



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 176

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Curam Nua Ltd
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	14th, 15th and 16th October
Registration Status:	Registered from 20th September 2020 to 20th September 2023
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	17th February 2020

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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 20th September 2020. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 20th September 2020 to 30th September 2023.

The centre was registered to provide medium term residential care for up to two children, single gender from age thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children using a 'blended theoretical and best practice approach'. The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the therapeutic programme of care in the centre. There was one young person in placement at the time of the inspection and this was a single occupancy arrangement at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews via teleconference 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 and the centre manager on the 15th January 2021 and to the relevant social work departments on the 15th January 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 1st 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: 176 without attached conditions from the 20th September 2020 to the 20th September 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 inspectors reviewed the centre's child protection policy. They found the written policy did not adequately reflect Children First: National Guidance for the Protection and Welfare of Children, 2017. The policy must include key roles in safeguarding, the identification of the relevant reporting form and how safeguarding strategies in the centre will be implemented, monitored, reviewed and evaluated. The inspectors found that best practice procedures outlined in the document required further updating to ensure compliance with Children First. The lack of up-to-date child safeguarding policies and procedures did not support the centre's ability to ensure all aspects of the service were in line with national guidance and current legislation.

Despite policy deficiencies, those interviewed by inspectors demonstrated appropriate knowledge to recognise child abuse and report a reasonable concern about a child's welfare and protection. Staff interviewed were aware of their role as mandated persons to report a concern and were familiar with the procedure to submit a report through Tusla's web portal, in line with Children First, 2017. The centre manager was the designated liaison person for the centre and all staff interviewed identified the centre manager in this role and understood their role and responsibility.

The registered proprietor provided induction training for staff to enable them to recognise, report and manage concerns of harm and abuse relating to the children in their care in line with Children First. Staff members had reviewed the centre's child safeguarding statement with the centre manager and also within a team meeting. All staff members completed the Tusla E-Learning module Introduction to Children First, 2017 and verification of this was provided to the inspectors. There were no child protection concerns in relation to the young person in placement at the time of the inspection or since their admission to the centre. In relation to the centre's child safeguarding register the centre manager must ensure that all concerns relating to

harm are recorded on the centre register including those concerns that do not meet the threshold for a mandated report.

The centre had a child safeguarding statement and a letter of compliance to confirm this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The child safeguarding statement was displayed on the staff notice board and was discussed with staff in supervision and at team meetings. Despite the policy deficits safeguarding practices were in place in the centre and staff interviewed identified a range of policies that support safeguarding the young person in placement. Inspectors found that the staff had a good understanding of what constituted safeguarding. Safeguarding policies identified by staff included induction training, complaints procedures, lone working, risk management, anti-bullying, internet safety, recruitment and vetting procedures.

The inspectors examined three personnel files for additional core and relief staff that were recruited since the centre's initial registration. The inspectors found reference checks and Garda vetting was undertaken in line with the national requirements for vetting.

The centre had an anti-bullying policy including guidance for staff about possible exploitation of young people on the internet and social media however this policy should be incorporated into the centre's child safeguarding policy. There was evidence that the staff had undertaken key work with the young person in relation to safety on line and on social media platforms. There were no issues of bullying relating to the young person in placement.

Following a review of key work records and an interview with the young person in placement it was evident that staff supported them to speak out if they felt unsafe or vulnerable and that staff had conversations with them in relation to self-care and protection. The young person was aware of their own vulnerabilities in this regard. There was evidence the young person had positive relationships with staff members based on trust and mutual respect that enabled discussions around their safety and protection. The young person informed the inspectors they felt safe living in the centre. The centre records showed that individual areas of vulnerability were identified, assessed and managed through the centre's risk management policy and the individual placement plan. Staff interviewed were able to identify key areas of vulnerability and risk as it related to the young person in placement.

There were agreed procedures in place to inform the young persons' social worker and guardian ad litem of any incident of abuse or disclosure of harm. The external professionals interviewed by inspectors stated the centre manager and staff were alert to risk and implemented appropriate safeguards to minimise the likelihood of such risks occurring. The social worker, aftercare worker and Guardian ad Litem all confirmed that communication with the centre was good and they received prompt notification of any incident or concern about the young person. External professionals confirmed they were facilitated to have private access to the young person on visits to the centre.

