



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 059

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Misty Croft Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	25th & 26th April & 4th May 2022
Registration Status:	Registered from the 31st of May 2020 to the 31st of May 2023
Inspection Team:	Lorraine Egan Linda McGuinness
Date Report Issued:	07/11/2022

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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 31st of May 2008. 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 the 31st of May 2020 to the 31st of May 2023. An immediate action notice has been issued to the registered provider due to issues identified during this inspection.

The centre was registered to provide emergency, respite, short- and medium-term care for up to six young people. The centre is dedicated to the provision of placements for young people entering the country as separated children seeking asylum. There were six young people living in the centre at the time of the inspection. Their model of care was described as an individualised need led approach. The model was based on Maslow's hierarchy of needs, where physiological and safety needs are responded to and belonging, and esteem needs are explored with personal development being encouraged and supported.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
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

During the inspection of the centre, inspectors consulted with their line manager and an immediate action notice (IAN) was issued to the registered provider. This was based on preliminary findings that the centre was not operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies and Article 14: (1) Safety Precautions. The centre management and proprietors were informed on the 28th April 2022 of the decision to propose to attach a condition to the centre's registration that there be no further admissions until the inspection process was completed. The proposed condition would be reviewed when the inspection process was concluded and a full and comprehensive review of the centre's action plan and preventative and corrective actions had been completed. The registered provider returned a response to ACIMS outlining a scheduled plan to address the issues in a timely way and consequently provided evidence of the corrective actions implemented by them. A draft inspection report was then issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 20th May 2022. On receiving the report, the registered provider and the service's director met with ACIMS inspector manager and senior management on request and subsequently submitted a factual accuracy on the 6th July 2022 for an in-depth review. This was returned by inspectors with an updated draft report on the 20th September 2022 and the registered provider was required to submit 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 an amended CAPA on the 18th October 2022. 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: 059 without attached conditions from the 31st May 2020 to the 31st May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The centre had a complaints policy and process in place, however, from a review of centre records, interviews with a number of children, staff, management and the dedicated social work department, inspectors found that improvements were required in the way the staff team interacted and communicated with children when they raised concerns and made complaints to them. In this regard, a culture had emerged within the team where there was an absence of child-centredness when children tried to be heard about issues, they were unhappy with. While children were provided with opportunities to participate in placement planning and contribute to some decisions being made about their daily living arrangements, overall, there were deficits in recognising children's fundamental right to be listened to when expressing their views and this must be addressed immediately.

The complaints process within the centre was not consistent with specific regulations, best practice or the centre's own policy and inspectors found that in general there was a lack of openness and transparency in how complaints were responded to. Internal dissatisfactions by children failed to be managed as part of the centre's complaints policy, neither were they investigated or documented as such. Despite some issues having been recorded as part of the centre's significant event notification (SEN) system and submitted to social workers and other appropriate professionals, there were no complaint forms completed by or on behalf of children on file. Staff informed inspectors that their understanding from the social work department was that these forms could not be filled out for children without their consent. The social work department stated that this was not the case and that this information had been miscommunicated. However, in general allocated social workers described how the centre provided them with relevant documents including progress reports and SENs. They also experienced the staff team as advocating for children's rights to have regular access to social workers and contact with their family where appropriate.

They were aware that some children had issues regarding daily living arrangements within the centre.

During a review of centre records, inspectors noted a number of issues highlighted by children that were not responded to as a complaint by staff or management and this was identified as a deficit in the previous inspection in 2021. These included dissatisfaction with the amount of pocket money and clothing allowance allocated to them, money missing from one child's bedroom, unhappiness about room searches, issues with plumbing in bathrooms and other areas in the house, bedrooms feeling cold and a child saying they were being treated differently to their peers. Staff interviewed, stated that some of these concerns had already been brought to conclusion specifically in regard to ongoing maintenance of the house. However, inspectors did not observe any resolutions regarding these incidents recorded on children's files and children interviewed said they were unaware of how they were managed and they were unhappy about the way their concerns were responded to. In addition, it was not clear as to how children were informed of the outcome of complaints or the details of any feedback they gave was not recorded.

