



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 020**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd.</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>17<sup>th</sup> &amp; 18<sup>th</sup> January 2023</b>
<b>Registration Status:</b>	<b>Registered from the 31st of March 2020 to the 31st of March 2023</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>9<sup>th</sup> May 2023</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 31<sup>st</sup> March 2008. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 31<sup>st</sup> March 2020 to 31<sup>st</sup> March 2023.

The centre was registered as a multi occupancy unit. It aimed to provide care for a maximum capacity of four young people of all genders from age ten to fourteen years on admission. The model of care was attachment and trauma informed with the availability of psychology, art psychotherapy, education and occupational therapy. The centre operated the CARE framework (children and residential experiences, creating conditions for change). There were four young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Effective Care and Support	2.3
2: Safe Care and Support	3.2
5: Leadership, Governance and Management	5.2

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 10<sup>th</sup> February 2023. 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 24<sup>th</sup> February 2023. This was deemed not to be satisfactory and an updated CAPA was received by the inspection service on the 15<sup>th</sup> March 2023 with evidence of the issues addressed. This was accepted by ACIMS.

The findings from this report determined 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. A proposal to attach a condition was issued to the centre on the 16<sup>th</sup> of March 2023 but representation was made by the organisation and a further review of the implementation of the CAPA was carried out on the 17<sup>th</sup> April 2023 which will determine the ongoing registration of the centre. Subsequent to the inspection, the centre submitted evidence of a change to the staffing list and it is now deemed to be in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 7 Staffing. The centre is currently registered from 31<sup>st</sup> March 2020 to 31<sup>st</sup> March 2023.

### 3. Inspection Findings

**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.**

The house was warm, clean, comfortable and very bright. There were five bedrooms in the centre and each child had their own room with either an ensuite or a bathroom for their individual use. Two of the bedrooms the inspectors viewed were airy, large and had ample space for children's personal belongings. Pictures and personal posters were hung on the walls and the rooms were nicely decorated and recently updated. There was a staff bedroom with use of a bathroom upstairs.

The sitting room was an adequate size for children to use and watch tv or play boardgames which staff said were available and stored away at the time of the inspection. Even though the sofas were modern and cosy there was an absence of bean bags or other soft furnishings of a sensory nature that were aligned to specific advice from occupational therapy (OT) recommendations. However, for one child a number of sensory aids were set up and in use in their bedroom. Inspectors recommend that the OT guidance in this regard is considered for the communal spaces too. There were a range of pictures of the children displayed on the walls which added to the homely atmosphere in the unit. The kitchen was a large size and amenable for all children to gather so as to cook and eat together. A conservatory area was off the kitchen and this was nicely decorated. A pantry and downstairs toilet were connected to the side of the kitchen where a washing machine was housed for laundry. There were good standard fixtures and fittings throughout the centre including cushions and throws in the communal areas as well as lamps and side tables. The centre was adequately lit and ventilated.

A large external area had play equipment suitable for and used by all children and there was a medium sized lawn area too and a picnic bench for use in the



summertime. This area was well maintained. Inspectors reviewed that maintenance logs and most items identified as an issue had been attended to in a timely way. However, there were some entries over various months that had not been completed fully so it was difficult to know if repairs were addressed or remained outstanding.

From a review of the fire safety registers it was found that appropriate checks were carried out by the staff team. Fire logs were in order and drills were completed with staff and children when required. Daily inspection of escape routes and monthly inspection of fire extinguishers were taking place. Quarterly inspections of fire alarm systems by an external company were being undertaken and a certificate from the contractor was stored on file. Emergency lighting checks were also in place. A risk register was maintained identifying environmental risks along with procedures for managing these. However, the risk of fire starting by children was not identified and this should be included here as it was a specific risk for the group of children currently living in the centre. Safety audits were on file which were carried out on a monthly basis. A sharps inventory had been completed as well as a ligature risk assessment. It was not clear when these were reviewed and updated.

A staff accident book was maintained with thirty-seven injuries logged for 2022. The centre manager told inspectors that each child had their own accident log but there had been no accidents for the 2022 period. Fire safety training had been completed by all staff, however the onsite component had yet to be provided for the new members of the team. An up-to-date health and safety policy for the centre was in place and there was evidence that staff had read this. The majority of staff were trained in occupational first aid. However, no members of the team had undertaken first aid responder training (FAR). The registered provider must ensure that based on a risk assessment that the centre has a sufficient number of trained first aid responders as required under health and safety legislation.

