



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 028**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Traveller Families' Care Ltd</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>06<sup>th</sup> and 07<sup>th</sup> January 2021</b>
<b>Registration Status:</b>	<b>05<sup>th</sup> December 2019 to 05<sup>th</sup> December 2022</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> March, 2021</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 10<sup>th</sup> October 2000. The centre changed its purpose and function in 2016 and was granted their first registration under the new purpose and function in the same year. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 05<sup>th</sup> December 2019 to 05<sup>th</sup> December 2022.

The centre was registered to accommodate six young people of both genders from age thirteen to seventeen years on admission on a short to medium term basis. It was a mixed gender centre that provided care and accommodation for separated children seeking asylum (SCSA) in Ireland. Their model of care was described as a needs based model that was implemented through the application of Maslow's Hierarchy of Needs that included psychological, safety and security, belonging and love, self-esteem and self-actualization. There were three children living in the centre at the time of the inspection.

## 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, 3.2, 3.3

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. Due to the Covid-19 pandemic, communication with the centre manager and risk assessments took place and it was determined that this inspection be conducted remotely.

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 and to the relevant social work department on the 2<sup>nd</sup> 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 12<sup>th</sup> February 2021. 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: 028 without attached conditions from the 05<sup>th</sup> December 2019 to the 05<sup>th</sup> December 2022 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 7: Staffing**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**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 evidence to show that the children living in the centre received child-centred care which focused on their individual needs and rights. Inspectors found at interview and through questionnaires that staff had a strong awareness of how to protect and promote children's rights as outlined in the United Nations Convention on the Rights of the Child and as enshrined in Irish law. The best interests of the child including their right to education, health, safety, welfare, self-care, and advocacy was a primary consideration for staff in their daily practice. This was observed in daily logs, key working/one to one sessions, handovers, placement plans and safety plans.

A young person's booklet was in place which included a specific section on their rights along with guidance on advocacy services. However, this leaflet required revision as some of its material was outdated. The booklet's information should be aligned with the National Standards for Children's Residential Centres, 2018 (HIQA) and the centre's own policies and procedures. This booklet was provided to each child as part of their admission process to the centre. As English was not always the first language of children being admitted, staff ensured they had prompt access to a translation service. This supported children in their communication with the staff team and to gain an understanding of their rights along with enabling them to be involved in any decision making about their own care planning.

The centre had recently developed policies and procedures which were aligned to Theme 1 of the National Standards. These consisted of policies such as diversity, consultation with young people, contact with family and friends, children's rights, access to information and equality and culture. A review date was set for 2021.

Inspectors found evidence of a culture of respect for each child and their unique diversity. At interview and through the questionnaires completed and returned to inspectors, the staff team stated that many efforts were made to link children to their cultural communities both close to the centre and some distance away. Transport was provided where children could not use public transport. However, while placement planning did reflect some aspects of connecting children with their cultural, ethnic and religious identity, the promotion of children's rights in this area must be reflected in a more robust way across centre records.

Children were facilitated in celebrating religious and cultural events and social activities connected to their home country. This was done jointly with other peers in the centre. There was evidence of children's input to grocery shopping and individualised menu planning that reflected their specific religion and ethnicity. Dedicated sections of the daily logs included a category for children's comments and views to be heard. These contributions by children were discussed at team meetings where staff showed sensibility and awareness of the specific circumstances and needs of the children in their care. Some of the actions and decisions from the meetings were recorded in the child's category on each file. However, from the sample of team meeting minutes reviewed, inspectors recommend that where discussions are taking place regarding children's identity and culture, that it is reflected in more detail on the meeting records.

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

There was evidence to show that the staff team respected the dignity and privacy of children living in the centre. Each child had their own bedroom where they could retreat to for quiet time alone if they wished. There were no limits to privacy, but where children were in their rooms for an extended period of time, there was evidence to show that staff checked in with them consistently. There were also a number of dedicated areas in the centre that children could use so that visits could take place with friends and professional services such as their social worker and advocacy agencies when necessary. The centre manager told inspectors that these appointments were presently impacted because of the current Covid-19 restrictions, but would resume in line with government advice as soon as was possible.

