An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

# Alternative Care - Inspection and Monitoring Service

## Children's Residential Centre

**Centre ID number: 072**

**Year: 2022**

# Inspection Report

| | |
|---|---|
| **Year:** | **2022** |
| **Name of Organisation:** | **New Beginnings Ltd.** |
| **Registered Capacity:** | **Four young people** |
| **Type of Inspection:** | **Announced** |
| **Date of inspection:** | **25th, 29th and 30th March 2022** |
| **Registration Status:** | **Registered from the 14th of March 2020 to the 14th of March 2023** |
| **Inspection Team:** | **Anne McEvoy**<br>**Michael McGuigan** |
| **Date Report Issued:** | **24th June 2022** |

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# 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.
The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

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

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

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

## National Standards Framework

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in September 2007. At the time of this inspection the centre was in its sixth registration and was in the second year of the cycle. The centre was registered without attached conditions from 14th of March 2020 to the 14th of March 2023.

The centre was registered as a multi-occupancy service. It aimed to maintain a therapeutic, safe and homely environment for the young people living there utilising a relationship-based approach that meets the holistic and assessed needs of the young people. There were two young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

| Theme | Standard |
|---|---|
| 2: Effective Care and Support | 2.3 only |
| 3: Safe Care and Support | 3.2 only |
| 4: Health, Wellbeing and Development | 4.3 only |
| 5: Leadership, Governance and Management | 5.4 only |

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 22nd April 2022 and to the relevant social work departments on the 22nd April 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision.

An immediate action notice was issued to the registered provider on the 05th April 2022 advising that the preliminary findings of the inspection were that the centre was not operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies. The registered provider was further notified that issues were identified regarding the absence of external governance and oversight of this centre.

The registered provider was required to submit a full plan on how the external governance and auditing was to be addressed by no later than 5pm on Friday 07th April 2022. A plan was submitted detailing the introduction of a new governance and auditing system which was to be implemented no later than the 01st June 2022.

The centre manager returned the report with a CAPA on the 05th May 2022. The CAPA was returned to the service to address anonymity issues on the 25th May 2022 and was re-submitted on the 27th May 2022.
On the 27th May 2022, the registered provider requested additional time to implement the new oversight and governance system that had been agreed as per the immediate action notice for the 01st June 2022. Additional time was granted and the registered provider provided evidence that the new oversight and governance system was introduced on the 14th June 2022.

As such, the findings of this report and assessment of the submitted CAPA and new governance system 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: 072 without attached conditions from the 14th of March 2020 to the 14th of March 2023 pursuant to Part VIII, 1991 Child Care Act.

## 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**
**Regulation 8: Accommodation**
**Regulation 13: Fire Precautions**
**Regulation 14: Safety Precautions**
**Regulation 15: Insurance**
**Regulation 17: Records**

**Theme 2: Effective Care and Support**

**Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.**

The centre was a detached house in a residential area. There was a small garden to the rear of the centre and a large open green area to the front. The centre was in good structural repair and the layout of the centre was appropriate to provide safe and effective care for the young people residing there.

Each young person had their own room in the centre. Inspectors met with both young people who were content to show them their respective bedrooms. The bedroom for one young person was tastefully decorated with new flooring, and appropriate storage facilities for their belongings. The bedroom for the second young person required a new floor and new furnishings to be purchased. The young person had raised this issue in a complaint and had also raised the matter in the young persons meetings in the months of January and February 2022. The centre manager and registered provider must ensure that funding is made available to purchase and install new flooring and suitable furniture to facilitate all the young person's belongings being stored appropriately.

There was adequate space for indoor and outdoor recreational activities and inspectors found board games for use in the centre and this was further evidenced in the interviews with the young people. Inspectors found that the downstairs of the centre had been freshly painted and all furniture and equipment was in good condition and presented well. There was a cleaning roster in place and inspectors found that downstairs was clean and homely. The staff bedroom and ensuite upstairs as well as the landing and main bathroom upstairs were in need of additional maintenance. There was paint peeling above the shower in the main bathroom and

both the cause and resulting damage need to be remedied. The centre manager and registered provider must ensure that the presentation of the upstairs of the centre is reviewed and additional maintenance work carried out as necessary.