The centre had three vehicles, all of which were in use. Records confirmed that the vehicles were appropriately serviced and maintained and had valid tax and insurance. All members of the staff team were legally and fully licensed to drive the centre's cars.

Compliance with Regulation	
Regulation met	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
Regulation not met	None Identified

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

#### **Actions required.**

- The registered provider must ensure that the centre has a sufficient number of trained first aid responders (FAR) as required under health and safety legislation.
- The centre management must ensure that onsite fire safety training is provided for all new members of the staff team.

#### **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.**

Inspectors found that the centre's approach to promoting positive behaviour was based on an integrated response of therapeutic crisis intervention (TCI) and the organisation's care model of practice. The staff team were supported in their role by the centre's risk assessment framework and guided by a number of procedures including behaviour management and change, consequences and restrictions, children's rights, safeguarding and anti-bullying policies. The team had completed training in TCI and the centre had access to therapeutic advice and direction from the organisation's clinical team.

Over the past year, the centre had experienced protracted periods of challenging behaviour which increased the amount of critical events, vulnerabilities and significant risk for two of the children living there. A number of these incidents related to absconding, safeguarding and sexual exploitation, substance misuse and self-harm. Inspectors found that given the number of children placed together with complex and emotional needs and the impact the challenging events were having on

other children living there, (one of whom was under a derogation because of their young age), the interventions in use that had worked in the past to mitigate risks and reduce harmful behaviour were not proving effective at this time. While centre and senior management had consistently escalated the critical risks for one child and advocated strongly for a more appropriate placement, none was made available by Tusla, the Child and Family Agency.

The measures implemented to keep negative behaviours at a minimum and protect children included risk management plans, absence management plans, behaviour support plans and safety plans. Inspectors found the strategies contained within were not robust enough to address the increasing risks. Specialist resources from the organisation's therapeutic support team (TST) was made available, however, the reflection of this direction within the plans required significant improvement. In addition, inspectors did not find evidence that this guidance was adequately discussed and shared with staff at team meetings or other fora for learning purposes. Where incidents of peer-bullying for one child was becoming an emerging pattern, this had not been identified and addressed by the centre in a timely way. Through the questionnaires completed by children some described how they were unhappy with the way they got on with other children living in the centre and indicated that they didn't feel safe.

Furthermore, there had been deficits in maintaining safety within the centre also. For one specific incident two children had been missing for a period of twelve hours before staff on duty became aware that they were not in their rooms. A review by external management highlighted a number of issues that related to gaps in policy and practice of safe care within the centre. Some of these included the lack of direction for the team to carry out routine visual checks on all children prior to staff retiring at night as well as issues regarding security for the front and back doors at bedtimes. In addition, inspectors found a lack of clear policy on the periods during the day and night when the centre's alarms were turned on and off as well as the specific areas in the building that were included in the system. One of the recommendations from the review was for staff to document the times when they visually checked children at night, however, there was no evidence on records that this was taking place consistently by the team as part of daily practice. It was not clear to inspectors from interviews with staff or from centre files if the findings of the organisation's review had been discussed with all staff members as part of shared learning.

There was evidence of occupational therapy (OT) and art therapy provision by the organisation over a period of time for some children who engaged well with these services. For some, recommendations from assessments were well integrated into children's sensory environment and daily living experiences in the centre. However, a gap existed in the availability of OT for one child who was awaiting in-house assessment. In addition, some of the staff team, social workers and GALs questioned the timely availability of specialist service provision by the organisation's TST and noted that this required attention so that children could benefit from these inputs more expediently. This was a similar finding from an inspection in one of the agency's sister centres.

As referred to above, centre and senior management were escalating all critical incidents that were taking place and risks were shared with the relevant social work departments and placement teams. Consistent strategy meetings had been arranged by centre management and good collaboration in this way was evident with the local Gardai regarding protocol meetings and to locate children when missing and return them back to the centre. There was strong evidence on centre files of advocating for alternative placements for children and regular oversight and support from the regional manager was evident at times of crisis.

Inspectors observed monitoring of the centre's approach to managing behaviours through auditing and significant event review group meetings (SERG). Discussions were also taking place at senior management meetings in this regard. Notwithstanding this, it was less clear how the centre manager was providing learning and recommendations following significant event reviews to the staff team and the recording of this at team meetings required improvement. Also, a recent audit undertaken had not highlighted the deficits identified by inspectors in this report concerning the approach used to manage the harmful and challenging incidents taking place. These were similar findings from another inspection in one of the organisation's sister centres.

