



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 008

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Positive Care Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	03rd & 04th December 2020
Registration Status:	Registered with an attached condition from the 30th of May 2018 to the 30th of May 2021
Inspection Team:	Eileen Woods Linda McGuinness
Date Report Issued:	30th April 2021

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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 30th of May 2006. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th of May 2018 to the 30th of May 2021.

The centre was registered to provide medium to long term care for up to four young people. The statement of purpose and function named the centre as a therapeutic, child centred, supportive and safe open environment. The centre operated under a care framework developed by the company as their shared model of practice, the framework outlined principles of therapeutic approaches and models which should be utilised by the teams during placements. The care framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included awareness of trauma and the central role of family relationships.

There was one young person living at the centre at the time of the inspection whose files were examined and the inspectors also inspected significant event reviews and investigation records for two other young discharged in 2020.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
3: Safe Care and Support	3.1 (only)

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 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 2nd of February 2021 and to the relevant social work departments on the 2nd of February 2021. 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 15th of February 2021. Additional information was requested and this was deemed to be satisfactory and the inspection service received evidence of the issues being addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be 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: 008 with attached conditions from the 30th May 2018 to the 30th of May 2021 pursuant to Part VIII, 1991 Child Care Act or is it Part VIII, Article 61, (11) (A) 1991 Child Care Act.

3. Inspection Findings

Regulation 11 Religion

Regulation 12 Provision of Food and Cooking Facilities

Regulation 23 Care Plan

Regulation 7 Staffing

Regulation 9 Access Arrangements

Regulation 16 Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

There was a policy in place titled ‘respecting young people’s rights and diversity’ and the staff team had attended three days training during 2020 on the full policy suite inclusive of those relating to equality, diversity and the right to a good and safe experience in care. The centre staff team had an awareness of the rights of children and young people as enshrined in the United Nations Convention on the Rights of the Child 1989. The staff provided information for young people related to these rights through key working, during their transition into the centre, in their young people’s booklets and through making links for them to the young people in care advocacy service, EPIC.

During 2020 four young people had been living at the centre, at the time of the inspection one young person was residing there. Two young people had been discharged from the centre and admitted to two other centres operated by the company due to the risk profile of the group, the fourth transitioned to aftercare during the early months of the pandemic. There had been a series of safeguarding and child protection incidents at this centre in the six months preceding the inspection. The remaining young person told inspectors that they found some staff were helpful and tried to understand their feelings and needs during and after this period of disruption and during the impact of the pandemic restrictions. They disagreed with aspects of limits that had been put in place to their movements but the records showed that the reasons for these had been explained. Their social worker and the staff had engaged with them about this. There were ongoing discussions with the young person about why certain safeguards were in place. The young person stated that they felt that the young people were held solely accountable and that there

were lapses in the oversight of the group of young people by the staff team. Inspectors found that follow up had taken place with the team about these matters and under Theme 3 of this report this will be further expanded on.

There were dedicated areas of centre records with sections for the young person's comments and views. These were reflected in daily logs and in the young people's meetings. It was difficult to see how or where this informed decision making at the centre and this was an aspect of care at the centre that inspectors recommend that the management focus on. A sample of team meeting minutes from 2020 reviewed did not evidence a robust focus on children's rights, access to information, involvement of families, young people's meetings and restrictive practices. There were audits completed by the regional manager that did focus on these aspects of care as per Theme 1 of the National Standards for Children's Residential Centres, 2018 (HIQA). There were findings from these being acted upon at the centre at the time of this inspection.

The diverse needs of the young person were outlined through the planning systems, the policies and documents at the centre. A series of templates and an auditing framework had been developed to guide staff practice and to measure progress in those areas. A recent internal audit had identified aspects of young people meetings for example that required improvement and an action plan had been put in place around this. There was evidence on the young person's file of the staff providing opportunities for individual interests and beliefs to be expressed. The clinical team supported advice and training options related to dietary and other health and mental health related areas. There was extensive evidence of a multidisciplinary approach and suitable specialist referrals made for the young person.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

There was a policy on 'maintaining young people's privacy and dignity' with roles and responsibilities at each level outlined. The policy also addressed where decisions for the safety and safeguarding of a young person may impact on their autonomy as expressed through access to their own phone, time alone or time away from the supervision of the adults caring for them. These decisions were well documented in all relevant plans and regularly reviewed both internally at the centre and externally with the social worker and associated professionals at the time of the inspection. The relevant family members had been made aware of changes in arrangements.