Inspectors were told that on admission, children were provided with a 'lock box' that could be secured so as to safely store personal items which were of importance to them. From a review of centre files, inspectors noted some incidents where children

reported money missing from their bedrooms. However, there was evidence that the issues had been addressed promptly and a new locking system was put in place so that each bedroom door could be locked from the inside and outside. With these measures, children's privacy could no longer be impeded and the incidents could not recur. As part of the resolution, children were provided with a key to secure their valuables when they left their rooms during the day. This issue will be discussed further in the report under 'complaints'.

While the young person's booklet contained information on what records were maintained by the centre and how children could access their own files, it didn't reference why and with whom their information was shared. This must be included in the booklet. However, inspectors observed evidence of one-to-one sessions and follow-up meetings taking place for one child relating to a specific incident where they had been asked to share their personal information and had felt uncomfortable in doing so. The key working session completed with the child in this regard, reflected who their personal information could be shared with and for what purpose along with who needs to know. Inspectors were told at staff interviews that memorabilia such as certificates of achievement, photographs and video footage was kept safely for children until they leave the centre.

**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.**

Inspectors found that children were encouraged and supported to share their views, make their opinions known and take part in decisions affecting their own care on a day-to-day basis and in preparation for when they would leave the centre. As mentioned, the voice of the child was included within records such as daily logs, placement plans and in key working also. There was evidence that children's contributions influenced their care planning. This was observed in the young people's meetings which referenced choice and collaboration with children in areas such as meals, activities, accommodation, education, legal status, health and wellbeing, human rights and religion. While regular house meetings were occurring and issues affecting children in their daily lives were being talked about and addressed, improvements are required in how the conversations are being recorded in these minutes so that they reflect the child's input more clearly along with the actions and decisions reached. Exit interviews for children who had left the service had been implemented so that the organisation could take feedback from those who had moved on. The samples reviewed, outlined the positive experiences children had while living

in the centre but did not reflect any views that would inform changes to practice or policy.

There was a key working system in place whereby a keyworker and co-keyworker were assigned to children based on their experience and the specific needs of each child. The staff team shared tasks and responsibilities for each child's care so that they could support them and build up a consistent relationship of trust. The centre manager told inspectors that children did not choose who their keyworker would be because of the size of the team and the high numbers of children using the service. Social workers stated that they had very good relationships with the staff team in general and said that they were very skilled in the care they provided and always worked collaboratively in meeting each child's needs and in accessing advocacy and other ancillary services to support this process. Children on their questionnaires, reflected how they had a say in decisions being made that affected them in their lives and felt heard by staff and were well informed on issues. They indicated that they were happy in their placement and had a voice.

Monthly progress reports, placement plans, one to one sessions, handover meetings and daily logs evidenced that young people were provided with information suitable to their level of understanding to facilitate them to participate in setting goals and in decisions being made about their care. Children were told what type of information was being held about them and they could access their own records and read daily logs, care plans, key working sessions and other files if they wished.

Children received information about advocacy groups and other agencies that they could access if they wanted to talk to someone outside of the centre. These included Empowering People in Care (EPIC), the Irish Red Cross, and the Independent Law Centre of Irish Refugee Council amongst others. Good support was provided by the staff team to assist children to contact organisations that they needed currently or in the future.

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

Information that children in the centre needed access to was conveyed in a way that was appropriate to their communication needs. As mentioned previously, translators were accessed on admission and an information booklet was available also. This provided each child with knowledge on what to expect from living in the centre along with links to advocacy groups should they be required for support with rights issues.

As referenced, this booklet required review and updating by the service so that it is in line with the National Standards for Children’s Residential Centres, HIQA (2018) and should include some details on these standards and their requirements. Children were made aware of why they were living in the centre and given assistance to explore pathways for reconnecting or locating family members. The staff team were also helping children with their asylum process and this was done through the dedicated social work department. A number of children in the centre were about to begin or had begun aftercare planning and this was a central focus for the staff team.

