



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 062

Year: 2019

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Salvation Army
Registered Capacity:	Seven young people
Dates of Inspection:	8th and 9th October 2019
Registration Status:	30th of November 2019 to 30th November 2022
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	18th December 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 30th November 2004. At the time of this inspection the centre were in their fifth registration and were in year three of the cycle. The centre was registered with attached conditions from 30th November 2016 to 30th November 2019. The condition attached being that:

1. There is full and effective implementation of the action plan/CAPA in order to bring the centre into compliance with relevant standards and regulations.

The centre's purpose and function was to accommodate seven young people of both genders on an emergency only basis for a maximum of seven to fourteen days. There were three young people accessing the centre at the time of inspection. Their model of care was described as providing a place of safety, support and advocacy for young people in crisis. The age range was twelve to eighteen years on admission.

The inspectors examined aspects of standard 2 'management and staffing', standard 4 'children's rights' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 8th and 9th of October 2019.

1.2 Methodology

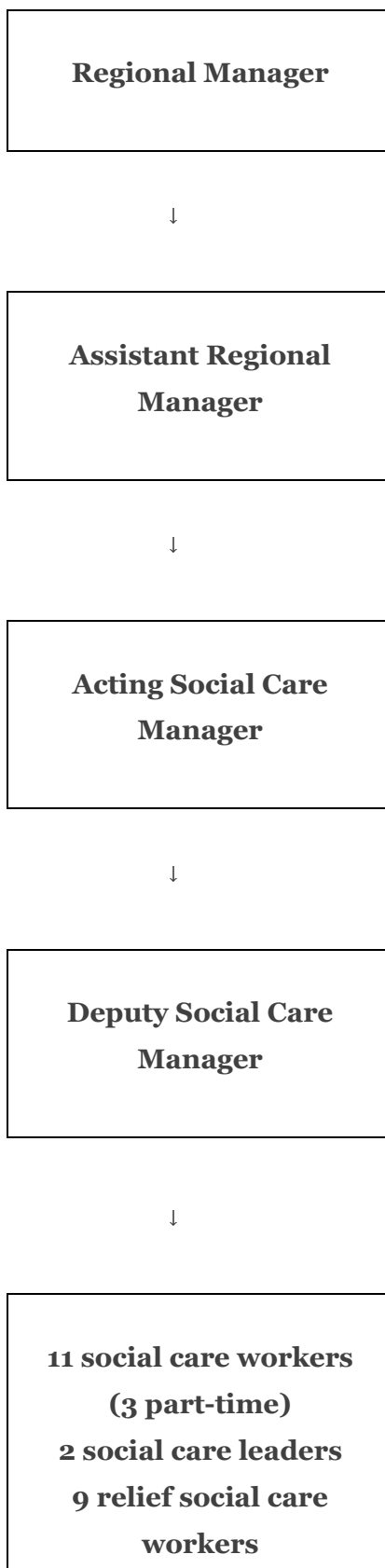
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the acting manager.
- ◆ An examination of the questionnaires completed by:
 - a. Three young people residing in the centre
 - b. Five of the care staff
 - c. One social care leader
 - d. One assistant regional manager
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process
 - Internal management meetings
 - Team meetings
 - Interagency meetings
 - Care files
 - Supervision records
 - Handover minutes, registers, daily logs
 - Maintenance log
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The acting centre management
 - b) The assistant regional manager
 - c) Three staff
 - d) Three young people
 - e) The Tusla Out of Hours/Crisis Intervention Service Principal Social Worker
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, assistant regional manager and the relevant social work departments on the 11th of November 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12th December after a number of CAPAs had been submitted on previous dates. The inspection service received evidence of the progress made and the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 062 without attached conditions from the 30th November 2019 to 30th November 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

The centre register was reviewed during this inspection and was found to be up-to-date and completed in full. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Management

Since the last inspection, there had been recent changes to the centre management structure. The current manager had been in position for the past two months and their post was an acting one which the manager said would be advertised in January 2020. They had been on leave at the time of the last inspection. Prior to this, the acting manager had worked in the centre, both at social care leader and deputy manager level and had five years post qualification experience. They were appropriately qualified and although they had been a short time in post, was found to have settled well into their role with positive feedback reported from staff and senior management. From a review of the questionnaires and from interviews with staff and young people, the acting manager was deemed to be approachable, supportive and available to the team, and was a good advocate for young people in the centre. Inspectors observed that they had a strong focus on care practices across centre records. The acting manager reported to an assistant regional manager who was present in the centre on a weekly basis. They were also supported in their role by an interim deputy manager and two social care leaders.

