



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: 2023

Inspection Report

Year:	2023
Name of Organisation:	Curam Nua Ltd
Registered Capacity:	Two young people
Type of Inspection:	Unannounced
Date of inspection:	20th, 21st & 23rd February 2023
Registration Status:	Registered from 20th September 2020 to 20th September 2023
Inspection Team:	Lorna Wogan Sinead Tierney
Date Report Issued:	2nd June 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support (Standard 1.6 only)	
3.2 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.3 Theme 3: Safe Care and Support (Standard 3.2 only)	
3.4 Theme 4: Health, Wellbeing and Development (Standard 4.3 only)	
4. Corrective and Preventative Actions	23

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

The centre was registered as a dual occupancy centre to provide medium term residential care for up to two children, 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 were two children in placement. The centre was granted a derogation to accommodate one of the children as they were aged under thirteen years on admission which was outside the age range as set out in the centre's statement of purpose.

When the inspectors arrived at the centre they were informed that the child for whom the derogation was granted had been moved to another premises as part of a respite arrangement. This arrangement commenced in January 2023 for three days each week due to concerns about the capacity of the staff to provide safe care for both children while living together in the centre. The children were accommodated at alternative ends of each week in this alternative premises. This arrangement was notified and agreed with the social work teams and Tusla's contracting service however was not notified to Tusla's Alternative Care Inspection and Monitoring Services. On the initial day of the inspection one of the inspectors travelled to meet the child in this alternative accommodation facility.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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

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 20th April 2023. The registered provider was required to submit a corrective and preventive actions plan (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 04th May 2023.

The findings of this report and assessment by the inspection service of the submitted action plan were used to determine the centre's compliance and adherence to the regulatory frameworks and standards in line with its registration. It was the finding of this inspection that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies*, Article 8: *Accommodation*, Article 16 *Notification of Significant Events* and Article 17: *Records*. However, subsequent to the inspection evidence was provided that the centre had come into compliance.

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 of the Child Care Act, 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The inspectors found that staff provided opportunities for the children to have a say in their care arrangements in terms of planning activities and daily routines. They were consulted about menu planning, holidays, recreational activities and birthday celebrations. There was evidence on the centre records that when decisions were made by the adults the rationale for decisions taken was explained to the children. House meetings did not take place due to the complex dynamic between the two children. The children's views were detailed in the daily logbooks and in their key working sessions. The daily logs provided a good insight into the children's views and feelings. Staff involved the children as appropriate in the development of their placement plans. Contracts in relation to their routines and staff expectations were developed in consultation with them. Both children were facilitated to attend their statutory care plan review meetings.

There was evidence that staff reminded the young people of their right to make a complaint about any aspect of their care. However, the inspectors found that the staff interviewed did not display a good working knowledge of the centre's complaints procedure. Inspectors found the practice around the management of complaints was not in line with centre policy. There was no evidence that the staff team had reviewed the complaints policy at team meetings or within any other training forum.

Throughout the interviews with managers and staff there was a lack of clarity around the thresholds for the classification of formal and informal complaints. Staff were unclear that all formal complaints or unresolved complaints must be notified to social workers as a significant event. The centre's significant event notification policy was not aligned to the centre's complaints procedure in terms of notification of serious complaints. Additionally, the inspectors found the complaints register was not maintained in line with centre policy and did not evidence whether social workers and parents were notified about complaints. Information on the complaints register relating to a former resident were also found to be incorrectly classified as

complaints. In the process of reviewing the centre records and the children's care records the inspectors identified three complaints, two complaints made by the children and one by a parent, however these were not recorded on the centre's complaints register. One of these complaints related to a child expressing their dissatisfaction about their care arrangements for the week. This complaint was classified as an informal complaint and was not notified to the social worker. The inspectors found that this complaint was incorrectly classified and the record of the complaint itself did not sufficiently evidence how staff attempted to support the child in relation to this issue. The record did not indicate, as required, if the complaint was upheld or not.

A second complaint in relation to another child in placement was referenced on the team meeting records but there was no evidence of any decisions in relation to how it was to be investigated or managed under the centre's complaints procedure. There were no complaint management records in relation to this complaint on the individual care records. Additionally, the complaint by the parent was not recorded as a complaint or dealt with under the centre's complaints procedure. The centre manager must ensure that all complaints, both formal and informal are recorded on the centre's complaints register to facilitate monitoring of complaints and to identify any patterns or trends in complaints made by children or their families. Additionally, the complaint management records must be maintained on the individual care records. There was no evidence of oversight of the complaints register or of the centre's complaints management process by the acting centre manager. No external quality assurance audits were undertaken to assess the provision of child centred care and support and in particular, the management of complaints, as the appointed governance officer was currently holding the post of centre manager in an acting capacity. The inspectors recommend a full review of the complaints management procedure to ensure staff have absolute clarity in relation to how complaints are classified, recorded, reported, monitored and reviewed in the centre. The complaints pro forma also must be updated to include the relevant and appropriate parties to whom complaints are notified. Overall, the inspectors found that the complaints procedure was not sufficiently robust or managed in line with best practice or in line with the centre's policy on complaints.

There was evidence that there was information available to the children about external advocacy services such as Empowering People in Care (EPIC). It was not clear if this service had been explained to the younger resident at the time of the inspection. There was evidence that centre managers were strong advocates for the children and this was confirmed by the social workers interviewed by the inspectors.

The centre had a young person's information booklet that outlined the centre's approach to managing complaints and to whom the children can appeal to if unhappy with the outcome of the complaint. The information for children contained in this booklet was presented in a child friendly format.