Where children raised concerns about the way they experienced staff interacting with them such as incidents of shouting and raised voices by some of the staff team which one child said made them feel scared, these were not investigated promptly as a complaint at the time they arose. Although when one of the children shared the concern with their placing social worker, it was acted upon by senior management within the organisation and a review was conducted. However, this came to an unsatisfactory conclusion and the child did not engage with the process. Further there was an absence of learning or recommendations identified from this investigation which could have contributed to improvement of practices for the staff team. In addition, the system of appeal and escalation of complaints to external management was unclear and there was no oversight evident by the service director on centre files in this regard. Similar concerns persisted over a period of time for some children, however there was evidence on centre files that these were minimised when brought to the attention of staff. Any actions implemented by the staff team to resolve the issues of complaint were not child focused, appropriate or supportive and the burden was placed on the child to prove that what they were experiencing in staff's approach and interactions with them was true.

In one instance, when a child became very upset at being told to remain sleeping in a bedroom where there was a recurrent odour because of ongoing plumbing issues, and despite staff endeavouring to remedy the problem at that time, the child was refused

the use of an alternative room for the night. Furthermore, behaviour management plans were developed for children as a result of them showing their distress or upset over issues they highlighted to staff. Their behaviour in the plans were described as fixations shown by the young person. Inspectors found that this gave a message to the child that there would be adverse consequences for raising dissatisfactions or speaking up and decisions taken in this specific incident were not explained in a way that took account of their age, stage of development or their individual needs. While specific complaints were discussed at team meetings including a number of interventions to respond to children regarding their dissatisfactions, these approaches were not appropriate as they did not show positive consideration and care for the child's perspective. Further, there was an absence of follow-up meetings/supervision initiated by management with the staff involved in these issues which would typically form part of the process for responding to complaints. A code of behaviour which guides staff on how to communicate with children in a way that respects their right to be listened to had not been revised with the team for learning purposes. Audits taking place did not capture any gaps within the system nor were trends tracked to inform improvements in service provision.

Children's meetings were scheduled weekly but from a review of a sample of the minutes, discussions were mainly related to menu planning and food choices and those interviewed told inspectors that they did not find them useful. Through questionnaires and at interview, children said they were made aware of the complaints process when they moved into the centre and others said they had not been informed of it and did not know what steps to follow. There was an information booklet in place that gave a description of the complaints procedure.

The centre had a complaints' register in place, however the majority of those recorded related to external issues regarding the social work department. The complaints identified within this report were not entered. One staff member said at interview that there was also an 'issues log' in place which inspectors reviewed. However, inspectors were not informed that this log formed part of the complaints procedures by the centre manager or other team members at interview

There was evidence that children were made aware of external supports and some were utilising services outside of the centre and escalating complaints to independent advocacy services such as EPIC, the Ombudsman for Children and Tusla complaints and feedback mechanism 'Tell Us'. Where one child described to inspectors how their social worker had not been in contact with them for some time and they were unhappy that information about their family in their country of origin had taken a

long period of time to be communicated to them, the centre forwarded records to inspectors post inspection which evidenced that the social work department had been consistently informed of this by the centre on behalf of the young person. There was no appointed complaints officer in place in the centre.

Compliance with regulations	
Regulation met	Regulation 17
Regulation not met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	Standard 1.6

Actions required

- Senior and centre management must ensure that the staff team use a child centred approach to working with children and improve their practice of recognising children's rights to be listened to when they raise concerns and make complaints.
- The centre manager must ensure that the centre's complaints process is consistent with relevant legislation, regulations and best practice guidelines. All dissatisfactions by children must be managed as part of the centre's complaints procedures.
- Senior and centre management must ensure that all issues raised by children and identified as part of this inspection are reviewed, responded to and brought to resolution for the children involved including informed of the outcome.
- The registered proprietor must ensure that there is a culture of openness and transparency in the centre regarding complaints and feedback from children must be sought. Children should be reassured that there are no adverse consequences for raising an issue or speaking up. Each child along with the staff team must be made aware of the complaints process.
- The registered proprietor must ensure that all complaints made about the way staff interacted with children and the approaches used are investigated retrospectively. A code of behaviour between staff and children should be in place and training should be provided for staff on the code. Any learning or

recommendations identified from the process of investigation should be gathered to improve practice within the centre.

