



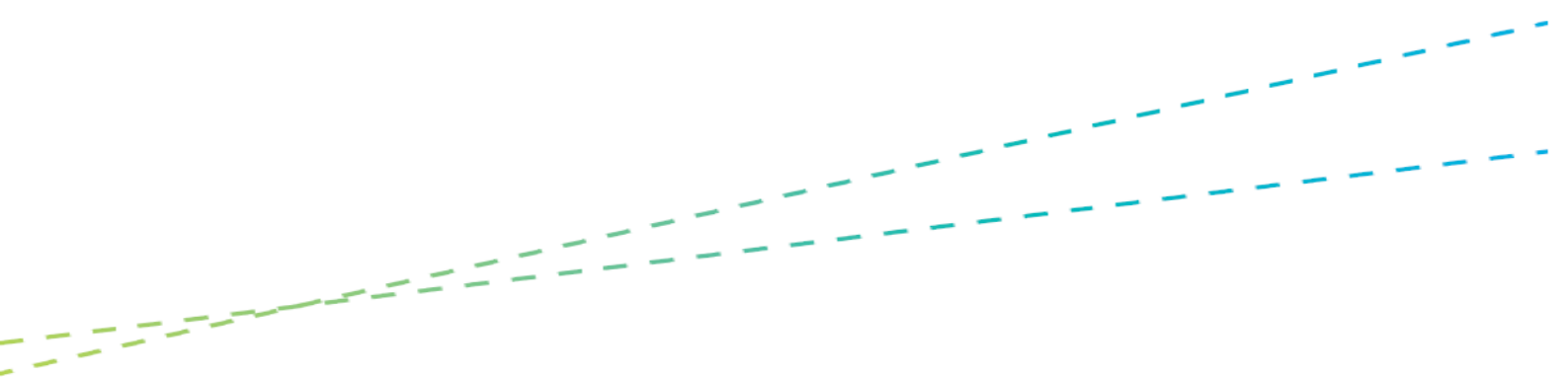
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 152**

**Year: 2020**



## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Teach Nua Care Services Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>28<sup>th</sup> and 29<sup>th</sup> January 2020</b>
<b>Registration Status:</b>	<b>Registered with conditions from 01<sup>st</sup> April 2019 to the 01<sup>st</sup> April 2022</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Anne McEvoy</b>
<b>Date Report Issued:</b>	<b>15<sup>th</sup> April 2020</b>

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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 01<sup>st</sup> April 2019. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 01<sup>st</sup> April 2019 to the 01<sup>st</sup> April 2022 however only took in its first admission in November 2019.

The centre was registered to provide a family orientated therapeutic model of care. This was accomplished through RAP – response abilities pathways, which provides strength based strategies for staff. Staff were supportive in responding to young people’s needs rather than reacting to their behaviours. Staff also use a social learning theory approach in their direct work with young people.

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

At the time of this inspection the centre was registered from the 01<sup>st</sup> April 2019 to the 01<sup>st</sup> April 2022. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager on the 20<sup>th</sup> February 2020 and to the relevant social work departments on the 20<sup>th</sup> 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 11<sup>th</sup> March 2020. This was deemed to be satisfactory and the inspection service received evidence of some of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to not 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: 152 with attached conditions from the 19<sup>th</sup> April 2019 to the 19<sup>th</sup> April 2022 with a review date no later than the 31<sup>st</sup> July 2020 pursuant to Part VIII, 1991 Child Care Act. Conditions are attached to the centre's registration under Part VIII, Article 61, (6) (a) (I) of the Child Care Act 1991. There must be no further admissions of a young person to this centre.



### 3. Inspection Findings

#### Regulation 16

#### Theme 3: Safe Care and Support

#### Standard 3.1

Inspectors reviewed the child protection policies in place and found these to have deficits and not be in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Policies did not refer to mandated persons, the centre's Designated Liaison Person (DLP) or the process around reporting and investigating child protection concerns. The director of services must ensure these policies are reviewed in line with relevant legislation. The centre had a child safeguarding statement that was supported by a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. Inspectors found that there were no current formal mechanisms in place for the governance and oversight of child protection and safeguarding practices and the director of services must ensure a mechanism is implemented. It was noted that the director of services did meet with young people in the centre on a weekly basis. The centre also had an anti bullying policy in place which accounted for internet and social media usage and the risks associated with same. There were no noted incidents of bullying between residents in the centre however inspectors noted through review of paperwork that there did appear to have been instances of bullying in one residents school. This had not been recognised as bullying by staff members at the time or through interview with inspectors. The centre manager must ensure that all staff members understand the centres anti bullying policy, how to identify bullying and report on same to ensure the young person is fully supported.

