



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 115

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:	04th and 05th of March 2020
Registration Status:	Registered without attached conditions from 17th June 2019 to 17th June 2022
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	19th May 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 17th June 2016. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 17th June 2019 to the 17th June 2022.

The centre was registered to provide medium to long term care for up to two young people of both genders from age thirteen to seventeen years on admission. The centre aimed to help children recover from adverse life experiences. The approach to working with children was informed by attachment theory and resilience theory. 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 young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6
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 senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 17th April 2020 and to the relevant social work departments on the 17th April 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 1st May 2020. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 115 without attached conditions from the 17th June 2019 to the 17th June 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

At the time of the inspection the centre's written policies, that included admission policies, were being updated to align them with the requirements of the National Standards for Children's Residential centres, 2018 (HIQA). The director of services had clear timeframes set out for the completion of this work. The centres statement of purpose outlined the admission process and this statement was recently updated.

All referrals were initially screened by the director of services to assess suitability and were subsequently considered by the senior service managers and the centre manager. The service had recently recruited a clinical psychologist and they will be involved in the referral and intake process going forward. There were opportunities for the team to discuss new referrals and to consider potential risks associated with a new admission and how these risks could be managed.

One child was admitted to the centre since the previous inspection. The provider worked with the child's allocated social worker to ensure that the placement was suitable to their needs. This was confirmed in interview with the social worker. The inspectors found evidence across a range of centre records that there was good communication and transfer of relevant information between the referring social worker and the centre manager and key workers. Placement proposals, pre-admission risk assessments, impact risk assessments were completed by the service and centre managers. There was evidence that impact risk assessments were shared with the relevant social workers. Following a review of the impact risk assessment the inspectors found that the impact of the new admission on the current resident was set out however the impact of the current resident on the new admission was not considered in this risk assessment process. The inspectors also found that some risks

identified on the assessment required a more comprehensive response to the risk in addition to what was identified.

The social workers provided case history reports, specialist reports and the most recent care plan to the centre. Admission meeting records were evident on file. In the case of the most recent admission a phased transition process could not be facilitated however the child informed the inspectors they were satisfied they were provided with information about the centre and had met key staff members before moving to the centre.

The centre had a specific document they completed with children prior to admission that assisted them in getting to know the child. Children were given information about the proposed placement and an opportunity to visit, meet other children and staff, and stay over prior to their admission if that was required and feasible. The inspectors reviewed key work that was completed with the child in placement to help them prepare for the new admission. The staff team gave detailed consideration to the impact of a new resident on the child in placement.

The inspectors found that the admission's policy was adhered to and careful consideration was given to the ability of the centre and staff team to meet the child's needs. Both children in placement told the inspectors that the staff were able to help and support them in many areas of their lives. Children transitioned into the centre in a planned way and were admitted in line with the centre's statement of purpose.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

Child in care reviews were held in line with regulations however one of the social workers had not provided the centre with a copy of the updated care plan in respect to their allocated child. There was evidence the centre manager had contacted the social work department on a number of occasions to request this care plan.

Care plans and placement plans in place outlined how children would be supported in respect of their identified needs and children were involved in the planning process. Each child had an allocated social worker who visited them. Staff told inspectors that there was appropriate and effective communication between the staff team and the children's social workers and this was confirmed by the social worker interviewed. The social workers received copies of placement plans and were kept informed of key work completed through receipt of weekly progress reports.

Child in care reviews were held in line with regulations for each child and the children and their parents/guardians were involved in the care planning process. Placement plans and weekly placement progress reports were developed by key workers and were based on the care plans. There was an up-to-date placement plan on file for each of the children. The placement plan detailed the child's needs and outlined the supports required to ensure the young people's needs were being met over a three month period. From this, the key workers developed a monthly placement plan with specific goals set out relevant to the child's assessed needs. Where goals were not achieved in a given month they were input again on the following months plan. Inspectors found key workers had undertaken an adequate number key working sessions consistent with the children's needs. Individual, achievable goals were identified and reviewed on a regular basis as part of the placement plan review process. The centre also had a range of other plans that were detailed and comprehensive to help staff understand and respond to the children through their daily routines.