- Senior management must ensure that there is a clear escalation procedure in place for dealing with complaints within the centre including an appeals process for children to avail of. Audits should be assessed against the requirements of regulations and national standards.
- The centre manager must ensure that informal and formal complaints are recorded, managed, reviewed and investigated and children and social workers informed of the outcome.
- The centre manager must ensure that records of the investigation and resolution of complaints are maintained and regularly reviewed for learning purposes and to improve practice. Records of the complaints including outcomes must be stored on the child's record.

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.

While the centre had a layout and design that was suitable for providing safe and effective care for meeting the needs of each child, it was an old property that required ongoing upgrade and maintenance works and despite endeavours to keep the building in good structural condition, improvements were required. These relate to the homeliness of the recreational rooms in use along with a damp smell in the front sitting room as a consequence of a leak in the ceiling that had been recently attended to. Water had seeped down onto the carpet which left a damp odour and this requires prompt attention. The second sitting room was, in some instances used to store extra furniture and this should be removed and made comfortable and stimulating for children to enjoy. There were also some decoration issues that needed to be addressed in children's bedrooms such as wallpaper peeling off one wall and rooms were cold despite extra heaters been provided to children by staff. In general, these

bedrooms needed painting and upgrade to make them appealing and pleasant. At interview and from questionnaires, children told inspectors that they did not participate in decorating the communal areas or their own rooms. In addition, children had access to a top story balcony through one of their bedrooms that was unsafe and while there had been safety mechanisms put in place to address this, steps taken were not robust enough and immediate attention was required to further secure the area at the time of this inspection. Centre management responded to this promptly when brought to their notice by inspectors and a safety plan was implemented and interim works carried out on the area. This is an ongoing issue that will need more permanent remedies and the registered proprietor must provide a schedule of works for this undertaking. Risk assessments had been implemented for children to be kept safe in this regard.

Each child had their own bedroom and there were four ensuite bathrooms with one shared between two children. There had been persistent issues with plumbing within the property and the appropriate work had been carried out and concluded so that each ensuite and bathroom had now been fully refurbished. However, a strong odour remained in one of the bedrooms and this needs attention.

Staff described how children were provided with secure storage facilities for personal belongings, however there had been some incidents of money going missing in the centre and this must be formally addressed. From a review of centre records this issue was not managed as a complaint at the time for the child who raised the concern. The centre was clean and lit. While there was a heating system in place, some of the rooms could be cold because of their size and the age of the premises and some children found difficulty in sleeping because of the low temperatures. This had been addressed and children were provided with extra heaters for their use at these times.

From a review of maintenance logs, the records were unclear and did not consistently indicate if the issues requiring attention were completed to a satisfactory resolution or not. Further, while health and safety hazard lists were in place, inspectors found it difficult to cross reference these with the maintenance log including the health and safety audit to determine if all of the recorded actions were completed or outstanding. A number of these remained unattended and were ongoing issues for some time because of delays due to Covid. Inspectors have been informed that **the builders are working their way through this list currently**. The centre manager must ensure that there are clear systems in place for oversight and review of maintenance issues. All conclusions should be documented showing a satisfactory outcome to matters raised.

A risk register was maintained for the house, however there were gaps in dates logged, for example one was recorded on 20.6.20 and the subsequent entry was 16.02.22. Reviews did take place for some risks but not for others and there was no change noted for the risk rating identified. Issues that required more swift attention in the register had not been actioned such as the safety of the balcony along with an exit door at the side of the house that was difficult to open and which inspectors were informed was scheduled to be repaired the week of inspection. Two accidents had already happened to a staff member and child consecutively regarding a hot hob on the kitchen cooker. No remedial action or signposting was carried out for staff and children to be aware of this issue to prevent it from reoccurring. The senior and centre manager must ensure that the risk registers in place are kept up to date, monitored and reviewed regularly. Issues identified for action must be addressed promptly. All reasonable measures must be taken to prevent accidents and reduce the risk of injury.

