



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 034

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Yeria Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Announced remote
Date of inspection:	18th & 20th January 2021
Registration Status:	Registered from 31st March 2018 to 31st March 2021
Inspection Team:	Catherine Hanly Linda McGuinness Lorraine Egan
Date Report Issued:	15th 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 in November 2004. At the time of this inspection the centre was in its sixth registration and was in year three of the cycle. The centre was registered without attached conditions from 31st of March 2018 to the 31st of March 2021.

The centre was registered to provide care to a maximum of three young people aged between twelve and eighteen years on admission. There were two young people resident at the time of this inspection. The centre utilised the Welltree model of care and was described in the statement of purpose as a therapeutic model that promotes and provides highly effective responses to meet the needs and address the risks that may be presented by traumatised young people.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, and the allocated social workers. 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 an escalation in the numbers of positive cases during the Covid-19 pandemic, a risk assessment conducted by inspectors determined that it was safest to conduct this inspection on a fully remote basis.

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 departments on the 18th 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 4th of March. Further information, including supporting documentation, additional detail within the CAPA and policy documents as well as other records from the centre, were sought at that time as the initial CAPA was not deemed to be satisfactory.

The findings of this report and assessment of the submitted final 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: 034 without attached conditions from the 31st of March 2018 to the 31st of March 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The service director held responsibility for ensuring that this centre was operating in compliance with the relevant requirements of legislation, regulations, policies and national standards. Inspectors received conflicting information from the service director and centre manager regarding the status of policy development and were provided with a policy document that was reported to have been reviewed in its entirety in February 2020. Whilst this document was found to be broadly in compliance with the National Standards for Children’s Residential Centres 2018 (HIQA), specific attention was required in certain areas identified through this report. The document itself required some attention in terms of layout and page numbering as it was difficult to navigate. In addition, the age range of the centre itself was incorrectly referenced here and not in accordance with the certificate of registration for this service. The centre manager stated that some policies, specifically in relation to Covid-19, had been reviewed and updated more recently. There was no evidence of any review of other policies to determine their relevancy, impact on practice or to address any issues with compliance if necessary. Inspectors were informed that a separate policy document was in development however this was not reviewed by inspectors as part of this inspection. The registered provider must ensure that the agreed policy document, on completion, is in compliance with the national standards and all relevant legislation, policy and guidance.

Inspectors identified specific deficits with the child protection policy. This policy made reference to the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017 document however it was not aligned with the Children First Act, 2015 with specific reference to the role and responsibilities of the mandated person absent and thus was not fully in compliance with Children First. These findings with regard to the child protection policy had been identified during an inspection of this service in June 2019 and also in an inspection of another

centre within the organisation in October 2020. These deficits had been identified on both occasions to the service provider at the time of the separate inspections and, following the October 2020 inspection, a commitment was made by them to have these deficits addressed by January 2021. The registered provider must take immediate action to ensure that the child protection policy document reflects all statutory requirements.

Inspectors found that staff did not readily demonstrate a good understanding of the relevant legislation, regulations, policies and standards in the context of their impact and influence on the delivery of their care practices to the children in the centre as appropriate to their role. This finding was similar to that in the inspection of this service in June 2019 and as such reflects that the registered provider has not demonstrated that they have adequate governance systems in place to ensure that inspection recommendations are fully implemented. The service director and centre manager must take prompt and effective action to address this issue by delivering focussed training on the centre's policies. Specific focus should be given to safeguarding, child protection and the role and responsibilities of the mandated person.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager held a social care qualification and had been in this post for over four years. The staff team described the manager as approachable and supportive and the service director was satisfied with the delivery of their management responsibilities in the centre. These responsibilities included having oversight of centre-generated paperwork, being present at team meetings, being available to the staff team formally and informally and also being available to the young people. The manager had on occasions reduced their onsite presence at the centre as a safety measure since the onset of the Covid-19 pandemic but the staff team consistently described them as being available if at all necessary. The manager spoke with in-depth knowledge of the centre's model of care and was to the forefront of leading out on the implementation of this within centre practice.

The manager was supported in their role by a deputy manager and two team leaders, a structure that was appropriate to the size and purpose and function of the centre. There was some confusion amongst the staff team regarding the status of the second

team leader and it emerged that they had temporarily left their role and at the time of this inspection a job description had to be developed for them to support their return to the centre. Inspectors were informed that the deputy manager was responsible for relevant tasks in the absence of the manager. This was not a formalised role and the manager informed inspectors that this was an area of active development at the time of this inspection to ensure that the identified persons were familiar with specific tasks delegated in the event of the manager being absent. Priority should be given by management to addressing these matters and ensuring that all staff members have a clear understanding of the respective roles and responsibilities. The manager must ensure that when responsibilities and tasks are delegated, clear records of these are maintained.

