



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 045

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Focus Ireland
Registered Capacity:	Five young people
Type of Inspection:	Announced
Date of inspection:	16th & 17th October 2024
Registration Status:	Registered from 31st December 2022 to 31st December 2025
Inspection Team:	Catherine Hanly Mark McGuire
Date Report Issued:	10th February 2025

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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 and Regulation 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 31st December 2001. At the time of this inspection the centre was in its eighth registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st December 2022 to the 31st December 2025.

The centre described itself as a residential project providing a safe, caring, supportive environment in accommodating young people and was registered to provide accommodation for up to five young people of all genders from age fifteen to eighteen years of age. In January 2024, the centre had requested and was approved, a reduction in its registered capacity from six to five placements in total. Of these five placements, four operated as short to medium term, with the intended length of placement being up to six months. The fifth placement operated within the wider Tusla, the Child and Family Agency's, Crisis Intervention Services Partnership (CISP) with this placement being an emergency bed being available to the Tusla National Out of Hours service and could be accessed on an emergency basis. At the time of the inspection, the centre had further reduced their capacity in agreement with Tusla, on a temporary basis, due to their having less than their necessary complement of staff to fulfil their stated purpose. The capacity at the time was a maximum of four young people, closing off the use of emergency bed. There was ongoing review of this situation with Tusla, and it was planned to resume to full operational capacity as soon as possible. The centres model of care was outcome focused, utilising the relationships established by the young person whilst in placement. Inspectors were informed that the service was in the process of exploring an alternative identified model of care. There were two young people with identified placements at the centre at the time of the inspection, however one of these had only spent two nights in the centre and these, occurring consecutively, preceded the first day of this inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
4: Health, Wellbeing and Development	4.1
7: Use of Resources	7.1

The pre-inspection notification identified that standards 1.6, 4.1 and 7.1 would be examined during this process. However, during a walkthrough of the interior and exterior of the property and in consultation with the centre manager on day one of this inspection, the remit of the inspection as expanded upon to include an examination of standard 2.3. This was confirmed to the manager and their line manager early in the inspection process.

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, and one of the allocated social workers. Multiple efforts, including dates and times agreed, were made by the lead inspector with the second allocated social worker however these were ultimately unsuccessful and therefore the views of the social work team for the young person engaging in their placement at the time of the inspectors visit to the centre are not included in this report. 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 and to the relevant social work departments on the 20th of November 2024. 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 4th of December 2024. This was deemed to be not satisfactory as it did not include a schedule of works which was required to address the deficits and repairs identified during the inspection. The Alternative Care Inspection and Monitoring Service (ACIMS) wrote to the named registered proprietors in January 2025 and sought a schedule of works for the property. In February 2025, the newly appointed Director of Services responded to correspondence issued and indicated that the matters identified during the inspection process would be completed in full by the end of February 2025. The inspector scheduled a visit in March and will confirm that the issues have been 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: 045 without attached conditions from the 31st of December 2022 to the 31st of December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

There was ample evidence that a culture of openness and transparency existed in the centre for young people and their families. Young people were seen as active participants in their own lives and aspects of their care, and this was promoted across many forums including statutory children in care reviews (CICRs), key working, placement planning, professionals' meetings, and all daily aspects of their lives at the centre. One young person met formally with inspectors during this process and the second young person residing at the centre had a brief exchange with one inspector in the presence of staff. The first young person spoke with clarity and ease about their experience of living at the centre which had been largely positive. They demonstrated the ways in which they were included and involved in daily life decisions including activities, education and spending monies, as well as more complex matters such as their family access arrangements.

The centre manager had been in post for approximately one year at the time of this inspection and prior to that had been in the position of deputy manager for one year. It was evident that they had endeavoured to improve care practices at the centre through reducing the bed capacity temporarily, thus providing the staff team with greater opportunities to engage positively and proactively with young people. Although the stated length of placement was for up to six months, the timeframe often extended beyond this due to lack of appropriate and available move on placements for the young people. The manager had worked to create a culture of openness to change in the context of service delivery and was working on stabilising and supporting a staff team that would deliver a high standard of care.