At the time of the last inspection a number of key issues were identified relating to internal and external governance including: the implementation of interagency meetings, oversight and operation of quality assurance structures. A condition was

attached to the registration and an action plan was agreed by management to be implemented. Inspectors saw evidence that there had been improvements in the internal governance systems in the centre. Implementation of the required actions had been initiated by the previous manager and continued on by the current acting manager. Their commitment to change was observed across centre records. There was evidence to show that the centre manager attended programme review meetings, handover meetings, weekly team meetings and provided supervision to staff. They had signed documents to evidence their governance including care files, key working reports and registers. There were internal management meetings in place which were attended by the acting manager and the social care leaders. Minutes were recorded and standard items on the agenda of these meetings included operational review, complaints, training, health and safety, child protection, key-working, post planning meetings and a detailed discussion on each young person. These operational changes were found by inspectors to represent good and enhanced governance internal to the centre.

Interagency meetings had been established since July 2019 and were held monthly with representatives from Tusla and attended by the acting centre manager and social care leader. Minutes for two meetings were made available to inspectors and they consisted of comprehensive discussions pertaining to operational review and planning, a move towards twenty-four-hour access for the centre, the gathering of statistics regarding young people placed at the centre, age range of young people accessing the service, review of risks and improved engagement with young people so that their voices were represented. There was an absence of timelines and person/s responsible for actions recorded on the minutes so it was not always clear to inspectors if tasks had been implemented or not and who was responsible for follow-up. The Tusla Crisis Intervention Service (CIS) must ensure that actions required have a defined timeline and that a named person/s are recorded as being responsible so that there is clarity on whether measures have been applied in practice or not.

Following on from these meetings, a weekly 'breakfast club' was introduced so as to promote relationship building with young people and also between the staff teams. These were attended by young people, centre staff and members from the CIS team. Further, staff funding had been provided by Tusla so that the centre could extend its opening hours until 1.30 pm every day, with the exception of Mondays. The acting centre manager stated that this change had greatly impacted the work being achieved with young people and the care being provided to them. However, in relation to a transition to the operation of a twenty-four-hour service, the assistant regional manager said that this continued to be a discussion point and was contingent on

further financial support from the Child and Family Agency. This commitment had not been given at the time of this inspection. However, at interview, the principal social worker for the CIS advised inspectors that discussions are taking place regarding financial aid for the implementation of a guaranteed full day service. All young people who spoke with inspectors said that they would greatly benefit from the provision of a full-time service. They relayed their concerns and highlighted how the service's closure for a number of hours each day had a significant impact on their safety and wellbeing, and they outlined the many risks they were subjected to from once they involuntarily left the centre each day. While inspectors saw evidence from a review of the care records, that day supports were being offered by placing social workers to young people from services such as youth advocate programmes (YAP) and Extern so as to mitigate against potential safeguarding risks, the deficit in direct service provision remained.

The age range for admission to the centre had not been adjusted since the previous inspection. However, from a review of the centre's register, inspectors observed that no young person was currently in placement under the age of fifteen. The assistant regional manager stated that while the centre reviewed the age range after the previous inspection, currently there was no plan to alter this, but they were committed to ensure that young people were admitted age fourteen and up. Inspectors recommend that this issue is actively considered at all relevant forums on a consistent basis.

The last inspection report required the organisation to implement external governance and quality assurance structures for the centre. Two audits were made available to inspectors for review for 2019. The audits were undertaken by the assistant regional director and the format of the template included a checklist assessment of the young people's files and personnel records including a staff training audit. The actions required section was completed in one of the audits only along with the person named as being responsible. There were no timelines stated so it was not always clear from the audit as to when the highlighted deficits would be addressed. Attached to each template there was an additional audit tool, which had a section to evidence the implementation of the tasks. This was not completed in either of the audits. However, inspectors did observe from a review of management meetings as referred to below, and across centre records, that a number of the issues identified in these audits were being addressed in practice. External management must ensure that the quality assurance process consistently records action plans, timelines and evidence of implementation of actions.

