



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 065

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Curam Nua Ltd.
Registered Capacity:	Two Young People
Type of Inspection:	Announced Inspection
Date of inspection:	08th and 09th April 2024
Registration Status:	Registered from the 30th April 2024 to the 30th April 2027
Inspection Team:	Anne McEvoy Sinead Tierney
Date Report Issued:	25th June 2024

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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 30th April 2015. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th April 2021 to the 30th April 2024.

The centre was registered as a dual occupancy service. It aimed to provide a medium-term programme of care to young people aged thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a *'blended theoretical and best practice approach'*. The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the therapeutic programme of care in the centre. There was one young person living in the centre at the time of the inspection. Given the complex needs of the young person resident in the centre, the centre, in conjunction with the social work team and the funding body, had chosen to lower the occupancy ratio to one young person and this was reviewed periodically.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.5
3: Safe Care and Support	3.1, 3.2
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals.

Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 09th May 2024. A regulatory compliance meeting was held with the registered provider on the 13th May 2024 and assurances were provided by the registered provider that corrective and preventative actions were to be implemented.

The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 13th June 2024. 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: 065 without attached conditions from the 30th April 2024 to the 30th April 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Inspectors found that care staff and management placed significant importance on the role that parents, families and communities played in the life of the young person resident in the centre. The young person was facilitated to have meaningful contact with their sibling, parent, extended family members and previous foster carers despite their community of origin being a notable distance away.

In interview, care staff emphasised the importance of family and community contact for the young person and inspectors observed care staff and management planning, facilitating, and supporting the young person to be present with their parent for a supplementary contact visit. This supplementary visit was supported by care staff who remained in proximity, brought the young person out to eat and supported the relative who was caring for the young person while they remained in their community of origin. The social work team leader with responsibility for case management stated that the care staff and management were committed to the young person maintaining good quality contact with their family members and other significant people in the young person's life.

There was a family contact plan on the care record. This was discussed and agreed in child in care reviews and recorded on the care plan for the young person. Inspectors found that family members and people of importance to the young person had visited the centre to celebrate life achievements with them. They were provided with accommodation, which was funded by Curam Nua so they could enjoy time with the young person.

Inspectors found that although the young person's engagement with activities and interests in the local community was minimal, they were encouraged and offered a wide variety of opportunities. The young person had availed of offers to go swimming

in the sea and to attend the gym, both of which were areas of interest expressed by the young person. Inspectors found that special occasions such as birthdays, and personal achievements were acknowledged and celebrated in the centre.

The centre had a social media policy devised to allow appropriate access to telephone and social media. The young person was encouraged to hand their phone up at nighttime and inspectors found key work undertaken with the young person to explain why this was important and the benefits for the young person in doing so, along with individual work on how to keep themselves safe while using social media and interacting with others online.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had policies and procedures in place to protect children from all forms of abuse and neglect, in line with Children First and relevant legislation. However, inspectors found that there was no evidence on any personnel file that any staff member had undertaken training on the centre's own policies and procedures on

child protection. Only one member of staff had completed training on recognising signs and understanding procedures in situations where child sexual exploitation may be of concern. Inspectors found that training on these policies and procedures was limited. Five care staff members had not completed or were not up to date in Tusla's Children First e-learning programme: Introduction to Children First. This was also identified as an action from the inspection carried out by Alternative Care Inspection and Monitoring Service in 2023.

The centre had a child safeguarding statement (CSS) on display in the staff office, however this statement was found to be out of date and the named person fulfilling the role of designated liaison person (DLP) was inaccurate and needed correction. The centre manager must ensure that the CSS is updated. Staff in interview were not familiar with the nominated DLP in the centre or how to submit a child protection and welfare report through the Tusla portal. The centre manager must ensure that training is provided to all staff and ensure that they are familiar with all aspects of child safeguarding, and how to make a mandated report if, and when, required.

A review of staff personnel files found that one staff member had worked in a different country for more than six months with no corresponding police check on file for that timeframe. A second staff member had also begun working in the centre two months prior to the completion of vetting by An Garda Síochána and the police vetting from a second country of residence. The registered provider and centre manager must ensure that all police vetting is sought by Curam Nua in advance of care staff commencing employment and this vetting must be stored on care staff personnel files. This must be in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.

The centre had a visitor's policy in place to record the names and professions of each person visiting the centre. Inspectors were asked to sign the visitors log on each day of inspection to record their presence and found that external professionals who had visited the centre were also required to sign the log. Additional policies were in place to protect the young person from all forms of abuse, including possible exploitation on the internet and a social media policy.