The registered provider who was also the service director was identified as the person in charge with overall executive accountability, responsibility and authority for the delivery of service as well as the development of operational policies and procedures in line with regulatory requirements taking account of national standards and guidelines. The centre manager was accountable to the service director and demonstrated this accountability through weekly governance reports and monthly audit reports, the latter of which was a relatively recently introduced practice. Feedback and action taken by the service director in response to these reports was reported to be in email format which the inspectors did not access. The registered provider had contracted an external consultancy company to conduct quarterly audits in the centre to assess practice as measured against the themes of the national standards. Inspectors were provided with two completed audit reports for the year 2020 and found that whilst these were reported to examine practices and policies in the centre against identified themes of the national standards, these completed reports did not constitute a full assessment of themes reported on. The second of these reports did identify some areas of improvement required within the centre however inspectors found that overall improvements were required to the auditing and governance systems in place in the centre to satisfy in full the requirement to have clearly defined and adequate governance arrangements. This includes, as stated above, ensuring that all operational policies and procedures for the centre are developed, reviewed and updated by the registered provider in line with regulatory requirements and taking account of the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a written policy on risk assessment which was supported by a risk matrix system. The policy document referred only to risks that related to young people and should be expanded to include organisational, environmental and

operational risks as well as a risk escalation process which was also absent. The risk matrix system was not included within the policy document and should be clearly linked to the policy on risk assessment. Inspectors found that there was some risk identification, assessment and management processes in place including pre-admission risk assessments and individual crisis management plans for young people. There was a centre risk register in place which documented risks in descending order of risk rating, commencing with those risks deemed highest including Covid-19, peers with significant age gaps residing together and staff assault by young people. Despite the lack of policy relating to environmental risks, inspectors found that environmental risks within the centre register had been regularly updated to take account of government guidelines and restrictions in relation to Covid-19. The centre manager was the designated person to contact in an emergency. Inspectors found that although there were some risk management processes in place, they were found to not be part of an overarching risk management framework that staff members were familiar with and understood in the context of their daily practice. Similar findings were found during an inspection of another centre within this organisation in October 2020. The registered provider must take the necessary action to ensure that there is a robust risk management policy and framework in place that guides all risk assessment and management processes undertaken in the centre.

The centre was operating by agreement of a contract extension with Tusla, the Child and Family Agency. The centre is required to complete reports and submit them to Tusla on a regular basis as part of this service level agreement.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a statement of purpose in place which described the model of service provision. This statement included the relevant detail required by the standards, including aims and objectives, services provided by the organisation and the management and staff employed within the centre. Inspectors were informed that the statement was publicly available to relevant persons and were provided with a young person version as well as a parent handbook. The young person's version required review as it refers incorrectly to another centre within the organisation. The manager explained the reasons why parents of current residents had not been provided with a copy of these documents and indicated that the intention is always to work with families in an open and inclusive way. The statement of purpose had most recently been reviewed in December 2019 and had not been formally reviewed since

that time. The statement of purpose must be reviewed on a regular basis as part of the centre's governance structures to ensure that services are being delivered in line with it.

Inspectors found that staff members had a good understanding of the model of care in use in the centre and the external consultant that delivers the training is available on a consultation basis for queries relating to its implementation with young people. Inspectors noted consistent reference throughout supervision and team meeting records in particular to the model of care.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were a number of internal auditing mechanisms in place in the centre including fortnightly internal management meetings, regular team meetings, weekly reports, staff supervision and recently introduced monthly audit reports which the manager compiled and submitted to the service director. In addition, the placement planning documents for the young people were reviewed on a regular basis with the external consultant that had expertise specific to the model of care being implemented in the centre and this was found to be positive and effective measure. Separate to this the manager reported almost daily phone contact with the service director though these contacts were typically not recorded and were not consistently accounted for in monthly audits.