Compliance with Regulations	
Regulation met	None identified
Regulations not met	Regulation 5 Regulation 16 Regulation 17

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	1.6

Actions required

- The registered provider and the centre manager must ensure that the complaints policy is aligned to other centre policies and that practice in the centre is aligned to the policy.
- The centre manager must ensure that the complaint policy is reviewed with staff at team meetings and in individual supervision.
- The registered provider must ensure that there are systems in place to regularly review the centre's complaints process to ensure it is consistent with best practice and operating in line with the centre policy on complaints.
- The centre manager must ensure that a record of complaints made by each child and the outcome of the complaints is documented in the child's care records.
- The centre manager must ensure there a mechanism for children to provide feedback on the complaints procedure and its effectiveness is regularly reviewed and learning is implemented to improve practices in the centre.

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

One of the inspectors visited the premises where the children were availing of alternative care arrangements each week. The inspector found the premises did not comply with the requirements of fire safety legislation, relevant building regulations and health and safety legislation. There was no fire fighting equipment, fire or smoke alarms in the premises and there were no fire evacuation procedures in place. The required electrical checks and a maintenance check on the heating system were not evidenced as undertaken. There were no health and safety audits undertaken and there was no health and safety statement for the building. The inspector identified a number of health and safety risks on the grounds of the premises including a ladder leading to a water tower that posed a potential risk of serious harm if climbed up on by a child. On a number of occasions since November 2022 the parents of the children were accommodated on the premises to facilitate family contact.

The inspector found that the internal furnishings of the alternative accommodation were sparse and the interior décor was not freshly decorated. The house was not furnished in line with the children's needs. The two children used the same bedroom when they spent alternate periods of time in the house. The children's bedroom in the accommodation was not personalised and the child who met the inspector had none of their personal possessions with them in the house. There was a roller blind on the bedroom window however there were no curtains on the window. There were no age-appropriate books, toys, board games in the premises. The inspector found that the staff on duty had no access to the child's care records when working on these premises apart from the daily logbook. The inspectors found that the children were accommodated in a premises that was not yet fit for purpose in terms of fire safety, health and safety, suitable furniture and furnishings and recreational facilities.

In the centre that was the subject of this inspection one of the children's bedrooms was found to be in poor condition in terms of cleanliness, hygiene and safety. There was no evidence that staff undertook daily checks on the child's bedroom. There was evidence that the child permitted their keyworker to enter the bedroom periodically to assist with cleaning it; however, their key worker was off duty for a couple of weeks prior to the inspection. On inspection of the room the inspectors found the child had been constructing weapons without staff knowledge and there were blades missing from a razor in the room. There was no evidence that the shower had been used in recent times and there was no shower curtain or pole for the curtain on the shower unit itself. There was evidence that the child had previously attempted to light paper in the bathroom. The social worker stated that they never entered the child's bedroom and they observed staff engage with the child through the bedroom door and not enter into the room. The centre manager must ensure that the child's bedroom is checked daily and the bedroom accommodation must be brought up to the required standard. The centre manager must also inform the child of the requirements for daily checks to ensure their safety and welfare and the safety and welfare of others.

The fire panel in the centre indicated a fault when the inspectors were present despite staff indicating on the fire safety register that the fire panel was in full working order when checked by staff the morning of the inspection. Staff must ensure that the fire safety log accurately records the fire safety checks and where faults or deficits exist this must be highlighted on the fire register and reported to the manager.

The inspectors viewed the premises and recommended that the managers reassess its layout and the current use of the spaces to facilitate the children with more separate space for privacy and time away independent of each other.

The registered proprietor submitted evidence of adequate insurance in place against accidents or injury to children being maintained in the centre and in the premises where the children were being accommodated for periods of respite care.

Compliance with Regulation	
Regulation met	Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulations not met	Regulation 5 Regulation 8

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 2.3

Actions required

- The centre manager must ensure that staff have access to all of the children's care records when tasked with caring for them.
- The centre staff must ensure that the fire safety log accurately records the fire safety checks and where faults or deficits exist this must be highlighted on the fire register and reported to the manager.
- The centre manager must ensure that the children's bedrooms are checked daily and must inform the children of the requirements for daily checks to ensure their safety and welfare and the safety and welfare of others.
- The managers must reassess the centres layout and the current use of the spaces to facilitate the children with more separate space for privacy and time away independent of each other.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

There were policies and procedures in place to promote positive behaviour and support behaviours that challenge for example the positive behaviour support policy, crisis management intervention policy, absence management policy, anti-bullying

policy and guidelines for engaging with the Gardaí to support safe care. The guidance for use of the Gardaí was documented in the children's individual crisis support plans. The inspectors found that Gardaí were called to the centre on several occasions where the children's behaviour has become unsafe and escalated. The centre manager must monitor and review their communications with the children in relation to the Gardaí to ensure the use of Garda intervention does not become standard practice. The use of Gardaí in the management of behaviour had the potential to undermine the adult's authority and the children's sense of security in their relationships with staff and the ability of staff to support them when they are distressed and acting in an unsafe manner. There was no evidence that the pattern of Garda interventions initiated any review by senior managers. The inspectors recommend that the use of Gardaí in the management of behaviour that challenges must be carefully considered, used judiciously and be subject to monitoring and review at team meetings and in senior management meetings.