Interviews with the children in placement evidenced they were aware of the supports and help they required from the staff working with them. The pro forma for placement planning facilitated parents, children and social workers to input their views on the placement plan. These sections were not completed on the placement plans on file and there was no evidence that keyworkers had discussed the placement plan with parents and children. The inspectors found that actions in respect of children's participation could be addressed more robustly within the centre. The centre manager and key workers must find user friendly processes to involve and inform parents and children in placement planning.

The inspectors found that the centre manager and staff were strong advocates for the children in placement in relation to highlighting and advocating for required external supports and specialist services in line with their care plan.

Overall the inspectors found there was regular and effective communication between centre staff and social workers to ensure the needs of children were being met appropriately.

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

The layout and design of the centre was suitable to provide safe and effective care for the children in placement. The physical environment in the centre was homely. The outdoor spaces were safe, secure and well maintained. The two children shared a

large bathroom that was located close to their bedroom. There were clear procedures in place to ensure privacy was respected in relation to their personal care. The inspectors found the home was clean and maintained in good structural condition. The children were very proud to show the inspectors their bedrooms that they had decorated in accordance with their own preferences. There was evidence that the children were encouraged to participate in decorating the centre and family photographs were displayed in their rooms. The centre was adequately lit, heated and ventilated. Each child had their own bedroom and there were adequate and secure storage facilities for personal belongings. There was evidence of play and recreation materials in the centre and the children regularly engaged in art activities. Each child had their own living-room space with a television where they could rest and have some private space if required. There was adequate space in the home to facilitate visits from family members and social workers.

A chartered engineers report dated 14th of June 2016 outlined the centre's compliance with Part B Fire Safety and Building Regulations, 2006. A copy of the fire safety certificate granted by the local county council on 31st May 2016, under the Building Control Act 1990 & 2007 was also viewed by the inspectors.

The centre had an appointed fire officer who had completed fire training. All staff had fire safety training that was up-to-date. There was adequate means of escape including emergency lighting and there was a suitable procedure for the safe evacuation of young people and staff. Exit routes were marked, sufficient and unencumbered. Fire evacuation plans were displayed throughout the centre. Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. The inspectors found that the fire fighting equipment had not been serviced annually as required. This was not identified by the centre's fire safety representative, the centre manager or the external manager. This matter was rectified immediately in the course of the inspection and the maintenance certificate was forwarded to the inspectors. However, this matter evidenced deficits in the managerial oversight of fire safety practices.

Fire drills were undertaken with new staff and the children and were recorded on the fire drill and fire assessment logbook however the full names of the staff and children who participated in the drill were not identified on the fire drill record. One of the drills had been undertaken in the dark. Overall the inspectors found that managerial oversight of the fire safety procedures in the centre required significant improvement.

The centre had a written safety statement and there were measures in place to prevent accidents and reduce the risk of injury. Necessary maintenance was carried out promptly and recorded in the maintenance log. Systems were in place to appropriately record, report and manage any incidents or injury that may occur. The centre had an appointed health and safety officer and the site-specific risk/hazard identification record evidenced that the house and its environs were risk assessed on a weekly basis. Risks were appropriately identified and recorded by staff. This record was reviewed and signed by the centre manager. A written health and safety update report was completed by the health and safety representative. This report highlighted a number of recommendations however the centre records did not evidence that these required actions were addressed or who had oversight of this report. As previously highlighted with fire safety the managerial oversight of health and safety procedures required improvement.

Centre records showed that the vehicles in use by the centre were appropriately serviced, insured and driven by staff that were legally licensed to drive. Copies of staff driving permits were evidenced on the personnel files inspected.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

There was a well maintained care record on file for each child that facilitated ease of access and effective planning. Staff in the centre maintained a care record for each child that was up-to-date and contained for the most part all the information as specified in the regulations. As previously highlighted the most recent care plan for one child was not on the individual care file. While there were systems in place to escalate any lack of timely receipt of information to the relevant social work departments, these actions were not always successful. Care records were stored securely in a locked filing cabinet. Records created by staff were comprehensive and up-to-date. Information about children was accessible to those who required it and record keeping was of a good standard. The organisation had recently commenced a system for undertaking external audits of the centre practices to assess compliance with the National Standards for Children's Residential Centres, 2018 (HIQA).