A recent change in approach had been to move from young people's meetings to inviting young people to participate in staff team meetings and handovers, which was working well for one young person in residence. This should be kept under review as it may not be as effective or engaging a forum for all young people.

Young people and their families were informed of the complaints process and the various avenues available to them in terms of advocacy. There were supporting policies in place related to complaints and consultation with young people. There was evidence of positive engagement between centre management and staff and family members of the young people which would further support open dialogue.

Staff in the centre were aware of their role in listening to young people and supporting them to have their voice heard, including where formal dissatisfactions were raised. Inspectors examined records that related to two separate matters raised by current residents recently. One of these was followed through to external advocacy, via EPIC (Empowering People In Care) the route the young person themselves wished to explore to attempt to resolve their repeatedly stated dissatisfactions with location of placement and family access. It was an active matter at the time of inspectors visit. The second matter for the other young person was recorded in individual work but inspectors had difficulty tracking the response to this on the file and found generally that the files could be better structured and organised to contribute to effective planning and oversight.

There was one recorded formal complaint for a current resident, referenced above, in the centre's complaint register. Prior to this, the most recent formal complaint was in 2022. This lack of formal complaints could well be attributed to the attention given to consultation and supporting young people's choice in how they have their frustrations addressed. The manager will need to continue to have oversight of this to ensure nothing is missed.

Inspectors noted some matters that need to be addressed by the centre manager regarding complaints. The daily report records reference complaints/grievance by young people, as does the centre policy document. The latter word should be removed from both types of records as it generally relates to HR practices as opposed to dissatisfactions or complaints raised by young people in the context of their care. Additionally, some complaints in the centre register relating to ex-residents were not documented as closed. The centre manager must undertake the necessary tasks to ensure they can document closure to matters raised relating to young people's placements in this centre.

Inspectors examined external audit reports completed by the standards office within the agency in 2024. Although none of these audits focused on this standard (1.6), one audit did cover standard 1.5 which looks at family contact. There was no reference within this audit, dated October 2024, to the frustrations raised repeatedly by one

young person regarding their family access arrangements, and the centres efforts to address this, despite it having resulted in a complaint as referenced above. The head of youth services within the organisation will need to review the auditing processes and ensure that they are sufficiently robust in examining practices and assigning actions as necessary.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that the complaints register is up to date with evidence that previous matters raised were resolved/closed off.
- Senior management must ensure that the word 'grievance' is removed from daily records and centre policy where it relates to complaints and dissatisfactions by young people.
- Senior management must review auditing processes as they relate to this service and amended as necessary to ensure they are appropriately effective.

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Whilst not initially included for review in the pre-inspection notification, this standard was included as part of this inspection when inspectors arrived at the centre and commenced a walkthrough of the interior and exterior of the entire property. The service is in a city centre location in a building that is over one hundred years old. It was in a two-storey, rectangular-shaped building, in a 'block' style, with the interior of the entire building structurally separate and housing this centre at one end and a separate service to the other. There were separate main entry points to either end of the building but a shared side access point where bins are stored and an emergency exit point from the centre is located. On review of the building and the exterior, inspectors noted several cracks – some seemingly superficial in the plaster and others that presented inside and outside of the building. The side entrance consisted of a concrete surface, and this contained significant amounts of moss and leaf debris which needed to be attended to as a priority as it presented a slip and trip hazard on exiting the building in the event of an emergency. This was identified to management who immediately arranged for an engineer review of same. At the time of writing this report centre management had been provided with verbal feedback of this visit and were awaiting the written report. The engineer stated that no immediate corrective action was warranted but structural monitoring of this would be undertaken for a defined period.