Inspectors reviewed key work records completed with the young person. It was found that care staff were undertaking individual work assisting and supporting the young person to develop self-awareness, understanding and skills needed for self-care and protection that was appropriate to their age and stage of development. It

was acknowledged that the young person was reluctant to engage but care staff were creative in their approach to deliver this information.

The centre had a comprehensive protected disclosure policy in place which identified the protections afforded to care team members who wished to make a protected disclosure and identified the procedure to follow. The policy named the authorised person to whom the disclosure was to be made and procedures to follow should the care team member feel that appropriate action was not taken.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Inspectors found that overall, the care staff employed a positive approach to the management of behaviour that challenges. There was a specific behaviour management framework utilised by the centre and there was a heavy reliance in the individual crisis support plan and behaviour management plan on de-escalation techniques from this behaviour management framework. However, inspectors found that three staff members were not trained in this framework. The centre manager and registered provider must ensure that training in the behaviour management framework utilised in the centre is completed to ensure that care staff members have up to date knowledge and skills to respond to and manage presenting behaviour.

A review of care records evidenced that there were monthly multidisciplinary team (MDT) meetings occurring prior to December 2023, which involved representations from psychiatry, psychology, occupational therapy and social work, however, there was no evidence of these meetings occurring in the year 2024 up to the date of this inspection. In interview care staff stated that they received a verbal account of discussions at the MDT but were unsure of where the written record was stored or how to access it. The centre manager must ensure that all care staff members have access to specialist advice and appropriate support to identify underlying causes of behaviour and situations that may lead to behaviour that challenges, and to assist and support the young person to manage this behaviour.

Inspectors reviewed key work records and minutes of young person meetings which evidenced that care team members were attempting to engage the young person in a way to support the young person's own growth and development. Inspectors acknowledged again, that the young person's engagement was minimal and care staff were creative in their approaches to engage the young person.

Inspectors reviewed a sample of team meeting records and found that while there was a good template in use, there was scant discussion recorded. Relevant information for care staff to support the young person or be advised of issues that could affect their behaviour was limited. Inspectors found that the team meeting records required significant improvements in reviewing the behaviour support strategy, the placement plan, the use of the behaviour management framework, as well as supports to care staff and any feedback from senior management. Inspectors were advised that relevant information was provided to incoming care staff at the handover meeting at the beginning of their shift. Inspectors participated in the handover meeting during the inspection and found that while the incoming care staff read the appropriate documents there was no discussion on the most recent significant event or on any of the young person's plans such as the individual crisis support plan which was most relevant at the time. The centre manager must ensure that care staff are provided with all relevant information required to support the young person.

During a review of management meeting minutes, inspectors found that the management of significant events was reviewed and while there was some discussion, there was no evidence of any learning being identified. Similarly, as discussed, team meeting records were limited in the review of significant events and how the young person might be supported differently. Inspectors found that while the centre had a governance officer in situ, there were only two audits undertaken in a period of 14 months prior to the inspection and neither of these referenced the provision of positive behavioural support. The registered provider must ensure regular auditing and monitoring of the residential centre's approach to managing behaviour that challenges, including audits to be undertaken by personnel external to the centre.

In interview care staff were unsure as to what constituted a restrictive practice. The centre had a restrictive practice log in operation; however, this was not accurate. In addition to the three restrictive practices identified, the young person was also subject to a restriction on their pocket money. This was not identified on the log. In staff interviews there was confusion as to whether the young person was receiving all their pocket money and where it was acknowledged that they weren't, the reasons why they were not receiving it all were not understood. The restrictive practice log noted that the three restrictions in place were for an indefinite timeframe and were to be under continuous review. Inspectors could find no evidence that these restrictions were reviewed or what efforts were being made to alleviate the requirement for the restrictive practice. Inspectors acknowledged that in interview, the social work team leader stated that restrictive practices were discussed routinely with them during

telephone calls and they were aware of all restrictive practices in place. The centre manager must ensure that all restrictive practices are identified and placed on the restrictive practice register. They must additionally ensure that the reason for implementing the restriction is recorded and that reviews of restrictive practices are recorded as per the standard.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 16
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	Standard 3.2
Practices did not meet the required standard	Standard 3.1

