



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 075**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Solis GMC</b>
<b>Registered Capacity:</b>	<b>Three Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>30<sup>th</sup> &amp; 31<sup>st</sup> January &amp; 01<sup>st</sup> February 2023</b>
<b>Registration Status:</b>	<b>Registered from the 24<sup>th</sup> of September 2021 to the 24<sup>th</sup> of September 2024</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> June 2023</b>

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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 ongoing 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 2012. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered with an attached condition from 24<sup>th</sup> of September 2021 to the 24<sup>th</sup> of September 2024.

That condition being:

- There shall be no further admissions of a young person to this centre until such times as the centre can evidence that there are adequate and suitable operational care practices in the centre and can evidence that the qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

The attached condition was to be reviewed by the 22<sup>nd</sup> February 2023.

The centre was registered to accommodate four young people from age thirteen to seventeen on admission. Their model of care was described as being relationship based incorporating Erik K. Laursen's '*Seven Habits of Reclaiming Relationships*'. Staff interactions were relationship based and aimed at providing a consistent, structured environment where young people were offered opportunities to make decisions affecting their own lives. 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
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 3<sup>rd</sup> March 2023 and to the relevant social work departments on the 3<sup>rd</sup> March 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 20<sup>th</sup> March 2023. This was deemed to not be satisfactory and was returned to the centre manager. An updated CAPA response was submitted on the 31<sup>st</sup> March 2023. Following this a compliance meeting was held on the 9<sup>th</sup> of June 2023 where service plans to improve the governance and oversight of the centre was discussed. The Inspectorate was informed that a regional co-ordinator had been appointed and the service outsourced an external agency to support external audits to improve overall governance in the centre. An updated staffing list received on 2<sup>nd</sup> of June 2023 was reviewed to evidence that the required staffing was in place to meet regulatory requirements.

These representations were given due consideration. The registration committee is satisfied that the centre has made sufficient progress to meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 and it is the decision of the registration committee to remove the conditions to the centre's registration under Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991.

As such it is the decision of the Child and Family Agency to register this centre, ID Number: 075 without attached conditions from the 24<sup>th</sup> September 2021 to 24<sup>th</sup> September 2024 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**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.**

There were policies in place to protect young people from all forms of abuse and neglect and these were in line with relevant legislation. There was a child safeguarding statement in place with a letter of compliance from the Tusla child safeguarding statement compliance unit.

Inspectors found through interview that not all staff members were familiar with the centre child safeguarding statement and could not identify risks outlined in it. The centre did not maintain a list of children's first mandated persons and all staff members were not registered on the Tusla portal for reporting child protection concerns. Some staff struggled to explain the process related to reporting disclosures and all staff and management interviewed stated it was an area they required more guidance and training. The centre manager was the identified designated liaison person (DLP) and was due to complete a two day DLP training course on the 27<sup>th</sup> February 2023 with an outside agency. From a review of child protection records, inspectors found that all bar one staff member had completed training in the Children's First E-learning module and three staff were still required to complete training in the organisations child protection policies and procedures. Deficits in staff knowledge was highlighted by inspectors with the director who was unaware of the deficits and confirmed there was no system in place for the auditing of child protection by the external line manager. Inspectors reviewed team meeting minutes and found that there was little discussion recorded relating to child protection, behaviour management and significant events. Inspectors noted it was difficult to gain insight into the centre dynamics from the minutes recorded.

Inspectors found that there were some child safeguarding concerns in the centre in the period prior to inspection. These concerns related to a young person who presented with significant challenging behaviour and safeguarding concerns during their placement. This impacted negatively on the other two residents and led to the young person's subsequent discharge in December 2022. Inspectors met with both

young people who acknowledged this but highlighted they now felt safe in their home. Both young people were able to identify key people they could speak with if they felt unsafe and both actively used their social workers as advocates for them. One social worker expressed concern in relation to the placement of the young person and the impact it had on their allocated young person feeling safe in the centre. The allocated social worker was satisfied since the discharge the young person was safe.