The interior of the centre had two separate staircases leading to bedrooms, bathrooms, storage and office space upstairs with an interconnecting door that was not locked. Downstairs there was a kitchen/dining area, activity/leisure room, large sitting room, toilet and staff office. Young people had their own bedrooms, and inspectors were informed that recent refurbishments had been undertaken to some of these with further work scheduled to identified rooms. Young people could lock their bedrooms and thus were enabled to store personal belongings safely. Inspectors have

requested that these refurbishments be prioritised. Additionally, inspectors identified some further work necessary in an occupied bedroom that lacked homeliness and warmth with little soft furnishings or décor. The young person in residence had been afforded the opportunity to choose furnishings and one item of their choice had been fitted. Although wardrobes were in young people's bedrooms, these were relatively small and offered limited storage capacity – a matter that should be given greater consideration in the refurbishment of additional bedrooms.

Inspectors observed that both bathrooms – for shared use by young people - required immediate attention. There was mould in the shower areas of both; one had cracked and peeling paint on the ceiling, the other had a heavy layer of dust on the small extractor fan. Both bathrooms require immediate review to address the mould and ventilation issues noted.

The activity/leisure room had recently been refurbished for young people's use. It had a full-size pool table that staff reported was used by some residents, usually dependent upon the mix at the time. A similar plan of renovation was mentioned for a small unused former bedroom upstairs to offer a welcoming space for staff to utilise on occasion. The kitchen offered a warm, bright and inviting space for young people to help themselves to food or share in meal preparation and dining with the staff team. There was ample supply of healthy and varied food options. The large sitting room to the front of the property had a TV, that had recently been replaced, and a large selection of DVDs. The original exposed floorboards were on display and although the couch was new to the centre, it had been gifted to them and was showing obvious signs of wear and tear by its previous owners. New curtains and poles were being fitted for this room.

Inspectors found that the premises was clean throughout, with schedules in place for this to be attended to daily. Inspectors did not observe any deficits in terms of ventilation, heating or lighting with two exceptions. The entry point to the bottom of the stairs leading to the manager's office was a very dark space and would benefit from a sensor light in this area as there was no option for natural light to keep it adequately lit. The front door had been documented in maintenance records/requests and health and safety audits as requiring attention. The issue noted was consistently documented in these records reviewed but the centre manager confirmed that the issue was that there was a draught. This needs to be reviewed as a priority in advance of winter months and addressed satisfactorily. Additionally, windows and door frames to the rear of the property require review as these were wooden and showed evidence of rotting. These matters require immediate attention and resolution.

Inspectors reviewed up-to-date tax and insurance documentation for the sole house car. Records of servicing at a local garage, and car clean checks were also maintained. The centre manager maintained a list of staff that were insured and licensed to drive this car and this list was provided to inspectors for their review. Inspectors reviewed a safety statement and accompanying risk assessment that was completed in April 2024. They were advised by the centre manager that an updated onsite assessment had been conducted and that they were awaiting an updated safety statement also. These should be forwarded to inspectors for review upon completion. Records reviewed by inspectors, separate to their own walkthrough of the property, did not identify any existing fire safety deficits in firefighting or preventative equipment. One matter previously noted in centre records relating to an internal fire door was reported to have been resolved. However, deficits were noted across records reviewed relating to fire drills with names and all relevant detail not consistently included, testing of fire alarm bells, testing of emergency lighting, and testing of automatic fire door releases. As part of the structural review of the property following inspectors visit and direction regarding this, the engineer identified several fire safety matters that will need to be addressed. These included fire exit doors and their locking mechanism, fire exit window, restrictors on windows, and ventilation in rooms. The director must ensure that issues identified by the engineer are addressed without delay. The centre manager must ensure that all necessary checks related to fire safety are carried out at frequent intervals with all relevant detail appropriately recorded.