Actions required

- The centre manager must ensure that the child safeguarding statement is updated.
- The centre manager must ensure that training is provided to all staff and ensure that they are familiar with all aspects of child safeguarding, and how to make a mandated report if, and when required.
- The registered provider and centre manager must ensure that all police vetting is sought by Curam Nua in advance of care staff commencing employment and this vetting must be stored on care staff personnel files.
- The centre manager and registered provider must ensure that training in the behaviour management framework utilised in the centre is completed to ensure that care staff members have up to date knowledge and skills to respond to and manage presenting behaviour.
- The centre manager must ensure that all care staff members have access to specialist advice and appropriate support to identify underlying causes of behaviour and situations that may lead to behaviour that challenges, and to assist and support the young person to manage this behaviour.
- The centre manager must ensure that care staff are provided with all relevant information required to support the young person.

- The registered provider must ensure regular auditing and monitoring of the residential centre's approach to managing behaviour that challenges, including audits to be undertaken by personnel external to the centre.
- The centre manager must ensure that all restrictive practices are identified and placed on the restrictive practice register. The centre manager must ensure that the reason for implementing the restriction is recorded and that reviews of restrictive practices are recorded as per the standard.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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

There was a governance officer employed to undertake audits against the National Standards for Children's Residential Centres HIQA (2018). Inspectors found that this position was also used to fulfil other roles and consequently the time afforded to auditing was limited with only two audits against themes one and four of the National Standards for Children's Residential Centres HIQA (2018) conducted in the 14 months prior to inspection. Inspectors found that the two audits completed failed to highlight thematic deficits such as the frequency of team meetings and the quality of team meeting records. Non-conformity reports were generated following the audits. The nonconformity report from August 2023 provided to inspectors was blank and not had been completed. There was no evidence that the audits were tracked to ensure that follow up had occurred and actions completed.

Inspectors reviewed all management meeting records from June 2023. There were six meetings from June 2023 to the time of this inspection with only one management meeting occurring in 2024. This occurred in March 2024. A review of these management meeting records evidenced that information related to complaints, concerns and incidents were raised consistently at the management meetings when they occurred. One significant event relating to medication management was comprehensively discussed and an action plan put in place and follow up evidenced in a subsequent team meeting. The allocated social worker and parent were advised of the safeguards implemented following a review of the incident. However, inspectors found that apart from this incident, the discussions

relating to other significant events was minimal with no evidence that learning identified brought back to the care team. The records did not provide any understanding of patterns that were emerging or what additional could be done to assist the young person in understanding their behaviour. As referenced previously in this report, the team meeting minutes recorded limited discussion on significant events and complaints and did not identify any learning for the care team to promote ongoing improvements.

The centre had yet to complete an annual review of compliance, despite this being a requirement of the National Standards for Children's Residential Centres HIQA (2018).

The registered provider must ensure that robust systems are implemented to regularly review the safety, quality and continuity of care across all levels of management. The registered provider and centre manager must ensure that learning from incidents and concerns are communicated to all staff in the centre to promote improvements. The registered provider must ensure that a review of compliance is initiated this year and completed on an annual basis going forward.

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 5.4

Actions required

- The registered provider must ensure that robust systems are implemented to regularly review the safety, quality, and continuity of care across all levels of management.
- The registered provider and centre manager must ensure that learning from incidents and concerns are communicated to all staff in the centre to promote improvements.

- The registered provider must ensure that a review of compliance is initiated this year and completed on an annual basis going forward.

Regulation 7: Staffing

Theme 6: Responsive Workforce

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

The centres policies and procedures contained a comprehensive list of the responsibilities of each level of management and of care team members. In interview staff members were confident of their role and the responsibilities they held and stated that they had never been asked to work outside of that remit.

Policies and procedures governing practice in the centre were reviewed and updated in February 2024. A review of supervision records evidenced that a selection of policies and procedures were discussed with five members of staff during individual supervision. Inspectors recommend that the centre manager review the updated policies and procedures with the remaining staff members.

The centre had a clear supervision policy in place which outlined frequency and expectations from both the supervisor and supervisee. There were no supervision records for the centre manager available for review and the manager acknowledged that they did not receive a copy of their records following supervision. This matter was identified in a previous inspection conducted by Alternative Care inspection and Monitoring Service and has not been remedied. The registered provider must ensure that supervision records signed by both the supervisee and supervisor are maintained. The supervision records for the remaining staff members were reviewed and found to take place in line with the frequency identified in the centre policy.

