



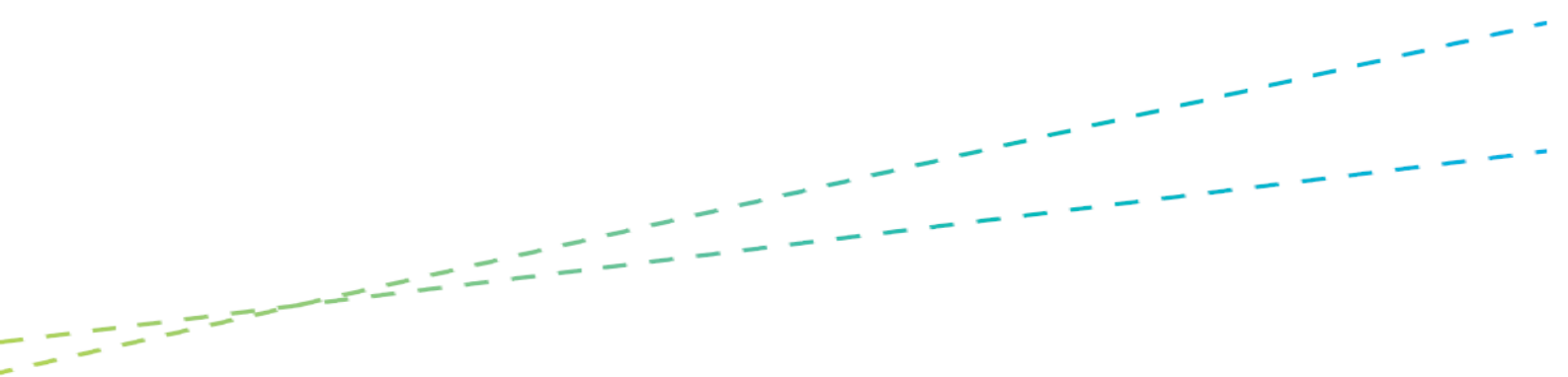
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 053

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Rainbow Community Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	07th & 08th December 2020
Registration Status:	Registered from 31st of March 2019 to 31st of March 2022
Inspection Team:	Lisa Tobin Cora Kelly
Date Report Issued:	6th April 2021

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 31st March 2007. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from 31st March 2019 to 31st March 2022.

The centre was registered to provide accommodation to four young people of both genders from age sixteen to nineteen years in their own apartment coupled with on-site team supports. Their model of care was described as relationship based with an understanding of attachment and strong core working knowledge of the skills and resilience required for the next stage in the young people's lives. The team was transitioning to a new model of care, Daily Life Events, which looked at everyday tasks and creating positive experiences from them. There were three 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
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews 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 17th February 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 3rd March 2021 with documentary evidence to assure the inspection service that issues identified were addressed. This was deemed to be satisfactory and regulatory non compliances identified in the report were addressed to the satisfaction of the inspection service.

The findings of this report and assessment of the submitted CAPA deem the centre now to be operating 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: 053 without attached conditions from the 31st March 2019 to 31st March 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The registered proprietor through the director of services and centre manager held responsibility for ensuring that the centre's policies and procedures complied with requirements of relevant legislation, regulations and National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors reviewed policies and procedures and found that improvements were required across the areas of governance, safeguarding, risk management and training so that the centre could operate in line with legislation and standards. There were a number of changes to the centre management and senior management structure since the last inspection by the Alternative Care Inspection and Monitoring Service in November 2019. In interview staff were clear of the revised management structures in place.

The centre had reviewed their policies and procedures in September 2020, however they did not include a date for future review or identify which was the most recent version of the policy for referencing. A review of the safeguarding policy found that it did not state the role and responsibilities of mandated persons in line with the Children First Act, 2015. The lone working policy referred to staff being sufficiently experienced. Inspectors found that staff were experienced but not appropriately qualified. The centre manager must review the child protection and safeguarding policies. The director of service had identified the deficits from their audits and review of policies and was in the process of aligning the systems and ensuring that the organisation will have the systems in place and will ensure learning from any recommendations are implemented.