The centre had a policy and procedure on whistle blowing and the centre manager confirmed they had regular conversations with staff individually and at team meetings in relation to the centre whistleblowing policy. Staff interviewed were aware to whom they would report a practice concern and were confident they would call out poor practices without fear of adverse consequences to themselves. Staff identified a named person external to the centre should they have concerns about the managers/registered proprietors practice.

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

The centre had policies on behaviour management, sanctions and the use of physical restraint. The centre's behaviour management policy named positive role modelling, learning through relationships and experiences as the core approach. In the course of staff interviews, the inspectors found that staff understood the approaches to behaviour management and were able to implement them on a day-to-day basis. There was evidence that staff supported the young person through their relationship with them and in line with the centre's model of care. Staff interviewed had a good understanding of the impact of separation, loss and multiple care placements on young people. This was reflected in their approach to responding to the needs of the young person in placement.

The inspectors found the managers and staff placed a strong emphasis on promoting positive behaviour. They facilitated activities where the young person could achieve and have positive rewarding experiences. They supported the young person to maintain their interests and hobbies and facilitated transport across the country several times a week to ensure they maintained these interests. This was of huge benefit to the young person in terms of providing them with positive experiences and an opportunity to continue to pursue an interest that could potentially support them

into aftercare. External professionals confirmed that the young person received care and support that promoted positive behaviour.

The centre staff required refresher training in their crisis intervention model and the newly recruited staff members had not completed the foundation training programme. The centre manager, who was qualified to deliver this training, had scheduled the required training for staff. This training was previously deferred due to Covid-19 restrictions. The individual crisis management plan on file did not reflect that the identified physical intervention hold could not be carried out due to the status of staff training. The centre manager confirmed that they had planned to remove this intervention following consultation with the social worker given the young person's age and current needs.

The social worker and the national private placement team had provided the centre with sufficient information to enable the staff to implement appropriate behaviour management strategies and a comprehensive individual crisis management plan on admission. The individual crisis management plan was reviewed by the team on a regular basis at handovers and at team meetings.

The inspectors found the young person was supported to develop an understanding of the behaviour that caused challenges and behaviour that was respectful of the rights of others. There was evidence that staff were confident and skilled to support the young person to manage their behaviour. The young person was also aware of the expectations for behaviour and there was evidence that key work and individual work had been undertaken with them in this regard. Inspectors found this was a strong feature of staff practice at the centre and that there was a unified approach to the management of behaviour at the centre.

There was evidence that the voice of the young person was heard in relation to decision making, consequences, rewards and daily life experiences. This was evidenced in the daily logs, in key work and in individual work reports. The team used opportunities that presented through discussion to assist the young person to link their actions to outcomes for their quality of life where this was not positive for them.

The inspectors found there was no external system in place to audit consequences, rewards, or other behaviour management practices in order to assess their effectiveness and compliance with the centre's behaviour management policy and best practice. The registered provider must ensure there is a system in place for

audits to be undertaken by personnel external to the centre to audit and monitor the centres approach to managing behaviour that challenges. The outcome of such audits should be relayed to staff and recorded to evidence learning and thus achieve better outcomes for children in placement.

The inspectors found the centre to be an open unrestricted environment. At the time of the inspection there were no restrictive procedures utilised in the centre and there were no incidents where physical interventions were employed by staff. Staff interviewed were familiar with practices that would be deemed restrictive and stated that such procedures, if implemented, would be documented and reviewed in the context of the current support strategy. However the inspectors found the centre did not have any written guidance for staff on the use of restrictive procedures or the systems in place for the monitoring and oversight of such practices within the centre. The registered proprietor must ensure they develop written guidelines for staff on the use of restrictive procedures and outline the process for reviewing and auditing such procedures.

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

The centre had a written policy on the notification of significant events. The policy outlined the procedures in place for the notification and management of incidents in line with the regulations. There were no significant event notifications to date for the young person in placement. The centre manager and staff informed the inspectors that significant events would be discussed at handovers and team meetings and the individual crisis management plan and behaviour support plans would be updated to reflect these discussions. The inspectors found there was no formal system in place to evaluate and identify learning for staff if significant events were to occur and to inform the social workers of identified learning outcomes. The inspectors recommend the establishment of a significant event review group within the wider organisation.