A number of child protection and welfare concerns (CPWRFs) had been reported to Tusla since the last inspection in July 2022. It was noted that these remained open despite a record of efforts made by the acting centre manager to follow up on securing documentary evidence from the social work department that these concerns had been closed out or were subject to on-going investigation. There were two concerns that met the threshold for a mandated report and while they had been reported through the significant event notification system, they hadn't been reported in line with Children's First reporting procedures. From a review of significant event notifications it was found that on at least seven occasions there was significant delay in notifying social workers with the timeframe between four and eight days for the submission of reports. On one occasion the social worker was notified of an incident by the young person four days after the event, prior to being notified by the centre on the 5<sup>th</sup> day. Inspectors spoke with one social worker and one guardian ad litem who both acknowledged delays in receiving documentation from the centre and noted at times relied on information to be passed to them by the young people. A register of child protection concerns was maintained by the acting centre manager however there were discrepancies between the register and records with some CPWRFs not recorded in the register.

During the course of a previous inspection in July 2022, a child protection incident occurred and unsolicited information was received by ACIMS in relation to this. Following this, the registered provider informed the Alternative Care Inspection Monitoring Service that an independent investigation had been commissioned. The findings of this independent investigation were concluded on the 29<sup>th</sup> October. A number of recommendations were made in this report relating to operations within the centre. This included, for example, updated training, increase in frequency of team meetings and a review of phone usage policies for staff. Inspectors found of the twelve actions included in the report, two actions had been followed through on to date. Those interviewed, including external professionals, other than the registered provider, were not aware of the recommendations set out within the report. The registered provider confirmed the Principal Social Workers for each young person had been provided with a copy of the report.

This aforementioned incident resulted in a number of safety plans being recommended in the centre including the implementation of live night staffing. However, the centre did not have sufficient resources to provide live night cover. This will be discussed further under standard 6.1 of this report. Due to the lack of live night staff, the safety plans couldn't be followed through at night-time with checks on young people. In the absence of live night staff the centre relied on CCTV. This CCTV was outside the premises and not an effective safeguard. The acting centre manager informed inspectors that CCTV footage was reviewed each morning to assess if there were any incidents of young people leaving their bedrooms and congregating outside the house during the night. After any incidents that had occurred, a significant event notification was reported to the social workers. There were limited risk assessments on file that showed risk was being regularly reviewed and individual areas of vulnerability were identified, and safeguarding procedures implemented. The registered provider and acting centre manager must ensure a proactive risk management approach to safeguarding is in place.

Following a review of the absence management plans on file the inspectors found that actions from several previous inspections, including the most recent in July 2022, had not been followed through on. It remained documented in the IAMP that the procedure for young people returning to the centre following a missing in care incident was for them to present themselves to a Garda station where they would be collected by staff and returned to the centre. Inspectors were concerned that this practice was unsafe and could potentially put young people at further risk in the community. As noted in previous inspections, the director must ensure that the standard practice of all young people having to present themselves to a Garda station following a missing in care incident is reviewed and only implemented where necessary following a risk assessment.

Individual work records were reviewed for the two young people currently living in the centre and for the third young person who was discharged recently. It was found that there was limited individual work recorded for the period July 2022 to January 2023. There was no record of individual work on file addressing the child protection incident previously referred to in July 2022 nor follow up individual work in relation to safeguarding, dynamics within the centre, sexual education or internet safety, all of which were active risks for the young people.

<b>Compliance with Regulation</b>	
<b>Regulations met</b>	<b>Regulation 5</b>
<b>Regulations not met</b>	<b>Regulation 16</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 3.1</b>

#### **Actions required:**

- The acting centre manager must ensure a list of mandated persons is maintained and all staff are aware of the child safeguarding statement and associated risks.
- The director and acting centre manager must ensure all staff are registered on the Tusla portal and confident in reporting child protection and welfare concerns.
- The director must ensure appropriate governance mechanisms are implemented to oversee child protection and to identify and action deficits.
- The acting centre manager must ensure all concerns that meet the threshold for a mandated report are reported in line with Children's First, 2017.
- The acting centre manager must ensure all significant events are notified to allocated social workers and relevant professionals within an appropriate timeframe.
- The director must ensure any recommendations from internal and external reports relating to practice within the centre are shared with the acting centre manager.
- The acting centre manager must ensure a proactive risk management approach to safeguarding is in place.
- The director must ensure that the standard practice of all young people having to present themselves to a Garda station following a missing in care incident is reviewed and only implemented where necessary following a risk assessment.