The centre was proactive in their engagement with child and adolescence mental health services and there was evidence on centre records of regular communication with CAMHS and of meetings taking place to address immediate issues as and when they arose. Children were being supported by staff to understand their behaviours and how they affected the rights of others through key working and significant conversations. For some children engagement in this one-to-one work was sporadic because of their intermittent periods of absence from the centre.

Social workers and guardians ad Litem (GALs) and one aftercare worker interviewed described how they received significant event notifications (SENs), ancillary records and updates regularly from the centre management. Some stated there was on occasion a noticeable time lapse in forwarding the SENs to them. From a review of a sample of these, inspectors observed this deficit also and the centre management must ensure this is addressed as soon as possible.

At interview, staff had an awareness and understanding of the potential causes of children's behaviour and there was good evidence that the team were dedicated, caring and child-centred in how they worked with children. They were committed to developing trusting relationships that helped them make positive changes. This model of care had a beneficial outcome for one young person who was currently transitioning from the centre to independent living. They described in their questionnaire how they were well supported and cared for by the team.

Inspectors found that allegations, disclosures and concerns from children were managed appropriately and notified to Tusla and the Gardai in a timely manner. There was a good system in place to monitor the progress of child protection referrals made and these were logged in dedicated registers. Inspectors recommend that these entries are reviewed so that they are not duplicated within the centre's tracking system. The centre had a number of restrictive practices in place. These were risk assessed and shared with the respective social workers who were in agreement with the practice. There was evidence that these restrictive practices were reviewed regularly at team meetings and in discussion with the social work department and senior management for the centre.

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

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

#### **Actions required.**

- Centre management must provide ACIMS with robust safety plans for one child for the period until they transition to special care.

- The registered proprietor must give due consideration to a reduction in the number of children they place together at any one time presenting with profound behavioural and emotional needs.
- Centre management must ensure that the recording of clinical advice is improved within children's support plans so that immediate actions and techniques are clearly reflected in their individual strategies for managing behaviours. The sharing of this information with the staff team must be consistently evidenced on the files.
- Senior management must ensure that findings from internal reviews are consistently implemented in policy and practice. Learning from the reviews should be shared with all of the team.
- Senior management must ensure that specialist service provision is made available to children by the organisation in a timely way.
- Senior and centre management must ensure that learning and recommendations following significant event reviews are consistently provided to the staff team. The recording of this feedback should be improved on team meeting minutes.
- The centre management must ensure that SENs are forwarded in a timely way to all professionals.

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

#### **Regulation 6: Person in Charge**

### **Theme 5: Leadership, Governance and Management**

**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.**

Clearly defined governance arrangements and management structures were evident within the organisation. This set out the lines of authority and accountability internally and externally to the centre. The centre manager was the appointed person in charge and there evidence of leadership through their oversight across the centre files. However, as stated above, improvements are required from centre management in the way specialist advice and findings from SEN and ancillary reviews are shared with the staff team for support and learning purposes. The centre manager was

present in the centre Monday to Friday and attended all meetings including child in care reviews, handovers, team meetings, strategy, protocol and multidisciplinary meetings. They were supported in their role by a deputy manager and two social care team leaders. Alternative management arrangements were in place in times of absence by the centre manager and the deputy manager was the named person to take responsibility for this role and function. The centre manager was supported by the regional manager and also reported to them by the provision of regular governance reports, self-audits and attendance at senior management meetings. The governance reports reflected the level of risk, number of child protection concerns and complaints as well as the amount of significant events notifications for children. However, from a review of a sample of these documents, they failed to reflect any analysis of the interventions implemented with children so that the poor outcomes and gaps in progression experienced by some children were not highlighted.

The centre manager and staff interviewed during inspection expressed confidence in all levels of management stating they were accessible and supportive. They described how in periods of crisis for children, they were more present in the centre offering direction and guidance when needed. Placing social workers and ancillary professionals described how the centre and deputy manager were the main point of contact for updates and general communication on children placed there but that they rarely collaborated with other staff on the team such as social care leaders and key workers. Inspectors recommend that centre management consider how the staff team's role and responsibilities can include meaningful consultation with external professionals for learning purposes.

A recent audit had taken place in the centre which was aligned to the themes in the National Standards, however as mentioned under the previous standard, these did not identify the gaps highlighted by this report regarding the centre's approach to managing behaviour that challenged. Reviews of operational policy and procedures were in place to ensure that practice was guided by up-to-date legislation, national standards and national policy. The last review was undertaken in November 2022 and there was evidence that these were discussed in team meetings and an introduction to the centre's policies took place during the induction process for new team members.