External auditors were put in place by the registered provider to conduct quarterly audits of the service to assess the safety and quality of the care provided against the national standards. Inspectors were informed that the Covid-19 pandemic had impacted on these audits and only two were completed in the second half of 2020 with inspectors being provided with the reports on these audits. At the time of this inspection, centre management were awaiting a report based on an audit completed in December. Whilst the completed audit reports reflected to some extent an assessment of quality of care against identified themes of the national standards, the assessment of these themes in their entirety was not complete and in addition there was reference to aspects of safety that fell outside of these themes. Inspectors found that findings in relation to governance systems were reflective of those found in another centre within this organisation in October 2020 and, as with that report, in this centre these systems of governance require improvement. The registered provider must take demonstrable action to ensure that existing internal and external

auditing mechanisms are strengthened to ensure compliance with the national standards and to inform improvements in practices.

Inspectors found evidence that complaints and incidents were discussed at team meetings and in individual supervision and were also included in the weekly governance reports submitted to the registered provider by the centre manager. The centre was part of the organisation's significant event review group that met on a monthly basis. Inspectors noted from documentation reviewed and through staff interviews that feedback from this forum was shared with the team for the purpose of learning and development.

It was found from the review of the register of complaints that there was one complaint outstanding which had been made a matter of days before inspectors reviewed this register. The register lacked detail regarding the nature of the complaints and would benefit from the inclusion of more specific detail for the purpose of monitoring for trends, patterns and actions taken or further actions required. It was unclear to the inspectors how complaints were monitored and reviewed at senior level to identify any trends or patterns as the service director had not undertaken any audits within the centre. This area of practice requires more robust oversight by the registered provider. Whilst one recent audit examined complaints, there were no learning outcomes identified as the audit did not follow through any one identified complaint through to outcome. Child protection and welfare concerns were recorded in a separate register.

The registered provider was aware that an annual review of compliance with the centre's objectives is required to be conducted and inspectors were informed that the development of such a review was underway. The registered provider must ensure that this is implemented and delivered on without delay.

Compliance with Regulation	
Regulation met	Regulation 5 & 6
Regulation not met	n/a

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

Actions required

- The registered provider must ensure that the revised policy document is in compliance with the national standards and all relevant legislation, policy and guidance.
- The registered provider must take immediate action to ensure that the child protection policy document reflects all statutory requirements.
- The service director and centre manager must ensure that all staff in the centre can competently demonstrate an understanding of the relevant legislation, regulations, policies and standards for the care and welfare of children in residential care.
- The registered provider must clarify the roles and responsibilities of each member of the internal management team and ensure that written records of delegated tasks and duties are maintained.
- The registered provider must develop and further define the governance arrangements to satisfy themselves that the centre is in compliance on an ongoing basis with the national standards.
- The registered provider must take the necessary action to ensure that there is a robust risk management policy and framework in place that guides all risk assessment and management processes undertaken in the centre.
- The statement of purpose must be reviewed on a regular basis as part of the centre's governance structures to ensure that services are being delivered in line with it.
- The registered provider must take demonstrable action to ensure that existing internal and external auditing mechanisms are strengthened to ensure

compliance with the national standards and to inform improvements in practices.

- The registered provider must ensure that an annual review of compliance with the centre's objectives is conducted and any actions identified within it to be delivered on without delay.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre manager informed inspectors that staffing levels and arrangements are discussed as part of internal management meetings and there was some evidence in recorded minutes to reflect this. However, inspectors did not find evidence of a comprehensive system of oversight regarding workforce planning in the context of staff study, maternity, annual and sick leave nor did it take account of contingency cover for emergencies. Inspectors found that improvements were required to the workforce planning arrangements in place in relation to this centre to ensure that there are sufficient numbers of staff available at all times.

The staff team comprised a centre manager, deputy manager, social care leader and seven full time social care workers. The deputy manager and social care leader worked shifts on the floor as part of the staff roster. The social care workers each had a social care qualification, and had varying levels of experience in this centre ranging from one month to two and a half years. Whilst there was induction, regular supervision and scheduled training available to the staff team as a whole, inspectors found that there should be formal mechanisms implemented to support the staff members with lesser experience in residential care. The registered provider and centre manager should include this as a consideration in ongoing workforce planning for this centre. The manager stated that a second social care leader, who had previously been part of the staff roster but was on leave at the time of this inspection, was due to return to the centre. However, the exact role of this staff member had to be clarified at the time of this inspection and must be prioritised by the registered provider. It was anticipated that they would not form part of the working staff roster but would instead be assigned administrative duties aligned to their skill set. From a review of the staff rota across a period of time, inspectors found that there had

regularly been three staff members on each day comprising two on sleepover and a third of day shift. However, the implementation of this third day shift appeared to have no obvious pattern and gradually reduced during October and November 2020 to being fully eliminated. There was no identified relief panel of staff available to cover gaps in the rota should they arise. With the admission of a third young person to the centre following the inspection, the staffing numbers and manner in which they were deployed will need to be reconfigured to ensure that there are sufficient staff numbers with the necessary experience and competencies to meet the needs of the children living in the centre at all times.