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

Arrangements were in place in the centre to allow for the communication and cooperation within and between services to deliver better outcomes for each child. There was evidence of good inter-agency and inter-disciplinary practice between the centre and the other services involved in the children's care through exchange of reports and information sharing, consultation, care plans reviews and professionals meetings. There was regular consultation with social workers and external agencies in relation to the children's care and staff ensured that children attended their appointments with other specialist services. Staff and the allocated social workers ensured that the children and their parents/guardians were included in the decision-making process and kept informed of progress.

The centre had a written policy on discharges indicating its commitment to ensuring the children leave the centre in a planned and structured way in accordance with their statutory care plan. There were no discharges from the centre since the previous inspection and there were no plans to transition the children currently in placement in the near future.

The centre did not have a system in place to evaluate the children's experiences of their time in the centre or for getting feedback directly from children on their discharge. The senior managers must undertake exit interviews with children for the purposes outlined in the National Standards for Children's Residential Centres, 2018 (HIQA).

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

There were no children over the age of 16 years in the centre at the time of the inspection. The inspectors reviewed the children's placement plans and key work record on the care files. Good practice was evident in teaching the children important life skills appropriate to their age and stage of development. The children confirmed this in their meeting with the inspectors. The centre manager must ensure that the team are familiar with the Tusla National Aftercare Policy for Alternative Care 2017 as one of the children in placement will be referred to aftercare services at the end of the year. A copy of the Tusla National Aftercare Policy for alternative Care 2017 should be available in the staff office and reviewed at a team meeting. The team had a range of additional resources to assist the children to prepare for leaving care when they reached sixteen years of age.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.4 Standard 2.5 Standard 2.6
Practices met the required standard in some respects only	Standard 2.1 Standard 2.2 Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that the impact risk assessment also considers the impact of the current resident group on the new admission and detail how these potential risks may be mitigated.
- The senior services manager and the centre manager must have systems in place to ensure robust managerial oversight of the fire safety register and ensure maintenance of fire-fighting equipment occurs as required.
- The senior services manager and the centre manager must regularly review the health and safety audits and the maintenance records and the close out of works identified.
- The senior services manager must escalate within the social work department when care plans are not forwarded to the centre in a timely manner.
- The centre manager and key workers must implement user friendly processes to involve and inform parents and children in placement planning.
- The centre manager must have a system in place to evaluate the children's experiences of their time in the centre or for getting feedback directly from children on their discharge.

Regulations 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.

The inspector found that senior management were aware of the need to ensure the workforce was planned, configured and managed to meet the children's needs. The centre had a written policy on the recruitment and retention of staff. A senior manager in the organisation was assigned to staff recruitment and retention. The inspectors found that the organisation regularly undertook workforce planning to ensure they had sufficient numbers of staff with the necessary skills and competencies to meet the needs of the children. There was evidence that the organisation had a rolling recruitment programme in place. Minutes of senior management meetings evidenced that staff recruitment was a standing item on the agenda of each meeting. The inspector found there was a system in place to undertake exit interviews with staff and the director of services confirmed that information from such interviews informed the services on-going development of recruitment and retention practices.

The inspectors found that there were sufficient numbers of staff employed in the residential centre with regard to the number and needs of the children. The centre manager and deputy manager ensured the duty roster was balanced taking into account experience and skills. The team comprised of the centre manager, deputy manager, eleven social care workers and one relief staff member. The inspectors found the centre had a stable, consistent staff team since the last inspection in May 2019 and there was sufficient capacity within the team to cover sick leave and annual leave as it arose.

The children interviewed confirmed that the staff were familiar to them. The inspectors observed that the children appeared comfortable in the company of staff and the staff interacted in a positive way with the children. Interviews with staff members evidenced that staff were aware of the children's needs and were attuned to their emotional and psychological needs.

The director of services identified a range of supports in place in order to retain staff such as opportunities for promotion, training and a recent mindfulness programme

for staff working in the organisation. The director of services outlined that the newly recruited clinical psychologist would provide support to the staff teams and individual staff members within the team as required.