There was evidence that the young people were encouraged to display personal items and photographs were visible throughout the centre of the young people and their families where they wished to display them. There were appropriate bathroom facilities available on both levels. The centre was adequately lit, heated and ventilated.

The centre manager provided documents to evidence that the centre complied with fire safety legislation. There were contracts in place with external fire companies for the maintenance of fire equipment and emergency lighting and evidence on file that they had been checked regularly. Inspectors found that there was evidence of regular fire drills both during daylight and hours of darkness. Where a young person did not engage in the fire drill a risk assessment was completed and key working completed with them to ensure they understood what to do in the event of a fire or an evacuation.

Medicines were stored within the confines of a locked medicine box in a locked filing cabinet and hazardous cleaning materials were also stored in a locked cabinet.

There was a site-specific health and safety statement in the centre. This contained a general commitment to health and safety within the content of the statement however inspectors found that the risk assessments linked to the document had not been adequately reviewed and updated since 2016. Inspectors were advised that the centre had employed the services of a new health and safety company and they were scheduled to complete a full analysis of the centre in the weeks subsequent to the inspection. The centre manager and registered provider must ensure that as part of the analysis completed by the newly appointed health and safety advisors the health and safety risk assessments are updated and mitigating intervention measures put in place.

Inspectors noted a recommendation on the risk assessments created in 2016 that the internal doors in the centre were upgraded to FD30 Fire doors. Inspectors also observed large gaps between the bottom of the doors and the floors upstairs that could potentially allow smoke and flames to easily pass into rooms in the event of a fire. Inspectors expressed concerns on this. Inspectors queried whether these doors had been replaced since the creation of that risk assessment in 2016. Subsequent to

the inspection the centre provided risk assessments to inspectors that were completed in 2019. However, these risk assessments could not be provided during inspection and were not the working documents available to staff and the centre manager. While the risk assessments may have been reviewed the documents available to the staff working in the centre were those from 2016 and the 2019 documents were not operational or available to staff."

During interview the centre manager and the director of services were unable to confirm whether doors in the centre were fire compliant. Subsequent to the inspection, a review of doors in the centre by a suitably qualified person identified that there some doors were not fire compliant and this presented as a risk to the young people living in the centre.

In addition, the health and safety statement did not identify who the designated health and safety and fire safety officers were within the centre. The statement must be updated to include this detail.

Inspectors reviewed an accident/incident register that the centre held and it was confirmed that there have been no identified accidents or injuries in the centre in the last number of years. A review of the cars assigned to the centre evidenced that they were roadworthy, serviced, insured and driven by people who were legally licensed to drive the vehicles.

| **Compliance with regulations** | |
|---|---|
| **Regulation met** | **Regulation 5**<br>**Regulation 8**<br>**Regulation 13**<br>**Regulation 14**<br>**Regulation 15**<br>**Regulation 17** |
| **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 2.3** |

| | |
|---|---|
| **standard in some respects only** | |
| **Practices did not meet the required standard** | **Not all standards under this theme were assessed** |

**Actions required**

- The centre manager and registered provider must ensure that funding is made available to purchase and install new flooring and suitable furniture to facilitate all the young person's belongings being stored appropriately.
- The centre manager and registered provider must ensure that the presentation of the upstairs of the centre is reviewed and additional maintenance work carried out as necessary.
- The centre manager and registered provider must ensure that as part of the analysis completed by the newly appointed health and safety advisors the health and safety risk assessments are updated and mitigating intervention measures put in place.
- The director of services must provide written confirmation to the Alternative Care Inspection and Monitoring Service that the doors in the centre are in compliance with fire safety guidance.
- The health and safety statement must be updated to identify and record who the designated health and safety and fire safety officers are within the centre.

**Regulation 5: Care practices and operational policies**
**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

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

A positive approach to the management of behaviour that challenges was promoted within the centre and this was supported by policies and procedures. The centre had an anti-bullying policy and a managing behaviour policy in place. In interview staff noted the use of natural consequences in favour of sanctions and the use of a reward register was being introduced to incentivise positive behaviour.