The head of youth services explained to inspectors that there was a clear delineation between the organisations' structure that separated its property management arm from the service provision arm. Whilst the head of youth services was invited to attend meetings with the property management team and afforded the opportunity to identify budgetary needs for the under eighteen services across the organisation, of which this centre is one, ultimately, the two arms of the organisation operated as separate entities. A social care leader on the team in this centre had dedicated responsibility for conducting health and safety audits at the centre and escalating these where relevant. Another staff member was responsible for reporting maintenance matters to a dedicated property management officer to the property side of the organisation. A safeguarding and governance manager within the organisation was responsible for conducting audits however had not covered infrastructural deficits noted by inspectors during this inspection. The separate systems for property oversight and response had led to significant delays in maintenance matters being addressed in a timely manner at this centre and other matters not being appropriately prioritised as they should for a children's home, due

to wider organisational budgetary planning. Therefore, despite staff and the manager, and indeed the head of youth services on occasion advocating for increased finances for identified issues, or highlighting the needs for maintenance/repairs, the reality for this centre has meant they have experienced ongoing delays to repairs and prolonged waiting time for additional finances to conduct necessary refurbishments. In verbal feedback and in ongoing discussions since the inspectors visit to the property, centre management have outlined that they will augment their internal health and safety audits as recommended by inspectors. Additionally, the head of housing in the organisation has committed to conducting monthly audits of the interior and exterior of this property. This should feed into or at least be aligned to aspects covered in standard 2.3 of the National Standard for Children's Residential Services to ensure that audits appropriately assess this service as a children's home. In addition, changes must be made to the current system of responding to reported maintenance and repair matters so that these are more promptly concluded to a good standard.

Inspectors require a full and detailed schedule of works to address the issues identified in this standard.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre management must submit a detailed schedule of works to address the various matters detailed in this report relating to all aspects of standard 2.3.
- Organisational management must improve the system in place for responding to and concluding matters of repair and maintenance.

- The director must ensure that the issues identified by the engineer in their structural review of the property are addressed without delay.
- The centre manager must ensure that all checks related to fire safety are carried out at frequent intervals with all relevant detail appropriately recorded.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centre had a guiding suite of policy documents that covered the broad area of health including general physical health, sexual health, and emotional and specialist support that would promote positive mental health. The individual health needs of each young person were appropriately considered and reported on in statutory care planning documents as well as in placement plans. Inspectors found good attention to the overall health needs of young people through the placement plans as well as various other records reviewed. An audit of this standard in the first quarter of 2024 by external auditors had not identified any areas for attention. Young people were brought to their doctor, dentist and other medical professionals as needed. Key working completed with one young person covered areas such as self-care, personal hygiene, mental health, healthy eating, and the dangers of vaping. The second young person had spent only brief moments at the centre at the time of inspectors visit and thus there had been limited opportunities to engage with them. Their placement plan did nonetheless clearly identify important health goals and opportunity-led records of engagement by staff reflected attempts to educate the young person about their own health needs. It is important to note here also that in a follow up conversation with the centre manager more than three weeks after inspectors visit, that this young person was at the centre on a fulltime basis, was reported to have begun to establish relationships with the staff team and was engaging well in their placement.

Young people were encouraged in a natural way to learn about healthy eating habits and diet and to cook for themselves. Healthy food options, in good supply, were provided and there were good routines around meals at the centre to encourage and

engage with young people. Due to the individual schedules of the young people on the day of inspectors' visit, they were not joined by any young people during lunch, but it was explained that daily efforts were made to sit with young people at mealtimes. It was evident that one young person's eating schedule and diet was impacted by the location of their family home in relation to this centre. The journey was a significant undertaking, and fast food was quite often the food of choice whilst on family outings or visits. Diet had been identified within the young person's placement plan with an action named of developing a menu book in consultation with the young person. This book had been completed but it was evident that there was ongoing work to be done in terms of educating the young person and reinforcing positive food choices.

Inspectors experienced a warm welcome by all at the centre on the day of their visit and observed an atmosphere and engagement by staff that was conducive to promoting a safe and caring environment that supported the welfare and development of young people. The centre staff team provided opportunities for education and skill development across the areas of independence, social aspects of life, decision-making and money management. The young person inspectors met with relayed their experience of being an active participant in their educational opportunities and was encouraged by staff to show inspectors' previous educational work. Strategy meetings, key work records and individual work records demonstrated the work that went into preparing young people to deal with and manage conflict in various areas of their lives as it arose. There was also observable attention to the importance of education with great efforts to source, and support courses secured.