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

Children in the centre were encouraged to keep in touch with friends and any other significant people that were a part of their life through their hobbies, their education and their communities. Lifts and supports with travel to and from the centre were part of the practices to maintain these connections. There was evidence that children were facilitated to ask friends to visit the centre but the impact of the pandemic had placed most drop-ins on hold currently. However, alternatives were promoted such as the use of phone and internet too. The centre had a special international mobile phone for children’s use whenever needed.

Because of the uniqueness of the purpose of the centre i.e. to provide care to separated children seeking asylum, in the majority, it wasn’t possible for families to be informed and consulted about care planning and other developments in the centre. However, there was evidence of strong support given to children to trace family members through agencies such as the Red Cross and also through social media platforms. This was conducted in a safe and appropriate way with children, the staff team and allocated social workers. Children consistently linked in with their social worker regarding the location of family members and where appropriate, reunification with close family in their homeland was progressed.

There was evidence across the centre files that children were involved in interests of their choice and supported to partake in activities within the local communities such as boxing clubs, cycling, horseriding and sea swimming. Birthdays and national days from the child’s own culture and other special occasions and achievements were celebrated through the arranging of dinners with decorations and gifts organised. Invitations were extended to friends so that they could attend these events also.

Children had access to mobile phones, internet and television. This was provided in an appropriate way and in consideration of the risks regarding online safety.

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

One of the regular practices in place for listening to the child's voice and encouraging them to have their views expressed and responded to was through the forum of the children's meetings. These were held regularly in the centre and reflected an opportunity for the group to get together and discuss such issues relating to; daily living, joining local clubs, respect for each other cultures, food and menus, Wi-Fi access and positive consequences. There was evidence that suggestions or preferences that were expressed were followed up with the group or each young person where appropriate. This was observed in key working, monthly reports and daily logs. As mentioned previously, exit interviews had taken place so that feedback could be gathered from previous young people who had lived at the centre. From the samples reviewed by inspectors, they contained very positive comments about the care they received from the staff team. There were no recommendations or suggestions for improvement provided through this mechanism.

The centre's complaints procedure provided further opportunities for children to raise issues or make any concerns known to staff. A policy was in place which outlined the steps to be taken for complaints to be managed through recording, tracking and resolving any expressions of dissatisfaction about the care being received. From a review of these files, inspectors found that children were being listened to and there was a system in place where complaints were documented, logged in a register and resolutions sought for a satisfactory outcome. This formed part of the child's care file. The centre operated a formal and informal complaints process, however, it was not clear how the thresholds were being reached for both procedures and this needs to be more explicit. Inspectors found that there were some issues which should have been dealt with through the formal complaints process but were not recorded and managed as such. Some improvements in recording were required in the complaints register also as inspectors were uncertain if all outcomes had been achieved satisfactorily for the child who raised the issues.

Staff in the centre were aware of their role to support children when making a complaint and children were informed that they had a right to complain and how to do so. They were also directed to external agencies if they wished to escalate a

complaint outside of the centre. The complaints process was outlined in the young people’s booklet and was also discussed at children’s meetings. Social workers told inspectors that they were promptly contacted about any complaint made and were very satisfied about the way they were managed. While in general, complaints were a standard agenda item on various meeting minutes inside and outside the centre, inspectors did not see evidence of a review of complaints for learning purposes at these forums. Children’s feedback was sought as part of the complaints process in the centre and from questionnaires completed by them, they indicated that they were happy with how their concerns were dealt with.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

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

### **Actions required**

- The centre manager must ensure that the information contained in the young people’s booklet is updated and aligned with the National Standards for Children’s Residential Centres, 2018 (HIQA) and the centre’s own policies and procedures. It should clearly reference why and with whom their information is shared.
- The centre manager must ensure that the promotion of children’s rights regarding their cultural, ethnic and religious identity is reflected in a more robust way across centre records.
- The centre manager must ensure that the recording of discussions at young people’s meetings more clearly reflects the child’s input and the actions and decisions reached at this forum.

