



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 036

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Compass Child and Family Service Ltd.
Registered Capacity:	Three young people
Type of Inspection:	Unannounced Themed Inspection
Date of inspection:	16th and 17th January 2023
Registration Status:	Registered from the 13th June 2021 to the 13th June 2024
Inspection Team:	Anne McEvoy Lorna Wogan
Date Report Issued:	22nd March 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 2: Effective Care and Support (Standard 2.3 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.2 only)	
3.3 Theme 4: Health, Wellbeing and Development (Standard 4.3 only)	
4. Corrective and Preventative Actions	20

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 04th November 2013. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from the 13th of June 2021 to the 13th of June 2024.

The centre was registered as a multi-occupancy service to accommodate up to three young people of all genders aged 13 to 17 years on admission. The centre provided medium to long term care placements. The centre's care approach was underpinned by the principles of social pedagogy with a focus on learning, teaching and providing consistency of care from key adults. A primary focus of the work with young people was informed and guided by the understanding of attachment patterns observed in young people. At the time of inspection, there were three young people living in the centre; one young person aged between 13 and 17 and two young people aged under thirteen years. The centre had been granted a derogation to the registration status for these young people as they were under thirteen years of age on admission which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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 on the 22nd February 2023 and to the relevant social work departments on the 22nd 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 8th March 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 036 without attached conditions from the 13th of June 2021 to the 13th of June 2024.

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 centre was a large two storey house in an established housing estate. The layout and design of the centre was found by inspectors to be suitable to provide safe and effective care for the young people residing there. Each young person had their own bedroom, and these rooms were personalised to their wishes and preferences. There were adequate storage facilities in each room for the young people to store their personal belongings in a safe and secure manner. There were additional living areas for the young people to enjoy leisure activities on their own or in the company of the other young people living there. There were two separate living/sitting rooms and one young person had their own “den” adjacent to their bedroom. These rooms were equipped with books, toys and games, in good condition and suitable to the ages of the young people living in the centre.

There were sufficient bathroom facilities, ensuring privacy for the young people. Two young people had ensembles to their bedroom and the third young person had access to a large bathroom adjacent to their bedroom. The residential centre was adequately lit, heated and ventilated and the centre had the ability to regulate the temperature in each of the bedrooms with individual temperature controls so heating could be boosted if necessary.

Inspectors observed that each young person availed of the opportunity to have personal photographs hanging in prominent areas and it was found to be an inviting, lived in home for the young people. Interactions between the staff members and the young people in the centre were observed to be caring and in interview the young people stated that they felt cared for and happy there. In interview with the allocated social workers and Guardians ad Litem, professionals observed that the young people

were provided with nurturing care appropriate to their ages and stages of development.

External to the centre, there was a front and back garden both of which were well maintained by a gardener who attended to the property regularly to complete external gardening tasks. Outside, the young people had access to suitable sports equipment which were observed to be in good condition and protected adequately from the weather.

Inspectors were advised that the centre had a budget for work to be carried out on the centre in the coming months. There were plans being discussed with staff and young people about changing the purpose of a number of rooms and extending the kitchen and a living space into one room to generate a more functional environment. This budget had been agreed with senior management. Inspectors noted that while some areas of the centre required an update, it was acknowledged that these issues had been identified in team meetings and there was a timeframe for the completion of projects to upgrade the centre. The inspectors found that aspects of the daily cleaning schedule were not consistently evidenced as being attended to therefore the manager must ensure that the cleaning schedules are monitored and adhered to.

In addition, it was noted that staff stored cleaning products in a high cupboard in the utility room that was not secured. While no dangerous or flammable products were in the cupboard at the time of the inspection, the centre manager must ensure that this cupboard can be locked to ensure the safety of the young people.