Inspectors found overall that the clear boundaries, controls and expectations that would act as a protective factor had not been established consistently with young people about internet use, mobile phones and social media usage. Whilst social media and the internet usage can be an essential lifeline in addressing social isolation, especially during a pandemic, it also brings increased risk for some young people. Inspectors found that there needs to be more expanded actions to promote good online safety and safeguarding through conversations, increasing digital skills on the team and showing on going curiosity and consistency in expectations of a young person. The centres policies relating to safe care and social media should be updated based on the experiences and outcomes from incidents here.

Staff described the ways in which they mark special events such as birthdays, anniversaries and that they aim to positively mark the anniversary of a young person moving into the centre. They created a memory box for young people leaving care. The young people had their own rooms and could choose to move rooms when possible. The centre had social media and online safety risks accounted for in their child safeguarding statement and in policy but inspectors recommend that the company put together resources and additional expert advice for designated liaison persons and their deputies who can advise and support the team. The staff were trying to have those difficult conversations with the young person relating to their online presence and actions and the need for this type of one to one work was included in their plans. Inspectors found that more detailed support, guidance and oversight would be beneficial to the team. The clinical team were increasingly making links to specialised training options for key workers to attend to assist with this.

There was evidence provided by the resident young person that young people were offered their daily logs to read every month and could share their views on what was recorded. They were aware that information was shared with their social worker and with their family. They engaged in planning with their key workers and their files contained any certificates or courses they had completed or achieved so far.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The young people are assigned two dedicated key workers and the young person had these persons in place, they had established trust and good communication together and the spoke positively about them to inspectors. The key workers worked with the young person to identify education and training options that they wanted to try. The

staff supported and sought to guide their choices through use of care model tools. Where there was trauma presenting in different guises they worked with the clinical team and external specialists to try to address these. They sought to involve the young person and used a planned approach to build up consistency and predictability as a stable base. The young person was invited to participate in their Tusla statutory child in care reviews.

The young person knew what their daily and weekly plans were and that their placement at the centre could possibly be until the age of eighteen should that be required. They had booklets that were well presented and visual tools and work sheets were used by the staff where needed. The young person told inspectors that although they didn't agree with the extent of recording involved that they knew that staff kept daily and other records and they had read some of them. They were aware that important people in their life were told about concerning incidents and also told about their complaints and worries. Their family had been brought to the centre and visits had been facilitated by staff. As stated a referral had been made on the young person's behalf to EPIC but they were not happy at the time of the inspection to link in with the organisation as yet.

The centre had weekly house meetings that were structured to uphold children's rights and to promote involvement and discussion by young people. The young people's meetings had been part of two regional manager audits in 2020 the latter of which in September found deficits in management oversight of the meetings and gaps in young people's participation. These had been responded to by the acting manager.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspectors found evidence on the files and management records of suitable communications with social workers, families and other professionals. The team made efforts to provide positive feedback and updates alongside any concerns or incidents being reported.

The young person had a colourful and personalised welcome booklet with plenty of relevant information in particular about the centre and the staff team. They were also given a copy of the young people's version of the centres statement of purpose and function along with a young person's version of the National Standards for Children's Residential Centres, 2018 (HIQA). In their questionnaire and in conversation with the inspectors it was obvious that the young person knew about aspects of their care and the centre and could raise complaints and comments

about it. If they were not always happy with the outcomes the reasons for decisions were explained and actions had been put in place through contracts and agreements for them to pursue goals that they had.

The social worker for the young person residing in the centre indicated that once settled and adapted to residential care consideration would be given to work on past life experiences and any questions the young person may have.