The registered provider had recently undertaken a review of contracts and terms and conditions of employees with a view to promoting staff retention and continuity of care provided to the young people in this centre. The manager and service director were of the view that this had been successful on the whole although acknowledging that two staff had recently left for terms and conditions that could not be facilitated within shift work. The registered provider should endeavour to incorporate feedback provided in exit interviews into a recruitment and retention programme.

There were formalised systems in place to provide on-call support to the staff team.

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

The centre had written policies on staff recruitment and employment however these referred to “temporary staff” and should be amended to include permanently contracted staff. Inspectors reviewed a sample of staff personnel files and found that these were compliant with Irish and European legislation. However, inspectors recommended that the centre manager secure an alternative third reference for one staff member that did have a reference from a family member that had been a supervisor during a work experience placement. The centre’s policy on staff recruitment should be reviewed and amended to ensure that it is fully compliant with relevant legislation including the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016.

The registered provider had recruited staff with a social care or relevant equivalent to work in the centre. The centre manager was involved in recruitment campaigns and was conscious of the need to recruit staff that had the relevant skills and competencies to provide care and support to the young people in this centre. The

manager had a social care qualification and demonstrated the necessary management experience to manage the centre and meet its stated purpose.

Staff members, with the exception of one social care leader previously referenced, had up-to-date written job descriptions and contracts specifying the terms and conditions of their employment. Personnel files were maintained securely at the centre and the manager was responsible for their oversight and ensuring that all details were up-to-date.

The centre had a written staff code of practice that some staff were aware of and made reference to.

Standard 6.3 The registered provider ensures that the residential centre supports and supervises their workforce in delivering child-centred, safe and effective care and support.

Staff in the centre were able to demonstrate their roles and responsibilities and were aware of their reporting lines of accountability. Staff members had job descriptions and had completed induction on commencement of their employment in the centre. It was less evident to inspectors that the staff team were cognisant of the policies and procedures that informed their daily practice. This finding was similar to that of the previous inspection of this service in June 2019. The registered provider and centre manager must implement appropriate training and auditing programmes to ensure that all policies are understood and evidenced in practice.

Staff in the centre consistently described a cohesive team that were appropriately supported by the management team to exercise their professional judgement and undertake a collective accountability in providing a child-centred service that was allied to their stated purpose, aims and objectives. This collective approach was facilitated through daily handovers, individual supervision and team meetings. Inspectors received consistent feedback from the staff team on the need for improvement to the team meetings, in particular they felt that better scheduling of this, with greater notice would improve attendance and participation rates. The centre manager should ensure that regular team meetings are incorporated into the staff rota with as much notice and as little change to this as possible.

The manager encouraged a learning culture within which staff were supported to learn from one another. Training and development opportunities had been impacted by the Covid-19 pandemic however ongoing training and consultation with an

external professional in relation to the implementation of the centre's model of care had not been unduly affected and continued to represent a significant source of support and guidance to the staff team.

The centre had a policy on staff supervision and inspectors found that this was adhered to in practice. The centre manager, deputy manager and one social care leader were responsible for delivering supervision to the staff team and had completed the relevant training. Records and feedback from staff identified this as a regular forum for discussion of young people and their progress within the placement as measured against the model of care; as well as being a supportive and learning process. Inspectors did note that that different templates for the recording of supervision were being used by the various persons responsible and the manager should oversee these records and ensure that one template is used to ensure a consistent approach that is in accordance with the centre's own policy. There was no formal system of appraisal in place and the manager should implement such a system utilising the support of personnel with human resource expertise.

The centre did not have a written policy on staff support. There were some mechanisms in place including staff supervision; reflective practice in various forums and debriefing for staff as necessary. The centre must formalise these and any other relevant systems through the development and implementation of a policy.