The inspectors were informed by staff and managers that physical restraint interventions were not used to support crisis behaviour. It was not clear from the centre records where or how this decision was agreed however the centre manager indicated that their behaviour management trainer viewed the spaces in the centre to be unsuitable to safely undertake the approved physical restraint interventions. Consequently, staff were not trained to level three of the programme where restraint interventions were taught. The decision not to train staff in physical restraint interventions must be taken into account by the centre manager when considering any further admissions to the centre. The inspectors found that a physical restraint hold was identified as an agreed intervention on one of the children's individual crisis support plans. Additionally, the inspectors read a significant event report that indicated this child was subject to a physical restraint intervention by a staff member. The centre manager informed the inspectors that the physical restraint intervention was incorrectly classified as a restraint and the intervention was a comfort hug that was recommended by the in-service psychologist. The social worker stated that they were not aware of this recommendation. The inspectors finding was that a non-routine physical intervention was carried out by a staff member that was not trained in the approved crisis behaviour management system. The centre manager must ensure that incident reports are accurately recorded and that social workers are made aware of all guidance provided by external specialists. This significant event report must be subject to review by the centre manager and staff involved to ensure it accurately reflects the non-routine physical intervention and provides the reader with details of the staff intervention. The centre did not have any systems in place to record, monitor and track patterns or trends of incidents were approved physical

restraint interventions or non-routine physical interventions were used to support crisis behaviour.

Key documents were developed to inform how centre staff respond to behaviour that challenges namely the individual crisis support plan, the behaviour support strategy, the absence management plan, risk assessments and placement plans. The inspectors found these documents were not up to date for the children. Additionally, staff interviewed did not display a good working knowledge of the placement plans or the identified approach to support the management of behaviour that challenges. At a team meeting in February 2023 and in interviews with the inspectors, staff highlighted the challenges they faced to complete centre and care records due to inadequate staffing levels caring for the children in two separate locations and the lack of access to the care records and the electronic information systems when caring for the children in another location.

The inspectors found that training was not up to date for staff in their crisis behaviour management programme. There was evidence in senior management meeting records that this matter was brought to the attention of senior managers by the former centre manager in August 2022. Foundation and refresher training was subsequently provided to most of the team members in November 2022. However, certificates to evidence training undertaken in November 2022 was not evidenced on the staff personnel files reviewed by the inspectors. The centre manager must ensure that refresher training in the approved crisis management intervention programme is undertaken in line with the requirements of the model and in line with the centre policy in this case at minimum every six months. The behaviour management policy must also be updated to reflect the most recent version of the programme itself which includes more emphasis on a trauma informed approach.

Following a review of the policy on the operation of the significant event review group (SERG) and a subsequent review of the senior management meetings the inspectors recommend a review by senior managers of the SERG process to ensure full implementation the procedures as set out in the policy for operating SERG. The team meeting records indicated that the registered proprietor would undertake a review of significant events in December 2022 when the team were struggling to support the children's behaviour; however, this review did not take place. At the senior management meeting forum, the records did not evidence any analysis of how well or not events were managed, did not identify patterns or trends, or evidence any additional supports for staff or feedback to them following a review of incidents by managers.

The centre's model of care incorporated an understanding of the impact of adverse childhood experiences, attachment theories and attachment-based approaches to care. This was outlined as one of the central tenets to supporting the children's behaviour. The inspectors found that staff interviewed did not display knowledge about these theories and approaches in the context of supporting positive behaviour and staff were not facilitated with any training in the model of care. This matter was raised by the acting centre manager in a senior management meeting reviewed by the inspectors however no action was identified on the meeting record.

The team received additional guidance on implementing a trauma informed approach from an external professional who had recently assessed one of the children. The inspectors found evidence that the managers and staff made every effort to help the children to develop an understanding of their behaviours that challenge. Managers and staff discussed challenging and complex issues with the children in a sensitive, caring and supportive manner. There was evidence of individual work undertaken with the children to help them reflect on their behaviour and think of alternative ways to manage their feelings. However, despite all attempts by managers and staff to help the children to manage their behaviours in a safe manner so they could live together, they were unsuccessful.

There were several incidents where one of the children were subjected to unsafe and potentially damaging behaviour displayed towards them by the other child in placement. The centre manager and registered proprietor in consultation with the respective social work departments and the Tusla contracting services made the decision to separate both children and accommodate them in alternative living accommodation such was the level of concern. The parent of one of the children accepted the rationale for this decision however was most unhappy that their child was not receiving stable care in one location. It was also evident that moving the other child had impacted on their wellbeing and caused at times a further escalation of their presentation when they had to move to the alternative location. The inspectors were of the view this was not a sustainable or appropriate care arrangement for either of the young people.

There was some evidence that restorative practices and natural consequences were used to help the children learn. The centre did not maintain a record of consequences for poor behaviour therefore it was not possible to assess the frequency and appropriateness of consequences implemented. The centre manager must maintain a record of consequences to ensure that they can monitor them and they are reasonable, fair, age appropriate and effective.

The inspectors found that risks in the centre and risks associated with the children's behaviour and presentation were not subject to formal assessments. There were evident risks associated with moving the children to spend time in alternative accommodation that were not formally risk assessed, risks associated with parents spending time with children overnight alternative accommodation without staff, risks associated with one of the children's non-adherence to a contract around the use of their mobile phone, risks associated with lone working and inadequate staff numbers to care of the children across two residential facilities, and risks associated with bullying/threatening behaviour to name a few. There was no evidence that these risks were subject to a formal risk assessment process. There was a safety plan that was referenced to throughout the centre records and in staff and management interviews. The safety plan was to manage the current safety concerns associated with both children living together however there was no evidence of this plan on the records and the social workers had not received a copy of the plan.

