



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 017

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Gateway Children's Services Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Announced themed inspection
Date of inspection:	06th and 07th January 2020
Registration Status:	Registered without attached conditions from the 18th of December 2019 to the 18th December 2022
Inspection Team:	Lorna Wogan Paschal McMahon
Date Report Issued:	27th February 2020

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 19th December 2013. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered with attached conditions from 18th December 2019 to 18th December 2022. The conditions attached to the registration are outlined below:

- There must be no further admissions of a young person to this centre
- The organisation must ensure the full implementation of the recommendations contained in its own investigation report
- The organisation must ensure the full implementation of the recommendations contained in the social work department investigation report

The centre was registered to provide medium to long term care for up to two children of both genders from age eight to fourteen years on admission. The centre's model of care was built on a strengths-based approach. The care of the children was informed by attachment and resilience theories and an understanding of the impact of trauma on child development. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging.

There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

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

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, and centre manager on the 17th February 2020 and to the relevant social work departments on the 17th February 2020. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 18th February 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. Furthermore, it was the decision of the Alternative Care Inspection and Monitoring Service Registration Committee that the conditions attached to the registration on 18th December 2019 should be removed.

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. The centre was registered with attached conditions from 18th December 2019 to 18th December 2022, with a review date of 31st May 2020 for the attached conditions. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 017 without attached conditions from the 18th December 2019 to the 18th December 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

The centre had a child protection policy that was updated in July 2019. The policy outlined guiding principles in relation to child protection and child safeguarding practices. The inspectors reviewed the child protection policy in place and found it to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a child safeguarding statement that was supported by a letter of compliance to confirm it had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The senior services manager had commenced an auditing process that included auditing aspects of the centres compliance with child safeguarding practices.

All staff had received training in the Tusla E-Learning module: Introduction to Children First. A number staff including the centre manager had received supplementary training in respect of Children First: National Guidance for the Protection and Welfare of Children, 2017. Staff members demonstrated appropriate knowledge to recognise child abuse and report a reasonable concern about a child's welfare and protection. The centre manager was the designated liaison person for the centre and staff interviewed understood the role of the designated liaison person. Staff members interviewed were familiar with the Child Safeguarding Statement that was displayed in the staff office however overall staff were not sufficiently familiar with the risks identified in this statement and the policies in place to mitigate against such risks occurring. The inspectors also found that staff interviewed were not sufficiently knowledgeable about the centre's safeguarding practices as outlined in their child safeguarding policy. Despite having supplementary training in Children First provided by the organisation the staff team require continued input from managers in relation to the centre's child safeguarding practices, potential risks of harm associated with living in residential care and the policies in place in the centre to mitigate against the risk of harm occurring to the children in placement.

The inspectors found the children in placement were supported and encouraged by centre staff and managers to raise concerns, express their views and have their voice heard.

The centre had an anti bullying policy that outlined procedures in place to address all forms of bullying including reporting serious instances of bullying to Tusla where regarded as possibly abusive. The centre had a written policy on children's use of electronic equipment and procedures were in place to monitor the children's use of the internet and social media. The inspectors observed staff supervision and monitoring of the children on social media platforms over the course of the inspection. There was evidence that key work was completed with both children in relation to bullying and safety on line. Both children confirmed this during their meeting with the inspectors. Inspectors found where issues of bullying emerged individual work and house meetings took place to ensure any negative impact was minimised.

The organisation had a whistle blowing policy that outlined the procedure in place to make a protected disclosure and the investigative process. There was an assigned external investigator as part of their protected disclosure policy and their contact details were outlined in the policy. The service's HR consultant facilitated staff training on the centre's whistle blowing policy and the director of services attended a team meeting to reinforce the key principles of this policy and the responsibility of staff to monitor, question and report any concerns about staff and manager's practice. Staff members interviewed during the inspection were confident that poor practice among staff would be reported appropriately and taken seriously.

The centre had created pre-admission risk assessments to identify and address areas of vulnerability for the children in placement. There was evidence that staff worked closely with social workers, specialists and the children's family members to promote the well being of the children in placement. Clear records were maintained of family and professional contacts.

