p>reviewed and/or updated before the next scheduled Annual Review).</p> <p>Monthly management meetings and monthly team meetings are scheduled on the monthly rotas for the Centre – identified by coloured shading on the rota. The Centre Manager will ensure that Monthly Management Meetings are accurately minuted using a structured proforma. The team meeting chair, at each monthly meeting, will ensure that team meetings are accurately minuted to reflect issues discussed and decisions agreed, using the structured proforma. These minutes will also be read and signed off by the Centre Manager.</p>	<p>Monthly management meeting minutes and monthly team meeting minutes will be included on the Centre’s – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by the External Auditor at a frequency of not less than every six weeks.</p>
	<p>The registered proprietor must develop a framework to identify, assess and manage centre and organisational risks.</p>	<p>A Corporate Risk Register has been developed by the Senior Management team. It will be presented to the Centre’s Advisory Board for final appraisal and approval on 31<sup>st</sup> January 2020.</p>	<p>An annual review of the Corporate Risk Register will be undertaken by the Senior Management Team by 31<sup>st</sup> March of each year. The Centre’s Advisory Board will review, appraise and provide final authorisation of the Corporate Risk Register by 30<sup>th</sup> April of each year.</p>

	<p>The centre manager must ensure that a written record is kept when the centre manager delegates any or all of their duties to an appropriately qualified staff member.</p> <p>The registered proprietor must ensure the written statement of purpose is reviewed and evaluated as part of the residential centre's governance arrangements to ensure compliance with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>The Centre Manager will ensure that a written record is made when the Centre Manager delegates any or all of their duties to an appropriately qualified staff member – this written record will be held on the appropriately qualified staff member's personnel and supervision files and the Centre Manager's personnel and supervision files.</p> <p>A focus group led by the Practice Development Manager has been convened to review and evaluate the Centre's written Statement of Purpose, as part of the centre's governance arrangements to ensure compliance with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>The Centre's Advisory Board will be informed of any delegation of any or all of the Centre Manager's duties to an appropriately qualified staff member. The Advisory Board will review and provide final approval, or otherwise, of any extended period of time (more than one month) whereby the Centre Manager delegates any or all of their duties to an appropriately qualified member of staff.</p> <p>The Centre's Statement of Purpose will be included on the Annual Review of Policies and Procedures Calendar to be compiled to schedule same. The Annual Review of Policies and Procedures Calendar will be included on the Centre's – National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by the External Auditor.</p>
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