The requirement for the registered provider to ensure regular auditing and monitoring of the centres approach to managing behaviour that challenges, undertaken by personnel external to the centre, was not met. As previously stated in the report the governance manager was currently working in an acting centre manager capacity. The centre policy on behaviour management outlined that a senior manager would present at the centre on a weekly basis to provide monitoring and direction however the inspectors did not see this evidenced in practice.

The centre had written information on the use of restrictive procedures in their updated suite of policies. The inspectors found that restrictive procedures were not assessed, recorded or reviewed in line with the requirements of the National Standards of Children's Residential Centres 2018, (HIQA). There was a register in place to record restrictive procedures however there were none such practices recorded on the register. The inspectors identified a couple of procedures that were restrictive in nature however these were not recorded on the register or subject to any risk assessment. Additionally, staff interviewed were not clear what constituted a restrictive procedure. The inspectors also found there were some inconsistencies in the staff approach to applying one of the restrictive procedures identified by the inspectors. There was evidence that during an incident reviewed by the inspectors the staff member entered into the conflict cycle with the child and this was not identified in the managers oversight of the incidents. Additionally, the guidance on the individual crisis support plan (ICSP) was not followed during the incident which further escalated the event. Oversight of significant events by centre managers and

senior managers must include a review of the ICSP to ensure the agreed approach was followed by staff.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 3.2

Actions required:

- The centre manager, staff and senior managers external to the centre must monitor and review the use of Gardaí in the management of behaviour that challenges to ensure it is used appropriately and judiciously in all circumstances.
- The centre manager must ensure that the suitability of all future admissions to the centre is assessed taking into account that staff are not trained to undertake physical restraint interventions.
- The centre manager must have systems in place to record, monitor and track patterns or trends of incidents where approved physical restraint interventions or non-routine physical interventions were used to support crisis behaviour.
- The centre manager must ensure that significant event reports are accurately recorded and that social workers are aware of all guidance provided by external specialists.
- The centre manager must ensure that key documents to support the management of behaviour namely the individual crisis support plan, the behaviour support strategy, the absence management plan, risk assessments and placement plans are maintained up to date by key staff.
- The centre manager must ensure that refresher training in the approved crisis management intervention programme is undertaken in line with the requirements of the model in this case at minimum every six months.
- The centre manager must ensure that when core and refresher training is completed by staff in their crisis intervention management programme certificates to evidence their participation and training are on file in the centre and available to inspectors.

- The centre manager must ensure that the behaviour management policy is updated to reflect the most recent version of the crisis behaviour management programme which includes more emphasis on a trauma informed approach.
- Senior managers must undertake a review of the significant event review group process to ensure full implementation the process as set out in the centre's policy for operating a significant event review group.
- The registered proprietor must ensure staff receive training in the centre's model of care.
- The centre manager must maintain a record of consequences to ensure they can monitor them and they are reasonable, fair, age appropriate and effective.
- The centre manager must ensure that all risks associated with the children's behaviour and presentation are appropriately assessed and recorded with identified measures to mitigate the risk. All risk assessments must be reviewed regularly to ensure they remain effective to manage the risk and continue to be required as necessary.
- The registered provider must ensure there is regular auditing and monitoring of the centres approach to managing behaviour that challenges. Arrangements must be in place for audits to be undertaken by personnel external to the centre.
- The centre manager must ensure that restrictive practices are assessed and reviewed on a regular basis to ensure they are used for the shortest duration necessary. The use of restrictive procedures must be recorded in the individual care records and monitored on an ongoing basis.

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Both children in placement were excluded from mainstream education due to their complex behavioural presentation. For one of the children the education providers were unable to secure the necessary additional classroom supports in a timely manner to assist the child as required throughout their school day. This child was excluded from primary school since January 2023 and the other child in placement was excluded from secondary school for over a year prior to their admission to this centre.

There was evidence that the centre staff were strong advocates for the children in relation to their education and this was confirmed by the social workers. For one of

the children the centre manager offered additional supports to the school to maintain the placement however it was not feasible for the school to accommodate the identified support structures. Detailed submissions were presented to the school's board of management prior to the child's exclusion from school. The social worker and Guardian ad Litem participated in conference calls with the school to support the education placement. Behaviour charts, reward systems and daily contact with the school and the after-school facility evidenced the efforts of staff in the centre to support the child in education. One of the parents interviewed by the inspectors expressed their dissatisfaction in relation to how their child's education was disrupted following their admission to care. The inspectors found that both the centre manager and the social worker department made significant efforts to maintain the child in their school placement however this was not successful. The second parent interviewed was satisfied that private home tuition was suitable for their child at this time.

The inspectors found there was good structure and daily plans in place for one of the children when living in the alternative accommodation. They were required to engage in an education programme set out by their former school and the child was engaged in this programme with regular movement breaks in-built as required. At the time of the inspection staff were in communication with an alternative school regarding enrolment with a view to attendance when the required special needs assistance supports were secured. The staff facilitated this child to attend sports activities and participate in local football teams and sports training. However, since January 2023 the sports training and match activities could not be facilitated when they resided in the alternative accommodation due to distance from the community.

The plan for each child's education was set out in the individual placement plans and updated information in relation to the status of their education was incorporated into the monthly progress reports. The monthly progress reports were well structured and informative. The social workers and Guardian ad Litem interviewed stated they were kept up to date and informed promptly of all relevant information relating to the children's education plan.