Staff had received appropriate education and training regarding recognising and responding to allegations of abuse at induction phase. Staff training records evidenced that each staff member had completed training in the Tusla E-Learning module: Introduction to Children First, 2017. During interviews, inspectors found that staff members were not aware of the process around identifying, responding to and reporting issues of concern. Staff struggled to communicate an understanding and awareness of the child safeguarding statement and its purpose. The centre manager must ensure that staff members are aware of the child safeguarding statement along with the risks identified and the proposed control measures for same. Arrangements were in place to inform parents of allegations of abuse where

appropriate. The centre manager did not keep a separate child protection register and this must be implemented. The team leader for both young people confirmed they were satisfied their allocated young people were safe and cared for effectively.

The centre completed placement plans for young people which set out goals over a period of three months. Inspectors reviewed these plans and found there to be a standard template to follow. Inspectors found that there was evidence of age appropriate self-care skills being incorporated into the plans however there was no evidence of supporting the young people to stay safe and understand how to keep themselves safe. The centre manager must ensure that this deficit is identified in placement plans moving forward. It was evident through interview that the centre manager was aware of individual areas of vulnerability for the young people however staff members were not familiar with this. There was no evidence to demonstrate that individual safe guards were implemented through the use of risk assessments. The centre manager must ensure all staff members can recognise individual areas of vulnerability and implement appropriate safeguards against same.

The centre did not have a policy on protected disclosures and the director of services must ensure one is developed and implemented. Due to the registered providers being involved in the day to day operations of the centre, the centre had an assigned external complaints officer. Despite a protected disclosures policy not being implemented to reflect this, inspectors found through interview that staff members were aware of this appointed individual and were confident they could approach them if required.

### **Standard 3.2**

Staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. During interviews, whilst some staff understood the approaches to behaviour management, there was confusion around the model of behaviour management being used within the centre. There was evidence of a positive approach to behaviour management with evidence of both incentive programmes, rewards and sanctions being used with a clear link to behaviours.

Each young person had a crisis management plan in place. One young person's plan didn't take into account current issues they were experiencing or behaviours they were displaying and the centre manager must ensure these plans are keep up to date.

Social workers for young people had provided sufficient pre-admission referral information to the centre.

Inspectors found from staff interviews that there was a very limited awareness of mental health issues and bullying with no evidence of individual work being completed with young people around these issues. A review of individual work demonstrated a lack of understanding by staff members relating to how these issues impacted on the behaviour of young people. The centre manager must ensure that staff have up to date knowledge and skills and are trained to identify causes of underlying behaviour and situations that may lead to behaviours that challenge and have an awareness of bullying and how this can impact on young people.

The centre, at the time of inspection did not utilise any form of restrictive practise with the young people in placement.

Inspectors did not find evidence of regular auditing and monitoring of the centres approach to managing behaviours that challenge. The service manager must ensure an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge.

### **Standard 3.3**

Inspectors found that there was evidence of regular social work visits to both young people within the centre. Both young people had also received information packs from empowering young people in care (EPIC) and were waiting on a member of the EPIC team to come out to meet with them. Parents and social worker feedback was evident through care plan reviews however the director of services acknowledged in interview that the centre must ensure that they have their own mechanisms in place for parents and social workers to provide feedback directly to them outside of statutory review meetings for learning and improvement purposes. The team leader for both young people highlighted to inspectors that they were extremely satisfied with the service being offered by the centre.

The centre had a policy on the notification, management and review of incidents and inspectors were informed by the allocated team leader for both young people that all incidents were being reported in a prompt manner both via phone and email.

Inspectors did not find evidence of incidents being regularly reviewed for learning. Inspectors reviewed management meeting minutes and significant event group meeting minutes which were held on a monthly basis. These did not provide an

analysis of what was going on for the young person, a review of any approaches used or a review of risk assessments for effectiveness. Inspectors also reviewed team meetings and found no evidence of incident discussion, review or learning being shared. There was also limited evidence of trends being identified and addressed. The director of services and centre manager must develop a forum for reviewing and assessing incidents for learning purposes and an appropriate recording mechanism for same.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 16</b>