Inspectors reviewed management meeting minutes between the assistant regional manager and the acting centre manager. Although there was evidence to show that the assistant regional manager visited the centre on a weekly basis, no system of recording the communication through these visits was in place. A total of three formal meetings had taken place since January 2019. These minutes were entitled 'Support and Monitoring Visits'. Standard items on the agenda included safety risks for young people, bullying, recruitment, maintenance, training and admissions. The record of the discussions varied in their detail, however, it was clear to see the intention for operational change specifically in relation to the rights of young people and making improvements for their voices to be heard. While improvements were observed by inspectors, further enhancements were needed in relation to the provision of a link between the findings from the completed audits and these meetings. Further evidence of the assistant regional manager's oversight across centre records is also needed. External management must ensure that regular management meetings take place with the acting centre manager and that minutes are maintained. Any findings from audits conducted must be linked to the management meetings for review so as to ensure robust governance by the organisation. There should be evidence of oversight across centre records from external management.

Staffing

Both the centre manager and the deputy manager were in an acting capacity. The core staff team comprised of two social care leaders, eleven social care workers and nine relief staff who were available to support the centre when required. All staff were appropriately qualified. The acting centre manager worked a thirty-five-hour shift Monday to Thursday with the deputy manager acting-up for them in their absence. On-call support was provided outside of these times. There were a number of different shift patterns in operation in the centre. These included the day shift as 7.30am to 3pm, 7.30am to 6.30pm, 7.30am to 5pm and 10am to 2pm. The night shift included 4.30pm to 1am, 7pm to 7.30am and 7pm to 8p. The centre had adequate levels of staff to fulfil its purpose and function.

There were three new staff in position since the last inspection with two staff planning to leave their post in the immediate future. The acting centre manager stated that there was an ongoing plan to address staffing in the centre and the recruitment process had already begun to replace members of the team. However, management anticipated challenges in ensuring that there was a balance of experienced to inexperienced staff on the team to carry out their duties. The acting centre manager said that they had rostered a social care leader on the night time shift

so as to address this deficit and begin to redress the balance. Exit interviews were being provided to staff on leaving the service and were conducted by the assistant regional manager. These were not available to inspectors for review at the time of the inspection.

Inspectors reviewed a sample of personnel files and observed that there was up-to-date Garda vetting for staff members, however, there was no Police check present on file for one staff member who had lived abroad. Centre management must ensure that vetting is completed for all staff who have lived in another jurisdiction. Files also contained three references that had been verbally verified. There were no qualifications on file for one staff member and qualifications were not verified for two of the staff team. Up-to-date CV's were not on file for one out of the three personnel files sampled. Regional and centre management must ensure that CV's and qualifications are in place for all staff and that they are verified for the personnel files.

Supervision and support

The previous inspection report, highlighted deficits in the provision of supervision for all staff levels in accordance with the organisation's policy. The acting centre manager provided supervision for the acting deputy manager along with the social care leaders. Supervision of the remainder of the core team and the relief staff was conducted by the acting deputy manager and the social care leaders. The acting centre manager received supervision from the assistant regional manager. The inspectors found during interview that all supervisors had participated in professional supervision training. The centre's policy on supervision had a set timeline for provision of four to six weeks. From a review of a sample of the records, inspectors found that in the majority, these were not occurring within the set time frames. However, in respect of sessions conducted by the acting centre manager, there was progress observed in meeting the set timelines at this level. External and centre management must comply with their own policy and ensure that supervision is provided to all staff levels within the stated frequency.

In general, supervision records were clear with good structure to the recording of discussions which included areas such as health and safety, training, placement reports, risk management, key working, team work, safeguarding, operational review and young people's complex needs. Inspectors observed strong direction with a problem solving approach being provided by the acting centre manager. There were contracts in place for staff. There was oversight and sign off by the acting centre manager across the supervision records however.

There was one recorded supervision session on file between the acting centre manager and the assistant regional manager since the latter had taken up their post two months previous. The record referenced a second session having occurred but the minutes of this were not on file. The content was relevant to the development within the management role and the development of the service.