The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of firefighting equipment. Inspectors noted that there was no firefighting equipment at the first-floor level and centre management queried this with the fire officer who subsequently visited the centre. Centre management were advised by the fire officer to move fire extinguishers to the upstairs landing. There was evidence of daily and weekly fire checks to be conducted by staff, however the weekly inspection of fire doors was not up to date and staff checks on emergency lighting had not been completed since May 2022. The centre manager must ensure that these checks are completed and recorded in line with procedures within the centre. There was evidence of six fire drills involving staff and young people undertaken in 2022. Inspectors noted that a fire drill during the hours of darkness was not carried out in 2022 and a fire drill of this nature must be conducted and recorded to ensure that staff and young people are familiar with the process. The centre manager must ensure that the fire drill record fully identifies those who participated in the fire drill, including staff members and young people and the time

the fire drill was conducted at. In addition, there were no fire evacuation plans visible for staff and young people in the centre and subsequent to inspection, inspectors were advised that the fire officer was devising evacuation signage. Inspectors reviewed the fire register and found that there was no list of staff who had completed fire safety training. The fire register must evidence all staff who have completed fire safety training and the date this training was completed. Training in fire safety was planned for the day of inspection and this was adjourned to facilitate the inspection and was rescheduled to the last week of January 2023. Evidence of this was provided to the inspectors.

There were contracts in place with an external fire company for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly. The fire panel used in the centre was zoned to identify the location of any fire incident. Exits were clearly marked and illuminated. The back door was fitted with a thumb lock. The front door did not have a thumb lock but inspectors were advised that the key to the front door was on staff's person at all times. Inspectors observed that the fire doors in the centre were being propped open throughout the day and when queried, inspectors were advised that the fire doors were heavy for the younger children in the centre and they struggled to open them. This posed a fire hazard. These matters were also raised with the fire officer during their visit subsequent to inspection and the centre management have advised that the fire officer had contacted an external company to enquire about a suitable solution. The centre manager must ensure that all matters raised with the fire officer subsequent to the inspection are actioned and notified to the inspectorate when resolved. This includes moving fire extinguishers to the first floor landing, posting fire evacuation signage in prominent areas within the centre and seeking a solution to the weight of the current fire doors given the difficulty encountered by the younger residents in opening them. Overall inspectors found that there was evidence of poor oversight and attention to health and safety with regard to fire safety by management. The registered provider and centre manager must ensure there is more robust oversight of fire safety matters within the centre.

Inspectors observed that the electrical appliances appeared to be in good working order, however the centre records reviewed did not demonstrate that there was a procedure in place to routinely monitor and check for defects in equipment in the centre. Inspectors reviewed the health and safety checks completed by the health and safety representative. This check was completed on a proforma and was done on a monthly basis, however, it had failed to identify health and safety issues noted by inspectors during the onsite inspection. The centre manager and registered provider

must ensure that there are procedures introduced to conduct an effective health and safety audit, that is site specific, assessing each room against potential risks.

A review of centre records and children's care records evidenced that accidents were responded to and recorded appropriately. Inspectors recommend that the centre introduce an accident logbook to record accidents/injuries to monitor such incidents and ensure they are appropriately managed. External audits of the centre completed in 2022 were reviewed by the inspectors. The inspectors found that no audit of any aspect of theme two, National Standards for Children's Residential Centres 2018, (HIQA) was undertaken. The registered provider must ensure that they assess the centre's compliance annually against all the themes of the National Standards for Children's Residential Centres 2018, (HIQA).

There was a site-specific health and safety statement available for staff to review in the office which accurately identified the risks and control measures in place to ensure the safety of staff and young people, however, the name of the centre manager and the health and safety representative were wrong. The centre manager must ensure that this health and safety statement is updated to reflect the change in manager in the centre and to update the name of the health and safety representative in the centre.