The centre employed a behaviour management model that allowed for the physical restraint of young people where necessary. Inspectors identified that there were gaps in the certified training for staff to engage in this behaviour management model and

this was not captured on the risk register in terms of the risk posed to the health and safety of staff and young people. A review of the training files evidenced that refreshers in this behaviour management model were out of date for seven staff members and one staff member had not received any formal training in their six months in the centre and they were not booked to attend this training until September 2022. The centre manager and registered provider must ensure that all members of staff are trained in the behaviour management model in use in the centre and that refreshers are scheduled in accordance with the guidelines for the model.

During a review of the young people's care records, inspectors found that both had an individual crisis support plan (ICSP) and individual absence management plan (IAMP), however there was little evidence to demonstrate that these documents had been updated or reviewed every six weeks in accordance with centre policy. In addition, these documents were not drawn up in consultation with the social worker. Subsequent to inspection the inspectors were provided with emails that evidenced the ICMPs and IAMPs were updated. However, as noted in this report, these updates were made in conjunction with persons outside of the organisation and young people's personal data should not have been shared in this manner. This represents a data breach and the registered proprietor has reported this to the Data Commissioner. The centre manager must ensure that documents relating to the management of behaviour and promoting positive behaviour are reviewed as per the centre's own policy and a written update recorded and input received from the allocated social worker. A consultant psychiatrist and psychotherapist attached to the service provided guidance to the staff team to assist them in understanding the underlying causes of behaviour and guided them in their practice. The team were aware of the impact of mental health and bullying on young people. The social workers for the young people had provided sufficient pre-admission referral information to the centre.

Staff in interview were knowledgeable about the young people and attuned to the young people's emotional wellbeing. The young people were aware of the expectations for their behaviour through key working, young people's meetings and on-going discussions with staff. Inspectors found that the young people's meetings were to a good standard and were used to inform the young people about scheduled relevant topics as well as managing issues arising within the centre between the young people.

Inspectors found evidence that the centre manager and where appropriate the behaviour management trainer were appraising the centre's approach to managing

behaviour, commenting on the quality of interventions and approaches and identifying learning outcomes. It was identified that the behaviour management trainer was an employee of another company and the reviewing of identifiable information for the young people resident in this centre constituted a potential data breach under General Data Protection Regulation legislated for in the Data Protection Act, 2018. The registered provider was informed of this and subsequent to the inspection reported a potential data breach to the Data Protection Commission. A data sharing contract was implemented immediately. The registered provider must inform the Alternative Care Inspection and Monitoring Service of the outcome of the report of a data breach to the Data Protection Commission.

The centre manager provided the inspectors with an audit of the centre's approach to managing behaviour that challenges. This audit was conducted as part of the annual review of compliance report, and while it was written to a good standard, it was completed by the centre manager. Inspectors found that there was no audit undertaken by any personnel external to the centre. The issue of audits will be addressed further in standard 5.4, however for the purposes of this standard, the registered provider must ensure that audits and monitoring the centre's approach to managing behaviour that challenges are undertaken by personnel external to the centre. In interview social workers spoke positively of the behaviour management interventions and mechanisms in place. Inspectors found evidence that the centre manager and where appropriate the centre's behaviour management trainer were appraising the centres approach to managing behaviour, commenting on the quality of interventions and approaches and identifying learning outcomes.

Inspectors reviewed the restrictive practice register in operation at the centre and found that the restrictive practice of locking away all knives each time a new resident was admitted was contrary to the standard. During interviews with staff, inspectors were advised that this practice occurred on each new admission, however inspectors did not find any evidence to suggest that the practice was necessary to safeguard either the young person being admitted or those in the centre. The centre manager and registered provider must ensure that young people in the centre are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the young person or that of others.

The ICSP's for both young people identified that physical restraint was allowed and noted the agreed techniques to be used in accordance with each young person's risk

assessment. Inspectors acknowledged that there were no physical restraints implemented since the time of the last inspection in March 2021.