The centre's fire log was not up to date with relevant information. Inspectors found that the last automatic door release check was on the 19.4.22 and not always weekly as required. The previous one was conducted in February 2022. Fire extinguishers were due monthly inspections but only two were documented in 2020 and the new register provided to inspectors did not have a record completed identifying where fire extinguishers were located. The most recent testing of emergency lighting took place in April 2022. Inspectors were informed by the centre manager that a comprehensive fire risk assessment was completed post inspection in May 2022 by an external fire safety engineer and a certificate issued in respect of this. Senior and centre management must ensure that the centre's fire log is fully up to date.

Where one accident had occurred in the centre, it had not been recorded in the appropriate section of the fire register. While a number of accidents were entered in the new accident log, not all accidents noted by inspectors on centre files had been recorded as such.

First Aid and Safe Administration of Medications (SAMS) training was in place for all of the staff team. While a fire safety training course had been conducted online, this training must be completed onsite. A health and safety statement had been read and signed by staff. The centre had one dedicated car for use at the time of this inspection. This was found to be taxed and insured and an NCT was scheduled for June 4th, 2022. This was the only booking provided to the centre because of the back log in appointments. Members of the staff team were legally licensed and insured to drive the car.

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

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

Actions required

- The registered proprietor must ensure that work is carried out on the balcony area of the centre that makes it permanently safe for children should they access it. A schedule of work must be provided to ACIMS.
- The centre manager must ensure that improvements are made to the recreational areas of the centre so that they are more homely for children's use. The odour in the front sitting room should be addressed including ventilation considered and the carpet cleaned from the leak in the ceiling.
- The centre manager must ensure that where the walls in the bedroom require repair, that this is addressed. Children should be given opportunities to participate in decoration of their bedrooms and the general areas of the centre.
- The centre manager must ensure that there are clear systems in place for oversight and review of maintenance issues. All conclusions should be documented showing a satisfactory conclusion to matters raised.
- The senior and centre manager must ensure that the risk registers in place are kept up to date, monitored and reviewed regularly. Issues identified for action must be addressed promptly.
- Senior and centre management must ensure that the centre's fire log is fully up to date.
- All accidents or injuries that happen to children and staff must be recorded accordingly and all reasonable measures must be taken to prevent accidents and reduce the risk of injury to all.
- The centre manager must ensure that fire safety training is provided onsite.

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.

Inspectors found that while the centre had notified ACIMs of the change to the centre manager position, from a review of centre records, it was difficult to determine who the person in charge was with overall executive accountability with authority for the delivery of service within the centre. At the time of the inspection, the centre manager who was the named person in charge and had been in the post since October 2021, was on leave and an acting manager had been appointed since January 2022 until their return. However, inspectors found that there was confusion and a lack of transparency over the exact details of their acting manager schedule. They worked a reduced weekly timetable with some days present onsite and others working from home. Further, the social work department, children interviewed and the staff team who spoke to inspectors did not know who the person in charge was and consistently referred to the manager as a different staff member. This was the person who held the post of social care leader. While some of the acting manager's duties had been informally delegated to the social care leader, inspectors found evidence that these governance and management arrangements were not clearly made known to children, the staff team, the social work department or to inspectors at the time of the inspection. There was no list of tasks identified to support the sharing of the acting managerial role and function, neither was there evidence of dedicated individual accountability when acting up in this post. However, from a review of centre records, there was evidence that the social care leader had taken on specific managerial responsibilities. This was observed on child in care review meeting minutes, communication with the dedicated social work department, oversight on SENs and minutes of team meetings. Overall, there was an absence of clarity of specific roles and responsibilities of staff in the centre noted across centre files and there was no written record kept of when and to whom explicit duties had been delegated and key decisions made as per the National Standards 2018. The registered proprietor must ensure that there are clearly defined governance arrangements in place that set out the line of authority and accountability and specify roles and responsibilities of all staff in the centre. Where there is a temporary change in the person in charge in the

centre, this must be made known to children, the staff team and the placing social workers. The alternative management arrangements put in place when the person in charge is absent must be clearly defined.

