



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 131

Year: 2019

Inspection Report

Year:	2019
Name of Organisation:	Compass CFS Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced
Date of inspection:	04th and 05th November 2019
Registration Status:	Without attached conditions from 15th September 2017 to 15th September 2020
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	30th January 2020

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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 the 15th September 2017. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 15th September 2017 to 15th September 2020.

The centre was registered to accommodate two young people of both genders from age thirteen to seventeen years on admission. At the time of this inspection the centre were providing a specialised placement for one young person. The centre was established to provide short to medium-term care for young people that required a low occupancy setting in order to stabilise problematic behaviour. 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. The adults also focused on the existing strengths of each young person and sought to develop their sense of internal control and self-efficacy.

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

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 2nd January 2020 and to the relevant social work departments on the 2nd 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 16th 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: 131 without attached conditions from the 15th September 2017 to 15th September 2020 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 (2017). For example, the introduction of mandatory reporting was not reflected in current policy. Despite policy deficiencies, inspectors found that child protection concerns were reported to the social work department through Tusla's web portal, in line with Children First (2017). Those interviewed by inspectors demonstrated appropriate knowledge to recognise child abuse and report a reasonable concern about a child's welfare and protection. The centre manager was the designated liaison person for the service however the manager did not maintain a list of mandated persons in line with Children First (2017). The registered proprietor and the centre manager must ensure that policies and procedures are updated to ensure all aspects of the service are provided in line with Children First national guidance and current legislation.

The centre also had an appropriate child safeguarding statement and a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. Staff had signed the document to indicate they had read and understood the statement. The inspectors recommend that the centre's child safeguarding statement and the centre's anti-bullying policy is referenced in the child protection policy.

Staff training records evidenced that each staff member had completed Tusla's E-Learning module: Introduction to Children First, 2017. Specific training in safeguarding children and in the prevention, detection and response to abuse within the organisation was scheduled to take place for staff in December 2019. The designated liaison person had completed specific training in relation to this role.

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 centre had created pre-admission risk assessments to identify and address specific areas of vulnerability for the child.

Safeguarding practices were in place in the centre and were outlined in the child protection policy for example lone working, staff code of conduct, recruitment and vetting of staff. The allocated social worker confirmed they had regular 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. This was reflected in the child's placement plan and key work records. Staff worked with the social worker, the child and their family to promote the safety and wellbeing of the child in placement.

The centre had a policy and procedure on whistle blowing. Staff interviewed were aware of who they report a practice concern to and were confident they would call out poor practices without fear of adverse consequences to themselves. There were a number of forums including group supervision and staff representative meetings with senior management where staff issues, concerns and areas of improvement were discussed.

The centre maintained a child protection register. Inspectors found the register was maintained appropriately. The social worker confirmed that the child's family was notified of all child protection concerns and was provided with updates and feedback on the investigation into any reported concerns. The social worker confirmed that the centre managers and staff dealt with allegations in a prompt and effective manner in compliance with the requirements of the legislation. However, one concern on the record was not closed due to delays in the social work investigation. The inspector found that the centre manager had appropriately escalated their concerns about the delay in the social work investigation to Tusla senior managers.

Inspectors found that staff team meetings and management meetings occurred regularly however the centre manager must ensure that child protection is a standing item on the agenda for both team and management meetings.

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. Staff interviewed were aware of the centres approach to managing behaviour. The principles of the social pedagogy model were employed by staff to support positive behaviour. Staff were also trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. There was a

policy in place that provided details to the staff team on the nature of and approaches to behaviour management in the centre. During interviews with staff, inspectors found that they understood the approaches to behaviour management and there was evidence they implemented this on a day-to-day basis. The child was also aware of the expectations for behaviour through attendance at handover meetings, participation in life space interviews, key work and care planning meetings. The allocated social worker received a copy of the individual crisis management plan, the absence management plan and the placement plan.