There was a culture of reflective practice in the centre and this was demonstrated in the team meetings and in interview with the centre manager and staff who displayed a commitment to continuously improve the quality of care that was provided to the young person. There were lots of opportunities for the young person to provide feedback on the day-to-day operations of the centre and this was evidenced through the daily logs and key work records. The centre manager must also have systems in place to receive feedback about the care in the centre from parents, where

appropriate, and from the allocated social workers in order to identify areas for improvement.

Compliance with Regulation	
Regulation met	Regulation 16
Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure that the centre’s child safeguarding policy document is reviewed and updated to adequately reflect Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The centre manager must ensure that all concerns relating to harm are recorded on the centre’s safeguarding register to include those concerns that do not meet the threshold for a mandated report.
- The registered provider must ensure there is a system in place for audits to be undertaken by personnel external to the centre to audit and monitor the centres approach to managing behaviour that challenges. The outcome of such audits should be relayed to staff and recorded to evidence learning and thus achieve better outcomes for children in placement.
- The centre manager must ensure all newly recruited staff are trained in the centre’s crisis intervention model and that members of the team receive the required refresher training.
- The registered proprietor must ensure they develop written guidelines for staff on the use of restrictive procedures and outline the process for reviewing and auditing such procedures.
- The registered proprietor must have a system in place to ensure that all incident reviews are evaluated and learning is communicated to all staff in the centre and to the young person’s allocated social worker.
- The centre manager must have systems in place to receive feedback about the care in the centre from parents, where appropriate, and from the allocated social workers in order to identify areas for improvement.

Regulations 5: Care Practices and Operational Policies

Regulation 6 (1 and 2): 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 management and staff interviewed by the inspectors were aware of the regulatory and legislative requirements for the care and welfare of children appropriate to their role and this was reflected in aspects of their practice. However, strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, and the inspectors found that centre had not updated their full suite of policies and procedures for the residential centre in line with the National Standards for Children’s Residential Centres, 2018 (HIQA). As centre practice was ahead of written policies and procedures, the registered proprietor and centre manager’s capacity to monitor practice and performance effectively against the written policies and procedures was hindered.

The registered proprietor confirmed that they had recently embarked on a review of all the centre policies and procedures to update them in line with the national standards and current legislation and this would be reflected in their annual compliance report and improvement plan due to be completed in November 2020. The registered proprietor must ensure that the centres policies and procedures are reviewed and updated as a matter of priority in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.

The register proprietor informed the inspectors that from December 2020 they would be undertaking responsibility to provide external oversight of the centre through more formalised and structured processes such as auditing care practices and the quality of care in the centre. This oversight role and external governance process will be further outlined in the centres quality assurance policy that is currently under development.

As stated earlier in the report the inspectors found that the centre’s child protection policy was not compliant with the requirements of the Children’s First Act, 2015 and

Children First: National Guidance for the Protection and Welfare of Children, 2017. The registered proprietor must ensure that new and existing legislation and national guidance is reflected in organisational and centre policy. The requirements of Children First must be considered in the review of all the centre's policies and procedures to determine how it impacts on practice and to address any gaps in compliance.

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 external organisational structure for the service comprised of an advisory board and two registered proprietors. As previously stated one of the registered providers was moving into a new role as director of services in December 2020 to ensure there were appropriate processes in place for the external oversight of the two children's residential centres within the organisation. The internal management structure of the centre comprised of the manager, deputy manager, senior social care practitioner, ten social care staff and an activity worker. The inspectors found the internal management structure was appropriate to the size, purpose and function of the centre. The staff interviewed confirmed they were supported by management in their work and that a culture of learning existed within the organisation.

The centre manager had overall responsibility and accountability for the delivery of care and the day-to-day operation of the centre. The centre manager demonstrated a clear vision for the centre. Their ethos, leadership and care approach was evident and was demonstrated in interviews with the inspectors and affirmed by staff. The centre manager was present in the centre on a daily basis and the manager attended daily handovers, care planning meetings and had oversight of all reports generated within the centre. The inspectors found that the daily logs required more consistent evidence of the manager's oversight of the logs and of guidance provided to staff. The centre manager had not undertaken supervision practice training and the inspectors advised the manager that supervision practice training should be completed as a matter of priority in order for them to provide an effective and robust staff supervision.