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

### **Actions required**

- The director of services must ensure child protection and safeguarding policies are reviewed in line with relevant legislation.
- The director of services must ensure they implement a formal governance mechanism for oversight of child protection and safeguarding.
- The centre manager must ensure that all staff members understand the centres anti bullying policy, how to identify bullying and report on same to ensure the young person is fully supported.
- The centre manager must ensure that staff members are aware of the child safeguarding statement along with the risks identified and the proposed control measures for same.
- The centre manager must ensure all staff members can recognise individual areas of vulnerability and implement appropriate safeguards against same.
- The director of services must ensure a protected disclosure policy is developed and implemented.
- The centre manager must ensure that staff have up to date knowledge and skills and are trained to identify causes of underlying behaviour and situations that may lead to behaviours that challenge and have an awareness of bullying and how this can impact on young people.

- The director of services must ensure that the centre has its own mechanisms in place for parents and social workers to provide feedback directly to them outside of statutory review meetings for learning and improvement purposes.
- The director of services and centre manager must develop a forum for reviewing and assessing incidents for learning purposes and an appropriate recording mechanism for same.

## Regulations 5 and 6 (1 and 2)

### Theme 5: Leadership, Governance and Management

#### Standard 5.1

The centre had policies and procedures in place that were developed in line with relevant legislation and regulations however were aligned to the National Standards for Children’s Residential Centres 2001 as opposed to National Standards for Children’s Residential Centres, 2018 (HIQA). These were completed in late 2018 as part of the centre’s initial registration and had not been reviewed since the centre opened and the new standards were implemented. The centre’s safeguarding and child protection policies required review and were not in line with the Children First: National Guidance for the Protection and Welfare of Children, 2017. The director of services (registered provider) must ensure all policies and procedures are reviewed and updated in line with standards and legislation. From interview with the centre manager and the director of services and review of paperwork there was no noted instances whereby the centre had operated outside of policy or legislation.

Inspectors found that although the director of services and centre manager demonstrated an understanding of legislation, regulations, policies and standards for the care and welfare of children, staff members struggled to demonstrate this through interview. Staff members were not familiar with the centre’s own policies and procedures and were not aware of the roll out of the new National Standards for Children’s Residential Centres, 2018 (HIQA). The director of services and centre manager must ensure all staff members can demonstrate an understanding of policies and national standards and implement them in their day to day work.

#### Standard 5.2

Inspectors found limited leadership has been demonstrated since the opening of the centre in November 2019. This was due to the centre manager taking a prolonged

period of leave due to circumstances outside their control. During the initial opening period of the centre a deputy manager stepped into the leadership role however subsequently this role was taken over by another individual. The current deputy manager had been in post since the beginning of December 2019 and had been managing the centre in the manager's absence. The centre manager had returned to work the week prior to inspection. The deputy manager's inexperience was evident through the limited oversight and governance displayed during opening weeks. Whilst the director of services has ensured there were alternative management arrangements for when the person in charge was absent, further support and professional development would be required for these alternative arrangements.

There was a clear organisational chart in operation and prior to the manager going on leave a management meeting occurred in which tasks were delegated and assigned to each individual member of the management team allowing for lines of authority and accountability. Due to the manager's recent return, these delegated tasks should be reviewed to ensure all are aware of their roles and responsibilities moving forward. The centre had an internal management structure appropriate to the size, purpose and function of the residential centre.

The director of services confirmed to inspectors that there was an appropriate service level agreement in place for the provision of services and they recently attended a meeting and provided a report to the funding body.

The centre had policies and procedures in place that were developed in line with relevant legislation and regulations however were aligned to the National Standards for Children's Residential Centres 2001 as opposed to National Standards for Children's Residential Centres, 2018 (HIQA).

The centre operated a clear risk management framework which inspectors saw an example of when on site however this framework, which included a rating matrix, was not reflected in the centre's policy on risk management. Whilst there was a clear framework in place, it was evident through interview that staff were not utilising it and were not aware of current risks in place. There was also no evidence of discussion of risk identification, assessment or management through team meetings, supervisions or management meetings. Inspectors identified a number of risks relating to young people whilst on site, none of which had been appropriately assessed or responded to. The director of services and the centre manager must ensure that staff members understand and can implement the current risk management framework in order to effectively identify, assess and manage risks.

The centre operated a risk register however this needs to be reviewed to include the identification of the risk, the risk rating assigned and the control measures to manage the identified risk. This register also needs to include corporate risks to the organisation. The centre did operate an on call system whereby there were designated people to contact in an emergency should support be required.