The child had an individual crisis management plan and a behaviour support plan and there was evidence that these plans were regularly reviewed in conjunction with the allocated social worker. Individual risk assessments had been carried out and there were risk management plans in place. There was evidence from interviews and on care files of a positive approach to managing behaviour focusing on putting incentives in place encouraging the child to do well and achieve their goals. Staff had an awareness of mental health issues, bullying, harassment neglect and abuse. The plans were individualised and reflected the behavioural challenges of the child. The referring social worker had provided sufficient pre-admission referral to the centre and there was evidence of a pre-placement planning. The allocated social worker was satisfied that the team supported and managed the child's behaviour in accordance with the agreed behaviour support plan and the staff always undertook comprehensive debriefing with the child following serious incidents.

Inspectors found that consequences and sanctions were not a regular feature in the management of the child's behaviour. However, the centre did not have a specific system in place to audit the centres approach to managing behaviours that challenge. The regional manager must ensure that an audit tool is developed to ensure regular auditing and monitoring of the centres approach to managing behaviours that challenge including consequences and sanctions for poor behaviour.

There were agreed restrictive procedures in place in the centre. These restrictive procedures were outlined in the individual crisis management plan and were subject to regular review. The social worker was aware of the restrictive procedures in place. The centre staff informed the child's family of all serious incidents and restrictive procedures that occurred in respect of their child's care. The regional manager and the centre manager must ensure they have systems in place for the review of all restrictive procedures.

Standard 3.3

The child had two assigned key workers and there were lots of opportunities for them to provide feedback on the day-to-day operations of the centre and the care they received. The young person was had given information on advocacy groups and were encouraged to access support from these groups.

The centre had no formal mechanisms for feedback from social workers and/or parents on the care being provided to the child in placement. The centre must ensure that an appropriate system for seeking and recording feedback is devised and implemented.

There was a system in place for the notification of significant events. Significant events were notified promptly and managed appropriately. The centre had a significant event notification policy which provided detailed guidance on the information to be recorded and the process to be followed. Inspectors noted there was a significant level of incidents recorded on the centre register. The centre was part of 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. Learning from these meetings was also shared with the team. This inspection found that there was a culture of reflective practice in the centre and this demonstrated the commitment to continuously improving the quality of care that was provided to the child. Staff updated social workers and children's parents in relation to significant events and sought input from social workers, medical practitioners and child and adolescent mental health services as needed. In interview the social worker was satisfied they were notified promptly and appropriately of all events. From a review of incident reports, inspectors found that they were notified to the appropriate persons and contained the required information.

The centre had a written complaint procedure and the centre maintained a register of complaints. The inspectors found evidence across the records that the child had lots of opportunities to have their voice heard. The child attended handover meetings on a regular basis and was given the opportunity to contribute their views at these meetings. Work on complaints was also completed periodically through key working. The social worker stated the centre staff were strong advocates for the child and had supported the child to make a complaint through Tusla's complaints procedure 'Tell Us'. Inspectors noted that discussion regarding complaints was not a standing item at

staff team meetings and management meetings. Inspectors recommend that this be included as a standing item on the agenda for these meetings.

Compliance with Regulation	
Regulation met	Regulation 16
Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure that the centres child protection policies are reviewed and updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre manager must ensure that complaints and child protection concerns are included as a standing item on the agenda of team meetings.
- The regional manager must ensure that an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge including consequences and sanctions for poor behaviour.
- The regional manager and the centre manager must ensure they have systems in place for the review of all restrictive procedures.
- The centre manager must develop a mechanism for significant people in the children’s lives 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

Strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, and the inspectors found that the centre management had not updated the full suite of policies and procedures for the residential centre in line with the National Standards for Children’s Residential

Centres, 2018 (HIQA). The staff interview demonstrated an understanding of the relevant legislation, regulations, policies and standards for the care and welfare of children appropriate to their role and this was reflected in aspects of their practice. 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 also 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. There were no 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. The registered proprietor must ensure that new and existing legislation and national policy is reflected in organisational and centre policy.

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 board of directors, a chief executive officer, a regional service manager, a centre manager, a deputy manager and activity and support pedagogues. The chief executive officer had regular contact and communication with the chairperson of the board in relation to the operational activities of the organisation. The centre manager was the appointed person in charge and reported to the regional service manager who reported to the chief executive officer. The centre manager was appointed in July 2017 and had relevant experience in residential work and in management. The centre manager held a recognised qualification in social care. The centre manager had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. 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 were suitable arrangements in place to provide cover when the centre manager was on leave since the recent appointment of a deputy manager. At the time of the inspection the centre manager and the deputy manager were currently working out the arrangements for delegation of management tasks. To ensure compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) the centre manager must ensure that a written record is maintained of when, and to whom, such duties have been delegated and the key decisions made.