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

The centre had a written policy on staff training however inspectors found that not all aspects of the written policy were realised in practice. The manager maintained a record of training attended and completed by staff including the dates on which it occurred and when refresher training was completed. The manager also maintained a clear record, including relevant dates, of the induction for each new member of staff. There was evidence of discussions regarding training needs taking place in individual supervision sessions and oversight of the training status of the staff team was noted in the monthly audits recently commenced by the centre manager. The training record provided to inspectors showed that there were some gaps across the staff team in mandatory training including Children First: National Guidance for the Protection and Welfare of Children (2017) and a refresher course in a recognised behaviour management programme, and these gaps must be addressed as a priority. Whilst staff were familiar with the model of care used in the centre and there was

evidence of its use reflected across many records reviewed, training in the delivery of the model was not listed on the training record reviewed by inspectors and should be included as it is central to the work in the centre.

Inspectors found that there was no evidence of a regular training needs analysis being undertaken by the registered provider to determine the ongoing needs of staff. The centre’s policy stated that an individual training audit would be undertaken on commencement of employment in the centre and that personal development plans would be developed to assist in meeting their identified training and development needs. Whilst there was evidence of attention to training and development needs referenced in supervision records, and staff reported an environment that facilitated and supported training and education, inspectors found that the approach to this needs to be formalised and should be consistent with the centres policy on training. The training needs of staff was also not a standing item on the senior management meeting records and should be a focus within this forum.

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

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

Actions required

- The registered provider and centre manager must implement an effective and ongoing system of workforce planning that ensures there is adequate levels of appropriately qualified and experienced staff available to provide continuity of care to the young people in the centre.
- The centre must ensure that there is a written policy on staff recruitment and employment for all categories of staff that is fully compliant with relevant legislation including the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016.

- The registered provider must ensure that all staff members have an up-to-date written job description and contract specifying the terms and conditions of their employment.
- The registered provider and centre manager must implement appropriate training and auditing programmes to ensure that all policies are understood and evidenced in practice within the centre.
- The centre manager must implement a formal appraisal system and maintain a clear record of same.
- The registered provider must develop a policy on staff support.
- The registered provider must ensure that all outstanding mandatory training needs are identified and met.
- The registered provider must undertake a regular training needs analysis and respond appropriately to meet the training needs identified therein.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The registered provider must ensure that the revised policy document is in compliance with the national standards and all relevant legislation, policy and guidance.</p> <p>The registered provider must take immediate action to ensure that the child protection policy document reflects all statutory requirements.</p> <p>The service director and centre manager must ensure that all staff in the centre can competently demonstrate an understanding of the relevant legislation, regulations, policies and standards for the care and welfare of children in residential care.</p> <p>The registered provider must clarify the</p>	<p>A new suite of policies has been developed that is fully compliant with all legislation, policy and guidance and is currently being rolled out including ongoing training with the staff team.</p> <p>The child protection policy has been brought in line with all of the statutory requirements as part of the policy review.</p> <p>Training around the new suite of policies will be delivered by the external consultants giving particular attention the child protection, safeguarding and risk management. Policy review will also form part of staff meetings and individual supervisions.</p> <p>A task delegation log has been developed</p>	<p>The policy document will be reviewed on an annual basis or as required by the registered provider, centre manager and external consultants.</p> <p>The child protection policy will be reviewed annually as part of the overall review or as required.</p> <p>Ongoing training on the new policy document with external consultants will take place by the end of May 2021 and the review of individual policies will be an ongoing piece of work with the team at team meetings and in supervision sessions.</p> <p>Tasks delegated will be reviewed as part of</p>