The inspectors met with the children in placement and they stated they felt safe and cared for within the service. Social workers for the children also confirmed they were satisfied their allocated child was safe and cared for effectively. Social workers confirmed that they were satisfied that the centre had appropriate measures in place to keep the children safe and programmes to teach them safe care skills. Inspectors found there were risk assessments and safety plans on files for both children. Inspectors found that one area of vulnerability in respect of one of the children was

appropriately risk assessed by the team and a safe care plan was in place however this was not set out in the written risk assessment and placement plan. The centre manager must ensure that all known and potential risks and areas of vulnerability identified for each child are included in their risk assessments and safety plans.

The centre maintained a child protection register. Inspectors reviewed the centre child protection register and found that a number of reported concerns on file had no evidence of response/outcome for the reported concern from social work services. The inspectors found evidence of oversight of the child protection register by the external manager who had followed up with the relevant social workers for a written outcome/response to the reported concerns. There were measures in place through joint working with social work departments to ensure parents would be made aware of any allegation of abuse.

Standard 3.2

The centre had a written behaviour management policy and physical intervention policy that outlined their approach to the management of behaviour and clear procedures to be followed when responding to behavioural issues. The inspectors found the staff team had regular access to specialist advice and appropriate support to enable them to provide positive behavioural support, identify the underlying causes of behaviour and respond to and manage behaviour that challenges.

Following concerns that arose during the last inspection where there was a serious breach in the operational policies in relation to the management of behaviour a number of additional supports and training were put in place to ensure staff had a comprehensive understanding of the centres approach to managing behaviour that challenges. The inspectors found that direct and explicit information and guidance was provided to the staff team by the director of services and the organisation's trainer in relation to the management of behaviour and the implementation of the principles and practices of the crisis intervention approach. This was followed up through regular monitoring and oversight of the crisis intervention approach by the organisation's behaviour management trainer. The inspectors found that all recommendations arising from both the organisation and social work investigative reports into the identified concerns were addressed. The inspectors were satisfied that appropriate disciplinary action had been taken to address deficits in staff practice. The relevant social worker confirmed they were satisfied that the organisation had addressed all matters identified in their investigation report and they received evidence to support this view. The inspectors found that the

organisation and the team had identified several learning outcomes following the investigation process and recognised and acknowledged the serious nature of the breach of policy and practice and had responded to these breaches in a prompt and robust manner. This view was supported by the relevant social work department.

The inspectors found that the children living in the centre received child-centred care and support. Staff encouraged and supported the children to engage in daily activities and routines and this helped the children to manage their emotions and behaviours. The staff interviewed outlined the importance of building caring relationships with the children and of ensuring that their achievements were recognised and rewarded. Inspectors found the staff displayed good knowledge and understanding of the children in placement and were alert to situations that may lead to behaviour that challenges. The staff interviewed knew the children well and were attuned to their emotional well being and the impact of mental health and bullying on the children. There was evidence that the voice of the child was heard in relation to expectations within the home and daily life experiences. This was evidenced in the house meeting records, in key work and in individual work reports. The staff team were trained in a recognised model of behaviour management/crisis intervention and there was evidence of regular refresher training being completed.

The inspectors found the children were supported to develop an understanding of their behaviour and of behaviour that was safe and respectful of others. Individual key work and life space interviews were recorded following critical incidents and evidenced on the children's care files. The children interviewed by inspectors displayed an awareness of their behaviours. They understood how staff would support them to manage their behaviours and were aware of their right to discuss any concern they had about the management of their behaviour with their key workers, centre manager, external managers or their social workers. There was evidence that external managers had met the children in this regard and regularly checked-in with the children to ensure they were satisfied with their care in particular how their behaviour was managed. The centre supported natural consequences for poor behaviour and consequences were recorded with a clear link to the particular behaviour of concern. The children were also aware of the expectations for behaviour and there was evidence that this had been discussed with them both on an individual basis and a communal basis through young person's meetings.

There was evidence that the social workers for both children had provided sufficient pre-admission information to the centre at the point of referral in relation to the children's behavioural presentation that enabled the centre staff assess and consider

potential risks and strategies to manage identified risks. The social workers allocated to the children believed the children were appropriately placed and the staff team provided a safe and caring environment.

There was evidence that external managers had oversight of significant events that occurred in the centre along with oversight of records relating to consequences and physical interventions. The senior services manager had recently commenced a bi-monthly auditing process that evidenced their oversight and monitoring of the centre's approach managing behaviour that challenges.