Staff at the centre, through their questionnaires and interviews stated that their induction, training and external team support learning had given them a comprehensive understanding of the relevant policies and regulations.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The current centre manager appointed five months prior to inspection and deputy manager appointed in October 2020 were suitably qualified for their roles. The staff through interviews and questionnaires highlighted the positive managerial change they experienced within the team structure recently and the support they received from the management team. The centre manager showed dedication in the new role to providing support and guidance to the staff and the young people by investing time to create new systems and review current policies. Social work feedback gave examples of good leadership and management in the organisation referring to the oversight of the deputy manager, centre manager and the director and services. Both the centre manager and deputy manager showed leadership through their decision making skills in particular during a recent crisis period, through provision of supervision, team meetings, facilitation of training, and oversight of centre records. The young people gave positive feedback in their questionnaires about their experience of care provided in the centre and about the positive relationship with the staff.

There was evidence of oversight of all personnel from director of service level to social care worker across the centre records. The staff were aware of the internal and external management posts and their roles and responsibilities that existed within the organisation. The registered proprietor, director of services and centre manager had oversight of governance arrangements and structures which outlined the authority and accountability for the centre which was discussed during the senior team meetings.

The registered proprietor had a contract in place with the funding body Tusla, the Child and Family Agency. The director of services and the registered proprietor were in on-going communication with the funding body Tusla and provided information relevant to staffing, governance and care practices.

The current person in charge was the centre manager and inspectors found that there was a clear understanding of their role and responsibilities which was evident in their daily work.

There was a risk management framework and set of procedures in place. The inspectors found that improvements were required with regards to the processes for risk identification, assessment and management. Inspectors found there were supporting documents such as an organisational risk register, a centre risk register and a child safeguarding statement. There were impact risk assessments, individual crisis management plans, behaviour management plans and absence management plans for the young people which were reviewed by management and keyworkers. Inspectors found that further development was required around the impact risk assessments for young people, in particular having a risk rating attached to the behaviour of concern and details on how the risk would be managed by the staff team. Inspectors found that individual management plans and behavioural management plans were not updated in line with the centre's policy. Individual crisis management plans and behavioural management plans needed to be updated and reviewed as and when new behaviours presented from the young people. Absence management plans while on file, were found to be unsigned by the relevant social workers. During interviews with social workers, inspectors found they were aware of the procedures followed during an absence. Through the review of questionnaires and interviews, staff highlighted how the current behaviours of the young people was an ongoing challenge. The inspectors found that risks arising from the behaviours of the young people in the centre at the time of the inspection were not entered into the centre's risk register. The staff on duty undertook individualised risk assessments as required for one off scenarios and if deemed that a reoccurrence would arise, the risk was added into the young person's behavioural management plan. The inspectors found that the system for managing risk was not always consistent as some risk assessments were found to not have always been reviewed. There were actions from care plans for two young people for safe care plans to be implemented. Inspectors did not find these in place. The director of services must ensure a review must take place of the current risk management structures in order to ensure that the level of risk is identified, reviewed and acted on as required to ensure the safety of the young people in the centre. A court report read by inspectors highlighted concerns around the centres risk management and pre-admission assessment procedures. The director of services and manager need to consider the risk management of any future referrals for the centre ensuring that the service can meet the needs of the young person. The pre-admission risk assessment needs to be in depth and involve social workers and any other relevant parties to ensure all information can be fully disclosed about the potential new young person.

The centre had a lone working policy that identified hazards that could occur such as lack of assistance if needed, sudden illness and emergencies. Inspectors found that a concise procedure and risk assessment is required for night staff engaging with young people when they return to the centre, in particular if under the influence to ensure the safety and welfare of the young people and the staff involved.

The deputy manager acted up if the centre manager was not present in the centre. The delegation of tasks was noted in supervision records and on centre managers and team leader's roles which was in the office. Inspectors were shown a template for the delegation of duties from management to staff.