Inspectors recommend a review of the restrictive practice register and removal of practices no longer in operation so that the register represents a live and active list of restrictive practices in operation.

| Compliance with regulations | |
|---|---|
| **Regulation met** | **Regulation 5**<br>**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** | **Not all standards under this theme were assessed** |

**Actions required**

- The centre manager and registered provider must ensure that all members of staff are trained in the behaviour management model in use in the centre and that refreshers are scheduled in accordance with the guidelines for the model.
- The centre manager must ensure that documents relating to the management of behaviour and promoting positive behaviour are reviewed as per the centres own policy and a written update recorded and input received from the allocated social worker for the young people resident in the centre.
- The registered provider must ensure that audits and monitoring the centres approach to managing behaviour that challenges are undertaken by personnel external to the centre.
- The centre manager and registered provider must ensure that young people in the centre are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the young person or that of others.
- The registered provider must inform the Alternative Care Inspection and Monitoring Service of the outcome of the report of a data breach to the Data Protection Commission.

**Regulation 10: Health Care**
**Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

At the time of inspection one young person was in full time education and the second young person (though they had only recently been admitted to the centre) had an alternative educational and training placement sourced for May 2022 and had a traditional educational placement sourced for September 2022 should they wish to return to formal education. Inspectors found good evidence of both young people being encouraged to participate in education and training opportunities.

Inspectors reviewed individual work undertaken with both young people around their interests and there was evidence that both of them were facilitated to attend clubs and groups that they identified they were interested in.

One young person spoke to inspectors and advised that they were being bullied in school and in interview staff spoke about the work undertaken to address this issue with the school. There was evidence of communication with the school to address and help resolve the matter. Inspectors reviewed young people's care files and found a range of exam results and school reports on file. One young person told inspectors that they were listened to around their interests and staff were proactive in identifying additional resources that met with their interests and talents. As identified in standard 2.3 above, one young person had expressed concerns about the appropriateness of their bedroom and while there was a space downstairs available for the young person to complete their homework, inspectors recommend that a suitable table and chair be purchased for their bedroom for the completion of homework given the young persons age.

While the most recently admitted young person did not have a formal education or training programme to attend immediately, in consultation with the young person staff sourced a voluntary sales position for the young person to further their experience of social interaction and provide them with additional learning opportunities. This was in line with the young person's assessed needs. In interview the social worker for the young person was satisfied that their views, interests and educational needs were being fully explored and optimised.

| Compliance with regulations | |
|---|---|
| **Regulation met** | **Regulation 10**<br>**Regulation 12** |
| **Regulation not met** | **None Identified** |

| Compliance with standards | |
|---|---|
| **Practices met the required standard** | **Standard 4.3** |
| **Practices met the required standard in some respects only** | **Not all standards under this theme were assessed** |
| **Practices did not meet the required standard** | **Not all standards under this theme were assessed** |

**Actions required**

- No actions required.

## 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.**

Inspectors found that sufficient arrangements were not in place to assess the quality, safety and continuity of care in the centre. Further, inspectors found that an urgent review of the governance and oversight of the centre by external managers was required.

This centre was a stand-alone service and not part of a larger organisation. As part of the governance arrangements the centre manager and deputy manager met monthly with the director of services to discuss the care being provided to young people and the operation of the centre. Inspectors reviewed a sample of minutes for these meetings and found that they were used for exchange of information on young people and the planning of care. Issues relating to placements and the operation of the centre were also discussed. While an action plan was generated at each of these meetings there was no evidence that any documents were reviewed by the director of

services during this process or that audits were conducted on the care being provided.

The centre had employed an external consultant to audit the quality of care in the centre. While inspectors found that the external auditor had signed a number of documents in the centre, the auditor had not included dates for any of their reviews to evidence when this had happened. As part of this inspection, inspectors requested that the external auditor forward audits that had been conducted in the centre against the National Standards for Children's Residential Centres, 2018 (HIQA). Six documents were forwarded to inspectors by the external auditor. Inspectors found that these documents had been completed by the centre manager and two of these documents were not relevant to the recent and current care of the young people resident as they had been completed by the centre manager in July 2020.

While the centre manager regularly completed self-audits and reported on the care being provided in the centre to line managers, there was no evidence that the self-audits had been validated against the records held in the centre by a line manager. Inspectors could not evidence any audit conducted by a person external to the service. This is not in keeping with the requirements of the National Standards for Children's Residential Centres, 2018 (HIQA) or the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies* and as such the Inspector found that issues relating to the provision of training in the centre's recognised behaviour management model, insufficient health and safety risk assessments, inappropriate use of restrictive practices and complaints were not identified and addressed in a timely manner.