The children had individual crisis management plans that outlined the appropriate and agreed interventions to support behaviour that presented a serious risk to the safety and welfare of the individual child or that of others. Permitted restrictive procedures that were deemed necessary were outlined on the children's individual crisis management plans and safety plans. The children interviewed were familiar with how staff would support them and manage situations where their behaviour was unsafe. Social workers interviewed were familiar with the crisis management plans and the restrictive procedures in place for their allocated child. The social workers had talked to their allocated child about the restrictive procedures in place.

Staff interviewed by the inspectors were clear about restrictive procedures and the restrictive procedures that were permitted and not permitted. The inspectors found that restrictive procedures were not a regular feature of the children's care. A review of the centre's written policy on behaviour management found that it did not include guidance for staff on the use of restrictive procedures or the procedures in place for the monitoring and oversight of such practices within the centre. The inspector recommended the registered proprietor update the centre's behaviour management policy to incorporate guidelines on the use of restrictive procedures and the process for reviewing and auditing such procedures.

Standard 3.3

This inspection found that there was an open culture in the centre and this demonstrated the organisation's commitment to continuously improve the quality of care provided to the children. The director of service and senior managers identified key areas for improvements and demonstrated the actions taken to date to improve oversight of practice and to ensure staff were confident in raising concerns within the organisation. Staff training was scheduled for the team to address identified deficits

in report writing and the establishment of a serious event review group at senior management level.

The centre had a policy on the notification, management and review of incidents and inspectors were informed by the allocated social workers that all incidents were reported in a prompt manner both via phone and e-mail. Following a review of the written policy the inspector noted that serious complaints were not outlined in the category list of significant events to be notified to relevant parties. While the inspectors found evidence that complaints were notified through the significant event system the director of services must ensure that serious complaints are included on the list of notifiable events in the centre’s policy on significant events. A new procedure for staff to sign off on significant events reports was implemented and evidenced on the sample of significant events reviewed by the inspectors. This new protocol should also be outlined in the centre’s significant event policy. Family members were updated on significant events by the allocated social workers in most instances.

Parents and social work feedback on the children’s placement was evident through care plan reviews however the registered proprietor must ensure that the centre has its own mechanisms in place for significant people in the children’s lives, for example their parents or their social workers to provide feedback and identify areas for improvement within the centre.

Inspectors found that young people’s meetings were held regularly in the centre and the children in placement were supported and encouraged by centre staff and managers to raise concerns, express their views and have their voice heard.

Compliance with Regulation	
Regulation met	Regulation 16

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

Actions required

- The senior services manager must ensure that the staff team are provided with continued and on-going input from managers in relation to the centre's child safeguarding practices, potential risks of harm associated with living in residential care and the policies in place in the centre to mitigate against the risk of harm occurring to the children in placement.
- The centre manager must ensure that all known and potential risks and areas of vulnerability are identified for each child in their risk assessments and safety plans.
- The centre manager must ensure that serious complaints are identified as a category of event to be notified as a significant event within the centre's significant event policy.
- The registered proprietor must ensure that the centre has its own mechanisms in place for significant people in the children's live, for example their parents or their social workers to provide feedback and identify areas for improvement within the centre.

Theme 5: Leadership, Governance and Management

Standard 5.1

The centre had a suite of written policies and procedures in place that guided staff practice. There was evidence that the organisation had an on-going programme in place to develop and update their policies and procedures however the inspectors found the current suite of policies and procedures required further development to ensure they were aligned with The National Standards for Children's Residential Centres, 2018 (HIQA). The director of services indicated that the policy review and updated policies and procedures would be complete by the end of March 2020. This process should be concluded in a timely manner and any required training provided to the staff team to ensure full implementation of the policies in practice. Based on evidence gathered during this inspection there was no noted instances whereby the centre had operated outside of policy or legislation.

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

Standard 5.2

There was a management structure in place with clearly defined lines of authority and accountability. The organisational structure for the centre comprised of a company director who was the named registered provider, a director of services, a senior services manager, a centre manager, a deputy manager, two team leaders, six social care staff and two relief staff. The director of services had regular contact and communication with the senior services manager and centre manager in relation to the operational activities of the organisation. The centre manager was the appointed person in charge and reported to the senior services manager who reported to the director of services. The centre manager was appointed in May 2019 and had relevant experience in residential work and some experience in a leadership role. The centre manager held a recognised qualification in social care and had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. The centre manager was well regarded by the team members and they reported that they received good support and guidance from their manager. The children interviewed were able to identify who was the person-in-charge and were able to identify the external line managers. The inspectors found the children had appropriate contact with external manager at the centre. Policies in relation to team meetings, handovers, staff supervision and the recruitment and vetting of staff were found to be well met and operating in accordance with the requirements of the centre policies.