The inspectors found that the response to the current Covid-19 pandemic was discussed at senior management meetings and at team meetings. Guidelines from the HSE were being adhered to regarding sanitising stations, personal protective equipment and general cleaning of the house. There was an organisational contingency plan in place which outlined the requirements of staff, supplies and personal protective equipment in the case of an outbreak.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The statement of purpose identified this centre as providing a service for up to four children and young people. The aims, objectives and services offered were described. There was some reference to the arrangements for the wellbeing and safety of children placed in the centre. However, there was no specific reference to the model of care. The statement did not list the management and staffing numbers for the centre and there was no review date attached to this document.

Through interview and questionnaires staff showed knowledge of the model of care, Daily Life Events, but eleven out of fifteen require training on this which had been delayed due to Covid-19 restrictions. The staff had access to documentation on the model of care and intend on completing the training when it becomes available in 2021. The statement of purpose was available to staff in the office. Social workers and guardian ad litem were aware of the statement of purpose of the centre. The young person's booklet and family booklet identified the information relevant to the statement of purpose and function. The statement has not yet been evaluated as part of the centre auditing arrangements.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

The continuity of care shown by both the centre manager and deputy manager was evident to the inspectors throughout the inspection process. The manager and deputy ensured documentation was in place to guide the team in ensuring the safety and quality of the care of the young people, through reviewing the placement plans, monthly reports, individual crisis management plans and any other relevant documents. They ensured that staff received the required supervision, guidance and training to enhance their professional abilities to cater for the young people's needs.

The organisation continued to add to the continuity of care by reviewing what improvements were needed within the centre. These reviews occurred at team meetings and senior management meetings which was evidenced in the minutes furnished to the inspectors. The actions identified were then brought forward to the relevant people whether that was staff, the external facilitator or therapeutic involvement from the community services. The centre had participated in a strategy meeting in order to identify risk promptly and respond adequately to the need of the young people and staff. Strategy meetings were organised promptly inviting all relevant people to the young person, in order to ensure that input was given from those associated with an invested interest in the young person's life.

The inspectors found that different auditing mechanisms were in place for the centre. The director of service who had been in post six months at the time of the inspection had commenced an audit on Theme 5 in October 2020 in the centre in line with the requirements of the National Standards for Children's Residential Centres 2018 (HIQA). There was an internal audit carried out by the centre manager in November 2020, however the audit was against the National Standards for Children's Residential Centres (2001). There was a quality assurance and verification plan drawn up in November 2019 highlighting areas such as risk management, audits, complaints, feedback, incidents management, child protection notifications and other protected notifications and education and training. The quality assurance and verification plan was on the monthly agenda for the senior team meetings. Some of the above areas were discussed relevant to the quality assurance and verification plan. Inspectors were informed that phone calls would occur daily and that the director of service visited the centre at least once a week. Senior management meetings were held monthly which included managers, deputy managers and the director of service. The registered proprietor attended senior management meetings

bi-monthly and would link with the director of service by phone as and when needed. The senior management meetings had a set agenda each month including Covid-19. The minutes were detailed and the actions were assigned to relevant people.

Inspectors reviewed records relating to significant events, concerns and complaints. Inspectors found that there was no consistent forum to review, track and learn from these and to bring the learning back to the day to day operation of the centre. This must be put in place.

The director of services has commenced auditing against the National Standards for Children’s Residential Centres, 2018 (HIQA). The annual review of compliance had not taken place yet. The annual compliance report review must be in place by the end of each year.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.2 Standard 5.3 Standard 5.4
Practices did not meet the required standard	Standard 5.1

Actions required

- The director of services must update the policies and procedures to include mandated and non-mandated person’s policy.
- The registered proprietor, director of services and centre manager must ensure all staff have relevant mandatory training completed in particular the model of care.
- The director of service must conduct a robust review of the risk management documents and procedures, in particular the impact risk assessment where development of risk rating was required and details on how the risks are managed.