Management and staff who spoke with inspectors were clear about their roles and responsibilities to provide a good quality service to the child. There was evidence that policies and procedures were reviewed and 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, strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines and the registered proprietor had not reviewed or updated their full suite of policies and procedures to ensure they were in line with the regulatory requirements and the National Standards for Children’s Residential Centres, 2018 (HIQA).

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 young person well and were alert to signs of potential risk of harm. There was evidence of individual risk assessments completed on the care file. The inspectors found the child’s risk assessment was not updated regularly to ensure that risks did not remain on the risk assessment document for a protracted period of time. 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. There were clear procedures in place to escalate risk if necessary and inspectors reviewed several risks which had been appropriately escalated and responded to by external managers. 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 chief executive officer in conjunction with the regional and centre manager 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 national placement team specific to the child in placement and they provided written reports to the funding agency Tusla. The registered provider provided bi-annual reports in relation to 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; underpinned by principles of social pedagogy. 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 children placed in the centre were comprehensively outlined in the statement. However, the statement did not accurately describe the full organisational structure and the management and staff employed in the centre. There was no evidence that the statement of purpose had been reviewed since August 2017 and the changes implemented to the role of the pedagogue were not reflected in the statement.

The centre had written information about its operations that was in an accessible format for children. There was evidence that key workers and managers had communicated the information about the centre to the child on their admission. The child in placement was involved in updating the information booklet about the centre. The booklets provided information on children's rights, complaints and bullying. The inspectors recommend that information on the rights to access information is included in the children's booklet. The centre did not provide written information for parents and families in an accessible format and must develop specific information for parents about the centre.

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 social pedagogy were reflected in the day-to-day operation of the centre and the care of the child.

Standard 5.4

There were some mechanisms in place to monitor, improve and evaluate the quality, safety and continued care provided to the child. However, the external line manager for the centre did not 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. There was evidence that the external line manager monitored the quality of care in the centre through receipt of monthly operational reports from the centre manager, regular visits to the centre, periodic attendance at team meetings, supervision of the centre manager, meeting with the child and staff and signing off on centre records. The external line manager for the centre informed the inspectors they were currently developing a procedure for assessing the quality of care. The inspectors require a clear timeframe for the development and implementation of systems for assessing the safety and quality of care.

There were other mechanisms in place to ensure good and improved quality of care was provided to child in placement and to hold staff to account for their practice. Clinical team supervision and developmental team supervision was facilitated by the services clinical psychologist on a regular basis and individual staff supervision was undertaken to help staff reflect on their work, develop practice and improve the outcomes for the child in placement. Inspectors found that a number of staff had not received supervision within the timeframes set out in the centre's supervision policy and the oversight of supervision records was not sufficiently robust to ensure quality supervision was evidenced.

The progress and outcomes for the child in placement was assessed, reviewed and updated following care planning and professionals meetings. The child's individual development plan was regularly updated to reflect the outcome of care plan reviews, clinical assessments and the child's presenting and emerging needs.

The centre had a written complaints policy and procedure in place that was recently updated. There were clear timeframes set out for the resolution of complaints and an appeals process was outlined. The centres complaint policy included information about Tusla's complaints policy 'Tell Us'. There was evidence that the child in placement was listened to, was aware of how to make a complaint and had exercised this right. 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 child. However, the inspectors found that the centres oversight and monitoring of complaints required improvement.

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

Compliance with Regulation	
Regulation met	Regulation 6.2 Regulation 6.1 Regulation 5
Regulation not met	None identified

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

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 and other relevant legislation.
- The centre manager must ensure the child’s risk assessment is updated regularly to ensure that identified risks do not remain on the risk assessment where such risks no longer exist.
- The chief executive officer in conjunction with the regional and centre manager must develop a framework to identify, assess and manage centre and organisational risks.
- The centre manager must ensure a written record is kept when the centre manager delegates any or all of their duties to an appropriately qualified staff member.
- The regional service manager and the centre manager must ensure staff receive supervision within the timeframes set out in the centre’s supervision policy and the oversight of supervision records by the external manager is evidenced on the centre records.
- The centre manager must ensure that the statement of purpose accurately outlines the full organisational structure and the management and staff employed in the centre and the changes implemented to the role of the

pedagogue. The statement of purpose must be reviewed and evaluated as part of the residential centre's governance arrangements.