The centre manager received additional support from senior managers within the organisation to support them in their role as manager. There were written job descriptions for all roles within the centre and the inspectors found the internal management structure was appropriate to the size and purpose and function of the centre. The staff interviewed confirmed they were supported by the internal and external managers in their work and that a culture of learning existed within the organisation. This was demonstrated across all interviews with staff and managers. There was a stable cohesive team in place since May 2019.

There were suitable arrangements in place to provide cover when the centre manager was on leave since the appointment of a deputy manager. At the time of the inspection the centre manager and the deputy manager did not maintain a record of delegated duties. To ensure compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) the centre manager must ensure that a written record is maintained of when, and to whom, such duties have been delegated and the key decisions made.

The centre had written policies and procedures in place for the identification, assessment and management of risk associated with the children’s care and their behavioural presentation. There were suitable arrangements in place to provide ‘out of hours’ on-call support to staff to manage adverse and significant incidents and risks in the centre. The inspectors found that staff knew the children well and were alert to signs of potential risk of harm. There was evidence of individual risk assessments and safety plans maintained on the individual care files. Risk assessments carried out by the centre staff were found to be thorough and appropriate control measures were in place to mitigate these risks. The inspectors found that the current risk assessment policy did not outline procedures in place to escalate risk if necessary. Additionally, the organisation did not have a centre risk register or organisational risk register in place to account for risks specific to the overall operation of the service. The director of services must develop a risk management framework to identify, assess and manage centre and organisational risks in accordance with the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).

The centre had a service level agreement in place with the Tusla National Private Placement Team specific to the children in placement. The registered provider was required to provide bi-annual reports to the National Private Placement Team regarding the progress and outcomes of the children’s placement.

Standard 5.3

The centre had a written statement of purpose which described the model of service provision. The statement outlined the aims and objectives of the service, the management and staffing employed in the centre and the arrangements for the wellbeing and safety of children placed in the centre. From observation it was clear that the statement of purpose was reflected in the day-to-day operation of the centre. Interviews with staff members evidenced the centres model of care was understood by staff and implemented in the day-to-day care of the children. The statement of purpose was subject to review however, the inspectors found that some legislation, national policies and standards were not updated in line with new and existing legislation, national policy and standards. The centre manager in conjunction with the senior services manager must ensure that the statement of purpose is updated accordingly.

The centre had written information about its operations that was in an accessible format for children. There was evidence that key workers and managers had communicated the information about the centre to the children on their admission.

The centre did not provide written information for parents and families in an accessible format and must therefore develop specific information for parents about the centre and how it meets the care, safety and support needs of the children.

Standard 5.4

The senior services manager had commenced a bi-monthly process to audit care practices at the centre. Since August 2019 three audits had been completed and two audit reports were completed on file and examined by the inspectors. The inspectors found the current audit tool was not specifically designed to assess and benchmark the centre against the National Standard for Children's Residential Centres, 2018 (HIQA). The quality assurance system should be further reviewed to ensure it is aligned with the current national standards to enable and ensure an accurate assessment of the safety and quality of care provided in the centre. Team meetings took place on a fortnightly basis and were generally well attended. The inspectors found that the minutes of team meetings were not sufficiently detailed or recorded in a structured manner to evidence a consistent approach to the management of the team meetings. This must be addressed by the centre manager and monitored by the senior services manager.

There were a range of internal systems in place to monitor the quality and safety of care in the centre. The internal and external managers read and signed off on children's daily logs, on significant event notifications and all other care records generated by staff. There was evidence that the external line managers monitored the quality of care in the centre through receipt of monthly operational reports from the centre manager, regular visits to the centre, periodic attendance at team meetings, supervision of the centre manager, meeting with the children and staff and signing off on centre records. The progress and outcomes for the children in placement was assessed, reviewed and updated following care planning and professionals meetings. The children's placement plans were regularly updated to reflect the outcome of care plan reviews and the children's presenting and emerging needs. The social workers interviewed during the inspection process were happy with the quality, safety and continuity of care being provided to their allocated child.