The centre manager stated that when they were on leave the deputy manager would undertake the leadership role in the centre. As the centre was in the early stages of development and the deputy manager had been on planned leave following initial

registration the delegation of roles and responsibilities had not been fully agreed. To ensure compliance with the national standards the centre manager must ensure that a written record is kept when the centre manager delegates some or all of their duties to an appropriately qualified staff member. There was evidence that specific roles such as fire safety were assigned to specific members of the team and where tasks were delegated at the team meeting this was written up on the staff notice board to ensure accountability.

There was evidence that national standards and centre policies and procedures were discussed with staff at team meetings. The centre had a suite of written policies and procedures to guide staff practice and the care in the centre however as previously stated these policies were not updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre was granted registration to operate as a special arrangement for a number of months prior to obtaining full registration. From the time it operated as a special arrangement up to the point of inspection the inspectors found that only one team meeting and one management meeting had been undertaken. This was not in line with the centres policy for conducting team and management meetings. The registered proprietors and the centre manager must ensure that team meetings and management meetings are undertaken in line with the centres policy.

At the time of the inspection the registered proprietor had engaged the services of an external HR company and all staff contracts and job descriptions were under review and due to be updated in line with current employment legislation.

Inspectors found the staff displayed good knowledge and understanding of the young person and were able to anticipate potential risks and put measures in place that mitigate against the likelihood of such risks occurring. The centre had policies and procedures in place for the identification, assessment and management of risk associated with the young person's care and their behaviour. There were risk management plans on file and these plans were reflected across a range of centre records. Risk assessments carried out by the centre staff were found to be thorough and supported safe decision making. Risks were well described and appropriate control measures were in place to mitigate these risks. There were suitable arrangements in place to provide 'out of hours' on-call support to staff to manage adverse and significant incidents and risks in the centre.

The registered proprietor was currently developing a risk management framework to ensure they could evidence both corporate risks and centre specific risks. There were a number of centre based risks identified by the inspectors for example risks associated with delays in meeting training requirements for their crisis intervention model, risks due to policies and procedures not in line with current national standards and legislation, double shifts during Covid-19 pandemic and long journeys with the young person in early hours of the morning to facilitate their activities. There must be clear strategies in place on the centre register to respond to these identified centre based risks. The registered proprietor must develop a framework to identify, assess and manage centre based risks and organisational risks in accordance with the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA).

Staff indicated that health and safety risks posed by the recent pandemic associated with Covid-19 were comprehensively responded to by management. The centre had developed a Covid-19 policy that was reviewed in July 2020. The inspectors found that some aspects of the policy required further updating to ensure they were fully in line with current government guidelines and advised the manager and registered provider in this regard. Cleaning schedules were in line with public health guidance and continued to be adhered to. Contingency plans were in place in the event that staff or the young person contracted Covid-19. Staff confirmed they were provided with ample supplies of PPE, hygiene products and hand sanitizers. Appropriate risk assessments were undertaken to ensure the young person could continue with his activities during the phases of travel restrictions.

The centre had a placement contract in place with the Tusla’s National Private Placement Team specific to the young person in placement and they provided written progress reports to the funding agency. The registered provider attended bi-annual review meetings with the national placement team in relation to the placement contract and the progress and outcomes of the child’s placement.

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 written statement of purpose and function which adequately described the model of care provided. It is company policy that the statement of purpose is reviewed on an annual basis by the centre managers/registered proprietors. The aims, objectives and ethos of the centre, the age range, numbers and cohort of children it catered for, key policies that guided practice and specialised

facilities provided to meet the needs of the child placed in the centre were outlined in the statement. However, the written statement was not fully compliant with the requirements of the national standards or updated to reflect the current special arrangement and the current staff team and management structure in the centre. The registered proprietor and the centre manager must update the statement of purpose to reflect the current status of the centre and the arrangements in place for the wellbeing and safety of the young people in accordance with the requirements of the national standards.

The centre had written information about its operations that was in an accessible format for young people that included information on children's rights, complaints and bullying. However, the inspectors found that aspects of this booklet were not up to date. The centre manager must ensure the young people's information booklet is updated to reflect the current practice within the centre and is congruent with other written policies and procedures within the centre. The centre had not developed centre specific information for social workers and their families. The registered proprietor and the centre manager must provide specific information for social workers and families about the centre, its purpose and overall aims and objectives.