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The centre had practices in place regarding inviting families and important people in the young people's lives to the centre. Due to the rural location they offered lifts and supports to travel to and from the centre. The impact of the pandemic and need to put infection control measures in place limited family visits currently. Inspectors were informed that for all the young people the team supported visit arrangements where there were older or vulnerable family members. There were well maintained family contact records on file and the staff were confident in their work in supporting family contact. Digital media had been utilised to maintain family and friends contact during the lock down periods of the pandemic.

There were records of friendships being supported and promoted where safe to do so. The young person had been encouraged to take up or keep up existing positive interests. The team were aware of the need to substitute and model positive alternatives to harmful outlets being chosen at times. There was evidence of the clinical team guiding staff on how to understand and address presenting issues.

All four young people in 2020 were living away from their home communities, efforts were made where distance allowed to maintain schools, colleges, GP's and some clinical support networks. Inspectors found evidence of previous aftercare planning by the team that brought a young person increasingly back towards their own community. As stated birthdays, anniversaries and special events were marked.

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

The centre had a policy on complaints and the staff had an understanding of complaints as a right as well as on occasion a key place for young people to air

frustration and trauma. The centre manager maintained internal oversight of complaints and the regional manager and client services managers had external oversight of complaints. There had been team training on the full policy and procedures document including on complaints. The centre manager submitted centre audits which tracked complaints through to outcome, the centre manager had also recently examined themes emerging in complaints.

There were records maintained of all complaints, the process allowed for a first stage local resolution and inspectors found that this was the most commonly utilised approach. The records of one young person's complaints indicated that overall the local process was used in accordance with policy guidelines. A record of each complaint process was on the young person's file and on a register of all complaints. The complaints register was not of a good standard and must be improved in structure and appearance. There was also evidence that the management at the centre would have benefited from more direct daily support when the needs of the complex group of young people escalated.

There had been a range of complaints at the centre and the young person noted to inspectors that they felt dissatisfied regarding the outcomes following child protection concerns. Inspectors found that whilst management and the social worker were aware of this through child protection reporting, had acted on it individually as events arose that there was no one co-ordinated root cause analysis of child protection concerns and complaints for the months prior to the inspection. There were sets of outcomes and actions at different points, completed by management internally and externally, but none or few of these were communicated to inspectors during the inspection process by staff. It is important that there be transparency and safety for staff in discussing what didn't work and what did and the outcomes from all aspects of complaints and child protection events.

The young person had been informed about how to make complaints through key working, their booklets, in general conversation with all staff as well as at young people's meetings. The external management had an expectation that staff would act on complaints on a young person's behalf, in their September audit the regional manager and client services manager found that staff must review their knowledge of complaints procedures in order to better promote a culture of openness and transparency.

The social worker was aware of all complaints made and had been notified through the significant events system regarding these whether locally resolved or not.

Compliance with Regulations	
Regulation met	Regulation 9 Regulation 11 Regulation 12 Regulation 16 Regulation 23
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	1.3, 1.4, 1.5
Practices met the required standard in some respects only	1.1, 1.2, 1.6
Practices did not meet the required standard	None identified

Actions required

- The management must ensure that team meetings robustly reflect children’s rights and the voice of children and young people.
- The management must ensure that more comprehensive action takes place to inform staff about social media risks, good online safety and the actions open to carers around this aspect of young people’s lives.
- The management must review and upgrade the quality of the register for complaints.

Regulation 16 Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had access to, and team training in, the organisations child protection and safeguarding policies and procedures. The policies and procedures took account of and referenced the relevant legislation and national guidance, it has been named to the organisation that the reporting procedure outlining the steps to be taken when staff have a concern must be made clearer. The policies focused on safeguarding of young people and outlined the intended roles for all levels of staff and management within the centre and externally in that work. There were, as required, procedures

for anti-bullying, recognising forms of abuse and possible exploitation from the internet and social media. The staff team knew their role in reporting and what those reporting procedures were.