Team meetings were held weekly and the minutes confirmed good attendance. A review of a sample of the minutes showed evidence of detailed discussions on young people including current complex needs, social work contact, post planning meetings, direction on the completion of risk assessments and key-working and strategies for improved engagement with young people. However, there were no actions stated and a lack of clarity existed regarding who was responsible for tasks stated with no timelines outlined. Centre management must ensure that actions are identified on team meeting minutes with tasks assigned to a specific person/s. Timelines should be outlined for completion of actions.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The Tusla Crisis Intervention Service must ensure that the minutes of the interagency meetings include a focus on actions that are required. Timelines should be included along with a named person/s recorded as being responsible for tasks.
- External management must ensure that the quality assurance process consistently includes action plans, timelines and evidence of implementation of actions.

- External management must ensure that regular management meetings take place with the acting centre manager and that minutes are maintained. Any findings from audits conducted must be linked to the management meetings for review so as to ensure robust governance by the organisation.
- There should be evidence of oversight across all centre records from external management.
- Centre management must ensure that vetting of all staff complies in full with the relevant requirements. CV's and qualifications must be in place and verified for all staff.
- External and centre management must comply with their own policy and ensure that supervision is provided to all staff within the stated frequency.
- Centre management must ensure that actions are identified on team meeting minutes with tasks assigned to a specific person/s. Timelines should be outlined for completion of actions.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

Inspectors found evidence across young people's files and records of senior and centre management meetings to suggest that the centre was making improvements in the way in which they consulted with young people and provided them with support. This included feedback from them on their experiences of service provision, reviewing how meetings are structured so that they were more child centred and a review of the admissions pack which was on-going at the time of this inspection. As referred to above, there was a weekly breakfast club introduced between young people and staff to enhance engagement and strengthen communication and consultation. Links to EPIC which provides advocacy support was also provided by the centre to young people should they choose to engage. A post planning meeting discussion was also implemented in an effort to update young people on intended strategies for their placement and to communicate how decisions were being made if they had not attended these meetings as part of the admission process. Evidence was

also observed on the centre records that some young people had attended their planning meeting that took place three days after admission.

While it was not clear if young people's voices, gathered from their direct input, was recorded in weekly and monthly reports, evidence of engagement was displayed and their voices were represented across the files, specifically through centre management and staff advocating on their behalf. Inspectors recommend that the opinions and views of young people received by centre management and staff are reflected more clearly across centre records.

The young people who met with inspectors said that they have been asked by staff to come to meetings with the rest of their peers but they were not interested in attending and being part of a group. They said that centre staff gave feedback to them on what had happened at the planning meetings if they choose not to attend and they were aware of decisions made for their short term future. There was evidence to show that the young people in care advocacy service EPIC had visited the centre and spoken to the young people.

3.4.2 Practices that met the required standard in some respect only

Complaints

There was a complaints policy in operation in the centre that detailed what constituted a complaint, how young people could make a complaint, the procedures to be followed and the appeals process. The young people told inspectors that they understood how to make a complaint and could identify staff they could make them to. Inspectors saw evidence in two areas in the centre where information on complaints along with complaints' forms were clearly signposted and easy to access. There was an informal and formal system for complaints in place in the centre.

Inspectors reviewed the informal complaints log and found that there was a total of ten complaints on file for 2019, which included young people raising issues regarding dissatisfaction relating to the day-to-day living in the centre. Inspectors found that not all of the complaints had a recorded outcome and in some cases, it was not clear how or if the issues were resolved. Dates of when the complaints were made was not always entered in the log. There was internal and external oversight on the records and complaints were on occasion, discussed at team meetings in relation to the system currently in place. There was no evidence observed by inspectors that complaints were subject to the formal auditing process by the assistant regional manager. Centre management must ensure that outcomes are recorded in respect of

each informal complaint. External management must ensure that the complaints logs are reviewed as part of the auditing process in the centre.

Inspectors reviewed a second complaints file which contained loose sheets with records of complaints from 17/1/14 to 11/09/19. These files were not stored in chronological order, for example one complaint logged was made on the 09/10/17 and the subsequent complaint was logged on 23/08/19. There were four complaints recorded for 2019 in total. In general, there was a deficit in the detail recorded in respect of the specific issue giving rise to the complaint. In a number of cases there was no resolution and where there was, the detail of the follow-up was unclear along with the timeframe for a response. Centre management must review the centre's complaints system and ensure that reliable tracking for all complaints is implemented so that timeframes are accurate and details of resolutions and outcomes are recorded.