With regard to the current internal management structure within the centre, there was one part time acting centre manager, one social care leader and seven full time social care workers along with one part time social care worker. The acting centre manager was supervised by the service director and they conducted external audits, attended senior management meetings along with SEN reviews and risk assessment meetings. Children told inspectors that they had not met the service director and did not know who they were. The system in use to conduct the external audits were not clear and did not identify or track deficits within the various themes in the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant regulations. Inspectors recommend that this mechanism used for the monitoring of service provision is reviewed.

Inspectors found that there were deficits in the internal management structure of the centre. Accountability for the delivery of the service was shared between various members of the centre management team and these arrangements were not effective in sustaining a child-centred and safe service. Further, from a review of a number of the staff rotas, it was noted that the day shift that had been in place had ceased and consequently only two sleep-over duties remained in place for each day. This is not sufficient for the number of children living in the centre or for the delivery of child-centred, safe and effective care to each child. The service director told inspectors that there had been many challenges in the recruitment of staff to the centre but that they were making every effort to redress the balance. The service director must ensure that the internal management structure is appropriate to the size and purpose and function of the residential centre. The rota must be reviewed so that a staff member is on duty for a day shift each day.

There was a risk management framework in place and supporting plans included absent management plans (AMPs), risk assessments, safety plans and behaviour support plans. It was unclear to inspectors how often these were reviewed and updated. Interventions outlined on the risk assessments varied in the quality of their content and some contained general guidance rather than strategies to target the impact of the child's specific risk. An example of this regarding occurrences of suicidal ideation and self-harm was to "remind the child to focus on positives in their lives" or for staff to call an external support services if necessary. However, the centre was under the guidance of a professional psychologist and stated that their advice

was included in the staff teams work with young people. Inspectors found improved risk assessments on file for incidents regarding suspected drug use. Absent management plans were also general in content and these along with individual risk assessments for some children must be reviewed.

Where additional risks for one child arose within the centre regarding empty aerosol cans found in their room, the response to this by the staff team was not robust and inspectors during the inspection process required a comprehensive safety plan to be implemented promptly regarding the safe storage of certain cleaning products in use and their accessibility by children to be monitored. At interview and on questionnaires, other vulnerabilities were highlighted by children such as intimidation by peers in the house and consequently not always feeling safe while living there. This was retrospectively followed up by inspectors with the centre manager when it came to their attention and the centre manager stated that they were aware of these concerns and they believed they were addressed with the children involved at the time they took place. However, individual risk assessments had not been completed for these incidents and neither had SENs been submitted. Further, inspectors observed from their review of centre files that these issues had not been managed or recorded as part of the centre's complaints process and a resolution had not been discussed with the children involved at the time and this must be addressed.

The centre had policies and procedures in place and there was evidence that some were being discussed at team meetings. However, staff were not aware of the centre's complaints policy and training must be provided. The service director told inspectors that there was an appropriate service-level agreement contract in place with Tusla, the child and family agency and that an annual service report was provided as part of that process.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 6
Regulation 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	Not all standards under this theme were assessed

Practices did not meet the required standard	Standard 5.2
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Actions required

- The registered proprietor must ensure that there are clearly defined governance arrangements in place that set out the line of authority and accountability and specify roles and responsibilities of all staff in the centre as per the National Standards 2018.
- The registered proprietor must ensure that where there is a temporary change in the person in charge in the centre, this must be made known to children, the staff team and the placing social workers.
- The registered proprietor must ensure that the alternative management arrangements put in place when the person in charge is absent must be clearly stipulated.
- The service director must ensure that the internal management structure is appropriate to the size and purpose and function of the residential centre. The rota must be reviewed so that a staff member is on duty for a day shift each day.
- The centre manager must ensure that interventions and strategies on children's risk assessments and absent management plans are reviewed and updated
- The centre manager must ensure that all risks including incidents of intimidation behaviour between peers is addressed and SENs are completed along with the implementation of individual risk assessments. Children should be facilitated to make a complaint in respect of these incidents and these must be managed and processed through the centre's complaints procedure.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Senior and centre management must ensure that the staff team use a child centred approach to working with children and improve their practice of recognising children's rights to be listened to when they raise concerns and make complaints.</p> <p>The centre manager must ensure that the centre's complaints process is consistent with relevant legislation, regulations and best practice guidelines. All dissatisfactions by children must be managed as part of the centre's complaints procedures.</p>	<p>Children's rights have been discussed at team meetings. Approaches when working with children have also been explored within our team meetings. All expressions of dissatisfaction by young people are logged in a register. Management are consistently looking at, reflecting and raising children's rights at team meetings in response to whatever is current in the unit at the time.</p> <p>The new computerised CID system allows for greater recording and managing of expressions of dissatisfactions/complaints and corrective actions required i.e., managing at local level or further parties involvement. All expressions of dissatisfaction will be logged as a complaint going forward whether it is formal or informal depending on the</p>	<p>A Complaints officer and Children's rights officer have been appointed. In house discussions and practice review to continue weekly at team meetings, also within individual supervisions.</p> <p>Each complaint will be reviewed in their own right within the team meeting but also as part of a review every month as part of the significant event review group (SERG) and six weekly as part of the significant event notification review panel.</p>