The staff used their own private vehicles to transport the young people. All staff were obligated to provide copies of valid tax certificates, insurance certificates, letters of indemnity and driving licences to the centre prior to transporting the young people. A review of staff personnel files evidenced that these documents were present and in date for all staff. The company had a system in place which alerted management when a renewal was due and reminded them to follow up with individual staff members. The centre had access to appropriate child restraint systems suitable to the height and weight of the young people they were required for.

Inspectors were provided with an up-to-date copy of the insurance for the operation of the centre.

Compliance with regulations	
Regulations met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulations not met	None Identified

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	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that the cleaning schedules are monitored and adhered to.
- The centre must ensure that the cupboard containing the cleaning materials is kept locked at all times.
- The centre manager must ensure that the daily and weekly fire checks are completed and recorded in line with procedures within the centre.
- The centre must ensure that a fire drill takes place during the hours of darkness and this is built into the schedule of fire drills during the year.
- The centre manager must ensure that the fire drill record records fully those who participated in the fire drill, including staff members and young people and the time the fire drill was conducted at.
- The centre manager must ensure that the fire register includes a list of all staff members who have completed fire training.
- The centre manager must ensure that all fire safety matters raised with the fire officer subsequent to the inspection are actioned and resolved as soon as possible and confirmed to the inspectorate.
- The registered provider and centre manager must ensure there is more robust oversight of fire safety matters within the centre.
- The centre manager and registered provider must ensure that there are procedures introduced to conduct an effective health and safety audit, that is site specific.

- The registered provider must ensure that they assess annually the centre's compliance against all themes of the National Standards for Children's Residential Centres 2018, (HIQA).
- The centre manager must ensure that the health and safety statement is updated to reflect the change of manager in the centre and the name of the current health and safety representative in the centre.

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.

A positive approach to the management of behaviour that challenges was promoted within the centre and this was supported by policies and procedures. The centre had an anti-bullying policy and a policy on managing behaviour that was based on international human rights instruments (United Nations Convention on the Rights of the Child), legislation, regulations, national policy and evidence-based practice guidelines.

Inspectors observed respectful relationships between the young people and staff and it was evident that the young people felt supported and well cared by staff. While the centre's care approach was underpinned by the principles of social pedagogy, a review of personnel files found that only one member of staff had a certificate on file indicating that they had received formal training in this model of care. Information provided following the inspection evidenced that an additional five staff members had received training in the model of care in either 2020 or 2021. These training certificates were not on file when personnel files were reviewed. This was not in line with the company's own policy on model of care training which stated, 'Training on The Principles of Social Pedagogy takes place yearly'. A review of the training schedule for 2023 did not evidence that training on the model of care was scheduled currently. Centre management indicated that an Online Accredited Social Pedagogy Course was to be undertaken by the remaining staff members within quarter one and quarter two of 2023. The centre manager and registered provider must ensure that all members of staff receive initial training in their model of care, their certificates are stored on their respective personnel files and refresher training is scheduled as outlined in their own policies and procedures.

The centre had a behaviour management framework in place. Two members of staff required refresher training in this model of behaviour management and two other members of staff were newly appointed and were awaiting their training. Inspectors were provided with evidence of planned training for these members of staff in the week following inspection. All other members of staff had valid and in date behaviour management certificates on file. In interview staff were knowledgeable about the approach to behaviour management and the techniques employed to reduce the risks of escalation. Staff also noted the use of natural consequences and individual work to empower the young people to understand their behaviours and their impact on other people. Inspectors reviewed key working records for each young person and found that the individual work undertaken with the young people fully supported them to develop an understanding of their behaviours that challenge in a respectful and positive way.

There were individual behaviour support plans, that contained an individual crisis support plan (ICSP) in place for each young person. There was evidence that these were updated monthly and contained relevant information in relation to the routines of the young people and care approaches to be implemented. Inspectors advised centre management that the ICSP must be reviewed and updated to indicate if physical restraint interventions were allowed. Inspectors noted that the absence management plans in place were not updated monthly in line with centre policy and were not individualised to the specific risks and vulnerabilities of each young person. The centre manager must ensure that these plans are reviewed and amended to include the relevant information required to support each of the young people and the staff members caring for them. There were also therapeutic support plans in place which were developed by the company's clinical psychologist and were reviewed and updated to evidence the clinical oversight of the therapeutic plans. These were comprehensive documents and were well supported by clinical meetings and clinical supervision where staff were provided with support and guidance on implementation.