### **Standard 5.3**

The centre had a statement of purpose which briefly described the model of care together with the aims and objectives of the centre, the range of services available and the arrangements for the wellbeing and safety of children within the centre. The statement of purpose did not outline information relating to the management and staff employed in the centre and this should be reviewed to reflect same.

Inspectors found through interview that the statement of purpose of the centre was not understood by staff members. Inspectors did find that it was detailed in young people's booklets and parent's booklets. The statement of purpose also briefly outlined the centre's model of care however, those interviewed through the inspection process could not communicate the model of care, its theoretical basis or how it is applied in practise. The director of services must ensure that adequate training is provided in relation to this.

### **Standard 5.4**

The centre had a complaints policy in place however inspectors found that this was not implemented or understood by staff members. There was no evidence of complaints being recorded despite evidence of same being expressed by young people through incidents and keyworking records. There appeared to be confusion around what constituted a complaint and the centre manager and deputy manager must adopt an approach that all expressions of dissatisfaction should be recorded and responded to. The director of services must ensure the current complaints policy is congruent with Tusla 'Tell Us' and that it is implemented within the centre and understood by staff members. There was no evidence of the director of services ensuring complaints were monitored and analysed and a mechanism for same must be implemented. The director of services had previous involvement with one young person in placement, at the outset of placement a meeting was convened with the registered provider, young person and their social worker. Inspectors were informed this discussion related to ensuring the young person was aware of the complaints process, minutes of this meeting need to be placed on the young person's file and



forwarded to the inspectors for review. The young person’s team leader also confirmed they were satisfied that should the young person have an issue they would raise it with their social worker.

The centre had made arrangements for an external auditor to complete audits within the centre however due to the centre only operating for eleven weeks at the time of inspection, these audits had not yet been carried out. The centre manager was very clear with inspectors during the interview process as to how these audits would look however the director of services had a conflicting idea of how these were to be carried out. The director of services and the centre manager must agree on a process for auditing. There was no evidence at the time of inspection of the centre manager or director of services completing assessments on the safety and quality of care being provided to young people in the centre. The director of services must ensure that they develop and implement a governance tool to ensure that there is ongoing monitoring and assessment of the safety and quality of care being provided in the centre. This audit tool must be bench-marked against the National Standards for Children’s Residential Centres, 2018 (HIQA). The director of services must also ensure they are working towards an annual review of compliance in relation to the centre’s objectives completed.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6.2 Regulation 6.1</b>
<b>Regulation not met</b>	<b>Regulation 5</b>

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

### **Actions required**

- The director of services must ensure all policies and procedures are reviewed and updated in line with standards and legislation.
- The director of services and centre manager must ensure all staff members can demonstrate an understanding of policies and national standards and implement them in their day to day work.



- The centre manager must review delegated tasks to ensure all are aware of their roles and responsibilities moving forward.
- The director of services and the centre manager must ensure that staff members understand and can implement the current risk management framework in order to effectively identify, assess and manage risks.
- The director of services and centre manager must review the current risk register to include the identification of the risk, the risk rating assigned and the control measures to manage the identified risk. This register also needs to include corporate risks to the organisation.
- The director of services must review the current purpose and function to include information relating to the management and staff employed in the centre.
- The director of services must ensure that adequate training is provided in relation to the centres model of care.
- The director of services must ensure the current complaints policy is congruent with Tusla 'Tell Us' and that it is implemented within the centre and understood by staff members.
- The director of services must implement a mechanism for monitoring and analysing complaints. The director of services must also provide meeting minutes to inspectors relating to discussion of how to complain with one young person.
- The director of services and the centre manager must agree on a process for auditing.
- The director of services must ensure that they develop and implement a governance tool to ensure that there is ongoing monitoring and assessment of the safety and quality of care being provided in the centre. This audit tool must be bench-marked against the National Standards for Children's Residential Centres, 2018 (HIQA).
- The director of services must also ensure they implement an annual review of compliance in relation to the centre's objectives completed.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The director of services must ensure child protection and safeguarding policies are reviewed in line with relevant legislation.</p> <p>The director of services must ensure they implement a formal governance mechanism for oversight of child protection and safeguarding.</p>	<p>Director of Services will ensure that the child protection and safeguarding policies are reviewed in line with relevant legislation. A full policy review will be completed in 6 weeks (16.04.2020).</p> <p>Director of Services will develop a formal governance tool for use in the centre, this will include oversight of child protection and safeguarding (16.04.2020).</p>	<p>The centre Will ensure regular review of the policies and procedures on an annual basis</p> <p>Director of Services and management will ensure formal governance is appropriately reviewed and recorded to ensure quality assurance on a new auditing tool. This audit tool will be bench-marked against the National Standards for Children’s Residential Centres, 2018 (HIQA). This will be completed and implemented by the 16.04.2020.</p>