There was evidence that the staff engaged with the local Education Welfare Officer where appropriate and one child had access to home tuition. At the time of the inspection home tuition was not in place due to delays in the re-application process. Staff provided good supports to the home tutor to facilitate and support a safe and productive learning environment for the child and the tutor. There was evidence that the child struggled to engage with the tutor despite all the supports in place.

A recent educational assessment had been completed for one of the children in placement. The social worker and social work team leader for the other child stated the child had declined to engage in any educational assessment process. It was therefore more difficult to identify and source an appropriate educational facility with the required supports. The inspectors found that centre staff had identified and sourced a range of alternative educational activities and programmes for this child. The social workers acknowledged the efforts made by centre staff to secure another educational placement. A range of community activities and community-based programmes were sourced to ensure a structured routine was maintained for a number of days each week. While some of these arrangements had broken down, at the time of the inspection, the child was involved in a work placement based on their particular interests and involved a local community youth group where they had an opportunity to engage with peers from their community. However, all professionals interviewed expressed concerns about this child's education plan for the future and the need to ensure they were reintegrated into a suitable educational placement appropriate to their needs.

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- None

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider and the centre manager must ensure that the complaints policy is aligned to other centre policies and that practice in the centre is aligned to the policy.	<p>The registered provider has appointed a Director of Operations (31.03.23), who is responsible for completion of a review of the centre's Complaints Policy to ensure its alignment to other centre policies. (To be completed by 19th May 2023).</p> <p>A staff training day has been scheduled for 23rd May to provide training and guidance for all staff on implementation of the revised policy. (To be completed on 23rd May 2023).</p>	<p>The Director of Operations will ensure that all policies including the Complaints Policy is reviewed annually to ensure compliance with National Standards for Children's residential Centres (HQIA) 2018, relevant legislation and best practice guidance.</p> <p>The Quality Assurance and Governance Officer was re-instated into the role from the 31st of March 2023. The Quality Assurance and Governance Officer role will provide external oversight and evaluation of the application of the Complaints Policy in practice within the centre. Quality Assurance and Governance Audits completed will highlight any corrective action to be addressed by the centre manager.</p>

	<p>The centre manager must ensure that the complaint policy is reviewed with staff at team meetings and in individual supervision.</p>	<p>The centre manager will ensure that the Complaints Policy in practice will be a standing agenda item, reviewed at all Team Meetings held in June and July 2023.</p> <p>The Complaints Policy will be revisited with all staff in supervision sessions throughout June and July 2023 to ensure staff understanding and competence in practice being aligned to the policy. (To be completed 31st July 2023).</p> <p>Review of complaints received will remain a standing item for bi-monthly team meetings and monthly individual supervision.</p>	<p>The centre manager, in collaboration with the Director of Operations, will ensure that the Annual Staff Training Calendar is reviewed to include annual refresher training on the Complaints Policy. (To be completed by 30th June 2023)</p> <p>The Quality Assurance and Governance Officer will provide external oversight and evaluation of the centre's complaints process and the application of the Complaints Policy in practice within the centre. (To be completed by 30th June 2023 and ongoing)</p>
	<p>The registered provider must ensure that there are systems in place to regularly review the centre's complaints process to ensure it is consistent with best practice and operating in line with the centre policy on complaints.</p>	<p>The newly appointed Director of Operations will be responsible for ensuring that the systems in place ensure regular review of the centre's complaints process, and for supporting the centre manager in ensuring complaints are</p>	<p>The Director of Operations will be responsible for the ongoing support to the centre manager to ensure that the systems in place for review of the centre's complaints process is appropriately actioned.</p>

		<p>regularly audited and reviewed, and all key learning is identified, and strategies agreed and actioned to improve practice in a timely and effective manner in line with the centre policy on complaints which will reflect best practice and other relevant legislation and guidance. (To be completed by 19th May 2023).</p>	<p>The Quality Assurance and Governance Officer will provide external oversight and evaluation of the centre's complaints process and the application of the Complaints Policy in practice within the centre. (To be completed by 30th June 2023 and ongoing)</p>
	<p>The centre manager must ensure that a record of complaints made by each child and the outcome of the complaints is documented in the child's care records.</p>	<p>The centre manager will ensure that a record of all complaints made by children and young people is recorded appropriately in the child's care records. A staff training day has been scheduled to provide training and guidance for all staff on the implementation of the revised complaints policy, including the appropriate documentation of complaints. (To be completed on 23rd May 2023). The centre's revised child care record system ensures monthly auditing and monitoring of complaints and the outcome of same.</p>	<p>Quality Assurance and Governance Audits completed will regularly review records of complaints made by each child highlighting any corrective action considered necessary by the centre manager. The Director of Operations will be responsible for the ongoing monitoring and review of complaints via monthly Management Meetings and individual supervision and support to the centre manager to ensure that the systems in place for review of the centre's complaints process is appropriately actioned.</p>