Access to information

The centre's policy on access to information was included in their 'Children's Rights' section. It was not clear to inspectors if young people had been given opportunities to view information held on them in the centre. While young people interviewed by inspectors, showed good awareness of the nature of the service being provided, some said that they had not been supplied with a young person's booklet on admission. As stated above, a review of the admissions pack was underway at the time of inspection, however centre management must ensure that young people receive information about their right to access their records and any information recorded about them. Parents/guardians should also be provided with information on the young person's placement.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- Centre management must review the centre's complaints system and ensure that reliable tracking for all complaints is implemented.

- Centre management must ensure that young people receive information about their right to access their records and any information recorded about them. Parents/guardians should also be provided with information on the young person's placement.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a child safeguarding policy in place which included procedures for reporting child protection concerns and dealing with allegations of abuse. The policy had been reviewed in 2019, however, the document required further revision so as to be in line with Children First: National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015. It did not contain a number of the primary procedures necessary to keep young people safe from harm such as: code of behaviour for staff, naming a designated liaison person, whistle blowing procedures and mandated persons' responsibilities. Furthermore, staff interviewed in general, did not have an awareness of the procedures contained in the centre's child safeguarding policy and while they stated that they had read the document, they had not received training specific to the policy or its implementation. External and centre management must ensure that the centre's child safeguarding policy is in line with Children First 2017 and relevant legislation. Training based on the centre's own policy must be provided to all staff.

When interviewed, staff could identify specific protective and preventative safety mechanisms that were in place internal to the centre such as supervising young people, management of the physical environment, implementing safety plans, conducting risk assessments and obtaining relevant information from placing social workers and relevant parties. The acting centre manager said that the system of collaborative risk assessment had improved between the staff team and professionals and inspectors saw evidence of a template in use to gather relevant information that impacted on the implementation of risk prevention strategies for young people while

in the centre. At interview, the principal social worker for CIS stated that information was gathered from social workers on a continuous basis and this in turn is presented to the centre as promptly as possible. However, inspectors found that there was no consistent pre-admission collective risk assessment process in operation and the acting centre manager told inspectors that the application of this assessment tool as standard practice, continued to be under negotiation with the Crisis Intervention Service (ICS). External management must review the centre's risk assessment process to include a collaborative preadmission risk assessment for new placements where possible. All known risks should be considered that may have potential to impact young people already resident in the centre and vice versa.

Young people at interview told inspectors that they felt safe within the centre but as noted above, it was more unsafe in the outside environment, especially during the period the service was closed to them each day and they had to leave until the centre reopened. The previous inspection report, highlighted the unsafe social environment that the young people encountered that put them at further serious risk from once they involuntarily left the centre. There has been frequent proposals made by the organisation to provide a day service to young people, and discussions are ongoing with Tusla in this regard. The Crisis Intervention Service must review the adequacy of their day time service provision for young people accessing accommodation the centre.

3.7.3 Practices that did not meet the required standard

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre submitted a Child Safeguarding Statement (CSS) to inspectors during the inspection process. This statement was reviewed as per the CSS Submission Checklist and was found not to be in compliance with their statutory obligations under the Children First Act 2015. Senior management must forward their Child Safeguarding Statement to the Child Safeguarding Statement Compliance Unit for review. Inspectors observed a sample of the personnel files and there was evidence that staff had participated in the Children First e-learning programme. The acting centre manager stated that all staff have completed this module.

At interview, staff were aware of their role as mandated persons, however, management and staff have been unable to submit the child protection and welfare report forms via the Tusla portal due to IT issues. Inspectors reviewed a child protection file containing details of child protection concerns made by the centre to the Child and Family Agency. These dated from 21/05/15 to 13/09/19. There was a total of eight reports for 2019 and a number of these had no follow-up information recorded so it was difficult for inspectors to know if the reports remained open or if they had reached a resolution. Centre management must ensure that child protection concerns are submitted to the Child and Family Agency by using the Tusla online portal. All records should be maintained by centre management to reflect the tracking of each report submitted to the Child and Family Agency.

From a review of young people's files inspectors observed that child protection concerns were not documented in a dedicated section on their record. Written records should be maintained of all child protection concerns identified for each young person and stored on their file. This should include those that do not meet the threshold for reporting to Tusla. Child safeguarding and child protection were agenda items at team meetings and at supervision.