Inspectors found that additional training was provided to staff members by the company psychologist on relevant and appropriate subject topics such as autism, managing anxiety based on the presenting needs of the young people.

There was evidence on the care file that the centre had been provided with relevant background information on admission in relation to the young people's behavioural presentation and these were considered in the pre-admissions risk assessments completed for each child on admission and discussed with allocated social workers in advance.

The regional manager had undertaken a comprehensive audit of Theme 3, Safe Care and Support, of the National Standards for Children's Residential Centres, 2018 (HIQA) within the past year and this included the centre's approach to managing behaviour. This audit was undertaken through a review of centre records, observations by the regional manager and interviews with the staff team and young people. It included corrective actions to be undertaken and a timeframe for completion. Significant event review group (SERG) meetings took place monthly and inspectors found that feedback from these meetings as well as discussions on significant event notifications within the centre took place at team meetings. This was further supported by staff in interview.

Inspectors found that the use of restrictive practices was infrequent in the centre. The centre had a policy on restrictive procedures which clearly outlined the procedures to be followed where a restrictive practice was to be implemented. The centre had a policy on managing behaviours which actively discouraged the use of physical restraints where possible and focused on understanding the cause of the behaviour and de-escalation techniques instead. As noted earlier, the ICSP for one young person did not specify if physical intervention could be utilised and the ICSPs for the other two young people indicated that physical restraint could be used as a last resort, if necessary. However, the restrictive practice register did not record that physical restraint was a restrictive practice in place within the centre. The centre manager must ensure that the restrictive practice register records restraint as a potential agreed restrictive practice. In interview, social workers were aware that physical restraint was a potential practice that could be utilised as a last resort.

The audit conducted by the regional manager accurately identified that restrictive practices in the centre had not been subject to adequate review and this was included in the corrective actions plan for the centre. There was a restrictive practice register where details of restrictive practices were recorded. Inspectors recommend that the restrictive practice register be amended to include a column to close out the restrictive practice when it is no longer in use in the centre.

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

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	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and registered provider must ensure that all members of staff receive initial training in their model of care, their certificates are stored on their respective personnel files and schedule refreshers as outlined in their own policies and procedures.
- The centre manager must ensure that each young person's individual crisis support plan (ICSP) is reviewed and updated to indicate if physical restraint interventions are permitted.
- The centre manager must ensure that individual absence management plans (IAMP) are reviewed and amended to include specific risks associated with each young person and the individualised responses to unauthorised absences from the centre. These plans must be updated monthly in line with centre policy.
- The centre manager must ensure that the restrictive practice register records restraint as a restrictive practice.

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.

Inspectors found from a review of centre records and interviews that there was a strong focus on supporting the young people to achieve their potential in learning and development and the centre was proactive in responding to the young people's educational needs. At the time of inspection, all three young people were enrolled in educational programmes and were attending in line with legislative requirements.

Educational needs and goals were key aspects of care and placement planning with practice informed by policies on education and planning. Placement plans were up to date and in line with care plans in relation to the young people's educational needs. One young person had an identified need for additional support in their school and the centre funded this support until the applications were approved by the Department of Education and Skills. This contributed to the overall well-being of the young person in school and their ability to integrate and engage fully. Social workers for the young people all stated that the centre worked in partnership with them and the local schools to ensure that each young person was supported fully to engage in school and homework.