	<p>The centre manager must ensure there a mechanism for children to provide feedback on the complaints procedure and its effectiveness is regularly reviewed and learning is implemented to improve practices in the centre.</p>	<p>The centre manager will ensure that a mechanism for children to provide their feedback on their experience of the complaint's procedure is included in the complaints form and complaints register proforma. (Proforma review to be completed by 15th May 2023).</p> <p>The centre manager will ensure that all complaints and entries to the complaints register are reviewed at bi-monthly team meetings ensuring that all key learning from young person feedback is identified, and strategies agreed and actioned to improve practice in a timely and effective manner in line with best practice and other relevant legislation and guidance. (To be completed by 30th May 2023 and ongoing).</p> <p>Keywork was facilitated to explain the complaints policy, including the importance placed upon the young person's opinion of the complaints</p>	<p>The Director of Operations will be responsible for the ongoing support to the centre manager to ensure that the systems in place for review of the centre's complaints process is appropriately actioned. (To be completed by 15th May 2023 and ongoing).</p> <p>The Quality Assurance and Governance Officer will provide external oversight and evaluation of the centre's complaints process and the application of the Complaints Policy in practice within the centre. (To be completed by 30th June 2023 and ongoing).</p> <p>Upon admission work to include key work relating to the complaints policy will be scheduled upon admission, and then at least bi-annually, in monthly Key Work Plans for all young people to ensure their understanding of the processes involved and to gain their feedback regarding the</p>
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		<p>process, with current resident on 13th April 2023.</p> <p>Key work relating to the complaints policy will be scheduled upon admission, and then at least bi-annually, in monthly Key Work Plans for all young people to ensure their understanding of the processes involved and to gain their feedback regarding the processes in place.</p>	<p>processes in place.</p> <p>Pre-admission and upon admission checklist to include key work relating to the complaints policy and processes in place at the centre.</p> <p>(To be reviewed by 31st July 2023, or sooner should a referral to the centre be indicated).</p>
2	<p>The centre manager must ensure that staff have access to all of the children's care records when tasked with caring for them.</p>	<p>The centre is not currently required to provide regular respite provision at an alternative location. All child care records pertaining to current resident are securely stored and accessible to all staff tasked with caring for the current resident.</p> <p>(Effective from 03/03/23)</p>	<p>Any future authorised use of alternative locations for respite will include access to relevant care records being made available to staff who may be caring for children and young people at any such facility.</p> <p>Technological resources for the purposes of care record accessibility to facilitate any authorised use of alternative locations for respite care of any young person are being researched and acquired to ensure access to relevant care records, whilst also ensuring compliance with GDPR and Data Protection Policy guidelines, and relevant</p>

	<p>The centre staff must ensure that the fire safety log accurately records the fire safety checks and where faults or deficits exist this must be highlighted on the fire register and reported to the manager.</p>	<p>Team meeting facilitated on 11th April 2023 and supervision meetings held in March and April 2023 robustly reviewed the responsibilities of all staff to ensure that all elements of the Fire Safety Policy is actioned, including the accurate recording of daily fire safety checks and actioning of procedures for highlighting, with urgency, any faults or deficits arising. Staff have been made aware that any failure to accurately record fire safety checks may result in disciplinary proceedings.</p> <p>The centre manager will complete regular monitoring of the implementation of the Fire Safety Policy, including accurate recording of daily fire safety checks and actioning of any corrective action indicated should any deficits or faults arise.</p> <p>Morning Handover Meetings to include regular physical checks of documentation</p>	<p>legislation and best practice guidelines. (To be completed by 30th June 2023).</p> <p>The Director of Operations will be responsible for the ongoing support to the centre manager to ensure that all elements of the Fire Safety Policy and Procedures are actioned.</p> <p>Fire Safety Training will continue to be included in annual Staff Training Calendar. (To be completed by 30th June 2023 and ongoing).</p> <p>The Quality Assurance and Governance Officer will provide external oversight and evaluation of the centre's adherence to Fire Safety Policies and Procedures. (To be completed by 30th June 2023 and ongoing).</p>
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	<p>The centre manager must ensure that the children's bedrooms are checked daily and must inform the children of the requirements for daily checks to ensure their safety and welfare and the safety and welfare of others.</p>	<p>recorded to ensure factual accuracy, including checks relating to the accuracy of fire safety records. Daily fire checks will be allocated to identified staff member on duty via Daily Handover Log.</p> <p>Educative keywork has been allocated to the young person's keyworker in the May Keywork Planning Schedule for May 2023 to explain and explore safeguarding / health and safety concerns in respect of the bedrooms. A bedroom management plan will be compiled in collaboration with resident young person to engage them daily in working collaboratively with the staff team to ensure that their bedrooms are welcoming and promote their safety and well-being and the safety and well-being of others. The bedroom management plan will be reviewed and evaluated at handovers and bi-monthly team meetings.</p> <p>(To be completed by 31st May 2023).</p> <p>Review and evaluation of the bedroom</p>	<p>Educative keywork has been allocated to the young person's keyworker in the May Keywork Planning Schedule for May 2023 to explain and explore safeguarding / health and safety concerns in respect of the bedrooms. A bedroom management plan will be compiled in collaboration with resident young person to engage them daily in working collaboratively with the staff team to ensure that their bedrooms are welcoming and promote their safety and well-being and the safety and well-being of others. The bedroom management plan will be reviewed and evaluated at handovers and bi-monthly team meetings.</p> <p>(To be completed by 31st May 2023).</p>
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	<p>The managers must reassess the centres layout and the current use of the spaces to facilitate the children with more separate space for privacy and time away independent of each other.</p>	<p>management plan will also be included in individual supervision meetings.</p> <p>The registered provider is currently seeking professional building guidance to inform the design, contract and tendering process for the construction of an external office, which will allow more separate living space for children within the centre. (To be reviewed by 31st July 2023).</p>	<p>Review and evaluation of the bedroom management plan will also be included in individual supervision meetings.</p> <p>It is envisaged that relocation of the office space to an external building will create additional internal living space which can be redesigned for use by children and young people. (To be reviewed by 30th October 2023).</p>
3	<p>The centre manager, staff and senior managers external to the centre must monitor and review the use of Gardaí in the management of behaviour that challenges to ensure it is used appropriately and judiciously in all circumstances.</p>	<p>The centre manager, staff team and senior management team will review the Guidelines for Engaging An Garda Síochána to ensure that the criteria therein to indicate use of Gardaí in responding to behaviour that challenges is appropriate and judicious at all times. (To be completed by 30th June 2023). Internal staff training on reviewed Guidelines for Engaging An Garda Síochána will be facilitated. (To be completed by 30th July 2023).</p>	<p>Organisational Policy and Procedures Training, including Guidelines for Engaging An Garda Síochána, will be included on the Annual Staff Training Calendar.</p> <p>The Quality Assurance and Governance Officer will provide external oversight and evaluation of use of Gardaí involvement in management of behaviours that challenge.</p> <p>Significant Event Review Group (SERG)</p>