	<p>roles and responsibilities of each member of the internal management team and ensure that written records of delegated tasks and duties are maintained.</p> <p>The registered provider must develop and further define the governance arrangements to satisfy themselves that the centre is in compliance on an ongoing basis with the national standards.</p> <p>The registered provider must take the necessary action to ensure that there is a robust risk management policy and framework in place that guides all risk assessment and management processes</p>	<p>outlining the delegation of tasks from one layer of management to another down as far as the team leaders. The roles and responsibilities of each level of management are clearly outlined in their job descriptions.</p> <p>The registered provider will give written feedback to both the centre manager and the external auditors outlining any concerns or deficits on their audits. There are monthly management meetings along with SERG meetings along with daily phone contact and regular visits to the home.</p> <p>There has been a new risk management policy and framework clearly outlined in the new suite of policies and specific risk management training will form both part of the training on the policies and regular</p>	<p>the monthly management meetings and any deviation from same will be discussed there.</p> <p>The registered provider is satisfied that: Annual Provider Audit, Annual Staff Appraisals, Quarterly External Consultant Audits with Written Feedback, Monthly Manager Audits with written Feedback, Monthly Management Meetings, Monthly SERG Meetings, Weekly Managers Reports, Daily management phone contact, Regular unannounced visits to the home are sufficient to ensure that the home is operating within the parameters of the national standards on an ongoing basis.</p> <p>Policy training will have a three tiered approach including training with external consultants which will be completed by the end of May 2021. Policies will be reviewed at team meetings and will be an ongoing</p>
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	<p>undertaken in the centre.</p> <p>The statement of purpose must be reviewed on a regular basis as part of the centre's governance structures to ensure that services are being delivered in line with it.</p> <p>The registered provider must take demonstrable action to ensure that existing internal and external auditing mechanisms are strengthened to ensure compliance with the national standards and to inform improvements in practices.</p> <p>The registered provider must ensure that an annual review of compliance with the centre's objectives is conducted and any actions identified within it to be delivered on without delay.</p>	<p>review at team meetings to ensure a risk aware culture exists at all times in the home.</p> <p>The Statement of Purpose and Function has been reviewed and brought into line with the services that are provided at Glenarm.</p> <p>All auditing structures both internal and external are now in line with the national standards and the registered provider has completed an annual audit of the home.</p> <p>The registered provider has completed an annual review of the home including a detailed action plan with a timeframe.</p>	<p>piece of work along with discussion in individual supervision.</p> <p>The Statement of Purpose and Function will be reviewed annually or as required along with the policy document.</p> <p>There will be regular review of the auditing systems at monthly management meetings and any deficits will be identified and rectified immediately.</p> <p>This piece of work has been completed and will be conducted on an annual basis.</p>
6	The registered provider and centre manager must implement an effective	A review of workforce planning is currently being conducted in conjunction	The review of workforce planning will be completed by 30/4/2021. This is

	<p>and ongoing system of workforce planning that ensures there is adequate levels of appropriately qualified and experienced staff available to provide continuity of care to the young people in the centre.</p> <p>The centre must ensure that there is a written policy on staff recruitment and employment for all categories of staff that is fully compliant with relevant legislation including the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016.</p> <p>The registered provider must ensure that all staff members have an up-to-date written job description and contract specifying the terms and conditions of their employment.</p> <p>The registered provider and centre manager must implement appropriate training and auditing programmes to ensure that all policies are understood</p>	<p>with our external HR consultant. There is currently a full complement of staff employed at Glenarm. Recruitment of a relief panel is underway and offers have been made.</p> <p>A new recruitment and retention policy has been incorporated into our new suite of policies that includes all categories of staff and is fully compliant with all relevant legislation.</p> <p>All staff members have an up to date written job description and contract specifying the terms and conditions of their employment.</p> <p>The staff team are subject to ongoing policy training and specific training will be carried out on the new policy document by the end of May 2021.</p>	<p>considered an initial review piece with ongoing planning, in consultation with HR, deemed to address workforce issues as they arise.</p> <p>The annual policy review will look at all policies inclusive of all human resource policies.</p> <p>HR files are audited on a regular basis or as required by the centre manager, external consultants and during the annual review by the registered provider.</p> <p>Policy Document training will form part of the mandatory training as a three tiered approach and will be included on the training matrix which is reviewed as part of</p>
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	<p>and evidenced in practice within the centre.</p> <p>The centre manager must implement a formal appraisal system and maintain a clear record of same.</p> <p>The registered provider must develop a policy on staff support.</p> <p>The registered provider must ensure that all outstanding mandatory training needs are identified and met.</p> <p>The registered provider must undertake a regular training needs analysis and respond appropriately to meet the training needs identified therein.</p>	<p>Appraisal training for the centre manager will be provided by the external HR consultant and a formal appraisal document will be developed and implemented.</p> <p>A policy on staff support has been included in the new policy document.</p> <p>All outstanding mandatory training has been identified and booked.</p> <p>A training needs analysis will form part of the monthly manager's audit and all mandatory and additional training will be identified and sanctioned by the registered provider on a needs basis.</p>	<p>the monthly management audits.</p> <p>The new appraisal system will be implemented by the end of May 2021.</p> <p>The staff support policy will be reviewed as part of the annual policy review or as required.</p> <p>All mandatory training will be in line by the end of May 2021.</p> <p>Training needs is a standing item on the agenda at senior management meetings.</p>
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