- The centre manager must provide written information for parents and families in an accessible format and must develop specific information for parents about the centre.
- The regional manager must implement the external auditing framework for assessing the safety and quality of care provided in the centre in line with 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 centres child protection policies are reviewed and updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The centre manager must ensure that complaints and child protection concerns are included as a standing item on the agenda of team meetings.</p> <p>The regional manager must ensure that an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge including consequences and sanctions for poor behaviour.</p>	<p>The centre's child protection policy has been updated in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017. This has been forwarded to monitoring and inspection.</p> <p>Complaints and child protection concerns were introduced as standing items on the agenda of team meetings immediately following inspection.</p> <p>The regional manager is currently devising an audit tool to regularly audit and monitor the centre's approach to managing behaviour that behaviours that challenge, including consequences and sanctions for poor behaviour.</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>Minutes of team meetings are held in the centre for review by the regional manager as part of their governance of the centre.</p> <p>Audit tool to be included in policy document from 2020.</p>

	<p>The regional manager and the centre manager must ensure they have systems in place for the review of all restrictive procedures.</p> <p>The centre manager must develop a mechanism for significant people in the children's lives to provide feedback on the care being provided by the centre for learning and quality improvement purposes.</p>	<p>A restrictive procedure record form is currently being devised by the regional manager and centre manager. This will include a mechanism for review of all restrictive procedures.</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.</p>	<p>Restrictive procedure record form to be included in policy document from 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 in line with the National Standards for Children's Residential Centres 2018 and other relevant legislation.</p> <p>The centre manager must ensure the child's risk assessment is updated regularly to ensure that identified risks do not remain on the risk assessment where such risks no longer exist.</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).</p> <p>Risk management tools will be reviewed regularly at team meetings to ensure all risks identified are current and meet the threshold for inclusion on risk assessments.</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>Risk assessments are kept on file in the centre and are reviewed by the regional manager as part of their governance of the centre.</p>

	<p>The chief executive officer in conjunction with the regional and centre manager must develop a framework to identify, assess and manage centre and organisational risks.</p> <p>The centre manager must ensure 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 regional service manager and the centre manager must ensure staff receive supervision within the timeframes set out in the centre's supervision policy and the oversight of supervision records by the external manager is evidenced on the centre records.</p> <p>The centre manager must ensure that the statement of purpose accurately outlines the full organisational structure and the management and staff</p>	<p>The organisation is devising risk register for both the organisation and the centre. This will be implemented in 2020.</p> <p>A register of delegation of duties has been introduced into the service.</p> <p>Centre staff will receive supervision in line with the centre's policy.</p> <p>The statement of purpose was changed to multi-occupancy in December 2019. It has been submitted to, and approved by Tusla monitoring and inspection service.</p>	<p>When implemented, risk registers will be reviewed regularly by centre management, the regional manager, and the chief executive officer, as required.</p> <p>The register of delegation of duties is held in the centre and reviewed by the regional manager as part of their governance of the centre. These may also be reviewed at management meetings.</p> <p>The external manager will review supervision records as part of their governance of the centre.</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</p>
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	<p>employed in the centre and the changes implemented to the role of the pedagogue. The statement of purpose must be reviewed and evaluated as part of the residential centre's governance arrangements.</p> <p>The centre manager must provide written information for parents and families in an accessible format and must develop specific information for parents about the centre.</p> <p>The regional manager must implement the external auditing framework for assessing the safety and quality of care provided in the centre in line with the National Standards for Children's Residential Centres, 2018 (HIQA).</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.</p> <p>The regional manager is currently developing an external auditing policy to improve the mechanisms currently in place for assessing the quality and effectiveness of the service. Included in this policy will be clearly identified roles, deficits, action plans, and timeframes and review structures evidencing how these are being addressed.</p>	<p>January of each year.</p> <p>This booklet will be reviewed annually and as required.</p> <p>New auditing framework to be written into policy in 2020.</p>
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