The inspector found there were formalised procedures for on-call arrangements at evenings and weekends and the on-call rota for weekends was displayed in the staff office. On-call reports were completed and forwarded to the external managers.

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

Personnel files were well maintained, appropriately secured and the required information was stored in a manner that was accessible. The inspectors reviewed evidence that all recruitment and vetting was in line with standards and legislation. There was evidence that staff were interviewed by a properly constituted panel. The inspectors recommended that the interview assessment template also evidences the applicant's knowledge of safeguarding and child protection.

The organisational policy outlined that Garda vetting was updated every three years by the organisation, however the inspectors found that the Garda vetting for one member of staff had not been updated in line with this policy. Garda vetting for this staff member must be updated by the centre manager as a matter of priority.

Inspectors found the centre manager was sufficiently experienced to undertake their role and responsibilities however while they did not have a qualification in social care practice they had undertaken management training and had a qualification in management. A significant number of staff members were relatively inexperienced in residential work with less than two years' experience however the staff interviewed were knowledgeable about the centre's model of care and the approach to working with the children. Six of the eleven members of the team had the required social care qualification.

The staff handbook contained a written code of conduct for staff. Staff interviewed were aware of the requirement to work with the children in a safe and appropriate manner. However, there was evidence that the staff code of conduct and dignity at work policy should be more explicitly communicated to the staff team to ensure all staff members are aware of not only how they conduct themselves in front of the children but also how they conduct themselves within the team.

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 working in the centre displayed an understanding of their role and responsibilities. They were aware of the internal and external management, who were accessible and available to them for guidance and direction. The managers and staff stated that specific policies and procedures were reviewed at team meetings however the inspectors found this was not consistently evidenced on the team meeting records. Team meetings, handover meetings and formal supervision were forums where staff accounted for decisions taken as an individual and as a collective body of professionals. The managers and staff team must ensure their written records clearly outline the rationale for decisions made and ensure there is a complete record maintained for all decisions taken to ensure accountability in providing a child-centre, safe and effective service.

The inspectors found that there were written policies and procedures in place to protect staff and minimise the risk to their safety. Crisis intervention training for staff and regular input from the organisations behaviour management trainer supported staff to manage critical incidents in a safe manner. Senior managers were aware of the risks for staff associated with the care of the children and had a range policies and procedures outlined in the staff handbook to protect staff and minimise the risk to their safety. Staff interviewed felt safe in their work environment and felt they had sufficient training and support to deal with situations where there was risk to their safety.

There was a strong culture of learning and development within the centre and the organisation overall. The centre manager highlighted the support and learning they received from senior managers within the service and within senior management meeting forums. Reflective practice at the end of each shift was encouraged within the team. The deputy manager and the team leader provided learning and guidance to the team members across the duty roster. Learning from training or reading relevant articles was shared within the team.

The inspectors found that the team worked in a consistent manner and the team based approach was supported and guided by the centre's attachment specialist. Regular team meetings took place and minutes of team meetings were maintained.

Inspectors found that team meeting records were not written to a sufficient standard to reflect the team meeting agenda, the meeting process in itself and the decisions taken at the meeting.

The centre had a clear supervision policy and the supervisors were appropriately trained in supervision practice and were experienced staff. While supervisors had been trained in the delivery of supervision, supervision training for all staff was not completed. The director of services must ensure that all staff in the centre undertakes supervision training and that this requirement is included in the centres supervision policy.

Records of supervision were maintained in a secure location and were signed by both the supervisor and the supervisee. The inspectors found that some staff did not receive supervision in line with the timeframes outlined in the supervision policy and follow up on issues identified in the previous supervision was not always evident. Overall the supervision records required more consistent evidence of a systematic review of individual work as it pertained to the children's placement plans and evidence of the specific actions agreed following issues discussed.

There was a written policy and procedure in place for undertaking performance and development reviews with staff. These appraisals were undertaken on an annual basis however one staff member had not received their appraisal in accordance with the centre policy. The centre manager must ensure there is a system in place to ensure performance and development appraisals are scheduled in line with centre policy.

