



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 051**

**Year: 2024**

## Inspection Report

|                              |   |
|------------------------------|---|
| <b>Year:</b>                 | <b>2024</b>   |
| <b>Name of Organisation:</b> | <b>Focus Ireland</b>  |
| <b>Registered Capacity:</b>  | <b>Five young people</b>  |
| <b>Type of Inspection:</b>   | <b>Unannounced</b>  |
| <b>Date of inspection:</b>   | <b>20<sup>th</sup>, 21<sup>st</sup>, &amp; 22<sup>nd</sup> March 2024</b>                   |
| <b>Registration Status:</b>  | <b>Registered from 28<sup>th</sup> of February 2023 to 28<sup>th</sup> of February 2026</b> |
| <b>Inspection Team:</b>      | <b>Lorraine Egan<br/>Mark McGuire</b>   |
| <b>Date Report Issued:</b>   | <b>16<sup>th</sup> July 2024</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 and Regulation 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 28<sup>th</sup> of February 2002. It was transferred under the governance of Focus Ireland in August 2023. At the time of this inspection the centre was in its eighth registration and was in year one of the cycle. The centre was registered without attached conditions from the 28<sup>th</sup> of February 2023 to the 28<sup>th</sup> of February 2026.

The centre was registered as a multi-occupancy centre for up to five young people between the ages of thirteen and eighteen years old on a medium to long term basis. The centre was granted a derogation to accommodate two children under thirteen years of age on admission. The centre aimed to provide a therapeutic and relational model through individualised planning and the use of informed and intentional staff practices towards positive outcomes for young people. There were four young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

| Theme                                    | Standard |
|--|----------|
| 3: Safe Care and Support                 | 3.1, 3.2 |
| 5: Leadership, Governance and Management | 5.1      |
| 6: Responsive Workforce                  | 6.1      |

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 16<sup>th</sup> April 2024. 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. Senior management from the organisation returned the factual accuracy form along with some additional evidence on the 24<sup>th</sup> April 2024 requesting a review of a number of disputed findings in the draft report. A meeting was convened on the 25<sup>th</sup> April with the inspector managers, centre manager and senior management to discuss the deficits identified during the inspection. Inspectors reviewed the factual accuracy form and forwarded their response to the centre and senior management on the 1st May 2024. The draft report and CAPA were submitted by the centre on the 10<sup>th</sup> May 2024. This was deemed to be unsatisfactory as the corrective actions and preventative strategies outlined in the document did not assure the inspection service that the deficits highlighted during the inspection would be addressed in full and implemented in the centre.

The findings of this report and assessment of the submitted CAPA deem the centre not 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: 051 with attached conditions from the 28<sup>th</sup> February 2023 to the 28<sup>th</sup> February 2026 pursuant to Part VIII, 1991 Child Care Act.

It is the decision of the registration committee to attach the following conditions to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991:

There will be no more admissions to the centre until such time as;

1. The Alternative Care Inspection and Monitoring Service have reviewed the implementation of the submitted CAPA in response to findings identified on the inspection in March 2024.
2. Staffing has been increased to comply with the minimum levels required.

This attached condition will be reviewed by the 31st July 2024.



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**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 was operating under a new management structure since August 2023. Their child safeguarding policy and procedures had been recently updated by the governing organisation and adapted to be centre-specific. Inspectors reviewed the policies and found they were generally aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. However, some additions to the policy document were necessary in areas such as the management of retrospective disclosures, protected disclosures, responding to a concern about a staff member, online safety and reporting procedures. Further clarity was required on the steps to follow for mandated and non-mandated reporting. The staff team must be provided with specific training on the reviewed policy when complete.