There were records on file of child protection reports made through the Tusla portal reporting system and to the Gardaí with verification of their sending, there were records of follow up maintained with the original reports. Additional recording of significant comments was maintained in order to track any concerns. A register of child protection reporting had been established but due to its layout this was not a good quality document for the manager to utilise and inspectors recommend that the company improve the recording mechanism for this register. The Gardaí had established a number of lines of enquiry and their contact with the centre along with social workers after events were well and clearly documented on the young person's file.

Inspectors found that from the summer of 2020 and ongoing that safeguarding incidents and events took place at the centre that required additional review from the manager and from the external management in order for them to comply with their own principles and procedures in child safeguarding. Serious safeguarding deficits were reported by the young people residing at the centre, events around which, inspectors were told by the management, further examination was required. It is fundamental to future safe practice that there be a root cause analysis of why the lapses in safeguarding were so easy for young people to find and exploit at the centre. Admissions procedures and the role of the property lay out must be part of this process and the purpose and function adapted if required regarding who this centre is most suitable for.

Inspectors found that the management and staff lacked experience in being attuned to atmosphere and awareness of group dynamic. They did not have the level of expertise and training in sexually harmful behaviours, sexting and harmful social media usage that would have provided a framework for this work. The team were utilising the available tools through the completion of crisis and risk management plans, responding to the individual needs of the young people and preparing safety plans but despite this work additional issues occurred.

The company relevant policy commits the CEO and external management to the provision of comprehensive oversight in relation to the evaluation of adherence to safeguarding processes within the company, inspectors did not find one set of co-ordinated outcomes that staff spoke about as enhancing overall future safe practice at

the centre. For example, the team had not been provided with or acquired new information on harmful social media usage despite several incidents related to that. Other actions had been taken, there had been well informed significant review group reports into individual child protection events and good quality actionable reviews from the trainer in the recognised method of management of crisis behaviours. Staffing had been increased at key times, a team day held and the team had been professional in their ongoing engagement with the social work department and the Gardaí according to the records. Other high quality work and training for key workers was taking place and the inspectors acknowledge this.

The young person was provided with information on keeping safe and individual areas of vulnerability were named on file. The young person knew that staff took action regarding their safety and knew the reasons that were given for this. Their comments regarding young people experiences of safeguarding at the centre should be formally taken account of by the management for learning. It is clear that not every aspect of a young people’s safety can be assured at all times but actions must always be taken to act to address any gaps found and whilst this was apparent at the centre in some aspects like new door and window alarms it was not systemically evident across all relevant aspects of care.

The staff had access to a policy on making a protected disclosure, none had taken place.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	One standard examined
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	One standard examined

Actions required

- The CEO must ensure that a comprehensive evaluation takes place of company safeguarding processes and resources to inform future safe practice. The role of admissions procedures and the property must inform this.
- The management and staff must review the events of 2020 in safeguarding and child protection in an open, safe and transparent manner designed to

enhance skills and practice. Any learning and recommendations from the team should inform company practice.

- The CEO must evaluate training options for managers and staff relevant to their roles and responsibilities in child protection and safeguarding.
- The regional manager as DLP and the client services manager must ensure that the learning outcomes from the completed reviews of individual events are known and shared within the staff team.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The management must ensure that team meetings robustly reflect children’s rights and the voice of children and young people.	A new section has been added as a fixed item agenda to the team meeting agenda titled “Review of Children’s Right’s and evidence that young people’s voices are being heard”. We also will include a section in each team meeting for the young people of the house to contribute so that the teams can discuss what is important to the young people at that time. The Regional manager will attend team meetings on a regular basis. Children’s rights and ensuring that young people are listened to is a focus of team meetings and ensuring that staff understand the rights of young people in the service and the understanding of the right of young people to protection and to be responded to when they complain. Team meetings are being used as a forum to discuss staff experiences in relation to ensuring that	External audits will review the quality of Child Centred Care and support provided in the centre and will assess if there is clear evidence that the voices of young people are heard and responded to. External audits will review the content and follow up from young person’s meetings and will review team meeting minutes to ensure that these meetings provide evidence that young people’s views and wishes are included. An action plan is produced as a result of external audits outlining where improvements can be made under the Theme of Child Centred Care and Support. The Regional manager will attend team meetings on a regular basis. The management team will discuss in February how to further empower young people and support them to participate in