As stated earlier in this report, there was positive engagement and interactions noted between the staff team and manager and family members. This was a valued aspect of care provision with awareness of the importance of assisting young people to develop appropriate support networks for when they moved on from this centre. Proactive efforts by the centre, in conjunction with social work teams, had resulted in securing necessary therapeutic services where needed. Such interventions were recognised by the manager and staff team as being invaluable to supporting the health needs of young people.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	Not all regulations under this theme were assessed

Compliance with standards

Practices met the required standard	Standard 4.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 7: Staffing

Theme 7: Use of Resources

Standard 7.1 Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

Inspectors found that the delivery of care in this centre was in line with its stated purpose of building relationships with young people and using those to improve their future outcomes. Although the intended placement length was relatively short – being six months – the manager and staff team were proactive and focused on establishing a positive rapport with young people with a view to encouraging engagement with their placement in this centre. The resources available to the centre in the context of petty cash monies were child-centred with records evidencing spending on activities with and for young people, money allocated to life skills development, concerts, transport costs, haircuts, groceries and toiletries. Although not specified within the petty cash records reviewed, there was evidence elsewhere that costs related to facilitating and promoting family access were prioritised by the staff team. As highlighted earlier in this report under standard 2.3, greater attention through auditing and oversight by those responsible for the property is required to ensure that the upkeep of the property is maintained in a way that recognises and values it as a children's home – a place that they can be cared for and nurtured, in line with the centres statement of purpose.

As previously stated, the head of youth services was invited to attend meetings with the property side of the organisation and was facilitated to contribute budgetary request at this forum. It is important that there is effective decision-making when planning and managing the resources for this centre and the service provided therein.

Meetings to discuss all relevant aspects of the resourcing of this service should be inclusive and should support a responsive approach to meeting the needs identified.

This service had experienced considerable staff turnover and change in previous years – the current manager was the services third in as many years. Staffing is a significantly important resource to this service and in particular consistent staffing to support the realisation of the services stated purpose. At the time of the inspection, the centre had almost achieved its full complement of staffing inclusive of a manager, deputy manager, three social care leaders and ten social care workers. There was a gap of one social care worker post at the time of the inspection which, centre management were optimistic about filling in the coming weeks. The current centre manager had overseen a significant change to the staff rota with the commencement of live nights. This change was fully embedded at the time of the inspection, and it was evident that the manager had worked effectively to oversee these changes to the benefit of young people accessing the service. The supportive measures in place to encourage staff retention, such as supervision, an employee assistance programme, training opportunities and funding for same, external facilitator to provide support to the staff team as a group, and individual counselling available should continue. Inspectors suggest that the various types of support available be brought to the attention of staff on a regular basis to ensure awareness levels and clarity in terms of accessibility.

The head of youth services informed inspectors that sustainability measures at an organisational level were only at a conceptual stage, but they did agree to bring the matter for discussion again at senior management level. There were some minor sustainability measures in place in the service including the recycling of waste materials and the use of recycled furniture, although the latter may warrant further thought. To conserve on heat during the winter months in particular, the doors to the building should be examined to ensure they are adequately fitted and keep out the natural weather elements.

Compliance with Regulation	
Regulation met	Regulation 7
Regulation not met	Not all regulations under this theme were assessed

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 7.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Management at a senior organisational level must implement the necessary systems to ensure that the resources allocated to this service are delivered in an efficient and responsive manner that meets the needs of the children placed there.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that the complaints register is up to date with evidence that previous matters raised were resolved/closed off.	<p>With immediate effect – the centre manager will implement a robust review system of complaints by maintaining accurate and complete records of complaints, reviewing these at team and management meetings bi- monthly.</p> <p>The complaints policy will also be reviewed with the staff team at their meeting on 10.12.24 all staff will be requested to sign off that they have understood same.</p> <p>As part of this review the complaints register will be fully reviewed by Centre Manager/Practice development team member to ensure all previous complaints are closed off.</p> <p>Current system in place of addressing and recording all complaints and dissatisfactions as they arise will be reviewed monthly to ensure that this</p>	<p>Governance manager for the centre will review complaints documentation and processes quarterly during site visits to the centre. Information on complaints is also submitted monthly via the operations report completed by the centre manager and this is forwarded to the Head of Service for review. Head of Service/Governance manager will liaise with young people when at the centre to ascertain their view of complaints processes.</p>