The centre's child safeguarding statement (CSS) was in place and had been submitted for audit to the child safeguarding statement compliance unit (CSSCU). A letter was issued to the registered provider stating they were compliant with their statutory requirements. The CSS stated that all social care staff were appointed mandated persons. As the current CSS was updated in August 2023, and since that time there were a number of new admissions to the centre, the document must be reviewed to include any change to the risks and issues it referred to. The centre manager was the appointed designated liaison person (DLP) and said they had received appropriate training on their role. This information was not captured on the training log and must be included for tracking purposes. While some Children First training was completed by a number of the team, it was not clear which modules were undertaken, the dates they were completed and what training remained outstanding. At interview staff had knowledge of their mandated role and knew the procedure to follow to submit a report to Tusla. They were also aware of the importance of keeping young people safe in their care but didn't have knowledge of the centre's child protection policies to prevent, detect and respond to abuse. Staff were unaware of what a protected disclosure was or how to make a report.

A number of serious child protection incidents relating to online harm and child sexual exploitation (CSE) had recently occurred in the centre. From a review by inspectors of the collective risk assessment completed prior to admission of one of the young people who was involved in the incidents, no child protection or safeguarding risks including CSE were identified at this time. Additionally, there was no record on file of the potential of CSE risks emerging post admission. The collective risk assessment template in use did not specifically capture safeguarding as a key risk factor for assessment.

The allocated social worker interviewed, stated that the centre management and staff responded quickly when disclosures took place and incidents relating to CSE occurred. Inspectors saw evidence that CSE reports were submitted to Tusla promptly and the centre had followed additional safeguarding protocols by communicating with the Gardai and school professionals to strengthen safeguarding mechanisms for the young people involved. Safety plans were also developed in conjunction with social work departments and responses were clearly outlined, reviewed and updated as required. Despite this, inspectors found that there was an over reliance on the use of safety plans that were not informed by risk assessments. Risk assessments were not regularly conducted to identify and address all areas of harm. Where they were in place, control measures did not fully correspond with the safety plans and did not outline the full impact of the identified risk. It was also unclear how risks were rated and reviews were not routinely assessed and recorded post incident.

Additionally, a number of risk assessments were not evidenced on some young people's file for individual vulnerabilities such as self-harm and suicidal ideation. This must be addressed as a priority. Where they were in place, interventions to be followed were not consistently contained on the documents. For example, details of room searches or safety checks were not clearly part of the preventative measures and there was an absence of procedures on records for the use of a ligature knife. Also, staff training for this had yet to be scheduled.

Inspectors found that child protection concerns that met the threshold for reporting were generally submitted to Tusla appropriately. One specific child safeguarding concern had not been reported and this was not identified by internal or external management as part of their oversight. This should be reviewed for reporting retrospectively to Tusla. Where allegations against staff had taken place, parents and guardians were informed in conjunction with social work departments and reporting procedures were followed appropriately.

The centre maintained a child protection register. The system in place for tracking the submitted reports required some improvement. There were dates missing on the log and some entries were not recorded chronologically, lines were crossed out so that it was difficult to track the entries. All fifteen submissions remained open and follow-up was not evident regarding the progression of the reports.

Staff supported young people to have a safe online presence. One to one work and specific webinars were completed with young people so they could understand dangers and risks. Sessions were also conducted regarding self-care, consent and non-consent. This needs to be a continuous programme of work with young people who are highly vulnerable to these specific risks. Very good sessions were also evidenced on file on areas such as grief and loss.

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

Inspectors found that the approach in place for the management of behaviour that challenged was not robust enough to ensure young people were safe, happy and having a positive daily living experience. The centre was going through a period of considerable instability and disruption and the number of significant incidents had increased at the time of the most recent admissions. These incidents included threats of violence, assaults on peers, targeting and racial abuse of one specific young person as well as members of the team. There was an escalation of young people's high risk behaviours such as self-harming and suicidal ideation along with a number of allegations being made against staff. The centre was further destabilised by sickness on the core staff team and a reliance by centre management on agency personnel to address these deficits.

One of the social workers interviewed said they could not attest to young people being safe in the centre currently. In response, the centre manager stated that this concern had not been raised by the social work department with them at any stage. Two of the four young people spoke to inspectors and described what it was like for them to live there. One said while they liked some of the staff and other things about the centre was nice, they said they were 'called names' by peers, 'they take my stuff', 'kick at my door daily', 'follow me around all the time', 'It still makes me upset'. They said they don't know how to make it better. The second young person said they wanted to move and that while they had liked living there, it was different now. They described how they 'didn't feel believed or heard' and some days they don't 'recognise any of the staff that are on shift'. They also said, 'staff don't communicate with one another', 'there's

nothing but fighting in the house’, ‘staff don’t take bullying seriously’ and ‘I don’t like the way staff talk to me’.