	<p>The centre manager must ensure that all staff members understand the centres anti bullying policy, how to identify bullying and report on same to ensure the young person is fully supported.</p> <p>The centre manager must ensure that staff members are aware of the child safeguarding statement along with the risks identified and the proposed control measures for same. The centre manager must ensure all staff members can recognise individual areas of vulnerability and implement appropriate safeguards against same.</p> <p>The director of services must ensure a protected disclosure policy is developed and implemented.</p>	<p>The centre has developed a clear training and supervision plan commencing 09.03.2020. This includes training, professional development, policy review and increased supervision. Staff will receive one to one training on the centre's anti-bullying policy. This training will be completed by the 16.04.2020.</p> <p>The centre have developed a clear training and supervision plan commencing 09.03.2020. This includes training, professional development, policy review and increased supervision. Staff will receive one to one training in the centre's child protection and safeguarding policy and the child safeguarding statement. Inclusive of the risks identified and outlined control measures. Training will be completed by the 16.04.2020.</p> <p>A protected disclosure policy will be developed and implemented. This will be finalised as part of the full policy review</p>	<p>Staff will have ongoing training, personal development and supervision. The centre's policies will be reviewed at the fortnightly team meetings.</p> <p>Policies and Procedures are reviewed at team meetings. Staff receive training in safeguarding and child protection on commencement of employment with The centre. Staff will review the child protection and safeguarding policy and the child safeguarding statement within the induction manual. Any additional work will be completed during in-house training.</p> <p>The centre Will ensure regular review of the policies and procedures on an annual basis. The policies will be bench-marked</p>
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	<p>The centre manager must ensure that staff have up to date knowledge and skills and are trained to identify causes of underlying behaviour and situations that may lead to behaviours that challenge and have an awareness of bullying and how this can impact on young people.</p> <p>The director of services must ensure that the centre has its own mechanisms in place for parents and social workers to provide feedback directly to them outside of statutory review meetings for learning and improvement purposes.</p>	<p>which will be completed in 6 weeks (16.04.2020)</p> <p>The centre have developed a clear training and supervision plan commencing 09.03.2020. Staff will receive one to one training in key areas such as bullying, safeguarding and child protection, identifying risks, risk assessments, behaviours that challenge, assessment of need, behavioural management techniques and further knowledge and skills in The centre's Therapeutic process. This training will be completed by the 16.04.2020.</p> <p>The Director of Service will develop and implement a form that will allow parents and Social Workers to be able to provide direct feedback to the centre. This will be completed by 31.03.2020.</p>	<p>against the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>Staff training and development will become an integral part of the centre. This will be reviewed within formal supervision. Open discussions with the management team will provide staff an opportunity to learn and develop within their roles. Clear expectations regarding roles and responsibilities, along with clear timeframes will focus learning.</p> <p>Once the feedback form is developed it can be given to parents as part of the parent's booklet. It can also be given to parents once per month when looking for their view. Any identified learning can be considered by The centre.</p>
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	<p>The director of services and centre manager must develop a forum for reviewing and assessing incidents for learning purposes and an appropriate recording mechanism for same.</p>	<p>Incident's are currently reviewed within the Young persons weekly review forms, Team meetings and Significant Event Review Group. A review of these forms and meetings will be completed. A newly designed recording tool will be developed and implemented by the 31.3.2020.</p>	<p>The centre will ensure incidents are assessed and reviewed within team meetings to identify learning and any further work needed.</p> <p>The centre will ensure incidents are assessed and reviewed with the management team to look at patterns, themes, staffing, time of day and triggers to identify any learning.</p>
5	<p>The director of services must ensure all policies and procedures are reviewed and updated in line with standards and legislation.</p> <p>The director of services and centre manager must ensure all staff members can demonstrate an understanding of policies and national standards and implement them in their day to day work.</p>	<p>The director of services will ensure all policies and procedures are reviewed and updated in line with standards and legislation by the 16.04.2020.</p> <p>In house training is commencing with all staff on the 09.3.2020, this will focus on policy review and the national standards. Training will consist of a practical learning element to help staff implement theory, relevant legislation and national standards into their day to day work.</p>	<p>The centre will ensure regular review of the policies and procedures on an annual basis.</p> <p>The centre will ensure regular review of the policies and procedures on an annual basis. This will happen at fortnightly team meetings and further reviews in staff training and development plans.</p>