- The centre manager must ensure that how thresholds are being met for both complaints procedures are more explicit so that complaints can be managed appropriately. All outcomes must be recorded in the complaints register.
- The service director and centre manager must ensure that a review of complaints for learning purposes takes place and is communicated to the staff team.

### 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 updated their child safeguarding policies in July 2020 which included procedures to protect children from abuse and neglect. However, the policy and procedures needed further review and inclusions in order to be in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. Some of these areas for improvement included, the process for reporting of mandated and non-mandated concerns, responding to allegations of abuse, dealing with concerns about another worker and the role and function of the Designated Liaison Person. All child protection concerns were not being reported via the Tusla web portal and mandated reporters did not have full access to this facility. Inspectors were informed that in general concerns of abuse were being reported through the social work department dedicated to this particular cohort of children. The system for mandatory and non-mandated reporting must be fully in line with statutory requirements and Children First Guidance. The centre had a child protection register in place. However, there were no child protection and welfare concerns recorded for the period January 2020 to December 2020 despite inspectors finding one safeguarding concern which met the threshold for reporting. Notwithstanding this, the centre informed inspectors that this concern had been reported via the joint missing child in care protocol.

A child safeguarding statement (CSS) was in place for the centre with a review date set for February 2021. A letter of compliance had been received from the Tusla Child Safeguarding Statement Compliance Unit who had approved the centre's CSS. Procedures were in place which addressed all forms of bullying and harassment along with a policy on possible online exploitation and social media.



Through interviews and returned staff questionnaires, inspectors found that staff were not clear on the mandated reporting procedures to be followed as per the Children First Act 2015. However, training in the Tusla E-Learning module: Introduction to Children First, 2017, was in date for the staff team. The centre manager stated that additional training on the centre's child protection policy and procedures was scheduled for February 2021. Inspectors were provided with the training module and found that the content required revision in order to be aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017.

There was a strong focus in the centre to collaborate with the social work department and advocate with and on behalf of children placed there. The social workers told inspectors that the staff team worked very well with them on the identification and management of risk for children and the implementation of safeguards to mitigate against risks that arose after admission. Inspectors saw evidence on centre records of a keen awareness of triggers for children that may make them feel unsafe in the centre and practices put in place to support them to feel protected at these times.

Social history for this cohort of children was difficult to obtain before admission and as a consequence, impact risk assessments were in general, not in place at the time of the child's transition to the centre. The risk assessment framework and supporting risk assessments reviewed by inspectors were found to be very robust. Each child had management plans in place to address risks identified and promoted their safety and wellbeing based on individual vulnerabilities. Children were referred to external clinical services when necessary. Individual crisis management plans were updated regularly and submitted to the allocated social worker for their comments, guidance and approval.

Inspectors saw evidence of key working sessions and the 'real u' programme taking place which supported children to develop knowledge and skills regarding self-care and protection. Children were aware of who they could speak to in the centre if they were worried or feeling unsafe. There were procedures on protected disclosures in place and in general staff interviewed were aware of the steps to follow if they had any concerns about a colleague.

### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

The centre had developed child-centred policies and procedures on behaviour management and natural consequences. These reflected international human rights instruments, legislation and regulations and guided staff on the best approaches to use when managing behaviour that challenged. Training had been provided in a recognised model of behaviour management and refresher training had been completed in October 2020 by the staff team. Staff had a very strong awareness of how mental health issues and other traumas experienced by the children they worked with could affect their behaviour. From interviews and questionnaires returned, members of the staff team expressed a keen interest in receiving training on trauma informed practice and inspectors recommend that this is sourced by management as soon as is practicable.

The centre manager told inspectors that there was no specific behaviours that challenged among children who lived in the centre currently. From a review of centre records there was evidence that children showed consistent positive behaviour that was respectful of the rights of their peers and the team. Inspectors noted that praise and recognition was given by staff to children in the context of a trusting relationship. Where children were attending mental health services, there was positive collaboration with clinical agencies and with social workers in how best to support the child's emotional wellbeing. Because of the purpose of the service being provided, there was very little social history available to the centre from the social work department prior to admission of children. However, the social work department worked closely with centre management to support and guide staff in their roles should issues or challenges arise for children post admission.