Inspectors saw evidence that at times there had been planned and individualised care that had contributed positively to improvements for some young people. However, from a review of young people’s files including a number of significant event notifications (SENs) this progress had changed significantly in the last number of weeks. The team were unable to implement appropriate interventions to manage the number of serious incidents that were taking place. In general, individual risk assessments and behaviour support plans were not developed when behaviours posed a risk to young people. There was no clear and consistent guidance for staff to follow regarding strategies or de-escalation techniques when young people were heightened and targeting others. Any measures implemented were reactive rather than responsive and the daily environment was not managed in a way that risks and behaviours that challenged were being prevented or reduced so that young people could feel protected and safe. Consequently, high risk incidents continued in the centre and while out in the car. At interviews, staff were unable to outline effective approaches to managing significant incidents. Key working sessions had not been consistently undertaken with young people to understand their own behaviours and actions or to learn about racism, diversity and respect for others.

Training had been provided to staff on the centre’s chosen behaviour management model. While refreshers were due for most staff, dates had yet to be scheduled.

While some individual crisis support plans had been developed, and contained guidance to reduce certain behaviours, strategies were not always targeted to the specific behaviours that were occurring regularly. Despite the centre having a policy on consequences as part of their behaviour management procedures, this was not implemented in relation to the current incidents taking place. Absent management plans were not clearly outlined on each young person’s file.

The model of care in place centred on relationship building between staff and young people and there was evidence on centre records for some where direct work had been positively impacting them especially regarding grief and loss. In addition, the centre had good focus on young people maintaining their original education placements, joining afterschool activities and hobbies of choice and improving relationships with their own family where appropriate. Social workers described how updates from the centre was regular and they received significant event notifications and child protection reports only in a timely way. Staff supported young people with

attending therapeutic appointments and were endeavouring to resource additional ones in conjunction with allocated social workers. Clinical guidance has been sourced for the team and inspectors were told that this would be put in place by the end of April 2024.

Regular auditing and monitoring of the centres approach to managing behaviour was not taking place. The head of services told inspectors the organisation's quality assurance auditor would conduct themed audits and this would be scheduled to commence April 2024. While SENs were discussed at team meetings and senior management meetings, guidance from reviews were not always updated and reflected on the young people's files.

There were restrictive practices in place in the centre and the majority of these ensured safety for young people. There was evidence that restrictive practices were reviewed at team meetings. However, where one had recently been implemented regarding the locking of the kitchen at night time, there was no evidence that it was assessed as being required due to the safety of all young people living there and this should be reviewed. Restraints were not taking place in the centre.

| <b>Compliance with Regulation</b> |                      |
|-----------------------------------|----------------------|
| <b>Regulation met</b>             | <b>Regulation 16</b> |
| <b>Regulation not met</b>         | <b>Regulation 5</b>  |

| <b>Compliance with standards</b>                                 |  |
|--|--|
| <b>Practices met the required standard</b>                       | <b>Not all areas under this standard were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 3.1</b>                                    |
| <b>Practices did not meet the required standard</b>              | <b>Standard 3.2</b>                                    |

### **Actions required**

- The registered proprietor must ensure the centre's child protection and safeguarding policies including protected disclosures are updated to include all requirements and responsibilities outlined in Children First and relevant legislation and staff receive specific training on the policies.
- The centre manager must ensure that the CSS is reviewed to include any change to the risks and issues for all new admissions.
- The centre manager must ensure that the necessary Children First E-Learning modules are up to date for all staff and a record is maintained by the centre.