Required Action

- External and centre management must ensure that the centre's child safeguarding policy is in line with Children First 2017 and relevant legislation.
- Training based on the centre's own safeguarding policy must be provided to all staff.
- External management must review the centre's risk assessment process to include a collaborative preadmission risk assessment for new placements where possible.
- The Crisis Intervention Service must review the adequacy of the day time service provision for young people accessing accommodation at the centre.
- Senior management must forward their Child Safeguarding Statement to the Child Safeguarding Statement Compliance Unit for review.
- Centre management must ensure that child protection concerns are submitted to the Child and Family Agency by using the Tusla online portal. All records should be maintained by centre management to reflect the tracking of each report submitted to the Child and Family Agency.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The Tusla Crisis Intervention Service must ensure that the minutes of the interagency meetings include a focus on actions that are required. Timelines should be included along with a named person/s recorded as being responsible for tasks.</p> <p>External management must ensure that the quality assurance process consistently includes action plans, timelines and evidence of implementation of actions.</p>	<p>This has been agreed and has been introduced at the last interagency meeting of 4.12.19</p> <p>A schedule of weekly support and monitoring visits has been planned. The template for recording these meetings has been reviewed and has been in operation from 5.12.19. This document will record what is discussed with the acting manager and will record agreed actions in a SMART format. This document will review actions agreed at previous visits and note if they have been completed or if they remain outstanding. Copies of this document will be held on file in the centre and will be</p>	<p>N/A</p> <p>The reviewed support & monitoring template now provides a record of the quality assurance process in operation in the centre.</p>

	<p>External management must ensure that regular management meetings take place with the acting centre manager and that minutes are maintained. Any findings from audits conducted, must be linked to the management meetings for review so as to ensure robust governance by the organisation.</p> <p>There should be evidence of oversight across all centre records from external management.</p> <p>Centre management must ensure that vetting of all staff complies in full with the relevant requirements. CV's and qualifications must be in place and verified for all staff.</p>	<p>available for inspection. Audit records that are completed will be added to this document as an appendix.</p> <p>Regional management and centre management are in agreement to meet on a regular basis. It is agreed to meet once a week. Both will also meet once a month to review audits and agree on any necessary action points. Minutes of these meetings will be held on file and will be available for inspection. The first of these meetings is scheduled for 14th January 2020.</p> <p>Regional management will monitor all relevant paperwork and files on an ongoing basis with a recording made of which centre records have been checked and a signature and date placed on records on an ongoing basis</p> <p>We are currently in the middle of recruiting new staff. All new staff going forward will have an updated CV and qualifications on their file with immediate effect. Alongside this all current staff CV's,</p>	<p>Management meetings will be held onsite between the assistant regional manager and the centre manager on a monthly basis where we will review progress made on agreed actions.</p> <p>Regional management and centre management have re- structured their monthly meetings to include support and monitoring of all centre records as part of the monthly meeting schedule.</p> <p>There will be checks of the vetting process undertaken by external management for all recruitment during support & monitoring visits. There is a template in front of all new staff files and they will contain the</p>
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	<p>External and centre management must comply with their own policy and ensure that supervision is provided to all staff within the stated frequency.</p> <p>Centre management must ensure that actions are identified on team meeting minutes with tasks assigned to a specific person/s. Timelines should be outlined for completion of actions.</p>	<p>qualifications and Garda Vetting are in their personnel file.</p> <p>A centre supervision record template has been provided to the management of the centre that will record the dates of all supervision sessions provided to staff. Management has agreed with social care leaders to be given time to carry out supervisor duties in line with our policy. This will begin immediately.</p> <p>An updated staff meeting template has been created which identifies staff responsible for tasks and a timeframe for the task to be carried out. The template also will provide accountability by recording if the task has been carried out or not and reasons why. This template has been updated 05.12.19</p>	<p>required paperwork needed before starting their role in the centre. This will be reviewed during audits to ensure all paperwork required is included in staff files.</p> <p>The Supervision Record will be checked during monthly management meetings and a record made of findings.</p> <p>Centre management and social care leaders are to monitor staff meetings and to identify reasons for tasks not being carried out. This will be in constant review and also to be reviewed in staff supervision and management supervision.</p>
3.4	Centre management must review the centre's complaints system and ensure	A review of this is underway and shall be completed by 17 th December 2019. A complaints log shall be maintained in the	The new template will be completed when centre manager and regional management