	<p>Senior management must ensure that the word ‘grievance’ is removed from daily records and centre policy where it relates to complaints and dissatisfactions by young people.</p> <p>Senior management must review auditing processes as they relate to this service and amended as necessary to ensure they are appropriately effective.</p>	<p>system is effective, and the complaints policy is being followed. Learning from complaints will be discussed at the staff team meetings and monthly local management meetings.</p> <p>Centre Complaints register to be reviewed monthly as part of the service internal auditing system to ensure up to date recording of complaints and dissatisfaction.</p> <p>The Centre Manager will ensure Daily Logs are amended and the removal of the word “grievance” regarding complaints and dissatisfaction.</p> <p>Full audit review is due to be set for 2025 audit processes with the senior management and practice development department.</p>	
2	Centre management must submit a detailed schedule of works to address the various matters detailed in this report relating to all aspects of standard	On the 7 th of February 2025, the new Director of Services confirmed to ACIMS that preliminary works had commenced on the property and the full list of matters	Maintenance issues will be generated to an operational report from the Centre Manager and will be reviewed monthly by the Head of Service.

	<p>2.3.</p> <p>Organisational management must improve the system in place for responding to and concluding matters of repair and maintenance.</p> <p>The director must ensure that the issues identified by the engineer in their</p>	<p>identified in this report would be completed by February 24th.</p> <p>With immediate effect the Housing officer will commence monthly property inspections, completed on site with Centre Manager or member of the management team present. Report will then be circulated to Centre Manager, Head of Youth Services, Governance Manager and Property Manager with any actions outlined and timeframe to remedy identified.</p> <p>Review of Daily Health and Safety Checks to be completed with Centre Manager, Health and Safety Champion and Organisation Health and Safety Manager in conjunction with Health and Safety scheduled to take place prior to Dec 20th to ensure all related checks are being carried out and recorded appropriately.</p> <p>Head of Service will liaise with Head of Property to ensure all works are completed</p>	<p>Head of Service will ensure all maintenance and repairs will be addressed with the property team and brought to the Directors of Service and Property if delayed.</p> <p>Quarterly Health and Safety Inspections to be carried out by Organisation Health and Safety Manager with the first to be carried out by December 20th and quarterly thereafter. Report will then be circulated to Centre Manager, Head of Youth Services, Governance Manager and Property Manager with any actions outlined and timeframe identified</p> <p>Centre Manager/Health and Safety Champion to continue to use Affinity to report maintenance issues as they arise and keep ongoing record of maintenance issues and follow up.</p> <p>Head of Service will be notified of any outstanding issues which need to be</p>
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	<p>structural review of the property are addressed without delay.</p> <p>The centre manager must ensure that all checks related to fire safety are carried out at frequent intervals with all relevant detail appropriately recorded.</p>	<p>in an agreed timeframe.</p> <p>A fire review will take place quarterly to ensure all equipment is checked.</p>	<p>rectified and will address these with the Head of Property.</p>
7	<p>Management at a senior organisational level must implement the necessary systems to ensure that the resources allocated to this service are delivered in an efficient and responsive manner that meets the needs of the children placed there.</p>	<p>The Head of Service and Centre Manager will liaise with the Director of Services, Director of Finance and the Director of Property to review existing systems and funding arrangements to ensure that they are fit for purpose and that the service is being adequately resourced to meet the needs of the children.</p>	<p>The funding and resource allocation to the service (and the systems in place to deliver same) will be formerly reviewed on a quarterly basis by the Head of Services and the Centre Manager and where issues arise, they will be escalated to the relevant Director to be addressed. Where issues arise between reviews, they will be escalated immediately.</p>