- Senior and centre management must ensure that individual risk assessments are in place and reviewed consistently for all identified risks. Interventions should be clearly outlined and risks appropriately rated.
- The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.
- The centre manager must ensure that child protection information recorded on the centre register is maintained in line with best practice requirements.
- Senior and centre manager must review the centre's system for the management of behaviour that challenges and implement effective and consistent interventions as a priority so that the number of serious incidents are reduced and all young people are safely living in the centre.
- The centre manager must ensure that young people are supported in their understanding of behaviour that challenges including racism and diversity.
- Senior management must ensure that regular auditing and monitoring of the centres' approach to managing behaviour is taking place so that gaps and deficits that impact practice can be addressed.
- The centre manager must ensure that restrictive practices are only in place if there is evidence that it is required due to a serious risk to safety and welfare of young people.

#### **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.**

As mentioned in the report, the centre was now operating under a new organisation. The transfer was concluded in August 2023. A review of all of the centre's policies and procedures had been initiated so that they were both centre-specific and in line with the new organisations' governance systems. This was completed in December 2023 and inspectors were informed that the policies have now been signed off on. An implementation date has yet to be scheduled and training should be provided to the team to ensure all of the policies are applied in practice with young people. The

policies and procedures were revised in line with the National Standard for Children's Residential Centres, 2018 (HIQA).

At interview, staff did not demonstrate a good understanding of the specific policies and procedures reviewed under this inspection, but were familiar with the National Standards and various reporting procedures that guided their child protection practice. As mentioned already in this report, all staff were required to receive training on Tusla's Children First E-Learning modules as well as training on the centre's own child protection and safeguarding policies. Where child protection policy updates were necessary as identified from this inspection's findings, this should be completed in advance of the training.

| <b>Compliance with Regulation</b> |                                      |
|-----------------------------------|--------------------------------------|
| <b>Regulation met</b>             | <b>Regulation 5<br/>Regulation 6</b> |
| <b>Regulation not met</b>         | <b>None Identified</b>               |

| <b>Compliance with standards</b>                                 |  |
|--|--|
| <b>Practices met the required standard</b>                       | <b>Not all areas under this standard were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Standard 5.1</b>                                    |
| <b>Practices did not meet the required standard</b>              | <b>Not all areas under this standard were assessed</b> |

### **Actions required**

- The registered provider must ensure that training is provided on the centre's full suite of revised policies and procedures.

**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.**

While the inspection was ongoing, an emergency in staffing cover emerged in the centre. Inspectors expanded the scope of the inspection to include this standard as there were not appropriate numbers of staff employed in the centre with regards to



the number of young people living there. The centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings June 2023.

From the current information form provided to ACIMS, there was one centre manager, a deputy manager, three social care leaders (one part time), seven social care workers (four part time). Additionally, a number of the core team had recently gone on sick leave and other types of leave so that significant deficits emerged and it became increasingly difficult to maintain appropriate staff numbers as required. Some of the gaps on the team were filled by an overreliance on agency staff and members of the on call team. In addition, the centre were dependent on the transfer of staff from sister centres where recruitment was already challenging.

Rosters were requested and submitted to inspectors. However they were unable to get a fulsome account from reviewing these or from conversations with the centre manager of the current shortfalls and how the issues would be addressed satisfactorily so that the team could be stabilised as a priority. Consequently there were not enough core staff, to care for young people safely. The centre was unable to access consistent additional staff required to address the deficits until the full staff team could be in place and stabilised. This was creating a sense of chaos for the young people living there and staff told inspectors of the crisis they experienced while on shift and the exhaustion they felt. These substantial issues were impacting care provision so that safe and effective care and support cannot be provided to young people currently.

While the centre manager informed ACIMS that three staff will be starting soon to address this crisis and that the organisation is actively recruiting; workforce planning by the organisation and the centre has not been adequate. It did not take account of the various types of leave that may be required and contingency cover for emergencies from a panel of relief and agency staff quickly became depleted. Staff interviewed told inspectors that some regular agency personnel said they would not work in the centre again because of the number of allegations being made. External auditing was not taking place to identify and effectively respond to a number of these issues. While staff recruitment and retention was discussed at team and senior management meetings, it was not clear from these discussions how the issues were addressed or if plans had been implemented and the challenges were not resolved.