	<p>Senior and centre management must ensure that all issues raised by children and identified as part of this inspection are reviewed, responded to and brought to resolution for the children involved including informed of the outcome.</p>	<p>nature of the complaint. Where possible some will be resolved at local level.</p> <p>Complaints and the policy have been discussed at team meetings. A training piece will be completed with the team now that an up-to-date new matrix has been completed.</p> <p>There is a section within the Young people's booklet (sent to ACIMS July of 2021) clearly outlining their rights and how to make a complaint including the appeals process. This centre regularly ask EPIC to visit the house to further encourage the young people to ensure their rights are upheld/ their awareness of their rights and their voices heard. All significant event notifications (SENs) recorded as conversations of note previously regarding dissatisfaction have been re-recorded and sent to all relevant parties as complaints. The young people have been involved in the process and informed of its outcome.</p>	<p>All significant event notifications (SENs) are reviewed in team meetings, SEN review panel meetings and SERG. Any practice issues identified as a result will be addressed within individual supervisions and team meetings.</p>
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	<p>The registered proprietor must ensure that there is a culture of openness and transparency in the centre regarding complaints and feedback from children must be sought. Children should be reassured that there are no adverse consequences for raising an issue or speaking up. Each child along with the staff team must be made aware of the complaints process.</p>	<p>A survey was organised by the director of services and completed with the staff team and sent to them. Senior management have regularly spent time in the unit observing concerns raised and also sought opinion from an external member of management from another unit. No concerns were noted or raised. We will continue to monitor this on an ongoing basis.</p> <p>Complaints process/children's rights are clearly explained to all YP on admittance to the unit and again through key working. Key working on children's rights and bullying is also completed with each young person. Young people are made aware of external advocacy agencies, contact information on these agencies are included in the young people's booklet which is explained to each one on admittance with the aid of an interpreter. There is also a complaint box that the young people can leave a complaint in anonymously if they do not wish to raise the issue themselves.</p>	<p>The staff code of conduct and the CORU code of conduct was completed with the team in the team meeting on the 23rd June and will be revisited twice yearly.</p>
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	<p>The registered proprietor must ensure that all complaints made about the way staff interacted with children and the approaches used are investigated retrospectively. A code of behaviour between staff and children should be in place and training should be provided for staff on the code. Any learning or recommendations identified from the process of investigation should be gathered to improve practice within the centre.</p>	<p>The significant event notification panel convenes every six weeks and all SENs in relation to a young person expressing dissatisfaction at any service is reviewed there. All complaints previously logged as SEN's conversations of note, were investigated retrospectively and resolved with the young people's satisfaction. All learning identified was and will continue to be explored within team meetings. Young people are actively encouraged to use the complaint process and were they do not wish to but it is felt it is in their best interests to do so, the social care workers will do it on their behalf.</p>	<p>This will be the procedure going forward. Any issues within code of conduct will continue to be explored within supervision and followed up appropriately if they fall under other policies for example the disciplinary/grievance policy.</p>
	<p>Senior management must ensure that there is a clear escalation procedure in place for dealing with complaints within the centre including an appeals process for children to avail of. Audits should be assessed against the requirements of regulations and national standards.</p>	<p>The new computerised system CID has clearly defined matrix in place to ensure escalation of complaints and tasking of such to required individuals. All senior management are automatically notified of all complaints and follow ups. The CID system also provides auditing facilities.</p>	<p>Young people will be informed in person and in writing of the outcome of all formal complaints and the appeals process will also be gone through in person with the young person and they will be given a copy in writing of the outcome which will also be kept on file.</p>

