An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 163

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Tús Nua Childcare Services**
Registered Capacity:	**4 young people**
Type of Inspection:	**Announced**
Date of inspection:	**5th & 6th of January 2023**
Registration Status:	**Registered 24th of October 2022 to 24th of October 2025**
Inspection Team:	**Catherine Hanly** **Cora Kelly**
Date Report Issued:	**17th August 2023**

Contents

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 in October 2019. At the time of this inspection the centre was in its second registration, having moved premises, and was in year one of the cycle. The centre was registered without attached conditions from the 24th of October 2022 to the 24th of October 2025.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. Their model of care was described as the secure base model which has its roots in attachment theory and resilience. There were two young people living in the centre at the time of the inspection, one of whom was over eighteen and had their placement extended on a continuing basis whilst awaiting the identification of a long-term post-care placement.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.5 only
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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 the director of services and proprietor, centre manager and staff, the allocated social worker team leader for the young person under eighteen and the aftercare manager overseeing the case of the young person over eighteen. 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

The preliminary findings of the inspection carried out on the 5th and 6th of January 2023 was that the centre was not operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies* and Article 7, *Staffing*. Deficits were identified regarding oversight, governance and direction of the staff team to ensure appropriate care practices. The centre was operating below the required staff numbers and necessary qualifications to comply with the regulations. These issues were highlighted at the preliminary feedback meeting with the inspectors.

It was the decision of the registration committee that to propose to add the following conditions to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991: The proposed condition was to be attached until the inspection process was completed. The condition being:

- There shall be no further admissions to the centre until the inspection process is completed.

A draft inspection report was issued to the registered provider, centre manager and to the relevant social work departments on the 19th of January 2023. 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 registered provider returned the report with a CAPA on the 1st of February 2023. This CAPA was deemed not to be satisfactory, and the lead inspector gave direction and guidance as to what was required. A second CAPA was requested and was submitted on the 15th of February. This second CAPA was also not satisfactory in identifying the actions to address the deficits that were found and to prevent their reoccurrence. A regulatory compliance meeting was held on the 14th of March 2023 with the Alternative Care Inspection and Monitoring Service. At this meeting, it was communicated to the registered provider that the findings of this report and assessment of the submitted CAPA deem the centre not to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. The registered provider was informed that it was the decision of the regional registration committee to refer this service to the National Registration Enforcement Panel.

Further to a Regulatory Enforcement Meeting held on the 24th of April 2023, representation was made by the registered provider to re-structure the governance arrangements within the service. At this meeting also, it was agreed to remove the

original condition regarding no further admissions of young people to the centre. The National Registration Enforcement Panel accepted the undertaking by the registered proprietor regarding the governance restructuring and committed to undertaking a review within 6 months of that meeting.

This service is therefore registered for a 6-month period from the 15th of May 2023 until the 15th of November 2023 on the condition of this governance restructuring, under Part VIII, Article 61 of the Child Care Act 1991. If the Agency is satisfied that with the restructuring that has been put in place the registration will proceed without conditions from the 15th of November to the 24th of October 2025.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

Inspectors noted evidence in records of good general communication between the social work team for the young person under eighteen, as well as with their parents, for the purpose of providing daily updates and making access arrangements. The social work team leader responsible for this young person was also complimentary of general communication with centre staff. However, inspectors found that there was no one staff member or centre manager that was fully informed about all aspects of either young person's placement in the context of planning for and delivery of care. Key workers were unable to clearly describe the needs of the young person, their identified goals or any specific strategies that had been implemented to provide an effective care service. Key workers referenced to inspectors a deterioration in engagement with their respective key child but did not demonstrate in interview with inspectors that this was a cause for concern. Deficits in key working had been identified in the 2021 inspection of this service. Records provided for inspectors to review indicated that the current resident had continued to not engage in key working in early 2022 thus indicating that reported actions to address the deficits in the 2021 report had not been effective. The registered proprietor must put the necessary arrangements in place to ensure effective communication and cooperation within and between services engaged to work with young people to deliver on better outcomes for each young person. Inspectors found that there were no established arrangements in place that ensured effective communication and cooperation within and between services engaged to work with young people and the centre itself. There was no clarity regarding the identified persons at the centre as a named point of contact for external services. Contact occurred between identified external services and those at the centre including the director of services, the manager, and some staff members.