Inspectors found that there was a register of complaints held and there was evidence that complaints were discussed in team meetings and efforts made to resolve and address complaints. Inspectors recommend that the centre consider adding an additional column to the complaints register to note whether the complainant was satisfied with the outcome. The annual report on compliance written by the centre manager identified gaps in complaint resolution and had agreed actions to implement to promote improvements in the centre. However, inspectors found that a review of the young persons meeting minutes from January 2022 and February 2022 alongside a review of the complaints log for one young person clearly identified that they were not happy with their bedroom. While in interview staff noted that these complaints were raised with the registered provider, the registered provider did not recall the complaints regarding the bedroom being made. There was no external audit of the centre to highlight that this complaint, recorded in a number of

documents over a timeframe of two months, had not been resolved satisfactorily for the young person. The registered provider must ensure that information relating to complaints, concerns and incidents is acted on, monitored and analysed to identify trends being communicated and to promote improvements.

Inspectors found that an annual review of compliance against the centre's objectives had been completed by the centre manager. This was a comprehensive review and issues relating to the operation of the centre and care practices were identified. However, this review did not identify the lack of external governance and should not have been completed by the centre manager. A plan to institute governance and oversight arrangements for this centre must be forwarded to the Alternative Care Inspection and Monitoring Service with immediate effect.

| **Compliance with Regulation** | |
|---|---|
| **Regulation met** | **Regulation 6** |
| **Regulation not met** | **Regulation 5** |

| **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**

- A plan to institute governance and oversight arrangements for this centre must be forwarded to the Alternative Care Inspection and Monitoring Service with immediate effect.
- The registered provider must ensure that information relating to complaints, concerns and incidents is acted on, monitored and analysed to identify trends being communicated and to promote improvements.

## 4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|---|---|---|---|
| **2** | The centre manager and registered provider must ensure that funding is made available to purchase and install new flooring and suitable furniture to facilitate all the young person's belongings being stored appropriately. | New flooring has been placed in young person's room since the 8th of April 2022. Extra storage and suitable furniture are available as required. | Monitoring of complaints on a monthly basis by Registered Provider and management team. Practice and Quality Assurance Senior Manager to ensure all complaints are followed up on and young person is satisfied with the outcome. |
| | The centre manager and registered provider must ensure that the presentation of the upstairs of the centre is reviewed and additional maintenance work carried out as necessary. | Maintenance work identified upstairs was completed on the 1st of April 2022. | The centre manager to ensure the unit is presented to a high standard and any maintenance work identified is completed in a timely manner. Practice and Quality Assurance Senior manager will conduct audits on the unit in line with the National Standards for Children's Residential Services. |
| | The centre manager and registered provider must ensure that as part of the analysis completed by the new health | Risk assessments and Safety Statement were sent to new health and safety advisors, on the 20th of April for review | New Health and Safety Consultants to review Safety Statement and Risk Assessments on an annual basis or as |

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|---|---|---|---|
| | and safety advisors the health and safety risk assessments are updated and mitigating intervention measures put in place. | and we are working with them to have them fully in place by the end of May 2022. | necessary. |
| | The director of services must provide written confirmation to the Alternative Care Inspection and Monitoring Service that the doors in the centre are in compliance with fire safety guidance. | Fire safety officer conducted an assessment on the doors in the unit on the 24th of April 2022. Recommendations from this assessment will be completed by the 3rd of May 2022. Fire compliance certificate will be provided to Alternative Care Inspection and Monitoring Service on completion. | New Health and Safety Consultants to conduct Annual Health and Safety audit to ensure on-going compliance. |
| | The health and safety statement must be updated to identify and record who the designated health and safety and fire safety officers are within the centre. | The Health and Statement is currently under review by new Health and Safety Consultants. The updated statement will include details of the health and safety/fire safety officers within the unit. This will be completed by the 31st of May 2022. | Health and Safety statement will be reviewed annually by new health and safety consultants. |
| **3** | The centre manager and registered provider must ensure that all members of staff are trained in the behaviour management model in use in the centre and that refreshers are scheduled in | The centre manager contacted the Training co-ordinator on the 4th of April 2022 in relation to this matter. All efforts will be made to ensure all staff are trained in the behaviour management model as | The centre manager to conduct biannual training analysis to ensure all training needs are identified. Practice and Quality Assurance Senior Manager to monitor the training needs of the service on a regular |