	<p>The centre manager must ensure that all complaints both informal and formal are recorded, managed, reviewed and investigated and children and social workers informed of the outcome.</p> <p>The centre manager must ensure that records of complaints' investigations and resolutions are maintained and regularly reviewed for learning purposes and to improve practice. Records of complaints including outcomes must be stored on each child's record.</p>	<p>There is a log outlining each complaint. Each complaint will be reviewed within the team meeting and review form attached. A significant event review group/SEN panel is completed monthly/six weekly where complaints are discussed and reviewed. Any practice issues identified are explored within supervision with the social care workers concerned and clear plans put in place where appropriate.</p> <p>All SEN's / complaints / outcomes / conversations are recorded on YP files. As above, SENs re: complaints are discussed in the team meetings/SEN Panel reviews and in the SERG and learning outcomes identified to inform practise and policy changes as required.</p>	<p>SWs are forwarded complaints and outcomes.</p> <p>There has been a workflow system implemented into the unit which will assign tasks to individuals and create a greater oversight and governance for formal complaints. All non-reportable expressions of dissatisfaction will also be reflected upon within SERG/SEN panel.</p> <p>As part of SERG, complaints will be discussed in their own right, to identify trends etc. The workflow system will also keep track of trends.</p>
2	<p>The registered proprietor must ensure that work is carried out on the balcony area of the centre that makes it permanently safe for children should they access it. A schedule of work must be provided to ACIMS.</p>	<p>The schedule of works was previously provided to ACIMS, and photos of the permanently fixed balcony area provided on the 19.5.22.</p>	N/A

	<p>The centre manager must ensure that improvements are made to the recreational areas of the centre so that they are more homely for children's use. The odour in the front sitting room should be addressed including ventilation considered and the carpet cleaned from the leak in the ceiling.</p> <p>The centre manager must ensure that where the walls in the bedroom require repair, that this is addressed. Children should be given opportunities to participate in decoration of their bedrooms and the general areas of the centre.</p>	<p>Built in cabinetry work has been completed on one of the rooms and is due to be completed in the other room as part of a vaster plan of works within the house. Both sitting rooms will be re-decorated following this work along with some new furniture.</p> <p>The odour is gone, it was due to a recent leak at the time when new bathrooms were being installed.</p> <p>All bedrooms have had new flooring laid, bathrooms have been fully refurbished including sanitary ware, tiling and painted. Bedroom have also been painted and young people have bought themselves new bed clothes.</p> <p>Young people will continue to be offered the opportunity to get flags, print pictures etc for their rooms. Young people have also been asked if there is anything they want to make their rooms more personal in the placement plan. Young people will be included in the picking of colours for the sitting rooms.</p>	<p>Management will continue to review the spaces, setting and environment of the house. We will continue to plan for the future within our yearly report.</p> <p>There will be a collection of lamps, rugs, prints, pictures etc for young people to choose from when they arrive. Keyworkers will check in during placement plans re: how young people feel about their bedrooms.</p>
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	<p>The centre manager must ensure that there are clear systems in place for oversight and review of maintenance issues. All conclusions should be documented showing a satisfactory conclusion to matters raised.</p>	<p>Post Covid restrictions a plan of work was agreed with builder in January of 2022 and has been on-going since. As part of the workflow system, maintenance issues will be included, which will streamline all issues requiring attention, how they are attended to and if and when they are resolved. All work within the centre was completed in line with the daily routine of the house i.e. During the day/school hours.</p>	<p>The workflow system will ensure all maintenance issues are tasked and addressed.</p>
	<p>The senior and centre manager must ensure that the risk registers in place are kept up to date, monitored and reviewed regularly. Issues identified for action must be addressed promptly.</p>	<p>The risk register is updated in real time as issues arise with review dates clearly stated on the risk assessments. The nature of the risks will dictate how often risk assessments are reviewed. Any changes to the risk register are notified to senior management as they occur.</p>	<p>The risk register will also be sent as part of the general managers monthly report, as well as throughout the month as required.</p>
	<p>Senior and centre management must ensure that the centre's fire log is fully up to date.</p>	<p>An extensive fire risk assessment was completed in May 2022 by an external fire Safety Engineer consultant with no actions required. Opinion of compliance with fire cert is on file.</p>	<p>As mentioned, Fire Safety Engineer completed a review and update of our Fire Risk assessment and commended the unit on fire safety precautions and practices in place.</p>