One young person had their most recent statutory care plan review in September 2022 during which, the plan to remain in the centre until their eighteenth birthday was discussed and agreed. The accompanying care plan on file lacked specificity around placement planning and the social work team leader responsible for this case

agreed to review the detail of the plan with the allocated social worker when they returned from leave. Inspectors noted that whilst there had been multidisciplinary meetings, consultation with family, and strategy meetings following periods of being missing from care, there was no evidence that these meetings had explored the suitability of this placement in terms of meeting the needs of the young person and possible alternative placements having been explored for them based on the stated little engagement by the young person in the placement. Records indicated that there had been very little progress made by this young person within their placement in a significant period and in fact, the young person's behaviour had deteriorated further resulting in the accumulation of charges and a period of detention being enforced. There was an aftercare worker assigned to the young person and this worker had drafted an aftercare plan. This was not on file at the centre at the time of the inspection and staff and the manager informed inspectors that they had not pursued a copy from the aftercare worker. This issue reflects the same one for another young person during the 2022 inspection.

The social work team leader informed the inspectors that they would direct the aftercare worker to share this plan with the centre. The young person had not engaged with the aftercare worker since they were assigned, and this reflected a pattern of non-engagement by the young person throughout their placement both with the staff team and with external professionals and services. This lack of engagement by young people was identified as an issue requiring action in the centre's inspection in June 2021 and a commitment was given by the director of services to utilise a consultant psychologist for the purpose of development of effective strategies. The director of services informed inspectors that the consultant psychologist had not realised their intended commitment of engagement with the staff team in 2022. There was no reference by staff interviewed or evident in care files of interventions being suggested by the psychologist or implemented by staff. Inspectors were consistently informed that there was minimal engagement by both young people for a notable period.

The second young person was eighteen and a half at the time of this inspection. At their statutory child in care review one month prior to their eighteenth birthday, a move on placement provider had been identified for them however it was noted that this was subject to funding agreements. An aftercare worker had been assigned to work with the young person and that worker had devised an aftercare plan. There was no corresponding discharge plan prepared for the young person at that time. Since April 2022, this young person's placement had been continuously extended monthly until December 2022 when a three-month extension had been approved. Some of the records for meetings related to these extensions had incorrect dates on file and inspectors found it difficult to track the chronology of events in the care file.

Staff and management at the centre were unable to explain clearly to inspectors, the reasons for these extensions and the lack of move on despite a placement being identified in April of 2022. There was no evidence on file of staff or management at the centre advocating for this young person to move to a more suitable placement despite their age and noted deterioration in records of their general presentation and level of engagement. The support and input of the independent agency Empowering Young People In Care (EPIC) had been sought to assist the young person in seeking a resolution to the lack of an identified placement to move to. Inspectors were informed by the aftercare manager that the reason for the delay was linked to funding being offered and provided by the Health Service Executive to provide a placement for this young person. Following the onsite visit to the centre, the aftercare manager informed inspectors that funding had been approved for a move on placement, but a location had yet to be secured and therefore, there remained no definite date of discharge. The aftercare manager informed inspectors that the aftercare plan would be updated accordingly with the identification of the new placement. Inspectors were unable to ascertain if this young person had been fully involved in all discussions relating to their possible move from this centre. There was some level of involvement noted and evidenced through their contact with EPIC however questions about their ability to fully comprehend the situation were raised by staff and the aftercare manager. The centre and aftercare service responsible must ensure that young people are fully involved, taking consideration of their age and in a way in which they can understand their plan to move on from the centre. The centre must devise and implement a suitable discharge plan which gives due consideration to the young person's needs and the centres' own discharge policy.

The records reviewed and interviews held as part of the inspection did not provide evidence that there was an awareness amongst the care staff and manager of the need to have prescribed medication for a young person reviewed by a relevant medical professional. Inspectors found through interview that not all staff knew the medication the young person was taking, understood the reason for the medication or were familiar with the possible side effects despite the fact that they were responsible for administering it. Staff and management were unable to provide an exact date of when this young person had last seen a medical professional regarding the continued use of this medication. The staff and manager interviewed did not demonstrate to inspectors an awareness of the possibility of a connection between the young person's continued use of prescribed medication and their general presentation. In preliminary feedback following the onsite inspection, inspectors directed that immediate action be taken to review this matter. In response to the draft report, inspectors were provided with two records for April and august 2022 relating to GP

contact for this young person. The latter was a phone call. No further action had been indicated as taken.