Staff and managers displayed an understanding of the model of care as outlined in the statement of purpose, the aims and objectives of the centre and the outcomes they sought to achieve for young people in their care. The inspectors found the principles of the care approach were reflected in the day-to-day operation of the centre and the care of the child. Staff confirmed they received induction training in relation to the centre's model of care. The staff questionnaires and staff interviews comprehensively represented the model of care in feedback to the inspectors.

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.

At the time of the inspection the registered proprietor was planning the development of systems to audit operations at the centre to ensure the quality and safety of care and inform improvements in practices to achieve better outcomes for the young people in placement. These arrangements must now focus on developing and implementing a written quality assurance and compliance framework. Records must be developed to reflect the oversight, actions and outcomes of audits. The centre must have a systematic approach to auditing practice which can track actions to inform improvements in practice and measure compliance against the national

standards. The external manager must ensure that arrangements are put in place to assess the safety and quality of care provided in the centre against the National Standards for Children’s Residential Centres, 2018 (HIQA).

There was a complaints policy in place and there were systems in place to record, track and monitor the incidence of complaints in the centre. Staff were aware of the importance of having a robust complaints system in place to safeguard young people. The young person living in the centre had not made any complaints to date and this was confirmed by the social worker and the Guardian ad litem. The centre manager confirmed that all complaints would be notified to the social worker and the Guardian. The centre manager confirmed that complaints would be discussed at team meetings and the complaints register would be reviewed by the registered proprietor on visits to the centre. The inspectors found that the centre’s complaints policy required updating and should outline the systems in place to monitor and analyse complaints for patterns or trends and ensure that any learning from complaints is communicated to staff to promote improvements.

The centre management were aware of the requirement for the registered provider to conduct an annual review of compliance of the centres objectives to promote improvements in work practices and to achieve better outcomes for young people. As the centre was registered in September 2020 the annual review of compliance must be completed by September 2021.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.1 Regulation 6.2
Regulation not met	None identified

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 proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.
- The registered proprietor must ensure there are oversight and governance systems in place to ensure the centre is operating in compliance with the regulations and the national standards.
- The registered proprietor must ensure there are systems in place to review on a regular basis new and existing legislation and national policy, such as Children First, to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance.
- The registered proprietor must develop a risk management framework to identify, assess and manage centre based risks and organisational risks.
- The registered provider must ensure the centre manager is provided with training in supervision practice as a matter of priority.
- The centre manager must ensure that a written record is kept when the centre manager delegates some or all of their duties to an appropriately qualified staff member.
- The registered proprietors and the centre manager must ensure that team meetings and management meetings are undertaken in line with the centres policy.
- The registered proprietor and the centre manager must update the statement of purpose to reflect the current status of the centre and the arrangements in place for the wellbeing and safety of the young people in accordance with the requirements of the national standards.
- The registered provider must ensure the young people’s information booklet is updated to reflect the current practice within the centre and is congruent with other written policies and procedures within the centre.
- The registered proprietor and the centre manager must provide specific information for social workers and families about the centre, its purpose and overall aims and objectives.
- The registered proprietor and the centre manager must review and update the centres complaints procedure. The procedure must outline the systems in place to monitor and analyse complaints for patterns or trends and outline how learning from complaints is communicated to staff to promote improvements.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered proprietor must ensure that the centre's child safeguarding policy document is reviewed and updated to adequately reflect Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>The centre manager must ensure that all concerns relating to harm are recorded on the centre's safeguarding register to</p>	<p>A focus group led by the Director of Services has been convened to review and update the Organisational policies. This will include the updating the Organisations Child Protection and Safeguarding Policies in a manner which adequately reflects Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>Revised Child Protection and Safeguarding Policies to be submitted to the centre manager and director of services by 28th February 2021 for review and final approvals.</p> <p>A Risk Register has been devised and implemented to identify, assess and effectively manage the associated risks involved with the young person in our</p>	<p>The Director of Services oversees and governs all policy documents. All policy documents are reviewed every 6 months in line with National Standards 2018 (HIQA). The Annual Review of Policies and Procedures Calendar will be included on the Centre – National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by external auditor, External Auditors will complete the National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit</p> <p>This register is reviewed every three months by management. Each risk has an individual risk owner (a qualified member of staff), who is responsible for monitoring that risk,</p>