	<p>The centre manager must ensure that more comprehensive action takes place to inform staff about social media risks, good online safety and the actions open to carers around this aspect of young people's lives.</p>	<p>children's voices are being heard with keyworkers advocating for young people and bringing all issues to the wider staff group.</p> <p>Given the vulnerability of young people placed in our services usually coupled with low self-esteem more of a focus should have been on the usage of hardware and the access to social media. A web wise guide has been distributed to the staff team with accompanying signage for offices with tips on online safety for the team to follow. A refresher training workshop was completed with the staff team on January 27th 2021 which included internet safety awareness training.</p>	<p>voicing any feedback or concerns they have and how to best for the team to respond.</p> <p>At admission stage an online assessment to help young people explore risks online and how they expose themselves to risk will be completed. Pre admission impact risk assessments will assess the risk of young people merging together and of engaging in inappropriate and unsafe usage of social media. The usage of parental control or similar web applications will be explored with all relevant stakeholders with a view to reducing this risk. Our safeguarding policy will also be updated and will include guidance on training and measures to safeguard young people from social media risks and cyber bullying. This training will be delivered by our Training Department to all team members in team meetings in the first quarter of 2021 and accompany programmes and signage will</p>
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	<p>The centre manager and regional manager must review and upgrade the quality of the register for complaints.</p>	<p>The complaints register in the centred has been upgraded with a clearer and more concise register now in place. The Unit Manager internal audit includes a section on young person’s rights which incorporates an analysis of complaints made by young people and how they were responded to, whether the complaints were resolved at local level or were escalated. The internal Unit Manager audit focus is on analysing whether young people are satisfied with the outcome of complaints.</p>	<p>be distributed to the homes. The inherent risks associated with young people accessing Social Media will be reviewed on an ongoing basis.</p> <p>External audits will provide governance to ensure quality is maintained in relation to the oversight of the management of complaints.</p>
<p>3</p>	<p>The CEO must ensure that a comprehensive evaluation takes place of company safeguarding processes and resources to inform future safe practice. The role of admissions procedures and the property must inform this.</p>	<p>An internal review was commissioned by the CEO in August 2020 which identified limitations in management performance & capabilities which eventually culminated in a change to the management structure in the Centre.</p>	<p>Twice yearly workshop days are scheduled for the Team which will provide for ongoing review of the delivery of care to young people in the Centre. All possible future admissions to the centre will take account of the risk profile of the young</p>