The director of services informed inspectors that there had been no discharges since the last inspection and thus no recent feedback sought on experiences by them. There was one recent feedback form on file from a social work department. An area of improvement identified by this professional related to the lack of availability of relevant records from the care file when being sought by a third party. Inspectors received information regarding this issue from the parties involved but were unable to establish clarity on this matter. The social work department involved ultimately provided records to the centre that the centre had originally but were unable to locate them. The registered proprietor must take immediate action to demonstrate that the necessary information governance arrangements are in place to ensure that the centre complies with legislation and is protecting children's personal information.

Compliance with Regulation	
Regulation met	**None identified**
Regulation not met	**Regulation 5** **Regulation 17**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 2.1**
Practices did not meet the required standard	**None identified**

Actions required

- The registered proprietor must put the necessary arrangements in place to ensure effective communication and cooperation within and between services engaged to work with young people to deliver on better outcomes for each young person.
- The centre manager must implement the necessary practices and oversight mechanisms to support the meaningful engagement in achieving placement goals by staff members with young people in the centre.
- The centre must devise and implement a suitable discharge plan for all young people preparing to leave the centre which gives due consideration to the young person's needs and the centres' own discharge policy.

- Centre management must provide inspectors with evidence of the action taken in response to concerns raised regarding a young person's general health and wellbeing.
- The registered proprietor must take immediate action to demonstrate that the necessary information governance arrangements are in place to ensure that the centre complies with legislation and is protecting children's personal information.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence obtained through interviews and from a review of records in this inspection that workforce planning had been ongoing since the centre commenced operations in 2019 but inspectors found that this planning has not been successful to date in ensuring that the centre had managed to deliver child-centred, safe, and effective care successfully and consistently to young people. Workforce planning had been identified as an issue requiring attention by the registered proprietor in the inspection of this centre in February 2022, this, because the centre was operating at that time without the minimum number of staff required and without the minimum numbers of qualified staff as required by article seven of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. At the time of this inspection, a centre manager had commenced in post on November 28th, 2022, approximately seven weeks prior to this inspection. The previous manager had been on extended leave since late March/early April 2022. Inspectors were not provided with an exact date of departure and were provided with various timeframes of departure by the persons interviewed for this inspection. Subsequent to issuing the draft report, the Director of Services confirmed that the previous manager went out on sick leave on the 4th of April 2022. Although the ACIMS had ongoing contact with this centre from February to June 2022, they had not been informed that the director of services was acting as centre manager throughout the named managers' ongoing absence. The Director of Services only informed ACIMS of the change to manager on the 25th of November 2022 when the current manager was incoming. This does not comply with article 6 'Person in Charge' of the Child Care Regulations 1996. These changes meant

that, for this centre and the young people residing therein, had experienced four managers in just over three years.

The current manager had an appropriate social care qualification and although had some experience of working in residential care, did not have the minimum of five years' experience of working in residential care specified in the ACIMS staffing memo which was issued to providers in February 2020 as an interpretation of article seven of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. This was identified by the ACIMS prior to the managers' appointment and a commitment was given by the director of services to ensure the manager was fully supported including 4-weekly supervision until such time as the manager had reached the five years' experience mark. The manager had completed one supervision with the director of services at the time of the inspection and reported to inspectors that their supervision would take place in accordance with centre policy – every 4-6 weeks. No additional support mechanisms had been implemented for the new centre manager. Inspectors found that the manager was not well prepared for the inspection of this service and was unfamiliar with many aspects of service provision that they had named responsibility for. The manager had a signed contract on file to work at the centre on a fulltime basis however, in practice the manager had worked three days per week since commencement of their role and was paid per hour worked. The manager reported that they intended to work Saturdays also but there was no formal plan in place to realise this at the time of the inspection. The deputy manager worked Monday to Friday and was available to the staff team on the days the manager was absent.