		<p>The centre deputy manager met with local Garda and agreed a protocol for use of Gardaí in the management of behaviour that challenges which may include a risk of harm to young person or others. (Completed on 8th February 2023)</p>	<p>which meets monthly, will monitor and review all incidents which require the involvement of Gardaí.</p>
	<p>The centre manager must ensure that the suitability of all future admissions to the centre is assessed taking into account that staff are not trained to undertake physical restraint interventions.</p>	<p>The senior management team have made the decision to include use of physical restraint interventions in all future training in the crisis management intervention programme.</p> <p>Training in the crisis management intervention programme including physical restraint interventions training for all staff is scheduled for 17th May 2023. (To be completed by 17th May 2023).</p>	<p>All full course and refresher training in the crisis management intervention programme will include training on physical restraints interventions for all social care staff. (Effective 1st May 2023).</p> <p>Updated crisis management intervention training will be completed by all staff prior to any new admissions to the centre. (Effective 1st May 2023).</p>
	<p>The centre manager must have systems in place to record, monitor and track patterns or trends of incidents were approved physical restraint</p>	<p>The centre manager has amended the Significant Event Notification Log to include specific reference to use of physical restraint interventions and/or non-routine</p>	<p>Future admissions to the centre will include an assessment of the efficacy of all aspects of the crisis management intervention programme particularly</p>

	<p>interventions or non-routine physical interventions were used to support crisis behaviour.</p>	<p>physical interventions. Review and monitoring of this log will enable the centre manager to track patterns and trends of incidents where approved physical restraints interventions and non-routine physical interventions are used to support crisis behaviour. (Completed on 2nd May 2023)</p> <p>The SERG will continue to meet monthly to review and monitor all aspects of incidents that require recording as Significant Events.</p>	<p>approved physical restraint interventions and non-routine physical interventions to support crisis behaviours. (Effective 1st May 2023).</p> <p>The SERG will continue to meet monthly to review and monitor all aspects of incidents that require recording as Significant Events, including use of approved physical restraint interventions and non-routine physical restraint interventions.</p> <p>External Quality Assurance and Governance Audits will monitor, review and provide oversight of recording systems including those recording, reviewing and evaluating the use of physical restraint interventions or non-routine physical interventions.</p>
	<p>The centre manager must ensure that significant event reports are accurately recorded and that social workers are</p>	<p>The centre manager will ensure that staff are aware of requirements to accurately record significant event reports and that</p>	<p>The SERG will complete internal monitoring, review and evaluation of all significant event reports on a monthly</p>

	<p>aware of all guidance provided by external specialists.</p>	<p>guidance from external specialists is agreed by all relevant professionals. (Effective 3rd March 2023).</p> <p>Significant Event Training including recording and reporting of same was facilitated for all staff. (Completed on 25th April 2023).</p> <p>The centre manager will ensure that significant event reports are reviewed with staff involved, to ensure accurate recording and reference to strategies used and where relevant actions taken as recommended by external specialists, as indicated in Significant Event Policy. (Effective from 25th April 2023).</p>	<p>basis. Feedback from these reviews will be shared with the staff in team meetings and individual supervision meetings.</p> <p>The Quality Assurance and Governance Audits Officer will provide external monitoring, review and evaluation all significant event recordings and report findings to the centre manager.</p>
	<p>The centre manager must ensure that key documents to support the management of behaviour namely the individual crisis support plan, the behaviour support strategy, the absence management plan, risk assessments and placement plans are maintained up to date by key staff.</p>	<p>The centre manager will ensure that all key documents, as identified – ICSP, BSS, AMP, Risk Assessments and Placement Plans are maintained up to date by key staff. (Effective immediately).</p> <p>New child care record system supports auditing of all records on a monthly basis</p>	<p>The Quality Assurance and Governance Officer will monitor and review all key documents on a monthly basis.</p> <p>The centre manager will identify key staff to monitor and review as required all key documents internally on a monthly basis. The delegation of these tasks will be</p>

	<p>The centre manager must ensure that refresher training in the approved crisis management intervention programme is undertaken in line with the requirements of the model in this case at minimum every six months.</p>	<p>to ensure compliance with review timescales.</p> <p>The centre manager will continue to ensure that the approved crisis management intervention programme training is scheduled and undertaken at a minimum every six months in line with requirements of the model.</p> <p>The most recent full crisis management intervention programme training course was completed on 7th, 8th and 9th November 2022.</p> <p>Refresher Training (six monthly) was undertaken on 10th November 2022.</p> <p>Approved crisis management intervention programme training, including use of approved physical restraints interventions, is scheduled for 17th May 2023.</p>	<p>recorded in the Daily Handover Log – allocated tasks.</p> <p>The Quality Assurance and Governance Officer will review personnel files to ensure compliance with all training requirements.</p>
	<p>The centre manager must ensure that when core and refresher training is completed by staff in their crisis</p>	<p>The centre manager will ensure evidence of training participation is obtained in a timely fashion and retained within the</p>	<p>The Quality Assurance and Governance Officer will review personnel files to monitor evidence of all training.</p>