The centre recently updated their written complaints policy to address deficits identified during the recent investigation in the centre. The senior services manager was the identified complaints officer within the organisation and there was evidence of their oversight of the register. The policy set out the systems in place for the reporting, recording, monitoring and review of complaints within the organisation.

There were clear timeframes outlined for the resolution of complaints and an appeals process was in place. The centres complaint policy included information about Tusla’s complaints policy ‘Tell Us’.

The centre manager maintained a complaint register in the centre to allow for tracking and identification of complaint trends. Inspectors reviewed the complaint register and complaints records and found three complaints were recorded since the last inspection in August 2019. The centre manager notified the relevant social workers verbally of all complaints made however the complaint register did not evidence that social workers were notified of the complaints. Additionally, the complaints register did not identify the nature of the complaint or the date the register itself was opened. The inspectors recommend that the register is amended accordingly. The social workers allocated to the children were satisfied that the centre dealt with complaints in an open, transparent, prompt and effective manner.

There was evidence that the children in placement were listened to, were aware of how to make a complaint and had exercised this right. There was evidence in practice that the voice of the child was heard and improvements or changes in practice occurred as a result of complaints raised by the children.

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

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

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

Actions required

- The director of service in conjunction with service managers must ensure the current suite of internal policies and procedures are further developed to ensure they are aligned with The National Standards for Children's Residential Centres, 2018 (HIQA). This process should be brought to a conclusion by March 2020 and training provided to the staff team to ensure full implementation of the policies in practice.
- The centre manager must develop an on-going programme of policy review at team meetings and in staff supervision to ensure all staff members can demonstrate a good understanding of in-service policies, legislation and national standards in the context of their day-to-day work.
- To ensure compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) the centre manager must ensure a written record is maintained of their duties where delegated to specific staff members.
- The director of services must develop a risk management framework to identify, assess and manage centre and organisational risks in accordance with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA).
- The centre manager in conjunction with the senior services manager must ensure that the centre's statement of purpose is updated to reflect new and existing legislation, national policy and standards.
- The centre manager must develop written information for parents and families in an accessible format about the centre and how it meets the care, safety and support needs of the children.
- The director of services in conjunction with the senior services manager must review the quality assurance system and align it with the current national standards to ensure a comprehensive assessment of the safety and quality of care provided in the centre.
- The centre manager must ensure the minutes of team meetings are sufficiently detailed and recorded in a structured manner to evidence a consistent approach to the management of the team meetings. Minutes of team meetings must evidence oversight by the senior services manager.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The senior services manager must ensure that the staff team are provided with continued and on-going input from managers in relation to the centre's child safeguarding practices, potential risks of harm associated with living in residential care and the policies in place in the centre to mitigate against the risk of harm occurring to the children in placement.</p> <p>The centre manager must ensure that all known and potential risks and areas of vulnerability are identified for each child in their risk assessments and safety plans.</p>	<p>The senior service manager will ensure that all staff are clear on the centre's child safeguarding practices and potential risks of harm in residential care through in house training and induction and regular review of the relevant policies and child safeguarding statement during team meetings and supervision. To commence March 2020.</p> <p>The centre manager has reviewed the risk assessments and safety plans in place to ensure that all known and any potential risks/areas of vulnerability are included.</p>	<p>Child safeguarding procedures and practices will be reviewed by the senior service manager as part of the centre's bimonthly audits. The senior service manager will also be in attendance at the centre's fortnightly team meetings to ensure this is implemented consistently.</p> <p>Risk assessments and safety plans will be completed in consultation with the allocated social worker. All risk assessments/safety plans will be reviewed at fortnightly team meetings. The centre manager will forward risk assessments/safety plans to the senior service manager for review once complete.</p>