At the time of the inspection, the centre was staffed by a part time manager, a full-time deputy manager, three social care leaders and four social care staff. Inspectors found that information provided to the ACIMS at the time of the inspection and a review of a sample of personnel files that there were discrepancies in information provided. In addition, it was found that of the two relief staff members named as working in the centre, one was on long term leave. The manager was not aware that any considerations needed to be given to the balance of staff assigned to work shifts together. Inspectors found that on occasions, staff had worked double shifts at the centre. There were no accompanying risk assessments to support the reasons for this which were reported by staff to be for the purpose if suiting personal circumstances. Of the seven social care staff, there was evidence to demonstrate that only one had social care qualification. Inspectors found that previous commitments given by the registered proprietor to address deficits identified in the 2022 inspection of this centre including "*The director of services will ensure that as occupancy levels*

increase all new appointees will have the appropriate social care qualification or a relevant qualification" had not happened.

Inspectors found from a review of documentation that there was a low level of experience of working in residential childcare across the existing staff team with some having no previous experience in the field. Inspectors found that this, coupled with five managers over a three-year period, had impacted on the ability to understand the need for appropriate and consistent interventions in the delivery of care to young people. Inspectors found it documented in supervision records and team meetings that there were no learning objectives required to be set and no training needs identified for staff. However, inspectors found that the knowledge base and competencies presented by staff and management in interview and evident across records reviewed was poor. The staff members and manager interviewed did not demonstrate that they had identified the general non-engagement by both young people in the centre over a prolonged period as a concern and show evidence of how they had attempted to have this issue addressed through multi-disciplinary process. As referenced under standard 2.5, they also did not demonstrate a concern for the declining state of one young person who largely isolated in their bedroom, often displayed poor self-care, had very poor eating habits and was on prescribed medication that had not been reviewed by a medical professional for over six months.

The centre policy document referred to staff retention and included benefits in place such as a yearly increment, annual leave entitlement and access to an employee assistance programme, some of which were referenced by staff in interview. Inspectors found that the aim of the staff retention policy in maintaining a stable and consistent team, had not been realised in the centre since it commenced operations. This, despite a reported review of this policy in April 2022.

Inspectors were informed that procedures for on-call were in place to include the identification of person on call via a rota and on a dedicated number. The policy in place did not accurately reflect the procedures described by staff and management and no separate formal procedures were in place to support the policy. Inspectors found that the previous commitment given by the registered proprietor following the inspection in February 2022 to address the deficits identified in the on-call procedures "*Completed. The on-call policy has been reviewed to include the procedure for contacting on call*" had not in fact been realised in full at that time with deficits and ongoing need for clarification identified in team meeting records as recently as November 22nd, 2022. Centre management must devise and implement clear and detailed written procedures for on-call arrangements.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

Inspectors noted that recruitment practices for the centre require improvement, including documenting and retaining interview records. The director of services informed inspectors that although they had brought in a second person for the purpose of assisting with interviews, the director themselves was the main interviewer and didn't maintain formal notes. This was contrary to the centres' own employee handbook which states that "*notes must be taken by the panel*". Inspectors reviewed a sample of personnel files and noted that not all the documentation required was present on file. This, despite an audit of personnel files being directed in the 2022 inspection report and a response from the proprietor stating, "*The director of services will conduct a review of all newly appointed staff to ensure all relevant information is on their personnel file before commencing employment*". Personnel files reviewed lacked references from most recent employer in some cases; there were no application forms completed by employees as referenced in the employee handbook; referees organisation not consistently clearly identified in others; and further the name of the referee did not match with information given.

As identified under standard 6.1, the staff complement in the centre did not meet with the requirements of article seven of the Child Care Regulations – this is despite this issue having previously been identified in the inspection of this centre in February 2022. As discussed under the previous standard also, and documented elsewhere throughout this report, the manager and staff team were found to be lacking in terms of appropriate qualifications, experience, skills and competencies to enable them to deliver the appropriate level of care and support to young people in this centre. There was no evidence to indicate that the registered proprietor had taken on board previous findings and feedback given and taken the necessary robust actions to address presenting deficits in terms of qualification and experience base within the team.

The manager was qualified but lacked the experience necessary to fulfil the role and this was clear in interview. They were unfamiliar with many of the policies and guiding procedures that must be in place to ensure adequate governance in a children's residential centre. This included requirements in terms of staffing qualifications and levels. They were not working at the centre on a full-time basis due to other commitments and had informed inspectors that they had not originally

applied for the post of manager, but rather the deputy manager post. Their lack of knowledge and experience, alongside the lack of a formal support plan and working less than fulltime hours all contributed to the inability of the manager to fulfil the requirement of ensuring that the centre meets its stated purpose. There was no evidence that a formal planning meeting had taken place at centre management/proprietor level to discuss forward planning for this centre.