A review of centre records evidenced regular communication between the schools and the centre, advising of potential triggers and difficulties that may arise as well as occasions when the young people managed particularly well. One young person was awarded "Star of the week" and this was proudly displayed in the kitchen area and staff spoke of celebrating this achievement with the young person.

Inspectors reviewed the care records and found that school reports and educational assessments completed for each young person were maintained on their individual care records. There was evidence in team meeting records that these assessments were discussed at team meetings and in interview staff were aware of the assessments and their findings. Centre management had arranged training by the company's clinical psychologist to further enhance and explain the reports and how the staff team could better support the young people's education based on these reports.

The young people informed the inspectors that they had dedicated space within the centre to complete their homework along with appropriate desks and chairs. There was evidence of good routines to complete homework after school.

Team members interviewed were aware of each young person's strengths and there was a focus on helping them explore new hobbies and develop their interests. Young people were connected to their local community and under the centre's model of care, the staff and young people engaged in new activities together to build their trust and their relationship.

A review of key working records evidenced that staff spend time with each young person discussing school, what is working well and any worries the young people might have, as well as looking at future plans the young people might have for accessing third level courses, in due course. In interview, the parent of one young

person noted that they were very happy with the focus on education and the work completed to support their child to continue in their educational programme.

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
2	The centre manager must ensure that the cleaning schedules are monitored and adhered to.	The cleaning schedule is reviewed at handover each morning by the centre managers. Requirements in this area have been discussed at a team meeting and during individual supervision. The centre manager is reviewing cleaning schedules weekly to ensure they are adhered to.	A review of the cleaning schedule has been added to the manager's monthly quality assurance to ensure oversight. This is reviewed by the regional manager as part of their governance of the centre.
	The centre must ensure that the cupboard containing the cleaning materials is kept locked at all times.	A child safety lock has been installed on the press to ensure it is kept locked and children cannot readily access this press.	This is reviewed by centre managers during daily handover and on house visits.
	The centre manager must ensure that the daily and weekly fire checks are completed and recorded in line with procedures within the centre.	Fire training was held in the centre on 27.01.23, which included a review of the fire checks. The centre managers review the fire safety checks weekly to ensure robust oversight.	The centre manager reviews fire safety as part of their monthly governance of the centre. These records are reviewed by the regional manager on house visits.
	The centre must ensure that a fire drill	A fire drill was held in darkness on	A fire drill will be held during darkness on

	<p>takes place during the hours of darkness and this is built into the schedule of fire drills during the year.</p> <p>The centre manager must ensure that the fire drill record records fully those who participated in the fire drill, including staff members and young people and the time the fire drill was conducted at.</p> <p>The centre manager must ensure that the fire register includes a list of all staff members who have completed fire training.</p> <p>The centre manager must ensure that all fire safety matters raised with the fire officer subsequent to the inspection are actioned and resolved as soon as possible and confirmed to the inspectorate.</p>	<p>10.02.23. This included all of the children living in the centre.</p> <p>The fire drill held on 10.02.23 records this information fully. This was covered at a team meeting on 31.01.2023 to ensure all adults are aware of this requirement.</p> <p>This was completed immediately following inspection and further updated after fire training took place in the centre on 27.01.23.</p> <p>Fire signage has been updated inside the house, including an escape plan route in the upstairs of the house. Two fire extinguishers have also been placed in the upstairs of the house.</p>	<p>at least an annual basis. This is reviewed by the centre and regional managers as part of their governance of the centre.</p> <p>Fire drills are reviewed monthly by the centre manager as part of their monthly quality assurance. These records are reviewed by the regional manager on house visits and through the external auditing process.</p> <p>Training records are reviewed monthly by the centre manager as part of their monthly quality assurance. When training is held the details are recorded on the fire register. These records are also reviewed by the regional manager as part of their governance of the centre.</p> <p>Fire management measures are reviewed annually by a qualified person and any measures required are notified to the regional manager and audited through the external auditing policy.</p>
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	<p>The registered provider and centre manager must ensure there is more robust oversight of fire safety matters within the centre.</p>	<p>The Fire register is reviewed at handover each morning by the centre managers. The daily tasks for Fire Safety are added to the shift plan for completion. The Fire Register is reviewed weekly by the centre managers.</p>	<p>Fire Safety matters are reviewed monthly by the centre manager as part of their monthly quality assurance. These records are reviewed by the regional manager on house visits and through the external auditing process.</p>
	<p>The centre manager and registered provider must ensure that there are procedures introduced to conduct an effective health and safety audit, that is site specific.</p>	<p>A monthly Health and Safety walkabout site-specific document is being developed to incorporate each room in the house and will be introduced in March 2023. This walkabout will be completed monthly by the centre managers.</p>	<p>The Health and Safety audit is part of the systems quality assurance that is reviewed monthly by the centre manager. The Regional Manager will have oversight of this procedure through house visits and external auditing.</p>
	<p>The registered provider must ensure that they assess annually the centre's compliance against all themes of the National Standards for Children's Residential Centres 2018, (HIQA).</p>	<p>The external auditing schedule for 2023 had planned to review themes 1-6. This has now been updated to include a plan for all themes of the National Standards.</p>	<p>The external auditing schedule is planned annually by the head of services and regional manager. Future planning will account for this requirement.</p>
	<p>The centre manager must ensure that the health and safety statement is updated to reflect the change of</p>	<p>The Health and Safety Statement has been amended with the correct titles of the centre manager and the current health and</p>	<p>This document will be reviewed annually by the centre manager in conjunction with the regional manager, or as required if</p>