Training on supervision was provided to staff members who were employed in the centre in June 2023, however this training had not been completed by three staff members who had since joined the company. A review of the centres policies and procedures did not reference supervision training and inspectors recommend that the registered provider review the policy to include the provision of supervision training.

While the centre policy stated that appraisals were to take place on an annual basis, inspectors found that this was not the case. One staff member stated that they had completed their appraisal in January 2024, but the centre manager confirmed that there was no formal record available. The centre manager must ensure that performance appraisals take place on an annual basis, that a written record is kept and signed by both the supervisor and staff member.

Inspectors found that there were systems in place to support staff in managing the impact of working in the centre. However, there was confusion as to how these support systems were accessed. Inspectors recommend that the centre manager advise care team members on how they can access the relevant support systems.

Inspectors found, based on the records reviewed for this inspection and referenced throughout the report that the centre did not cultivate a culture of learning and development. Whilst staff members referenced a team-based approach, this was not fully evident. The absence of identified learning, the absence of audits and the absence of effective communication in team meetings and handovers supported this finding.

Compliance with Regulations	
Regulation met	Regulation 6 Regulation 7
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 6.3

Actions required

- The registered provider must ensure that supervision records signed by both the supervisee and supervisor are maintained.
- The centre manager must ensure that performance appraisals take place on an annual basis, that a written record is kept and signed by both the supervisor and staff member.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
3	<p>The centre manager must ensure that the child safeguarding statement is updated.</p> <p>The centre manager must ensure that training is provided to all staff and ensure that they are familiar with all aspects of child safeguarding, and how to make a mandated report if, and when required.</p>	<p>The centre manager has ensured that an amended child safeguarding statement has been submitted to the Child Safeguarding Statement Compliance Unit (CSSCU) for ratification – completed 22.05.2024</p> <p>The centre manager will ensure child safeguarding refresher training is provided to all care staff twice yearly. This training will include written assessment of each care staff member's understanding of the key elements of their Child Safeguarding responsibilities; including how they can make a mandated report if, and when required. Scheduled for 20th June 2024.</p>	<p>Audits completed by personnel external to the centre will ensure that the centre's Child Safeguarding Statement is reviewed no less than bi-annually and is accurate and up to date. Effective for all audits from 30th June 2024.</p> <p>Audits completed by personnel external to the centre will ensure that all care staff avail of child safeguarding refresher training twice yearly and all staff are familiar with all aspects of child safeguarding, including how to make a mandated report if, and when required. Effective for all audits from 30th June 2024.</p>

		<p>The centre manager will use written assessment results to inform any further training, supervision support and/or performance improvement plans that may be required to ensure that all care staff are familiar with all aspects of child safeguarding, including how to make a mandated report if, and when required.</p> <p>To be completed by 27th June 2024</p>	
	<p>The registered provider and centre manager must ensure that all police vetting is sought by Curam Nua in advance of care staff commencing employment and this vetting must be stored on care staff personnel files.</p>	<p>The registered provider and centre manager reviewed recruitment and selection procedures and the handling of documentary evidence to ensure that police checks completed for relevant applicants is sought in advance of commencing employment and that the evidence of this vetting is stored on care staff personnel files. The outcome of this review indicated that the organisation would commission a relevant online Human Resources (HR) application to</p>	<p>The registered provider will review the recommendations provided by the external children's residential centre systems consultant and liaise with the centre manager to compile an action plan to incorporate recommendations to ensure robust systems are in place for all elements of centre management including review of personnel processes.</p> <p>To be completed by 31st October 2024.</p> <p>The registered provider will require that the centre manager ensures that the online HR application is used effectively within</p>

		<p>ensure the correct and timely actioning of all HR tasks. Completed 12th April 2024</p> <p>The registered provider commissioned an electronic online HR application to ensure collation of all relevant recruitment information in advance of care staff commencing employment, secure and accessible storage of documentary evidence of all required recruitment information and the actions/instances which may require controls and/or alerts to indicate further actions required, including information review and update. All personnel files will be stored on the commissioned HR online application. Commissioned on 18th April 2024. The action plan for the initial set up and roll out of the online HR application will be compiled by the registered proprietor and centre manager. To be completed by 10th July 2024.</p>	<p>the centre, and that this is reviewed in supervision and monthly management meetings. Personnel external to the centre will audit all personnel files via the online HR application one month after its deployment, and quarterly thereafter. Initial audit to be completed by 1st November 2024, and quarterly thereafter. The centre manager and registered provider will ensure that a full training course in the behaviour management framework utilised in the centre, is completed as part of each new care staff member's induction programme. Effective immediately.</p>
	<p>The centre manager and registered provider must ensure that training in the behaviour management framework</p>	<p>All recently employed care staff completed a full training course in the behaviour management framework utilised in the</p>	<p>Refresher training in the behaviour management framework utilised in the centre will be completed twice yearly to</p>