Staff confirmed they had a copy of job descriptions and were aware that their individual contracts were on personnel files. Some were aware these would need to be updated following introduction of paid sick leave. The centre manager had identified discrepancies between job descriptions, contracts, and employee handbook in the context of appraisals, probationary periods, etc. These must be reviewed and updated to ensure consistent information is provided to staff.

Inspectors were informed that there was a written code of conduct. Detail on this was in the employee handbook and gave clear guidance to staff regarding expectation of them in the delivery of their role.

Inspectors observed that recording in personnel files required significant improvement to ensure accuracy. For example, inspectors noted discrepancies between recorded dates on supervision records for example and dates on which staff were scheduled to be in work. In addition, inspectors noted significant discrepancies between the information on individual qualifications, time commenced in specific roles and contract status that was reflected in personnel files and information provided to the ACIMS at various stages during inspection and registration processes.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff in interview demonstrated a general understanding of their roles and responsibilities which had been provided to them in a written job description following interview. Staff described the importance of daily handover forum for agreeing tasks and shift planning. Inspectors found that staff and centre manager demonstrated a poor understanding of the concept of safe and effective care in the context of the two current placements and team meeting records did not evidence a child-centred approach to the delivery of care. There was no evidence of consistently robust discussions at team level of the lack of progression within placement; the non-engagement with education or training for example by both young people and the

suggestion of strategies that would provide a safe and effective service for young people. Whilst some staff spoke of the use of their autonomy in decision making whilst on shift, inspectors observed limited action having been taken by individuals in response to, and a general lack of awareness of, the lack of progression within placement by both current residents.

Inspectors found that the multiple changes of centre manager – three different persons responsible in a twelve-month period – combined with a continuous staff turnover since the centre opened, had impacted on the delivery of consistent care. One young person residing in this centre had, at the time of this inspection, experienced five centre managers in three years as well as multiple staff team changes. The new manager had not yet fully established themselves in their role, in part due to not being in the centre on a fulltime basis. The director of services continued to provide supervision for the staff team but aside from this was trying to 'step back' from the direct management of the centre which they had been doing for a significant period of 2022. There was evidence that the social care leader role required ongoing development, implementation, and oversight. The three social care leaders had been in post for less than three months at the time of this inspection and, aside from some limited discussion in supervision, there was no evidence of formal planning for the delivery of this role.

Inspectors did not find any evidence that a culture of learning and development had been created in this service. There was no evidence to indicate that reflective practice was part of the work in which staff could be supported to learn and develop. Due to the low experience base across the team, there was limited opportunity for staff to learn from one another.

There was a clear written policy on supervision. At the time of the inspection, supervision was being provided to the staff team by the director of services as the centre manager was not trained to provide this. Inspectors were informed that training was scheduled for an unidentified date in January. Inspectors reviewed a sample of staff supervision records and the single supervision record on file for the centre manager. The records indicated that supervision was happening regularly in accordance with centre policy, but the records did not give a good objective account of staff performance, frequently lacked any noted contribution to the supervision agenda by the staff member and showed no connection of a review of practice linked to the implementation of young people placement plans or goals. There were contradictions noted within these records, for example one record indicating that there were no training needs identified for the staff member and the subsequent record the following month stating, 'training is ongoing'. There were consistently no learning objectives identified for staff and no reference to the elsewhere reported

deterioration of young people in placement. Inspectors found discrepancies in supervision dates noting that the dates on which supervision occurred did not consistently match with the dates on which the staff member worked. Inspectors were informed that supervision only occurred when staff were on shift. The director of services did not give any explanation for these discrepancies.

There was no formal appraisal system in place. This, despite a probationary period being referenced in contracts for each staff member and its inclusion in the centre policy document. The registered proprietor must immediately implement a formal appraisal system.