- The director of services and manager need to review the court report response and ensure all aspects are being followed through ensuring that child protection and safeguarding remains at the forefront of their work.
- The centre manager and staff must ensure that safe care plans are drawn up as recommended outcomes from child in care reviews.
- The centre manager must update the statement of purpose and function in line with the National Standards for Children’s Residential Centres, 2018 (HIAQ), including details of the model of care, numbers of staffing and a review date.
- The director of services must complete an evaluation of the statement of purpose.
- The centre manager must add comments to the significant events to show oversight of the incidents. The director of services and centre manager must ensure child protection notifications and life space interviews are in the young person’s files. The director of services and the centre manager must oversee that significant events are completed correctly by staff.
- The director of services must review the significant event review group to ensure it was acted on, monitored and analysed for learning purposes.
- The director of services must complete an annual review of compliance for the operations of the centre in 2020 before 31/03/2021.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found that workforce planning was undertaken with regards to oversight over staffing levels and capabilities. The centre manager had an understanding of the requirements around staffing, needs of the young people, shift planning and maintaining a stable workforce. The director of service gave details of workforce planning that occurred in an emergency case where extra staffing was required for a respite placement. Workforce planning around staffing levels was also discussed at senior team meetings. Further development is required around the recruitment process of new staff and promotion internally ensuring all relevant documentation is in place in line with requirements of policy and procedures. There were recommendations from child in care reviews regarding staffing levels to young people ratio which hadn't been followed through. This would have given more staff availability to the young people. The director of services stated that funding was due to be sourced by a guardian ad litem and social worker but this was not followed through on.

There was the minimum required number of staff in the centre, a centre manager, deputy manager, three social care leaders, four social care workers and two staff members who completed night shifts. Inspectors found that there were sufficient numbers of social care qualified staff working in the centre. However, two of the four newly recruited relief staff were unqualified. There must be no unqualified staff working in the centre. The relief staff are available to cover any leave required.

Inspectors found that there was a high turnover of staff in the last year some due to promotions and career changes. The registered provider had tried to address the staff turnover by the introduction of staff retention measures. When there was a shortfall in staff, relief staff were brought in to support the team while recruitment was taking place. The director of service had linked in with some staff members prior to leaving the organisation. Other staff retention measures included, the organisation offering competitive pay to the staff, completing a three-day induction with new staff, an external facilitator meeting with the team and an external counsellor was available to

the team if needed. The organisation also gave a bonus to the staff for full capacity of the centre.

Inspectors reviewed the roster and saw that some staff members had completed five and six night shifts back to back which is against the Safety, Health and Welfare at Work Act 2005. The director of service stated this occurred due to a delay in a new staff member commencing employment and was not regular practice.

The organisation had kept its focus on maintaining relationship based work with the young people. Within the centre, management had been supportive to the staff, providing guidance, regular supervision, extended handovers and weekly team meetings. Staff spoke positively of how they are supported within their working environment by the management. Staffing was discussed at the senior management meetings which was evident in the minutes provided to the inspectors. There was evidence of staffing issues discussed with human resources when needed and acted on.

There was a formal on-call procedure in place for both weekdays and weekends in line with the on-call policy.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

There was a recruitment, induction and vetting policy in place that identified the steps involved in gaining employment within the organisation. There were some issues identified by the inspectors upon review of a sample of the staff files. There were verbal checks completed but it was not identified who with, documents were unsigned, reference to dates of employment for some staff overlapped or there was a gap. One newly appointed acting social care leader did not have an up to date contract for the new role. A new relief staff did not have a signed contract or the required three references and therefore should not have been working in the centre. This was not in line with the centre's own policy. Personnel files were securely maintained by the centre manager and were made available for review by relevant persons upon request. Garda vetting's were all recorded on file and up to date.

Inspectors found there was need for a review of the recruitment process due to the issues mentioned above, showing a clear path in what needs to be completed before a staff member comes on board to work in the centre.