	<p>include those concerns that do not meet the threshold for a mandated report.</p> <p>The registered provider must ensure there is a system in place for audits to be undertaken by personnel external to the centre to audit and monitor the centres approach to managing behaviour that challenges. The outcome of such audits should be relayed to staff and recorded to evidence learning and thus achieve better outcomes for children in placement.</p> <p>The centre manager must ensure all newly recruited staff are trained in the centre's crisis intervention model and that members of the team receive</p>	<p>care, which is linked directly to their Individual Crisis Management Plan and their Placement Plan (Updated 09.11.20).</p> <p>A Restrictive Interventions Register of Use has been devised and will be completed before any restriction is implemented (Completed 19.12.20). This will be reviewed by Director of Services as part of the Governance process.</p> <p>All staff have completed the Therapeutic Crisis Intervention training (Completed 28.10.20).</p> <p>The format of the monthly staff supervision meetings incorporates a TCI</p>	<p>ensuring the appropriate controls are in place to manage that risk and communicate concerns to management in a timely manner.</p> <p>The format for monthly staff team meetings has been adjusted to incorporate a review of the restrictive interventions in place and when implemented. The Governance process will include a checklist and review section to ensure all actions are evidenced and recorded.</p> <p>All new staff (Depending on Covid restrictions) will receive full TCI course. External Governance measures will ensure all core training is completed by new staff (where training cannot be facilitated i.e.</p>
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	<p>the required refresher training.</p> <p>The registered proprietor must ensure they develop written guidelines for staff on the use of restrictive procedures and outline the process for reviewing and auditing such procedures.</p> <p>The registered proprietor must have a system in place to ensure that all incident reviews are evaluated, and learning is communicated to all staff in the centre and to the young person's allocated social worker.</p>	<p>Refresher.</p> <p>The organisation has completed the first draft of a Restrictive Practices Policy which is currently being reviewed by our Director of Services (Completed 28th February 2021).</p> <p>The organisation has devised a minor incidence report log which is reviewed at monthly management meetings, or before, dependent on the urgency of the situation (To be completed by 01.02.21).</p> <p>The outcome of these reviews will subsequently be relayed to staff at monthly team meetings and all relevant support plans will be amended to reflect the outcome where necessary.</p>	<p>Covid restrictions, risk assessments will be completed to ensure untrained staff are adequately supported in practice settings).</p> <p>The centre manager completed the TCI Trainer Update on 02.12.20.</p> <p>See response to Section 1.</p>
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	The centre manager must have systems in place to receive feedback about the care in the centre from parents, where appropriate, and from the allocated social workers in order to identify areas for improvement.	An evaluation form has been devised and available to parents, where appropriate, and allocated social workers in an attempt to identify the quality of care provided by the Centre.	Monthly management meeting minutes and monthly team meeting minutes will be reviewed – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by external auditor, External Auditors will complete the National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit at a frequency of not less than every six weeks.
5	The registered proprietor must ensure that the centres policies and procedures are reviewed and updated in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and other relevant legislation.	The organisation’s policies and procedures are currently under review and will be amended to reflect to required standards and other relevant legislation (To be completed by 28.02.21). The Director of Services, centre manager, deputy manager and two suitably qualified and experienced staff members will comprise the panel tasked with completing the Annual Review of Policies and Procedures.	An Annual Review of Policies and Procedures Calendar to be compiled to schedule same. The Annual Review of Policies and Procedures Calendar will be included on the Centres – National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by external auditor, External Auditor. Governance will complete the National Standards for Children’s Residential Centres, 2018 (HIQA) Compliance Audit.