The centre policy document referenced in brief the EAP which consisted of six funded sessions with a trained counsellor. The centre manager in interview lacked the understanding of the concept of risk to staff and inspectors found that procedures in place to protect staff and minimise risk to them was lacking. There was a detailed policy on the prevention and management of stress in the employee handbook, but the manager was unaware of same. There were no risk assessments accompanying decisions by staff to work double shifts. There were no accident/injury records onsite, despite a recent incident of staff assault by a young person. There was no reference to this in team meeting minutes and no record anywhere to indicate that there had been a robust, protective response to this. The registered proprietor must immediately implement procedures to minimise risk to staff and ensure that where risks are identified, these are promptly and appropriately responded to.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

The centre manager provided inspectors with a record of the current training status of the staff team that they had acquired since commencing in post at the end of November 2022. This record included the training status of the staff team in areas such as child protection, manual handling, fire safety, therapeutic crisis intervention (TCI) and first aid, amongst others. This record was incomplete as it did not show when or if training that was scheduled for 2023 had previously been attended. TCI was scheduled for staff in January 2023 to be delivered by the director of services who was identified as the centres training officer for this. One staff members supervision records showed that they had required this refresher training since August 2022. This contradicted other supervision entries which noted that there were no training needs identified. The training recorded provided by the centre manager showed that the model of care training had recently been delivered and

attended by most of the existing staff team except for one fulltime and two relief staff members. However, there was a discrepancy in this record as, according to the supervision records of one staff member listed as having completed the training, they were unable to attend the scheduled training on December 30th. The registered provider must immediately undertake a formal training needs analysis, in accordance with the centres' policy in provision of staff training, for the entire staff team. The registered proprietor must implement a programme of training and continuous professional development in response to this analysis and to ensure that staff at all levels, including centre management, maintain competence on all relevant areas. Clear and accurate records of any continuing professional development courses or training undertaken by staff must be always maintained securely for the centre.

Inspectors found that the approach to training and development was inconsistent and not informed by a formal and regular training needs analysis. Nor was it found to comply with the centres own policy which stated that the agency was committed to providing professional training on an ongoing basis for the specified purpose of delivering efficient and effective care. Inspectors found references to training across various records at the centre including in supervision where it was suggested to a staff member that they attend child protection and safeguarding training "*at a date that suits themselves*". Separately reference to this training in a team meeting in September 2022 was recorded as the director of services stating to staff that they "*should prioritise attendance*" at this training and without reference to it being a mandatory attendance. The approach to this specific training is not appropriate to meet the needs of the staff in the centre. In addition, the finding shows that the commitment previously given by the director of services in response to the findings of the 2021 inspection "*Through governance arrangements and oversight the director of service will ensure that all areas relating to child protection and welfare will be monitored including training*" was not being realised.

There was a brief policy on staff induction. Records of induction noted that the employee had read and understood listed policies and procedures but did not have the dates on which the induction took place included, nor did they identify the person overseeing the induction with the new staff member. Both of this must be included.

Compliance with Regulation	
Regulation met	**None identified**
Regulation not met	**Regulation 6** **Regulation 7**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 6.3**
Practices did not meet the required standard	**Standard 6.1, 6.2 & 6.4**

Actions required

- The registered provider must immediately implement a formal programme of support, training and supervision for the centre manager to ensure that they become equipped to deliver on the role.
- The registered proprietor must immediately implement a programme of training and development that is aimed at improving the knowledge and competency base of the existing staff team.
- The registered proprietor must take immediate action to augment the staff team so that the numbers employed at the centre is compliant with article seven of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.
- The registered proprietor must take immediate action to augment the staff team so that the staff qualification base, is compliant with article seven of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.
- Centre management must devise and implement clear and detailed written procedures for on-call arrangements.
- The registered proprietor must immediately implement robust recruitment mechanisms, to include maintaining clear records of all interviews.
- The registered proprietor must undertake an audit of all personnel files, and ensure a robust system going forward, to ensure that all required documentation, verification, qualification certificates, and dates of employment commencement are consistently accurate.
- Centre management must review centre policy, the employee handbook, job descriptions and contracts to ensure all information is consistently reflected.

- The registered proprietor must implement a robust system of auditing that ensures consistently accurate records are maintained and securely stored in this centre.

- The registered proprietor must immediately implement a formal appraisal system.

- The registered proprietor must immediately implement procedures to minimise risk to staff and ensure that where risks are identified, these are promptly and appropriately responded to.

- The registered provider must immediately undertake a formal training needs analysis, in accordance with the centres' policy in provision of staff training, for the entire staff team.

- The registered proprietor must implement a programme of training and continuous professional development in response to this analysis and to ensure that staff at all levels, including centre management, maintain competence on all relevant areas.

- Clear and accurate records of any continuing professional development courses or training undertaken by staff must be always maintained securely for the centre.