While auditing was taking place in the centre by the service director, the quality assurance system had not yet been aligned to the National Standards for Children's Residential Centres, 2018 (HIQA) for the current reports. However, inspectors saw evidence where this was now being implemented to reflect the themes in the national standards and observed monitoring templates that included auditing of the centre's approach to managing children's challenging behaviours.

A policy in respect of restrictive practices was in place in the centre. Where restrictive practices had been used, they had been assessed as being required due to specific risks to the safety and welfare of the children involved. There was evidence to show that there were in place for the shortest duration possible and they were recorded,

monitored and reviewed. They were in accordance with children’s risk assessments. Staff members interviewed during inspection were familiar with the purpose and content of the policy.

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

Inspectors found a strong culture of openness and accountability where children were encouraged to raise concerns and report incidents so that they could be made to feel safe and secure. There was evidence through one to one conversations and key working with children that they trusted staff and were supported if they highlighted issues that were upsetting for them. As mentioned, regular children’s meetings were also in place and was a forum for raising concerns or issues that affect children while living in the centre. Exit interviews were also completed with children on discharge. While there was no formal mechanism in place for social workers to give feedback on service provision, social workers said that they were in very regular contact with the centre. They stated that any advice and guidance offered to the centre was listened to and implemented in practice where appropriate to do so.

The centre had policies and a supporting system in place for the recording, notification and management of incidents including significant event notifications. While there was evidence that incidents were discussed at some forums, there was no structured framework in place for the evaluation of incidents for trends, patterns or learning outcomes. It was not clear from the review of management meeting minutes, team meeting records or supervision minutes how learning from incidents was communicated to staff or where improvements were made to the care being provided to children as a result of review.

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

## **Actions required**

- The registered provider must ensure that the child safeguarding policy is revised and updated as per Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. Training for all staff and appropriate others should be provided on the updated procedures.
- The registered provider must ensure that deficits in the mandated and non-mandated reporting of concerns to Tusla is addressed and the staff team receive training on these revised procedures. All mandated persons must have access to the Tusla portal.
- The content of the ancillary sessions on the centre's child protection policy provided by the service must be updated in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the centre's revised child safeguarding policy.
- The director of services and centre manager must ensure that incidents are formally analysed for trends, patterns and learning purposes and that outcomes are communicated to staff and social work departments.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the information contained in the young people's booklet is updated and aligned with the National Standards for Children's Residential Centres, 2018 (HIQA) and the centre's own policies and procedures. It should clearly reference why and with whom their information is shared</p> <p>The centre manager must ensure that the promotion of children's rights regarding their cultural, ethnic and religious identity is reflected in a more robust way across centre records.</p>	<p>The young people's booklet is currently being updated and being aligned with the National Standards for Children's Residential Centres, 2018 (HIQA) and the Centre's policies and procedures. This will be completed by the 15<sup>th</sup> of March 2021.</p> <p>The Centre actively promotes the rights of young people and ensures any cultural, ethnic and religious events are facilitated through one to ones and young people's meetings however this will be documented more clearly moving forward. The young person's meeting will be used as a forum to discuss children's rights with this heading added to the agenda. The intake process is currently being reviewed and will also add</p>	<p>This booklet will be reviewed yearly and updated if required by the staff team at a team meeting and young people will also be asked for their input at a young person's meeting at time of review.</p> <p>Clearer documentation of the work being completed will be implemented and overseen to ensure this work is being communicated in a more robust manner.</p>