There was a written code of conduct in place and staff stated they were made aware of it during their induction and signed off on a code of confidentiality during induction. Staff were able to discuss aspects of the policy when asked during interviews.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff were aware of their roles and responsibilities, policies and procedures which was shown through the five interviews and eleven questionnaires. Staff expressed the support they received during supervision and handovers.

Staff identified that the team meetings occurred weekly, however, only for those staff on shift. Inspectors identified that this was not the most effective way to have the team meeting. All staff should be given the opportunity to attend the team meeting to ensure they are involved and informed on what was happening in the centre. The director of services and centre manager are to look at alternative ways of ensuring the involvement of all staff. Inspectors viewed daily logs, young people's records and other documentation which showed staffs own professional judgement and accountability. There was oversight from management within this documentation which helped in supporting the staff with their professional progression. Inspectors found individual work reports but did not find any key working reports despite reference to these documents.

Policies and procedures were in place to protect and minimise the risk to staffs' safety which were outlined in the risk management framework. Training was given on the therapeutic interventions used relating to the behaviour management of the young people. On call support, risk assessments, behaviour management plans were all utilised by the staff in order to minimise risk.

Improvements are required with regard to reflective practice to address learning and development within the team. Staff discussed the lack of reflection within the team during interview. The centre manager acknowledged that there had been a lack of reflective practice as there had been a time of crisis and agreed to work in introducing this back into practice.

Inspectors found while reviewing team meeting minutes, placement plans and individual crisis management plans were only mentioned for keyworkers to update

rather than a discussion about the content. This information should be discussed among the team to ensure the continuity of shared information for effective work practices. There was no discussion around policies and procedures, concerns, or pieces of work that had been carried out with the young people evident to the inspectors.

Supervision was carried out monthly in line with the supervision policy. Supervision agreements were in place and some supervision records were unsigned. Supervision was carried out by the centre manager and deputy manager. There were a number of staff that required supervisee training. It would be recommended to ensure the staff receive the training to get the full benefit of the supervision process. Records of supervision were reviewed by inspectors and require further review by management. Generally, there was only an agenda from the supervisor and on some supervision documents, there was a lot of repetition each month. There were very few occasions of goal setting or reflective work. Contribution from the supervisor and the supervisee to the agenda would benefit staff and offer them the opportunity for reflection and learning. Staff appraisals had not taken place in the service history to date.

There were supports in place to assist staff in managing the impact of working in the centre. These included the availability of an external counselling service, supervision and group facilitation.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

There was an induction process which guided new staff in their first three days. This was led by the deputy manager or a social care leader. Staff files showed records of this induction process and what areas were completed. Mandatory training for staff included Children First, model of care, fire safety, first aid and training in a recognised model of behaviour management. Due to the emergence of the Covid 19 pandemic, significant deficits emerged in core training. Fire training had been completed but did not happen at the registered centre where it needed to take place. Senior management have continued to book training for staff, however the courses had been postponed repeatedly. Training was discussed at senior management meetings and during supervision.

There was a training needs analysis in place which was overseen by the centre manager. It showed details of all training undertaken by staff and when they required a refresher. Inspectors saw that a number of staff had not completed relevant Covid-19 training online. Management need to follow up on this. Staff files that were viewed by inspectors included the training certificates for training completed.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None Identified
Practices met the required standard in some respects only	Standard 6.1 Standard 6.3 Standard 6.4
Practices did not meet the required standard	Standard 6.2