	<p>management intervention programme certificates to evidence their participation and training are on file in the centre and available to inspectors.</p> <p>The centre manager must ensure that the behaviour management policy is updated to reflect the most recent version of the crisis management intervention programme which includes more emphasis on a trauma informed approach.</p> <p>Senior managers must undertake a review of the significant event review group process to ensure full implementation the process as set out in the centre's policy for operating a significant event review group.</p>	<p>relevant personnel files. (Completed 2nd May 2023).</p> <p>The organisation's policies and procedures are currently under review and will be amended to reflect the most recent version of the crisis management intervention programme. (To be completed by 31.05.23) Training Schedule for revised Organisational Policies and Procedures to include Trauma Informed Practice and Behaviour Management Policy Training will be compiled by 30th June 2023.</p> <p>Senior Management team to review significant review group (SERG) process to ensure its full implementation as set out in the centre's policy for same. (To be completed by 31st May 2023).</p>	<p>All organisational policies will be reviewed by senior management on an annual basis to ensure compliance with all legislative, policy or practice developments.</p> <p>Director of Operations to train all managers in revised SERG processes in line with organisational policy. (To be completed by 20th June 2023).</p>
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	<p>The registered proprietor must ensure staff receive training in the centre's model of care.</p>	<p>The registered provider has employed a Director of Operations to ensure the revision of the organisation's Model of Care by the senior management team. (To be completed by 30th June 2023).</p> <p>The centre manager, in liaison with the Director of Operations to schedule Model of Care training for all staff. (To be completed by 31st August 2023).</p>	<p>The Quality Assurance and Governance Officer will review all staff training requirements and participation.</p>
	<p>The centre manager must maintain a record of consequences to ensure they can monitor them and they are reasonable, fair, age appropriate and effective.</p>	<p>The centre manager will ensure that an appropriate record of consequences is maintained and monitored by key staff as identified to ensure that they are reasonable, fair, age appropriate and effective. The Consequences Log will be monitored and reviewed at Team Meetings within each child's Case Management review. (To be completed by 9th May 2023).</p>	<p>External monthly review and monitoring of the Consequences Log for each young person will be reviewed and evaluated by the Quality Assurance and Governance Officer.</p>
	<p>The centre manager must ensure that all risks associated with the children's behaviour and presentation are</p>	<p>A case review of all relevant and potential safeguarding risks, pertaining to the children's behaviour and presentation,</p>	<p>The organisation commissioned external Risk Assessment training offered to all centre staff on the 24.03.23 (maximum</p>

	<p>appropriately assessed and recorded with identified measures to mitigate the risk. All risk assessments must be reviewed regularly to ensure they remain effective to manage the risk and continue to be required as necessary.</p> <p>The registered provider must ensure there is regular auditing and monitoring of the centres approach to managing behaviour that challenges. Arrangements must be in place for audits to be undertaken by personnel external to the centre.</p>	<p>age, health, and stage of development of the young person residing in the centre, is currently in progress. (To be completed 31st May 2023).</p> <p>Risk Assessments will continue to be completed for any potential risks identified.</p> <p>All risk assessments will be reviewed at Team Meetings to monitor effectiveness and need for amendment.</p> <p>The registered provider has ensured that the newly re-instated Quality Assurance and Governance Officer will provide monthly external monitoring of the centres approach to managing all behaviours that challenge. (Effective from 31.03.2023).</p>	<p>numbers attended) which will support staff in identifying and assessing potential safeguarding risks posed to the children and young people in line with the National Standards for Childrens Residential Centres (HIQA) 2018, the organisations policies and procedures, and other relevant legislation and best practice guidelines.</p> <p>This external training will be scheduled to be offered to remaining staff members as soon as is practical by the external training agency.</p> <p>The Quality Assurance and Governance Officer will review and monitor all care records to ensure external monitoring of the centres approach to managing behaviour that challenges and will report findings to the centre manager and senior management team to ensure an approach which is in alignment with the Model of Care, including trauma informed care and crisis management intervention programme employed within the centre.</p>
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	<p>The centre manager must ensure that restrictive practices are assessed and reviewed on a regular basis to ensure they are used for the shortest duration necessary. The use of restrictive procedures must be recorded in the individual care records and monitored on an ongoing basis.</p>	<p>The centre manager will ensure that restrictive practices are recorded in each individual child's care records. (Effective 2nd May 2023).</p> <p>Use of any restrictive practices will be assessed and reviewed bi-monthly Team Meetings to ensure that they are effective and are used for the shortest duration necessary. (To be completed in team meeting scheduled for 9th May, and ongoing).</p> <p>The agenda proforma for Team Meetings and Supervision minutes is being reviewed to include a review of restrictive practices under heading of Case Management Review. (To be completed by 5th May 2023).</p>	<p>The Quality Assurance and Governance Officer will review, monitor and evaluate the use of restrictive practices on a monthly basis.</p> <p>Director of Operations will through monthly supervision, support the centre manager in monitoring and evaluation of restrictive practices to ensure their efficacy and to ensure that they are used for the shortest duration necessary.</p> <p>Restrictive practices will be monitored and reviewed at monthly Management Meetings under the heading of case management.</p>
4	N/A		