| <b>Compliance with Regulation</b> |                     |
|-----------------------------------|---------------------|
| <b>Regulation met</b>             | <b>Regulation 6</b> |
| <b>Regulation not met</b>         | <b>Regulation 7</b> |

| <b>Compliance with standards</b>                                 |  |
|--|--|
| <b>Practices met the required standard</b>                       | <b>Not all areas under this standard were assessed</b> |
| <b>Practices met the required standard in some respects only</b> | <b>Not all areas under this standard were assessed</b> |
| <b>Practices did not meet the required standard</b>              | <b>Standard 6.1</b>                                    |

### **Actions required**

- The registered provider must ensure that there are sufficient numbers of staff in the centre with regard to the number of young people living there and the nature of their needs. They must be in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level & Qualifications CRC Settings June 2023

## 4. CAPA

| Theme | Issue Requiring Action  | Corrective Action with Time Scales   | Preventive Strategies To Ensure Issues Do Not Arise Again   |
|-------|---|--|---|
| 3     | The registered proprietor must ensure the centre's child protection and safeguarding policies including protected disclosures are updated to include all requirements and responsibilities outlined in Children First and relevant legislation and staff receive specific training on the policies. | The organisation's safeguarding and governance manager has been informed of the necessity to update the policy and in particular to include protected disclosures. This will be completed in the coming weeks. Once this is done, training will be provided to the staff team. | The policies will be reviewed on an annual basis and any policy updates, revisions will be included. Team will be informed of same and updated accordingly.                       |
|       | The centre manager must ensure that the CSS is reviewed to include any change to the risks and issues for all new admissions  | The CSS will be reviewed immediately and updated to reflect risks and issues related to recent admissions.   | The CSS is reviewed annually, as per organisational policy. However, it will be updated as necessary following new admissions to reflect any additional risks that may emerge.    |
|       | The centre manager must ensure that the necessary Children First E-Learning modules are up to date for all staff and a record is maintained by the centre.  | All staff members have completed the Children First E-Learning modules. The centre manager will request that all staff members provide her with the necessary documentation to confirm completion of the modules. Once this is done, the                                       | The centre manager will remind all staff members that in future they must ensure that after they have completed training, they must provide the manager with proof of completion. |

|  |  |   |  |
|--|--|---|--|
|  | <p>Senior and centre management must ensure that individual risk assessments are in place and reviewed consistently for all identified risks. Interventions should be clearly outlined and risks appropriately rated.</p> <p>The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.</p> <p>The centre manager must ensure that child protection information recorded on the centre register is maintained in line with best practice requirements.</p> | <p>training log will be updated.</p> <p>Individual risk assessments are completed for all children in the centre at present which include rated risks and agreed interventions. They are reviewed at bi-weekly staff meeting, or as required.</p> <p>All staff will consult with the DLP before reporting any children protection and safeguarding concerns to ensure that procedures are consistently followed and so that the DLP and the management can track all concerns raised and follow-up. The process will be put in place immediately.</p> <p>This has been updated. Furthermore, the centre manager has checked that an SEN is attached to every concern submitted.</p> | <p>This process will continue. A review page has been added the risk assessment template to ensure that there is a clear tracking system in place to record reviews and any changes to risk profiles and interventions.</p> <p>The process outlined will ensure that child protection reporting procedures are consistently followed in future.</p> <p>The centre manager will bring this issue to the staff team meeting and will outline the process they must followed in order to ensure that the necessary information is maintained, such as tracking numbers etc.</p> |
|--|--|---|--|