	manager in the centre and the name of the current health and safety representative in the centre.	safety representative.	there are changes in any titles. regulation, or to the centre.
3	<p>The centre manager and registered provider must ensure that all members of staff receive initial training in their model of care, their certificates are stored on their respective personnel files and schedule refreshers as outlined in their own policies and procedures.</p> <p>The centre manager must ensure that each young person's individual crisis support plan (ICSP) is reviewed and updated to indicate if physical restraint interventions are permitted.</p> <p>The centre manager must ensure that individual absence management plans</p>	<p>A certified course in Social Pedagogy has been brought in for all staff to complete within the next 6 months. This was covered at a team meeting on 21.02.2023. The certs will be issued to the Centre Manager once completed and filed accordingly. The CEO has developed a training plan for Social Pedagogy for 2023 and this will be reviewed annually.</p> <p>The indication of physical restraint was added to the ICSP immediately following inspection. This is reviewed in team meetings under Programme of Care and was covered in a team meeting on 31.01.2023.</p> <p>A risk assessment outlining the individualised risks associated with</p>	<p>All new staff will have this training as part of the induction process and it must be completed in order to pass their probation period. A training schedule for the year has been developed and added to the centre managers' monthly quality assurance. The Regional Manager will have oversight of this procedure through house visits and external auditing.</p> <p>The Individual Crisis Support Plan (ICSP) is reviewed monthly by the centre manager and shared with all professionals. This is also reviewed by the regional manager through external auditing.</p> <p>The centre manager reviews the Individual Support Plan monthly as part of their</p>

	<p>(IAMP) are reviewed and amended to include specific risks associated with each young person and the individualised responses to unauthorised absences from the centre. These plans must be updated monthly in line with centre policy.</p> <p>The centre manager must ensure that the restrictive practice register records restraint as a restrictive practice.</p>	<p>unauthorised absences has been added to the individual absence management plan section of the monthly Individual Support Plan.</p> <p>The restrictive practice register has been updated to include physical restraint as a restrictive practice. This was covered in a team meeting on 31.01.2023.</p>	<p>governance of the centre. The regional manager will have oversight of this through external auditing.</p> <p>Restrictive Practices have been added to the centre manager's monthly quality assurance. This will also be reviewed by the regional manager through external auditing.</p>
4	None		