There was a risk management framework implemented in the centre and systems developed to support staff in their everyday practice to manage risk with children. These included group impact risk assessments which were regularly updated and shared with social workers, behaviour support plans, safety plans, individual crisis



support plans and harm reduction plans. These plans were central to the management of presenting and underlying risk among children and were generally reviewed and updated routinely. However, inspectors identified a gap in individual risk assessments being developed for specific behaviours for some children such as probable use of drugs as well as bullying present in the centre and this must be addressed as a priority.

The internal management structure was appropriate to the size and purpose of the service. Inspectors did not see a written record kept of delegated duties undertaken by qualified staff members along with any key decisions made and this must be put in place.

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

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 5.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required.**

- Centre management must ensure that governance reports reflect analysis of the interventions implemented with children so that poor outcomes and gap in progression experienced by some children are highlighted.
- Centre management must ensure that risk assessments are developed for all children where specific challenging behaviour occurs.
- Centre management must ensure that a written record is kept of delegated duties undertaken by qualified staff members along with any key decisions made.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that the centre has a sufficient number of trained first aid responders (FAR) as required under health and safety legislation.	Currently all staff within the home have received training in First Aid (a two-day course). With the introduction of FAR training the organisation have commenced in Dec 2022 the application of same across all homes. All new staff joining this team will receive FAR training via induction. The remainder of the team which have received this training by June 2022.	Going forward all staff will receive FAR training as part of induction to the service. The training department will monitor refresher dates and communicate monthly with home managers in order to ensure staff are enrolled in upcoming refresher training.
	The centre management must ensure that onsite fire safety training is provided for all new members of the staff team.	With immediate effect - Onsite fire training scheduled to take place on the 28.2.2023 to capture any new staff members on the team.	The training department maintain details of all staff training records and dates refreshers are due. These are communicated to the home manager on a monthly basis to ensure staff are booked in to receive training with ample notice of training falling due.
3	Centre management must provide ACIMS with robust safety plans for one child for the period until they transition	With immediate effect - Safety plan was forwarded to ACIMS on the 22.2.2023.	Going forward where a young person is identified transition to special care, the safety plan will be reviewed by the

	<p>to special care.</p> <p>The registered proprietor must give due consideration to a reduction in the number of children they place together at any one time presenting with profound behavioural and emotional needs.</p> <p>Centre management must ensure that the recording of clinical advice is improved within children's support</p>	<p>1.2.23 a SERG was held in respect of all young people residing in the home. As part of this meeting a review of all therapeutic support requirements was completed with a number of recommendations made.</p> <p>7.2.23, the registered proprietor completed a review of all young people's therapeutic needs, presenting challenges/risks/safety plans/daily/weekly plans to ensure all recommendations are in place and in practice.</p> <p>1.02.23 therapeutic recommendations made at SERG have been updated on the young people's Positive Behaviour Support</p>	<p>multidisciplinary team and shared with all relevant professionals for their feedback and sign off.</p> <p>The operational team hold responsibility for regular review of the young people placed in the home and identified learnings in relation to identifying appropriate mix of young people will be conducted via an internal multidisciplinary forum</p> <p>Robust assessment will be completed for any potential referral to the Home that will focus on presenting challenges, complexities, group dynamic and potential impact on current young people and associated impact risks.</p> <p>This will be completed with the Social work department for each of the young people children residing in the home and only until all parties agree will an admission be approved for the home.</p> <p>All recommendations made by the therapeutic support team will be clearly documented on the relevant documentation.</p>
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	<p>plans so that immediate actions and techniques are clearly reflected in their individual strategies for managing behaviours. The sharing of this information with the staff team must be consistently evidenced on the files.</p> <p>Senior management must ensure that findings from internal reviews are consistently implemented in policy and practice. Learning from the reviews should be shared with all of the team.</p>	<p>Plans (PBSP)</p> <p>Staff sign off sheets have been attached to all documents to ensure management are satisfied that reports have been read and understood by the staff team.</p> <p>22.11.2022 - All findings from the internal review were shared with the staff team via an inhouse action plan.</p> <p>15.2.23 - The home manager reviewed all findings again at the team meeting to satisfy themselves that all staff were aware of the learnings.</p>	<p>Where recommendations are made this will be clearly communicated to staff via handover and team meetings.</p> <p>The home manager will ensure this process is followed.</p> <p>The compliance auditor will monitor this through the completion of audits in the home to ensure there is evidence that all information is being shared effectively to the team.</p> <p>Where learnings are identified from internal reviews these learnings will be actioned within the home and evidence of these completed actions will be documented in the Governance folder.</p> <p>Identified learnings will be shared via an organisation action plan to all homes to ensure these are implemented in all homes. Evidence of this will be completed in the homes governance folder.</p> <p>Where required, policy will be updated to address these learnings and shared with all homes. The regional manager will ensure that all changes and additions to policy are communicated, understood, and adhered</p>
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			<p>to by home management.</p> <p>Home management will ensure that all changes and additions to policy are understood and adhered to by staff teams. The compliance auditor will review all action plans in the home to ensure all actions have been addressed and there is evidence of these implemented in practice. The compliance auditor as part of their audits will ensure all policies are read and understood and there is clear evidence of these demonstrated in the home.</p>
	<p>Senior management must ensure that specialist service provision is made available to children by the organisation in a timely way.</p>	<p>1.2.23 - a SERG was held in respect of all young people residing in the home. As part of this meeting a review of all therapeutic support requirements was completed with a number of recommendations made.</p> <p>All young people in the home are in receipt of identified therapeutic support requirements this includes Art therapy and OT.</p>	<p>At present, a full review of therapeutic needs is being completed across all homes. There is a newly appointed 'Head of Therapeutic Services' who is completing a full review of all therapeutic requirements across the service and is developing a process that will improve service provision and will ensure that all required service provision is delivered in a timely way based on assessed need.</p>
	<p>Senior and centre management must</p>	<p>With immediate effect, all learnings and</p>	<p>The SEN team will ensure that minutes and action plans from SERGs are</p>