		<p>In order to work with the team we needed to ensure that the leadership and direction were sustainable within the service and this took time to correct. We fully understand that learnings will be on going and exploration and training with the team will be on going.</p> <p>We have had two workshops which were completed to explore the dynamics within the team and to reflect on the dynamics between young people in the service in 2020. Risk Management and child protection subjects were explored for learnings.</p> <p>A workshop was delivered by the training and Clinical Department on the 18th September 2020 which include refresher training and group discussion on</p> <ul style="list-style-type: none"> • <i>Managing risk</i> • <i>Early intervention and its importance</i> • <i>Awareness of 'red flags' and appropriate responses</i> • <i>ICMP review</i> • <i>TCI Refresher</i> 	<p>person taking into account the physical lay-out of the property. To support Centre managers in the delivery of safe and effective care to young people the role of the Regional Manager has been reviewed to refocus the role towards increased support to the Centre manager. Auditors are being appointed to fulfil the external auditing function with these auditors reporting to the Senior Management Team. The Regional Manager role will support Centre managers in their work of ensuring compliance with regulatory standards and compliance with safeguarding processes and child centred care provision.</p>
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		<ul style="list-style-type: none"> • <i>Centre Incident Reviews</i> • <i>Care Framework refresher</i> <p>Refresher training day workshop was completed on January 27th 2021: This workshop day included a review of policies and procedures in relation to the Safeguarding of young people and refresher training in Child protection.</p> <p>Area of focus included</p> <ul style="list-style-type: none"> • Staff awareness of appropriate boundaries /supervision of young people : • Supervision levels : role of SCW : job description/ expectations re the accurate recording of information/ • Working guidelines : staff on floor • Whistle Blowing/ Protective Disclosures <p>Internet Safety Awareness Training</p> <p>The property has over the years catered for young people whom present with unique needs and are not suitable to dual occupancy as violent behaviours tends not be the primary profile of young people who have been admitted to the centre.</p>	
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	<p>The management and staff must review the events of 2020 in safeguarding and child protection in an open, safe and transparent manner designed to enhance skills and practice. Any learning and recommendations should inform company practice.</p>	<p>The building with its large spaces allows for individual work rather than group work with the young people. It is acknowledged that these dynamics changed during the isolating period of Covid 19 which contributed to the forging of inappropriate relationships amongst young people.</p> <p>Learnings here have been discussed with the team and supervision and how it is implemented has been a focus of group discussions. HR processes were implemented to reinforce the importance of this aspect of the role.</p> <p>Refresher training day workshop was completed on January 27th 2021: This workshop day included a review of policies and procedures in relation to the Safeguarding of young people and refresher training in Child protection. Area of focus included</p> <ul style="list-style-type: none"> • Staff awareness of appropriate boundaries /supervision of young people : 	<p>The Training Department keep a data base of the training needs of all staff members and the HR Department maintain oversight of probations, mid probation reviews and appraisals. All managers and staff receive reviews and supervision relevant to their roles with any training needs or additional supports required identified and training resources are</p>
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	<p>The CEO must evaluate training options for managers and staff relevant to their roles and responsibilities in child protection and safeguarding.</p>	<ul style="list-style-type: none"> • Supervision levels : role of SCW : job description/ expectations re the accurate recording of information/ • Working guidelines : staff on floor • Whistle Blowing/ Protective Disclosures <p>Internet Safety Awareness Training</p> <p>Safeguarding Policies and procedures were reviewed in January 2021 and additions made. All staff teams are currently receiving refresher Training in Child Protection and all staff teams will have received refresher training by the end of February 2021</p> <p>A Shared Learning Day 2020 is scheduled to be delivered to all Centre Managers on the 17th February 2021 and this will include a review of Shared Learning in relation to Child Protection and Safeguarding in 2020.</p> <p>The workshop day completed on 27th January 2021 included learnings from review of incidents in 2020. The</p>	<p>available as required. In addition, the Child Protection Policy will be reviewed in February by the management team to include a focus on social care and safeguarding, the role of the DLP, social media, the voice of the young person and peer to peer abuse.</p> <p>Shared Learnings workshops will be scheduled every quarter for all Centre Managers with a main focus on learnings in relation to risk management, supervision, child protection and consultation with social workers. Child protection training for all staff will be refreshed annually in line with new policy changes from February review, or immediately if any retraining needs are identified for any individual staff member or staff team. The new protocols and programmes will also be added to the induction programmes and distributed to the teams and services.</p> <p>All managers and staff receive reviews and</p>
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	<p>The regional manager as DLP and the client services manager must ensure that the learning outcomes from the completed reviews of individual events are known and shared within the staff team.</p>	<p>workshop also included refresher Training in Child Protection: Internet Safety Awareness Training: Report Writing Training: Whistle Blowing/ Protective Disclosures Awareness Training</p> <p>The review completed by the CSM in August recommended a refresh in training that took place in a team workshop in September. Additional training in a workshop January 2021 and included reviews and learning.</p>	<p>supervision relevant to their roles with any training needs or additional supports required identified and training resources are available as required including refresher training in Child protection and safeguarding.</p> <p>The daily governance now reviews the risks at UM/RM level and reports to the CSM daily through a daily risk report. This also produces a weekly or monthly report that allows for identification of patterns and themes. There is also an expectation of Regional Management to be more present in the services with the appointment now of two full time auditors to allow RM's to support the managers and the direction of childcare in the Centre. All incident reviews and the learnings from them will be shared with the staff team at team meetings. Daily risk reports review all individual events and assess the immediate response required and will identify the need to further review any individual events and the requirement for review of</p>
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