The centre has a policy in place to support staff in the management of stress in the workplace. The organisation's HR manager has delivered training to staff on this policy and the director of services planned to deliver this training to the staff teams again later in the year.

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

There was an effective on-going staff development and training programme for the care and education of staff. There was on-going training for staff to further develop and strengthen the centre’s model of care. The organisation had a dedicated training officer and core training and refresher training for staff was scheduled on a roll over basis throughout the year. Inspectors found that staff received appropriate and relevant training and development opportunities. The centre manager maintained a training log that outlined the training undertaken by staff. Supervision records and staff performance and development appraisals identified additional staff training requirements.

There was a structured induction programme in place that included on-site induction training. Evidence of induction training was on file. All staff recruited to the organisation completed behaviour management training, child protection training and information on key policies before they commenced employment. The files reviewed by the inspectors contained certification and evidence of training undertaken by staff.

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

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

Actions required

- The director of services must ensure that the minutes of senior management meetings identify actions to be taken to address staffing and recruitment issues identified.

- The centre manager must ensure that Garda vetting is updated in line with the organisation's policy.
- The centre manager must ensure that the staff code of conduct and dignity at work policy is reviewed at team meeting level and this should be reflected in the meeting minutes.
- The centre management and staff team must ensure that centre records clearly outline the rationale for decisions made and ensure there is a complete record maintained for all decisions taken to ensure accountability in providing a child-centre, safe and effective service.
- The centre manager must ensure that staff receive supervision in line with the timeframes outlined in the supervision policy.
- The centre manager must evidence follow up on issues identified in the previous supervision session, reflect a more systematic review of individual work as it pertains to the children's placement plans and evidence the specific actions agreed following issues discussed.
- The director of services must ensure that all staff in the centre undertakes supervision training and that this requirement is included in the centres supervision policy.
- The centre manager must ensure there is a system in place to ensure performance and development appraisals are scheduled in line with centre policy.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The centre manager must ensure that the impact risk assessment also considers the impact of the current resident group on the new admission and detail how these potential risks may be mitigated.</p> <p>The senior services manager and the centre manager must have systems in place to ensure robust managerial oversight of the fire safety register and ensure maintenance of fire-fighting equipment occurs as required.</p>	<p>The centre manager will ensure going forward any impact risk assessments will include both impact of potential new resident on current residents and also the impact of current residents on the potential new resident. This will commence when considering new referrals for the centre.</p> <p>The senior service manager and centre manager will ensure there are systems in place to ensure regular managerial oversight of the fire safety register. As part of the organisational policy review a new weekly checklist has been developed to ensure maintenance and effectiveness of fire-fighting equipment, this will commence May 2020.</p>	<p>The senior service manager, as part of the referral process, will review the impact risk assessment to ensure this includes both impact of potential new resident on current residents and also the impact of current residents on the potential new resident.</p> <p>The senior service manager will review these documents as part of the centre's bimonthly audit.</p>