	<p>The centre manager must ensure that serious complaints are identified as a category of event to be notified as a significant event within the centre's significant event policy.</p> <p>The registered proprietor must ensure that the centre has its own mechanisms in place for significant people in the children's live, for example their parents or their social workers to provide feedback and identify areas for improvement within the centre.</p>	<p>The centre manager, in consultation with the senior service manager and director of services, will ensure that the centre's significant event policy is amended to include serious complaints as a category of event to be reported. March 2020.</p> <p>The organisation is currently working on implementing a mechanism for receiving feedback from significant people in the young people's lives, to commence March 2020.</p>	<p>Once the relevant policy is amended the policy will be reviewed annually or sooner, if required. The senior service manager will review the centre's procedures for complaints/significant event notification's as part of the centre's bimonthly audit.</p> <p>The director of services and the senior service manager will review feedback and identify areas for improvement if/when required.</p>
5	<p>The director of service in conjunction with service managers must ensure the current suite of internal policies and procedures are further developed to ensure they are aligned with The National Standards for Children's Residential Centres, 2018 (HIQA). This process should be brought to a conclusion by March 2020 and training provided to the staff team to ensure full implementation of the policies in</p>	<p>The organisation's internal policies and procedures are currently under review to ensure that they are aligned with The National Standards for Children's Residential Centre's, 2018 (HIQA). This process will be concluded by March 2020 and further training will be provided to the staff team to ensure full implementation of the updated policies.</p>	<p>The updated policies will also be reviewed individually as part of the centre's fortnightly team meetings to ensure staff have a clear understanding of organisational policies and procedures. All policies will be reviewed on an annual basis, or sooner if required, to ensure they are in line with all relevant legislation/national standards.</p>

	<p>practice.</p> <p>The centre manager must develop an on-going programme of policy review at team meetings and in staff supervision to ensure all staff members can demonstrate a good understanding of in-service policies, legislation and national standards in the context of their day-to-day work.</p> <p>To ensure compliance with the National Standards for Children’s Residential Centres, 2018 (HIQA) the centre manager must ensure a written record is maintained of their duties where delegated to specific staff members.</p> <p>The director of services must develop a risk management framework to identify, assess and manage centre and organisational risks in accordance with the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).</p>	<p>The centre manager has developed an on-going program for policy review at fortnightly team meetings which will commence in March 2020 once all internal policies have been updated. This will also be implemented in staff supervision.</p> <p>The centre manager will develop a delegation logbook in the centre to ensure a written record of delegated tasks is maintained. To commence March 2020.</p> <p>The director of services will ensure that a risk management framework is developed. Templates for this are currently being reviewed. March 2020.</p>	<p>The senior service manager will review staff’s understanding and practice in relation to in-service policies, legislation and national standards as part of the centre’s bimonthly audits.</p> <p>This logbook will be reviewed as part of the centre’s bimonthly audit.</p> <p>The director of services and the senior services manager will monitor and review the centre and organisation’s risk registers at senior management meetings.</p>
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	<p>The centre manager in conjunction with the senior services manager must ensure that the centre's statement of purpose is updated to reflect new and existing legislation, national policy and standards.</p> <p>The centre manager must develop written information for parents and families in an accessible format about the centre and how it meets the care, safety and support needs of the children.</p> <p>The director of services in conjunction with the senior services manager must review the quality assurance system and align it with the current national standards to ensure a comprehensive assessment of the safety and quality of care provided in the centre.</p> <p>The centre manager must ensure the minutes of team meetings are sufficiently detailed and recorded in a</p>	<p>The centre's statement of purpose was amended in January 2020 to ensure compliance with national standards, policy and legislation.</p> <p>The centre manager is in the process of creating a leaflet for the centre for both young people and parents/families. This will be completed by 05.03.20.</p> <p>The director of services and senior service manager will review the current centre audit template to ensure it aligns with the current national standards. April 2020.</p> <p>The centre manager has developed a new template for team meeting minutes to ensure they are sufficiently detailed and</p>	<p>The centre's statement of purpose and function will be reviewed annually or sooner if required by the centre manager and director of services.</p> <p>The centre manager will ensure that this information is provided to the young person and their parents/families/social worker prior to the young person's admission to the centre and that these are easily accessible in the centre.</p> <p>The audit template will be subject to on-going review in supervision with the director of services to ensure it is an effective tool to assess the safety and quality of care provided in the centre.</p> <p>The team meeting minutes will be reviewed by the senior services manager as part of the bimonthly audit.</p>
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	structured manner to evidence a consistent approach to the management of the team meetings. Minutes of team meetings must evidence oversight by the senior services manager.	recorded in a structured manner. To commence March 2020.	
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