| | | | |
|---|---|---|---|
| | accordance with the guidelines for the model. | soon as possible and all refreshers are scheduled in accordance with the guidelines. | basis to ensure training for all staff is up to date. |
| | The centre manager must ensure that documents relating to the management of behaviour and promoting positive behaviour are reviewed as per the centres own policy and a written update recorded and input received from the allocated social worker for the young people resident in the centre. | Written records will be kept on file on each young person's care file evidencing the review of all documents with regards management of behaviour and promoting positive behaviour. Evidence of all documents being forward to social workers will also be recorded on file. Input from social worker will also be requested in writing. This procedure will take effect from the 1st of May 2022. | The centre manager should ensure there is evidence on file of all documents being reviewed by both the team and the social worker.<br>Regular audits of the care files by the Practice Quality and Assurance Senior Manager should ensure compliance in this area. |
| | The registered provider must ensure that audits and monitoring the centres approach to managing behaviour that challenges are undertaken by personnel external to the centre. | Alternative Care Inspection and Monitoring Service were notified of new external monitoring system to be introduced in the centre on the 1st of June 2022. Schedule of audits for 2022 have also been forwarded to Alternative Care Inspection and Monitoring Service for review. | New external monitor in place from the 1st of June 2022. Schedule of audits for 2022 in place including audits and monitoring of challenging behaviour. |

| | | | |
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| | The centre manager and registered provider must ensure that young people in the centre are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the young person or that of others. | Consultation with young person's social worker and previous placement to occur prior to admission with regards restrictive practice measures. If necessary, appropriate risk assessments to be completed and clear plan in place to input procedures to review this practice on a regular basis. This will take effect immediately. | The centre manager will ensure restrictive practice measures are discussed with social worker prior to admission. Practice and Quality Assurance Senior Manager to review admission process or each young person and ensure no un-necessary restrictive practice measures are in place. |
| | The registered provider must inform the Alternative Care Inspection and Monitoring Service of the outcome of the report of a data breach to the Data Protection Commission. | The centre manager advised Alternative Care Inspection and Monitoring Service that the identified data breach was reported on the 1st of April 2022. The Breach Notification Unit notified the centre manager of receipt of the breach on the 7th of April 2022. They have also advised that since 1st January 2022 they will no longer be informed Data Controller of the outcome of a reported breach. Contact will only be made if further information is required, or a statutory inquiry is necessary. The centre manager notified Alternative Care Inspection and | Registered Provider, Practice and Quality Assurance Senior Manager and the centre manager will ensure practice in the centre is in line with Data Protection Guidelines. Monitoring and review of all practices on a regular basis in place to ensure compliance. |

| | | | |
|---|---|---|---|
| | | Monitoring Service of this on the 22nd of April 2022. | |
| **4** | None identified. | | |
| **5** | A plan to institute governance and oversight arrangements for this centre must be forwarded to the Alternative Care Inspection and Monitoring Service with immediate effect. | A plan for a new external governance system was forwarded by Registered Provider to Alternative Care Inspection and Monitoring Service on the 6th of April 2022. The plan outlined the appointment of a new Practice and Quality Assurance Senior Manager. This will be in place from the 1st of June 2022. A scheduled plan of audits for 2022 was also forwarded on the 20th of April 2022. | New external governance system in place with effect from the 1st of June 2022. |
| | The registered provider must ensure that information relating to complaints, concerns and incidents is acted on, monitored and analysed to identify trends being communicated and to promote improvements. | With the appointment of the new Practice and Quality Assurance Senior Manager, with effect from the 1st of June 2022, plans are in place to review all complaints, concerns and incidents on a monthly basis. Audits will be conducted with analysis being shared with the Registered Provider and centre manager at monthly management meeting and with the staff team in team meetings. | Analysis of all complaints, concerns and incidents to be shared with Registered Provider and centre manager at monthly management meeting and discussed with the staff team at team meetings if necessary. |