Actions required

- The director of service must review the recruitment process to ensure all relevant documentation is collated in line with the centre's own policies.
- The director of services must ensure that all staff employed are qualified appropriately as outlined in memo sent by ACIMS.
- The director of services and centre manager must review the roster and ensure compliance against the Safety, Health and Welfare at Work Act 2005.
- The director of services and centre manager must carry out appraisals annually.
- The centre manager must ensure all staff are given the opportunity to be involved in the team meetings.
- The centre manager must ensure that all mandatory training is completed in particular the specified model of care.
- The centre manager must source supervisee training for the staff in order to improve supervision learning and reflection.
- The centre manager must ensure all relevant Covid-19 training available is utilised by all staff to ensure guidelines are followed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The director of services must update the policies and procedures to include mandated and non-mandated person's policy.</p> <p>The registered proprietor, director of services and centre manager must ensure all staff have relevant mandatory training completed in particular the model of care.</p> <p>The director of service must conduct a robust review of the risk management documents and procedures, in particular the impact risk assessment where development of risk rating was required and details on how the risks</p>	<p>The director has updated the policies and procedures to include mandated and non - mandated persons policy.</p> <p>The registered proprietor, director of services and centre manager have ensured that all staff completed Daily Life Events model of care training on 26.02.21. TCI refresher completed on 14.01.21. Full course scheduled for 18.19.20.21 may 2021. Fire training completed on 17.12.2020</p> <p>The existing risk assessment framework has been updated to include the pre-admission risk assessment and risk ratings have been included for all other risk management documents. The pre-admission risk assessment now includes</p>	<p>Reviewing of policies and procedures will continue on a bi yearly basis or sooner if required</p> <p>Model of care and all mandatory training to be sourced in the first week of an employee starting work in the centre.</p> <p>Implementation of a pre-admission risk assessment for all new admissions based on an updated pre-admission risk assessment. This will be evidenced as new admissions are being introduced into the service and will form part of the provider's</p>