	<p>that reliable tracking for all complaints is implemented.</p> <p>Centre management must ensure that young people receive information about their right to access their records and any information recorded about them. Parents/guardians should also be provided with information on the young person's placement.</p>	<p>centre that will record the outcome and actions of complaints and will be checked during support & monitoring visits. This record shall note the outcome and the satisfaction of the complainant. Appropriate professionals will be contacted as part of this process Complaints to be discussed at weekly staff meetings.</p> <p>A new handbook has been designed with relevant information about the young peoples' stay in the centre which will provide information regarding their rights to access records. Children's rights' topics has been added to the staff meeting template from 05.12.19.</p> <p>Keyworkers will meet with the young people in key working and discuss their right to access their information. A written record is made of this.</p> <p>Planning meetings which occur within a three-day period of a young person being placed will also be a place in which this is</p>	<p>meet on 17/12/19. Complaints will be reviewed during audits.</p> <p>The staff meeting template has been updated since 05.12.19 which includes Children's Rights and will record that staff have been providing information on access for young people to their records and that they are involved in their support planning.</p> <p>This will be reviewed at programme review meetings with social care leaders and centre manager which take place monthly. Regional management will oversee this during quality assurance checks starting from 11.12.19</p>
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		discussed with both the young person and their guardians.	
3.7	<p>External and centre management must ensure that the centre's child safeguarding policy is in line with Children First 2017 and relevant legislation.</p> <p>Training based on the centre's own safeguarding policy must be provided to all staff.</p> <p>External management must review the centre's risk assessment process to include a collaborative preadmission risk assessment for new placements where possible. All known risks should be considered that may have potential to impact young people already resident in the centre and vice versa.</p>	<p>Safeguarding practices will be reviewed regularly at staff meetings. The child safeguarding policy shall be fully reviewed by 30/01/20</p> <p>We will base the training on our updated centre child safeguarding policy. This has been arranged for the 22 January 2020 and will be provided by an external agency.</p> <p>Regional management and centre manager met on 05.12.19 and formulated a plan to have pre-collective risk assessment where possible. If the centre receives information during the day that a young person will be accessing our service, we will ask for a collective risk assessment to be carried out in advance of placements. Where placements happened late at night, staff will liaise with the referring social worker</p>	<p>Safeguarding going forward is part of our weekly staff meetings in which any child safety concerns and reports will be discussed in line with the centres policy.</p> <p>The delivery of this training shall be incorporated within the centre's Learning and Development Plan with a date identified for its delivery and a record made of staff who have completed it.</p> <p>The planning for collective risk assessments in Nightlight is in the early stages and will need to be discussed at the next management and interagency meeting.</p> <p>A meeting with external professionals has been arranged for February 2020 to discuss collective risk assessments going forward and how best to work together in line with best childcare practice.</p>

	<p>The Crisis Intervention Service must review the adequacy of the day time service provision for young people accessing accommodation at the centre.</p> <p>Senior management must forward their Child Safeguarding Statement to the Child Safeguarding Statement Compliance Unit for review.</p> <p>Centre management must ensure that child protection concerns are submitted to the Child and Family Agency by</p>	<p>to gain whatever information is available at that time.</p> <p>However due to the emergency nature of the service if a young person is placed during Out of Hours we will ask that a full collective risk assessment be carried out within three days of the young person been placed. We currently use Tusla’s Collective Risk Assessment template and will continue to use this.</p> <p>Ongoing discussions are taking place in this regard between the Crisis Intervention Service and the centre.</p> <p>A copy of the centre’s CSS has been sent on 29th November to the CSS Compliance Unit for review. The centre are awaiting the result of the review and will forward to Registration and Monitoring when this happens.</p> <p>We had been experiencing IT compatibility problems with accessing the portal. This</p>	<p>N/A</p> <p>This will be updated if required when a reply is forthcoming from the CSS Compliance Unit to ensure compliance.</p> <p>All Child Protection concerns will be submitted through the portal in future. Records of concerns submitted will be held</p>
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	using the Tusla online portal. All records should be maintained by centre management to reflect the tracking of each report submitted to the Child and Family Agency.	has now been rectified and this process has been tested with a positive result.	by centre management and the Designated Liaison Person. The centre has a child protection register which is reviewed weekly.
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