	<p>utilised in the centre is completed to ensure that care staff members have up to date knowledge and skills to respond to and manage presenting behaviour.</p>	<p>centre on 1st May 2024. All centre staff will complete refresher training in the behaviour management framework utilised in the centre on 30th May 2024.</p> <p>The centre manager will ensure that each care staff member is provided ongoing knowledge and skills support and guidance as they incorporate the behaviour management framework in their practice to respond to and manage presenting behaviour through handover meetings, regular supervision, team meetings and in the incorporation of the behaviour management framework in all behaviour support strategies and other relevant plans.</p> <p>Ongoing.</p>	<p>ensure that care staff members have up to date knowledge and skills to respond to and manage presenting behaviour. Effective immediately. Audits completed by personnel external to the centre will monitor to ensure that all care staff avail of refresher training in the behaviour management framework utilised in the centre twice yearly.</p>
	<p>The centre manager must ensure that all care staff members have access to specialist advice and appropriate support to identify underlying causes of</p>	<p>The centre manager or deputy manager, and a social care leader will attend all meetings convened to provide opportunities for the care team to access</p>	<p>The centre manager will ensure that evidence of request for formal minutes of specialist advice is recorded, and that after a second and final request is issued, non-</p>

	<p>behaviour and situations that may lead to behaviour that challenges, and to assist and support the young person to manage this behaviour.</p>	<p>specialist advice and appropriate support to identify underlying causes of behaviour and situations that may lead to behaviour that challenges.</p> <p>The centre manager will ensure that all specialist recommendations are discussed with the care team, and that behaviour support strategies and associated plans reflect the incorporation of specialist advice and support to inform care staff members' response to, and management of, presenting behaviour. These will continue to be shared with all care staff and discussed at daily handover meetings, monthly supervision and team meetings. Effective immediately.</p> <p>The centre manager will ensure that specialist training required by all care staff members to provide knowledge and skills to identify underlying causes of behaviour and situations that may lead to behaviour that challenges, and to assist and support the young person to manage this</p>	<p>receipt of the minutes is recorded, and appropriate line management notifications are issued and placed on the relevant child's care record.</p> <p>Structured and thorough review of each young person's care record, including all specialist advice and reports to inform their understanding and skills development to accurately identify underlying causes of behaviour and situations that may lead to behaviour that challenges, and the strategies in place to assist and support the young person to manage this behaviour, is included in the two week induction programme for all newly appointed care staff. Effective immediately.</p>
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	<p>The centre manager must ensure that care staff are provided with all relevant information required to support the young person.</p>	<p>behaviour is sought from specialists engaged in providing expertise and support to the care of the young person. Initial specialist training (half day) to all care staff members is scheduled for 30th May 2024.</p> <p>Young Person's Daily Log proforma has been amended to include care staff verification that they have completed updating of self by reading and reviewing any amendments to key practice support plans and documents. Completed on 20.05.2024.</p> <p>The centre manager, or delegate, facilitating handover meetings will ensure that these records are being kept to a high standard and that staff are updating themselves, and each other in advance of each shift change.</p>	<p>The centre manager will ensure that further training, supervision support and/or performance improvement plans be employed to support all care staff to ensure that they are sufficiently informed of all relevant information required to support the young person. Ongoing.</p>
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	<p>The registered provider must ensure regular auditing and monitoring of the residential centre's approach to managing behaviour that challenges, including audits to be undertaken by personnel external to the centre.</p>	<p>An action plan will be compiled to ensure additional training is provided to relevant personnel to ensure that auditing and monitoring of the residential centres' approach to managing behaviour that challenges.</p> <p>To be completed by 31st July 2024.</p>	<p>The registered provider will ensure that further training, supervision support and/or performance improvement plans are employed to ensure that auditing personnel are regularly and effectively auditing and monitoring the residential centre's approach to managing behaviour that challenges; and that audits comply with all relevant guidance and requirements.</p>
	<p>The centre manager must ensure that all restrictive practices are identified and placed on the restrictive practice register. The centre manager must ensure that the reason for implementing the restriction is recorded and that reviews of restrictive practices are recorded as per the standard.</p>	<p>A revised proforma for the restrictive practice register has been compiled to support recording of the rationale behind the implementation of the restrictive practice, and timescales for review of appropriateness and effectiveness of restrictive practices, to be compiled.</p> <p>Effective from 12th June 2024.</p> <p>The centre manager will ensure that all restrictive practices are identified and placed on the restrictive practice register.</p> <p>To be completed by 17th June 2024.</p>	<p>Personnel external to the centre will complete regular audits of the restrictive practice register to ensure compliance with the standard.</p> <p>Review will be completed by 30th August and at least quarterly thereafter.</p>