- Induction records must include the dates of induction and the person responsible for overseeing it on the identified dates.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered proprietor must put the necessary arrangements in place to ensure effective communication and cooperation within and between services engaged to work with young people to deliver on better outcomes for each young person.	All social workers (SW) are sent copies of the y/p's monthly placement plan and/or weekly/monthly progress reports. Management and staff attend CICR's and have attended strategy meetings when the need arose. SEN's are reported to the y/p's social workers in a timely manner and SW's are made aware of any complaints made or CPWRF uploaded. Assigned SW's are requested to complete feedback forms regularly to inform service delivery. Within this forum SW's have not raised any obstacles or challenges with communication and/or cooperation within their service and the centre. Allocated SW's visit the centre.	Director of Service (DOS)will include an effective communication question on the SW feedback form that is sent to allocated SW's every three months.

	The centre manager must implement the necessary practices and oversight mechanisms to support the meaningful engagement in achieving placement goals by staff members with young people in the centre.	The centre manager attends the monthly clinical and SERG meetings and discussions in this forum will be discussed in detail with staff in supervision. The centre will chair staff team meetings and key workers will provide an update on the goals identified for the month in the team meeting. The deputy centre manager will complete case management supervision with key workers and this will identify goals to be set for the month.	Supervision template to be reviewed to include discussions from guidance given in SERG and Clinical Meetings. Team Meeting template will be reviewed to better reflect the direction and guidance given in SERG and Clinical Meetings linked to practice for the staff team so they can recognise and name the approaches being taken .
	The centre must devise and implement a suitable discharge plan for all young people preparing to leave the centre which gives due consideration to the young person's needs and the centres' own discharge policy.	DOS, centre manager and deputy centre manager in team meetings will work to better link the guidance from SERG and Clinical for the staff team so the team can easily cite the interventions and approaches being used to better deliver outcomes for young people.	Placement Plan Template to be reviewed to include a section on direction given in both Clinical and SERG in meeting the needs of the young people.
	Centre management must provide inspectors with evidence of the action taken in response to concerns raised regarding a young person's general	Once the centre has information available to inform the discharge plan this will be completed in consultation with the aftercare worker/social worker and in	Discharge Policy to be reviewed by 28.02.23. A new area has been added to the young

	health and wellbeing.	consultation with the young people . This plan takes cognizance of the young persons' needs, to ensure the young person feels supported on their transition from the centre. The y/p attended his GP on 12.01.23. there were no concerns noted. Medication review took place 21.04.22 Medication review between staff and GP took place on 01.09.22	person's placement plan template and team meeting template to include medication and ensure this is reviewed monthly at Clinical Meetings and also discussed within the team meetings fortnightly.
	The registered proprietor must take immediate action to demonstrate that the necessary information governance arrangements are in place to ensure that the centre complies with legislation and is protecting children's personal information.	All hard copy information is stored in the young person individual file, in a locked cabinet in a locked office.	All hard copy information is stored in the young person's individual file, in a locked cabinet in a locked office. No action is currently required as confirmed by IT personnel when requested by the inspectors.
6	The registered provider must immediately implement a formal programme of support, training and supervision for the centre manager to ensure that they become equipped to deliver on the role.	Supervision takes place every 4 weeks with the DOS. DOS will be in the Centre one day every week to support the manager with any issues they may have. Monthly Managers meeting takes place on	This will be reviewed in May 23 at the six month interval.

		the last Thursday of every month. Fortnightly joint supervision will take place between the centre manager, deputy centre manager and the DOS. The centre manager will chair fortnightly staff team meetings. The centre manager will attend monthly SERG meetings and clinical meetings.	
	The registered proprietor must immediately implement a programme of training and development that is aimed at improving the knowledge and competency base of the existing staff team.	A training plan and analysis is in place for staff with what has been completed and what is outstanding for the upcoming year. Should staff feel they need training in extra areas this will be supported by management. In supervision, management will support staff to be better able to link theory to practice so they can better identify the interventions and approaches they are taking.	This training analysis is reviewed annually and updated on needs must basis.
	The registered proprietor must take immediate action to augment the staff team so that the numbers employed at the centre is compliant with article	The centre is fully staffed for current occupancy levels. 1x Relief has completed the vetting process and will be available for induction week of	Recruitment for the service remains ongoing.