|  |   |   |   |
|--|---|---|---|
|  | <p>Senior and centre manager must review the centre's system for the management of behaviour that challenges and implement effective and consistent interventions as a priority so that the number of serious incidents are reduced and all young people are safely living in the centre.</p> <p>The centre manager must ensure that young people are supported in their understanding of behaviour that challenges including racism and diversity.</p> <p>Senior management must ensure that regular auditing and monitoring of the centres' approach to managing behaviour is taking place so that gaps and deficits that impact practice can be addressed.</p> | <p>The centre's approach to the management of behaviour that challenges involved the use of TCI and a relational approach. Recent SENs will be reviewed immediately to ensure that these approaches are being consistently implemented.</p> <p>Direct one-to-one work with young people is done to support young people to understand behaviours that challenge including racism and diversity. The manner in which this work is carried out is based on each young person's needs and their level of understanding vis-à-vis their ability to understand behaviours that challenge.</p> <p>SENs will be reviewed monthly by the centre manager to address any immediate concerns that may arise with regard the management of behaviours. The centre manager will meet with the safeguarding and governance manager immediately to</p> | <p>All staff members will continue to receive TCI training refreshers. SEN reviews will continue to ensure that behaviour management techniques are being consistently used.</p> <p>Direct work with young people with regard to behaviours that challenge, in particular racism and diversity, will be carried out as the need arises. Racist behaviours, in particular, will be named and addressed immediately and a clear message given regarding their inappropriateness.</p> <p>In consultation with the safeguarding and governance manager, a new auditing and monitoring system will be put in place to ensure there is oversight in relation to approaches to behaviour management, such that any potential gaps and deficits</p> |
|--|---|---|---|

|   |   |   |   |
|---|---|---|---|
|   | <p>.</p> <p>The centre manager must ensure that restrictive practices are only in place if there is evidence that it is required due to a serious risk to safety and welfare of young people.</p>   | <p>devise a better system to audit and monitor approaches to managing behaviours in order to address any gaps and deficits that may impact practice.</p> <p>All restrictive practices are reviewed monthly. If a restrictive practice is assessed as not being required due to a reduction in an associated risk, then the restrictive practice will cease.</p> | <p>are identified and addressed.</p> <p>Review of restrictive practices will be ongoing and consistent. Restrictive practices will only be implemented on the basis of a serious risk to the safety and welfare of the young people.</p>  |
| 5 | <p>The registered provider must ensure that training is provided on the centre's full suite of revised policies and procedures.</p>   | <p>All staff members will be provided with a printed copy of the centre's policies and procedures and once read they will sign a sheet to confirm they have done so. This will be done immediately.</p>   | <p>Any revision to the centre's policies and procedures will be communicated to the staff team via email and discussed at the next team meeting to ensure it is fully understood and will be implemented correctly.</p>   |
| 6 | <p>The registered provider must ensure that there are sufficient numbers of staff in the centre with regard to the number of young people living there and the nature of their needs. They must be in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996,</p> | <p>A number of measures have been implemented immediately to address the staffing shortfall. They include:</p> <ul style="list-style-type: none"> <li>• Redeployment of five organisation employees to the centre.</li> <li>• Ongoing recruitment campaigns to fill vacant posts.</li> <li>• The use of recruitment agencies to</li> </ul>                      | <ul style="list-style-type: none"> <li>• The recruitment of permanent relief social care workers to ensure consistency for service delivery.</li> <li>• Allocation of social care graduates to under-18s services.</li> <li>• Continue to prioritise training places for under-18s employees to ensure compliance and highest standards of</li> </ul> |

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|  | <p>Part III, Article 7 as outlined in the ACIMS Regulatory Notice Minimal Staffing Level &amp; Qualifications CRC Settings June 2023.</p> | <p>support with acquiring social care workers on a permanent contract basis.</p> <ul style="list-style-type: none"> <li>• The enhancement of under-18s job description to include salary, support offerings and other benefits.</li> <li>• The use of LinkedIn as a recruitment platform to source hard to reach candidates for under-18s services.</li> <li>• Increased organic social media content aimed at optimising recruitment outcomes.</li> <li>• Internal promotion of the organisations referral program to entice employees to refer to their networks.</li> </ul> | <p>service delivery.</p> <ul style="list-style-type: none"> <li>• The development and implementation of a digital recruitment brand strategy aimed at optimising recruitment outcomes. This includes: <ul style="list-style-type: none"> <li>○ Increase in organic social media utilising LinkedIn, Facebook &amp; Instagram platforms.</li> <li>○ Paid advertisements.</li> <li>○ Activate a ‘spotlight’ campaign on under-18s services.</li> </ul> </li> <li>• Increase in student placements and interaction with colleges to attract social care graduates to the organisation’s under-18s services.</li> <li>• Workforce planning to support planned leave throughout the year.</li> </ul> |
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