	<p>are managed.</p> <p>The centre manager and staff must ensure that safe care plans are drawn up as recommended outcomes from child in care reviews.</p> <p>The director of services and centre manager must review the court report response and ensure all aspects are being followed through ensuring that child protection and safeguarding is at the forefront of their work.</p>	<p>sections on identifying existing control measures and additional control measures to reduce and minimise the identified levels of risk. This has been completed on 26/2/2021.</p> <p>The centre manager and staff will ensure that safe care plans are drawn up as recommended outcomes from child in care reviews with immediate effect.</p> <p>Review of the court report done in the staff meeting on 7 January 2021. No new resident with drug issues was admitted to the centre while residents who had drug issues were still in the centre. Young person was discharged into aftercare on 15 January 2021. Director of service has indicated to placement committee that placements of new residents into the centre will put into consideration issue of drugs as much as possible.</p> <p>Going forward, new risk matrix has since been designed for new residents coming to the centre.</p>	<p>audit process. The service management team will ensure the new framework will be used at all times when conducting risk assessments.</p> <p>BMPS updated on 25.02.21 to reflect outcomes from CICRs. Safety plans awaiting SW signatures.</p> <p>No new residents admitted into the centre since a young person was discharged into aftercare on 15 January 2021. There is a new risk assessment matrix designed for new residents going forward.</p>
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	<p>The centre manager must update the statement of purpose and function in line with the National Standards for Children’s Residential Centres, 2018 (HIQA), including details of the model of care, numbers of staffing and a review date.</p> <p>The director of services must complete an evaluation of the statement of purpose in the annual compliance report.</p> <p>The director of service and centre manager must conduct regular reports for communicating and outlining governance oversight.</p> <p>The centre manager must add comments to the significant events to show oversight of the incidents. The director of services and centre manager must ensure child protection</p>	<p>The centre manager updated the statement of purpose and function in line with the National Standards for Children’s Residential Centres, 2018 (HIQA), including details of the model of care, numbers of staffing and a review date on 01.03.21</p> <p>The director of services will complete an evaluation of the statement of purpose in the annual compliance report by May 2021.</p> <p>The director of service and centre manager have devised a written handover template to be used for handover between the unit and director of services twice a week; Monday and Fridays. However verbal handovers to continue daily.</p> <p>The centre manager has been writing comments under “pending actions section” of the Significant event form to show oversight of the incidents. However, these were not recorded as manager’s</p>	<p>Purpose and function to be reviewed bi yearly with the next review date or as needed.</p> <p>Moving forward annual report to be done every year in May reviewing statement of purpose and other policies</p> <p>This to be completed and emailed to director twice per week Mondays and Fridays. Copies filed and kept in the manager’s office</p> <p>Manager to add comments to all the significant events to show oversight before SENs are send to all relevant professions and filed.</p>
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	<p>notifications and life space interviews are in the young person's files. The director of services and the centre manager must oversee that significant events are completed correctly by staff.</p> <p>The director of services must review the significant event review group to ensure it is acted on, monitored and analysed for learning purposes.</p>	<p>comments. Going forward manager has been writing notes at the bottom of the significant events and all significant events are also now risk rated. All significant events are looked at by manager/deputy manager before forwarded to CRS, SW and relevant professionals.</p> <p>Child protection notifications and life space interviews are now printed out and filed when completed. Effected immediately. First significant event review was completed in a team teaming on 19.02.21</p> <p>Significant Events are now reviewed in staff meetings effective 18.02.21. SERG form revised to include findings of the SERG and recommendations.</p>	<p>Significant events to be reviewed in staff meeting and will to be on the agenda for all meetings</p>
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<p>6</p>	<p>The director of service must review the recruitment process to ensure all relevant documentation is collated in line with the centre's own policies.</p> <p>The director of services must ensure that all staff employed are qualified appropriately as outlined in memo sent by ACIMS.</p> <p>The director of services and centre manager need to review the roster and ensure compliance against the Safety, Health and Welfare at Work Act 2005.</p> <p>The director of services and centre manager must carry out appraisals annually.</p> <p>The centre manager must ensure all staff are given the opportunity to be</p>	<p>The Director of service has reviewed the recruitment process to ensure all documents is collated in line with the centre's own policies</p> <p>Two unqualified night staff have committed to taking up university in Sept 2021</p> <p>The director of services and centre manager reviewed the roster to ensure compliance against the Safety, Health and welfare at Work Act 2005 by recruiting 3 qualified staff since inspection. One has since started and two other to start on 01.04.21.</p> <p>All staff completed and submitted appraisal forms on 29.01.21. Appraisals started since 19.02.21 and ongoing. To be completed by 30.03.21</p> <p>The centre manager has ensure all staff are given the opportunity to be involved in the</p>	<p>All written references to be on file prior to any staff commencing work.</p> <p>No new recruitment of unqualified staff. All recruitment to be in line with the ACIMS memo.</p> <p>Roster has been updated to take into consideration working time act. Overtime to be given in times of emergency and in a manner that does not violate working time act.</p> <p>Next appraisals scheduled for the 29.01.22. to be done yearly.</p> <p>Meeting are compulsory and will be contacted weekly.</p>
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	<p>involved in the team meetings.</p> <p>The centre manager must ensure that all mandatory training is completed in particular the specified model of care.</p> <p>The centre manager must source supervisee training for the staff in order to improve supervision learning and reflection.</p> <p>The centre manager must ensure all relevant Covid-19 training available is utilised by all staff to ensure guidelines are followed.</p>	<p>team meetings by conducting staff meeting via zoom on Thursdays weekly starting 11.02.21</p> <p>The centre manager has ensured that all staff completed Daily life events training on 26.02.21. All staff are now trained including staff starting due on the 01.04.21.</p> <p>The centre manager has applied for supervisee training in order to improve supervision learning and reflection. The application was submitted to Social Care Ireland and a date has been provided of 29/03/21</p> <p>The centre manager has ensured that all staff completed Covid training since inspection</p>	<p>Going forward DLE training to be sourced in the first week of employment for new employees going forward.</p> <p>Management will make sure that all staff are up to date with relevant training. Staff training audit to reflect gaps. Training to be on supervision agenda</p> <p>Centre manager will make sure that all staff do updated relevant training going forward. Training opportunities to be posted on the notice board and put on the staff meeting agenda going forward. Training needs to addressed in the supervision.</p>
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