	<p>ensure that learning and recommendations following significant event reviews are consistently provided to the staff team. The recording of this feedback should be improved on team meeting minutes.</p> <p>The centre management must ensure that SENs are forwarded in a timely way to all professionals.</p>	<p>recommendations following a SERG that are documented on the SERG form will be sent to the home.</p> <p>SERG learnings and recommendations will be reviewed at daily hand over.</p> <p>SERG learnings and recommendations will be reviewed at the team meetings and details of same will be recorded on meeting minutes.</p> <p>The home manager will ensure recommendations are updated on relevant documents such as ICSP, IRMP, PBSP.</p> <p>With immediate effect, the home manager will ensure that all SENs are submitted to relevant professionals within two working days of the event.</p>	<p>forwarded to home managers within 48 hours.</p> <p>Regional manager will complete temperature checks of SERGs and team meeting minutes to ensure feedback is appropriately evidenced.</p> <p>Compliance auditor will satisfy themselves that SERG learnings are prevalent in the home, that the appropriate documents have been updated to reflect the recommendations and evidence that these have been shared with the team at a minimum via handover and team meetings.</p> <p>In the event of any future unavoidable delays in submitting SENs within two working days, all relevant professionals, including CRS will be notified via email by a member of the management team.</p>
5	<p>Centre management must ensure that governance reports reflect analysis of the interventions implemented with children so that poor outcomes and gap in progression experienced by some</p>	<p>With immediate effect - the home manager will provide more detail within the weekly report on the efficacy of interventions implemented with the young people.</p> <p>Where there are continued difficulties, an</p>	<p>22.02.23 A directive was shared with all home managers to ensure more detailed information is included on the weekly operations report pertaining to significant events/incidents within the home and</p>

	<p>children are highlighted.</p> <p>Centre management must ensure that risk assessments are developed for all children where specific challenging behaviour occurs.</p> <p>Centre management must ensure that a written record is kept of delegated</p>	<p>SERG will be requested.</p> <p>Immediately after inspection, a full review of all individual risk assessments was completed by home management to incorporate all risks presented in the home</p> <p>With immediate effect - the home manager implemented a daily key task list and keeps a record to show all delegated tasks</p>	<p>corrective actions in place inclusive of the efficacy of interventions.</p> <p>Regional manager provide guidance/direction/support and escalate support requirements to relevant internal/external departments where required.</p> <p>The home manager will review each young person's IRMP in line with policy or before if there is a change in presentation/risk.</p> <p>The regional manager for the home will temperature check IRMPs to ensure all risks are identified on the IRMP.</p> <p>The compliance auditor will review each young person in the home along with presenting current challenges/incidents/change in need and will review all IRMP's to ensure all presenting risks are identified in each IRMP with appropriate control measures in place to mitigate these risks.</p> <p>The regional manager will complete temperature checks to ensure records are</p>
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	duties undertaken by qualified staff members along with any key decisions made.	have been completed. This will be forwarded to ACIMS 16.03.23.	being kept of delegated tasks within the home. As part of the compliance audits, delegation of tasks will be reviewed to ensure there is evidence of this practice continues within the home.
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