	seven of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.	20.02.23 1 x SCW undergoing vetting. Due to commence mid-March. Interviews are ongoing.	
	The registered proprietor must take immediate action to augment the staff team so that the staff qualification base, is compliant with article seven of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.	55.55% of the current staff team have a validated qualification in Social Care. 1x Relief has completed the vetting process and will be available for induction week of 20.02.23 1 x SCW undergoing vetting. Due to commence mid-March.	DOS will continue to ensure that 50% of the staff team have a qualification in Social Care.
	Centre management must devise and implement clear and detailed written procedures for on-call arrangements.	Staff contact a dedicated-on call number which brings them through to the on call person. Staff are aware that on call must be contacted via phone call only.	On call policy now in place.
	The registered proprietor must immediately implement robust recruitment mechanisms, to include maintaining clear records of all interviews.	The current interview questions along with the interviewee's responses will be filed in section 11 of staff's personnel files.	HR Consultant has agreed to complete a review of personnel files every 6 months the first to be completed end May 23.

	The registered proprietor must undertake an audit of all personnel files, and ensure a robust system going forward, to ensure that all required documentation, verification, qualification certificates, and dates of employment commencement are consistently accurate.	All staff have references x 3 on file All staff have up to date garda vetting on file. All staff have evidence from college or qualifications on file. This review has commenced the centre manager has requested 1 x staff's most recent employer reference. 1 x staff's qualifications are now validated.	Meeting with HR consultant took place on 3rd February 2023. Agreed terms of reference for auditing personnel files (first audit to be completed 31.05.23) Commencement dates will be reviewed to ensure consistency (to be completed 31.03.23)
	Centre management must review centre policy, the employee handbook, job descriptions and contracts to ensure all information is consistently reflected.	These documents have been sent to our HR Consultant for review and update.	Meeting with HR consultant took place on 3rd February 2023. They will be reviewing staff's contracts and Employee Handbook. Introducing an Employee Starter Pack (to be completed 31.03.23)
	The registered proprietor must implement a robust system of auditing that ensures consistently accurate records are maintained and securely stored in this centre.	All staff personnel records are held in a locked filling cabinet in a locked office.	All staff personnel records are held in a locked filling cabinet in a locked office.

	The registered proprietor must immediately implement a formal appraisal system.	All staff requiring an appraisal will have it completed by 28.02.23	An appraisal template has been drawn up by management. HR Consultant will review staff appraisals as part of his biannual auditing.
	The registered proprietor must immediately implement procedures to minimise risk to staff and ensure that where risks are identified, these are promptly and appropriately responded to.	All young people have an up-to-date ICSP and the expectation is that staff follow this. All identified risks generate a risk assessment that is reviewed after an SEN or monthly thereafter. Staff involved in an assault engages in a staff debrief and if required the learnings from this is brought to the staff team. All SENs are reviewed at a monthly SERG meeting and the risk ratings are reviewed and discussed also.	An incident Log to be held within the Centre.
	The registered provider must immediately undertake a formal training needs analysis, in accordance with the centres' policy in provision of staff training, for the entire staff team.	A training analysis has been completed and shows that TCI and data protection is required. This schedule has been put into place for the upcoming year. Management have been in contact with training providers and are awaiting responses from same.	Training analysis is reviewed annually. Should there be any trainings needed for staff with regards to better meeting the needs of the young people these will be scheduled in also.

	The registered proprietor must implement a programme of training and continuous professional development in response to this analysis and to ensure that staff at all levels, including centre management, maintain competence on all relevant areas.	A training analysis is currently in place. Should the needs of the young people change, the training analysis will be reviewed to support both staff and young people.	The training needs analysis is reviewed annually.
	Clear and accurate records of any continuing professional development courses or training undertaken by staff must be always maintained securely for the centre.	As noted in staff files, Section 5, all certificates for training completed by staff are stored in a locked cabinet in a locked office.	All certificates of trainings that staff have completed previously or trainings that are provided by the service are stored in Section 5 of each staff's personnel files. These are stored in a locked cabinet and a locked office.
	Induction records must include the dates of induction and the person responsible for overseeing it on the identified dates.	The induction starter pack has been updated to include the dates of induction and the individual responsible for overseeing the induction.	Management will review the induction packs for all staff. This is to be completed by the end of March. A meeting took place on 03.02.23 with a HR Consultant and terms of reference for bi- annual audits has been agreed.