	<p>All accidents or injuries that happen to children and staff must be recorded accordingly and all reasonable measures must be taken to prevent accidents and reduce the risk of injury to all.</p> <p>The centre manager must ensure that fire safety training is provided onsite.</p>	<p>Fire log has been updated with all outstanding information.</p> <p>All accidents/injuries/near misses within the remit of the centre are currently recorded within the accident book or near miss log. These are reviewed as part of health and safety audit monthly.</p> <p>On Site Fire safety training was completed on the 31-5-22.</p>	<p>All accidents and near misses will be notified via the general manager's monthly. This will give an opportunity for review and identification of gaps and also provide transparency and greater oversight to reduce and prevent any accidents in the future.</p> <p>Previous to Covid 19 fire safety training was always completed onsite and will continue for future training, restrictions allowing.</p>
5	<p>The registered proprietor must ensure that there are clearly defined governance arrangements in place that set out the line of authority and accountability and specify roles and responsibilities of all staff in the centre as per the National Standards 2018.</p>	<p>There are job descriptions for each role which clearly define responsibilities within the centre. There is also a clear corporate structure in place contained within the staff handbook, and in the purpose of the centre which all SCWs are given access to upon their induction. Young people are introduced to staff when they meet for the first time.</p>	<p>We will continue to do all that is stated, particularly now while we are recruiting.</p>

	<p>The registered proprietor must ensure that where there is a temporary change in the person in charge in the centre, this must be made known to children, the staff team and the placing social workers.</p> <p>The registered proprietor must ensure that the alternative management arrangements put in place when the person in charge is absent must be clearly stipulated.</p> <p>The service director must ensure that the internal management structure is appropriate to the size and purpose and function of the residential centre. The rota must be reviewed so that a staff member is on duty for a day shift each day.</p> <p>The centre manager must ensure that interventions and strategies on children's risk assessments and absent</p>	<p>SCTL job description encompasses the deputising role for any and all absences of the SCM.</p> <p>Where there are other duties, these will be clearly stated and explained in a management meeting.</p> <p>The SCM and SCTL form part of the daily team and are on site from Monday to Friday. Extra day staff are sourced when required. The 5th recruitment drive of this year is underway.</p> <p>All have clear review dates listed on the plans. These are reviewed and updated regularly within the team meeting setting</p>	<p>All changes will continue to be notified to all parties involved.</p> <p>A delegation log is updated as required.</p> <p>We have a staff retention policy to encourage staff to remain in the company. Payment scales have been increased to encourage both staff retention and recruiting new staff. We are and will continue to abide by our service level agreement regarding staffing.</p> <p>The workflow system will notify when documents are to be reviewed.</p>
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	<p>management plans are reviewed and updated</p> <p>The centre manager must ensure that all risks including incidents of bullying or intimidation behaviour between peers is addressed and SENs are completed along with the implementation of individual risk assessments. Children should be facilitated to make a complaint in respect of these incidents and these must be managed and processed through the centre's complaints procedure.</p>	<p>or as required. IAMP's are reviewed on the first Thursday of every month at a minimum and SW involved. All other individual risk assessments/BSP's/ICSP's are reviewed weekly within the team meeting or sooner if circumstances change.</p> <p>A complaint has been completed since due to other factors that happened following a particular altercation. A risk assessment was also completed to accompany it and it has since been resolved. Behaviour support plans were also put in place were necessary.</p>	<p>We continue to look at how best to help YP from many different cultures, ages and stages of development integrate positively with each other within the environment of an intake unit.</p>
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