	<p>The registered proprietor must ensure there are oversight and governance systems in place to ensure the centre is operating in compliance with the regulations and the national standards.</p> <p>The registered proprietor must ensure there are systems in place to review on a regular basis new and existing legislation and national policy, such as Children First, to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance.</p>	<p>The organisation has completed the first draft of a Governance Policy which is currently being reviewed by the Director of Services (Completion date 28/02/21).</p> <p>An Annual Review (or earlier should national legislation, policy or standards be reviewed and updated before the next scheduled Annual Review) of existing legislation, national policy and national standards pertaining to providing residential care for children and young people will be convened in February of each year.</p> <p>The Director of Services, centre manager, deputy manager and two suitably qualified and experienced staff members will comprise the panel tasked with completing Annual Review of national legislation, policy and standards in February of each year (or earlier should national legislation, policy or standards be reviewed and/or</p>	<p>See response to Theme 3 Section 1.</p> <p>See response to Theme 5 Section 1.</p>
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	<p>The registered proprietor must develop a risk management framework to identify, assess and manage centre based risks and organisational risks.</p> <p>The registered provider must ensure the centre manager is provided with training in supervision practice as a matter of priority.</p> <p>The centre manager must ensure that a written record is kept when the centre manager</p>	<p>updated before the next scheduled Annual Review).</p> <p>Due to the Covid pandemic, there has been a delay in the development of the Corporate Risk Register. However, this register is currently under construction and will be presented to the Organisations Advisory Board for final appraisal and approval by 31st March 2021.</p> <p>Covid restrictions has presented as a barrier to availing of such training. However, as soon as the opportunity presents itself, this training will take place.</p> <p>A Delegation record book has been devised by the centre manager to ensure that a written record is made when they delegate</p>	<p>An annual review of the Corporate Risk Register will be undertaken by the Organisations Senior Management Team by 31st March of each year.</p> <p>The Organisations Director of Services will review, appraise and provide final authorisation of the Corporate Risk Register by 30th April of each year.</p> <p>The Organisations Director of Services and the Monitoring and Inspection Service will be informed of any amendment or</p>
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	<p>delegates some or all duties to an appropriately qualified staff member.</p> <p>The registered proprietors and the centre manager must ensure that team meetings and management meetings are undertaken in line with the centres policy.</p>	<p>any or all of their duties to an appropriately qualified staff member (Completed 22.01.21). This written record will be held on the appropriately qualified staff member's personnel and supervision files and the centre manager's personnel and supervision files.</p> <p>Monthly management meetings and monthly team meetings are scheduled on the monthly rotas for the Centre – identified by coloured shading.</p> <p>The centre manager will ensure that Monthly Management meetings are accurately recorded using a structured proforma.</p> <p>The team meeting chair, at each monthly meeting, will ensure that team meetings are accurately recorded to reflect issues discussed and decisions agreed, using the structured proforma (attached). These minutes will also be read and signed off by the centre manager.</p>	<p>delegation of the manager's role.</p> <p>The Organisations Director of Services will review and provide final approval, or otherwise, of any extended period of time (more than one month) whereby the centre manager delegates any or all of their duties to an appropriately qualified member of staff.</p> <p>Monthly management meeting minutes and monthly team meeting minutes will be included in the Centres – National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit, which will be completed by an External Auditor. The Director of Services will complete the National Standards for Children's Residential Centres, 2018 (HIQA) Compliance Audit.</p>
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	<p>The registered proprietor and the centre manager must update the statement of purpose to reflect the current status of the centre and the arrangements in place for the wellbeing and safety of the young people in accordance with the requirements of the national standards.</p> <p>The registered provider must ensure the young people's information booklet is updated to reflect the current practice within the centre and is congruent with other written policies and procedures within the centre.</p> <p>The registered proprietor and the centre manager must provide specific information for social workers and families about the centre, its purpose</p>	<p>The organisation's statement of purpose is under review and will be amended and updated to required standards (To be completed by 28.02.2021).</p> <p>The organisation's Young person's booklet has been updated to meet required standards.</p> <p>The organisation's Parent's Information Leaflet is currently under construction and will be completed by 01.03.2021.</p>	<p>See response to Theme 3 Section 1.</p> <p>See response to Theme 3 Section 1.</p> <p>See response to Theme 3 Section 1.</p>
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	<p>and overall aims and objectives.</p> <p>The registered proprietor and the centre manager must review and update the centres complaints procedure. The procedure must outline the systems in place to monitor and analyse complaints for patterns or trends and outline how learning from complaints is communicated to staff to promote improvements.</p>	<p>The organisation's Complaints procedure and Complaints Policy is under review and will be amended and updated to reflect the system in place to monitor and analyse complaints (To be completed by 28.02.2021).</p>	<p>See response to Theme 5 Section 1.</p>
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