	<p>The centre manager must ensure that the recording of discussions at young people's meetings more clearly reflects the child's input and the actions and decisions reached at this forum.</p> <p>The centre manager must ensure that how thresholds are being met for both complaints procedures are more explicit so that complaints can be managed appropriately. All outcomes must be recorded in the complaints register.</p>	<p>key working to be completed regarding this topic. This will be supported by Cultural training being completed in May 2021 for the staff team. The Monthly Progress reports has been updated for February to include these specific headings.</p> <p>The young people's meeting template is currently under review by management and the staff team and a new template which clearly reflects the young person's input and the actions and decisions reached will be implemented by 1<sup>st</sup> of March 2021.</p> <p>All investigations and responses will be documented more clearly to bring the complaint to a successful conclusion, more context will be added to the documents inclusive of rationale for outcomes documented. Refresher training for the team is scheduled for the 24<sup>th</sup> of March 2021 to ensure staff are aware of thresholds and the process of managing a</p>	<p>Yearly reviews of the recording of young people's meetings will take place moving forward. Continuing oversight by management to ensure meeting are being completed effectively.</p> <p>Refresher training for the staff team on complaints is scheduled for 24<sup>th</sup> of March 2021 and the complaints policy will be reviewed. All concerns and complaints are discussed in team meetings, but this will be clearly documented moving forward. A separate heading has been added to the team meeting template since the 2<sup>nd</sup> of February to clearly show this.</p>
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	<p>The service director and centre manager must ensure that a review of complaints for learning purposes takes place and is communicated to the staff team.</p>	<p>complaint.</p> <p>A significant event review group meeting has set up within the organisation whereby all significant events inclusive of complaints will be reviewed and any learning from this group will be shared with the staff team at the team meetings. This group is scheduled to meet on the 1<sup>st</sup> of March 2021 and every two months for there on.</p>	<p>Refresher training for the staff team on complaints is scheduled for 24<sup>th</sup> of March 2021. All concerns and complaints are discussed in team meetings, but this will be clearly documented moving forward. A separate heading has been added to the team meeting template since the 2<sup>nd</sup> of February to clearly show this.</p>
3	<p>The registered provider must ensure that the child safeguarding policy is revised and updated as per Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. Training to all staff and appropriate others should be provided on the updated procedures.</p> <p>The registered provider must ensure that deficits in the mandated and non-mandated reporting of concerns to Tusla is addressed as soon as possible</p>	<p>The child safeguarding policy will be revised and updated by 17<sup>th</sup> of March 2021. Staff training on Child Protection is scheduled for the 17<sup>th</sup> of February 2021.</p> <p>The scheduled training on the 17<sup>th</sup> of February is inclusive of mandated and non-mandated reporting. As of the 5<sup>th</sup> of February 2021, all the staff team have</p>	<p>Policies will continue to be discussed at team meetings, but more focus will be placed on the child protection and safeguarding policies with these being reviewed more regularly. Supervision will also be used as a forum to discuss these policies using a question-and-answer style approach to ensure the information is embedded.</p> <p>Continuing discussion at team meetings and supervision around policies and procedures with more focus on the procedure and practice will occur.</p>

	<p>and the staff team receive training on these revised procedures. All mandated persons must have access to the Tusla portal.</p> <p>The content of the ancillary sessions on the centre's child protection policy provided by the service must be updated in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the centre's revised child safeguarding policy.</p> <p>The director of services and centre manager must ensure that incidents are formally analysed for trends, patterns and learning purposes and that outcomes are communicated to staff and social work departments.</p>	<p>registered to use the Tusla portal.</p> <p>The ancillary session on the centre's child protection policy was updated in line with the Children's First: National Guidance and Welfare of Children, 2017 on the 10<sup>th</sup> of February.</p> <p>An SERG meeting is scheduled for 1<sup>st</sup> March and will occur bi-monthly within the organisation. Feedback will be given to the staff team at the weekly team meeting and outcomes will be communicated to the Social Work Department following the meeting if required.</p>	<p>Additional training will be updated yearly or before if required in line with any change to policy and legislation</p> <p>The team will continue to review SEN's weekly at team meeting with a separate heading added to the team meeting document since the 1<sup>st</sup> of February. The Director of Services will ensure that the significant event review group meets regularly and will monitor the effectiveness of the group to ensure that learning from incidents is shared with the staff team.</p>
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