	<p>The centre manager must review delegated tasks to ensure all are aware of their roles and responsibilities moving forward.</p> <p>The director of services and the centre manager must ensure that staff members understand and can implement the current risk management framework in order to effectively identify, asses and manage risks.</p> <p>The director of services and centre manager must review the current risk register to include the identification of the risk, the risk rating assigned and the control measures to manage the identified risk. This register also needs</p>	<p>All staff roles and responsibilities will be discussed on an individual basis. Individual staff duties will be assigned as part of the training plan and within the next team meeting 12.3.2020. The manager returned to work in a fulltime capacity since 20.01.2020 and has assigned clear management roles</p> <p>The centre have developed a clear training and supervision plan commencing 09.03.2020. Staff will receive one to one training in key areas such as Identifying risk, risk assessment and the risk assessment framework. This will be theoretical and practical training.</p> <p>The centre manager will revise our risk register to include the identification of the risk, the risk rating assigned and the control measures to manage risk. This register will include corporate risks to the organisation. This will be completed by</p>	<p>Clear delegation plans will be in place with each staff and a division of duties within each said role. (SCM,Deputy,SCL,SCW,RSCW)</p> <p>The centre will ensure continued training and development with staff. Increased level of supervision. Increased supports and records of professional development. Additional risk management training if necessary.</p> <p>All registers will be monitored and reviewed on a monthly basis for quality assurance. The monitoring and reviewing of all registers will be completed by the management team; SCM and Deputy SCM.</p>
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	<p>to include corporate risks to the organisation.</p> <p>The director of services must review the current purpose and function to include information relating to the management and staff employed in the centre.</p> <p>The director of services must ensure that adequate training is provided in relation to the centres model of care.</p>	<p>31.03.2020.</p> <p>This will be completed as part of our full policy review by the 16.04.2020.</p> <p>The centre have developed a clear training and supervision plan commencing 09.03.2020. Staff will receive one to one training in key areas such as bullying, safeguarding and child protection, identifying risks, risk assessments, behaviours that challenge, assessment of need, behavioural management techniques and further knowledge and skills in The centre's Therapeutic process. Staff will receive further group training in RAP model of care. This training will be completed by the 16.04.2020.</p>	<p>The centre will ensure regular review of the policies and procedures on an annual basis.</p> <p>The centre ensure all staff receive training in the Model of care. Individual training will be completed with staff which will involve theory and practical training.</p>
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	<p>The director of services must ensure the current complaints policy is congruent with Tusla ‘Tell Us’ and that it is implemented within the centre and understood by staff members.</p> <p>The director of services must implement a mechanism for monitoring and analysing complaints. The director of services must also provide meeting minutes to inspectors relating to discussion of how to complain with one young person.</p> <p>The director of services and the centre manager must agree on a process for auditing.</p> <p>The director of services must ensure that they develop and implement a governance tool to ensure that there is ongoing monitoring and assessment of</p>	<p>The full review of policies inclusive of this amendment will be completed by the 16.04.2020.</p> <p>Staff will receive one to one training on the complaint’s procedure. This training will be completed by the 16.04.2020. This will be reviewed in formal supervision to ensure staff have a clear understanding of the complaints procedures and policies.</p> <p>The centre will complete quarterly audits per year and 2 External Audits per year.</p> <p>The director of services will ensure the development and implementation of a governance tool to ensure that there is ongoing monitoring and assessment of the</p>	<p>The full review of policies inclusive of this amendment will be completed by the 16.04.2020. Policies will be reviewed Annually.</p> <p>Formal Governance tools will aid quality assurance. Internal and external audits will be completed quarterly in the centre.</p> <p>Clear Auditing tools and timeframes will aid quality assurance.</p> <p>This will provide clear structures and guidance in quality assurance. In continually assessing and monitoring the safety and quality of care being provided by</p>
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	<p>the safety and quality of care being provided in the centre. This audit tool must be bench-marked against the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>The director of services must also ensure they implement an annual review of compliance in relation to the centre's objectives completed.</p>	<p>safety and quality of care being provided in the centre. This audit tool will be bench-marked against the National Standards for Children's Residential Centres, 2018 (HIQA). This will be completed by 16.04.2020</p> <p>The centre will ensure the completion of an annual review of compliance in relation to objectives completed.</p>	<p>the centre.</p>
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