		<p>The centre manager will ensure that all care staff receive training on the centre's restrictive practice policy.</p> <p>To be completed by 31st August 2024.</p>	
5	<p>The registered provider must ensure that robust systems are implemented to regularly review the safety, quality, and continuity of care across all levels of management.</p>	<p>The registered provider has liaised with an external children's residential centre systems consultant to commission their services to provide a review of all current systems within the centre to ensure that they are effective in supporting compliance with the National Standards for Children's Residential Centres (HQIA) 2018 and all other relevant guidance and legislation including Children First 2018 and the Child Care (Standards in Children's Residential Centres) Regulations, 1996. External review to be completed by 30th August 2024.</p> <p>The registered provider will ensure that required training is provided for relevant management personnel to ensure an appropriate skills level to support the implementation of regular reviews of the safety, quality, and continuity of care.</p>	<p>Supervision support and/or performance improvement plans may be employed to ensure that all managers are supported to implement robust systems in place to regularly review the safety, quality, and continuity of care.</p>

	<p>The registered provider and centre manager must ensure that learning from incidents and concerns are communicated to all staff in the centre to promote improvements.</p>	<p>Feedback from the Significant Event Review Group (SERG) will be compiled at the SERG meetings and recommendations for learning from incidents and concerns will be communicated to all staff in the centre via the SERG Response report provided to structure feedback in supervision meetings and team meetings.</p> <p>The centre manager will ensure that SERG Response reports are reviewed to ensure learning from incidents and concerns is used to improve care practice; discussion and implementation of learning will be evidenced in minutes of team meetings, supervision meetings and reflected in amendments to relevant plans which guide practice.</p> <p>Effective immediately and ongoing.</p>	<p>SERG Response reporting and discussion with care staff will be audited by personnel external to the centre.</p> <p>Initially audit will be completed by 30th August and quarterly thereafter.</p>
	<p>The registered provider must ensure that a review of compliance is initiated</p>	<p>The registered provider has liaised with an external children's residential centre systems consultant to commission their</p>	<p>Auditing of review of compliance will be completed by personnel external to the centre.</p>

	<p>this year and completed on an annual basis going forward.</p>	<p>services to provide a review of all current systems within the centre to ensure that they are effective in supporting compliance with the National Standards for Children's Residential Centres (HQIA) 2018 and all other relevant guidance and legislation including Children First 2018 and the Child Care (Standards in Children's Residential Centres) Regulations, 1996. External review to be completed by 30th August 2024.</p> <p>The external children's residential centre systems consultant will identify a suitable procedure and proforma to support the completion of a review of compliance. Training for all managers will be completed by to ensure competence in all elements of governance, including the completion of a review of compliance on an annual basis.</p> <p>To be completed by 31st October 2024.</p>	<p>Completed by 31st December 2024 and annually thereafter.</p>
6	<p>The registered provider must ensure that supervision records signed by both</p>	<p>Audits and reviews completed by personnel external to the centre will include oversight of supervision records to</p>	<p>Quarterly audit and monitoring of all supervision records will be completed by personnel external to the centre to ensure</p>

	<p>the supervisee and supervisor are maintained.</p> <p>The centre manager must ensure that performance appraisals take place on an annual basis, that a written record is kept and signed by both the supervisor and staff member.</p>	<p>ensure that all records are signed by both the supervisee and supervisor. To be completed by 30th July 2024.</p> <p>Performance appraisals will be completed in the last quarter of each year (October to December) to support scheduling for all centre staff and a written record will be completed, signed by both the supervisor and staff member and stored in each staff member's online HR application personnel file. To be completed for all staff from 1st October and before 31st December 2024.</p>	<p>that all records are signed by both the supervisee and supervisor.</p> <p>Annual audit and monitoring of performance appraisal records will be completed by personnel external to the centre.</p>
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