	<p>The senior services manager and the centre manager must regularly review the health and safety audits and the maintenance records and the close out of works identified.</p> <p>The senior services manager must escalate within the social work department when care plans are not forwarded to the centre in a timely manner.</p> <p>The centre manager and key workers must implement user friendly processes to involve and inform parents and children in placement planning.</p> <p>The centre manager must have a system in place to evaluate the children's experiences of their time in the centre or for getting feedback directly from</p>	<p>The centre manager will regularly review health and safety audits and maintenance records and sign off on these once the works are complete. Commenced March 2020.</p> <p>The centre manager will notify the senior service manager when care plans are not forwarded to the centre in a timely manner despite being requested by the centre manager. The senior service manager will then escalate this within the social work department. May 2020.</p> <p>The centre manager, in consultation with the senior service manager and keyworkers will develop a user-friendly system to involve both young people and parents in the placement planning process. May 2020.</p> <p>The centre manager, in consultation with the director of services and senior service manager will develop as system to evaluate feedback from the children on their</p>	<p>The senior service manager will review health and safety audits and maintenance records as part of the centre's bimonthly audit and sign off once satisfied that all works are complete.</p> <p>The senior service manager will review the young person's files as part of the bimonthly audit to ensure that care plans on file are up to date.</p> <p>The senior service manager will review placement plans as part of the centre's bimonthly audit and review parents and children's involvement in these with the centre manager and keyworkers.</p> <p>Feedback received will be reviewed by the centre and as part of the organisation's management meetings.</p>
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	children on their discharge.	experience of their time in the centre. June 2020.	
5	<p>The director of services must ensure that the minutes of senior management meetings identify actions to be taken to address staffing and recruitment issues identified.</p> <p>The centre manager must ensure that Garda vetting is updated in line with the organisation's policy.</p> <p>The centre manager must ensure that the staff code of conduct and dignity at work policy is reviewed at team meeting level and this should be reflected in the meeting minutes.</p> <p>The centre management and staff team must ensure that centre records clearly</p>	<p>The director of services will ensure that the minutes of the senior management meetings identify actions to be taken to address staffing and recruitment issues. May 2020.</p> <p>Vetting for all staff in the centre has been updated. April 2020</p> <p>The staff code of conduct and dignity at work policy will be reviewed at the next team meeting on 12.05.2020. A policy is reviewed at each team meeting in rotation, this commenced on 31.03.2020.</p> <p>The centre manager and staff team will ensure that all records outline the</p>	<p>The minutes from the previous meeting will be reviewed at the start of each meeting to ensure all actions are complete.</p> <p>Centre manager will ensure going forward that vetting for all staff members is updated every three years in line with organisations policies. The senior service manager will review staff personnel files as part of the bimonthly audit to ensure all information is updated in line with organisational policy.</p> <p>The senior service manager will ensure this process is maintained through attendance at team meetings and review of team meeting minutes.</p> <p>Centre records are reviewed as part of the centre's bi-monthly audit. The senior</p>

	<p>outline the rationale for decisions made and ensure there is a complete record maintained for all decisions taken to ensure accountability in providing a child-centre, safe and effective service.</p> <p>The centre manager must ensure that staff receive supervision in line with the timeframes outlined in the supervision policy.</p> <p>The centre manager must evidence follow up on issues identified in the previous supervision session, reflect a more systematic review of individual work as it pertains to the children’s placement plans and evidence the specific actions agreed following issues discussed.</p> <p>The director of services must ensure that all staff in the centre undertakes</p>	<p>rationale for decisions made regarding the young people, to ensure accountability is upheld in providing a child-centred, safe and effective service. May 2020</p> <p>Centre manager will develop a supervision rota to ensure staff receive supervision in timeframes outlined. If staff members are unable to complete this as scheduled the centre manager will ensure that an alternative date is scheduled as soon as possible. May 2020.</p> <p>The centre manager will ensure there is evidence of follow up on issues identified in supervision and action agreed, and also that there is a systematic review of individual work completed with both young people. May 2020.</p> <p>The director of services will ensure that all staff in the centre undertakes supervision</p>	<p>service manager will ensure as part of this that centre record clearly outlines the rationale for decisions made.</p> <p>The senior service manager will ensure that supervision records and frequency is reviewed as part of the centre’s bimonthly audit and address any issues that arise in a timely manner.</p> <p>The senior service manager will review supervision records as part of the centre’s bi-monthly audits and ensure that there is follow up on issues, actions identified, and review of individual work completed.</p> <p>The training manager maintains a log of staff trainings and when these are due. The</p>
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	<p>supervision training and that this requirement is included in the centres supervision policy.</p> <p>The centre manager must ensure there is a system in place to ensure performance and development appraisals are scheduled in line with centre policy.</p>	<p>training, in consultation with the training manager. Due to on-going COVID-19 restrictions the provisional date for commencement of training will be August 2020. The director of services will ensure this training requirement is included in the organisation's supervision policy.</p> <p>May 2020</p> <p>The centre manager will implement a structure to ensure all performance and development appraisals are scheduled in line with centre policy. Commenced April 2020.</p>	<p>training manager will follow up with the centre manager who will inform the relevant staff.</p> <p>These will be reviewed by the senior service manager as part of the centre's bimonthly audit.</p>
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