## Regulation 5: Care Practices and Operational Policies

### Regulation 6: Person in Charge

## Theme 5: Leadership, Governance and Management

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

The acting centre manager took up post in August 2022, serving as deputy manager in the centre prior to that. They confirmed they had not applied for the post nor interviewed for the post but were appointed following the departure of the previous manager. The deputy manager and shift team leader took up post in November and December 2022. Both were suitably qualified. While the shift team leader had a number of years experience, the experience of the deputy manager in children's services was limited. Inspectors met with both young people and a number of staff both through interview and when in the centre, all of whom spoke highly of the deputy manager and shift team leader.

The acting centre manager did not hold a recognised qualification in social care but was in their first year of a two-year level 9 recognised course. This resulted in them working in the centre Monday to Thursday. They informed inspectors there were no alternative arrangements in place for management of the centre whilst they were in college on Fridays. It was envisaged with the new deputy manager post this would be covered moving forward. They informed inspectors they had to take a significant period of leave in October 2022 and there were no alternative arrangements in place for management of the centre during this time with the manager expected to '*check in*' with the centre where possible. The manager informed inspectors moving forward the newly appointed deputy manager would cover when the person in charge was absent. They had met the week prior to inspection to set out tasks and delegate roles and responsibilities between them. Professionals interviewed commented in relation to this also, however noted the recent deputy manager appointment resulted in improved communication.

One young person had made a complaint in relation to staffing and the approaches by management within the centre in July 2022. This had been recorded as a complaint however was investigated by the acting manager, whom the complaint was made

against. This was not in line with the organisations own policy on the management of complaints. Inspectors noted the response from the acting manager did not adequately address the issues raised by the young person. The director could not provide context to inspectors in relation to why the decision had been made for the manager to investigate themselves and according to the December 2022 governance report the complaint remained open. The young person had since escalated this in writing to their social worker and guardian ad litem. The allocated social worker noted with inspectors that at times approaches within the centre could be rigid and these may need to be altered in order to ensure positive working relationships with the young person.

Inspectors reviewed a range of documents and attended handover when in the house and found leadership was not demonstrated by the acting centre manager at the time of inspection. Inspectors found that management oversight on documents was minimal and attendance at handover was not occurring. A recent external audit in November 2022 highlighted the need for the acting centre manager to attend handover meetings and during interview the director confirmed they were not aware the acting manager was not attending handovers. The acting centre manager highlighted they spoke with staff before handover however inspectors noted in the absence of them attending there was no direction, guidance or leadership being provided during this time.

Inspectors were of the understanding that a service level agreement was in place and updates were provided by the director to the funding body on a regular basis. There were areas where the centre was not in compliance with the agreements for the provision of staffing and this will be discussed further in this report under standard 6.1.

There was a risk management framework in place. It was noted staff interviewed were not familiar with the use of the risk matrix system. Inspectors reviewed a sample of documents and found that a number of risks identified during the course of inspection were not appropriately risk assessed. These included for example, the lack of live nights / ability to supervise young people at night-time, concerns around online bullying and the lack of training in a recognised model of behaviour management. While there was a corporate risk register on file, this was last updated in March 2022, with a review noted for June 2022. There was no evidence to demonstrate this had been reviewed. From a recent investigative process, it was recommended that the staff team be trained in the organisation's risk management procedures. This was yet to occur.

There had been significant changes in the personnel and governance arrangements of the centre since the last inspection in July 2022. The centre manager previously reported to an acting regional manager who in turn reported to the director of services. Since the last inspection both the centre manager and the acting regional manager had resigned from their posts. The Alternative Care Inspection and Monitoring Service were informed, as an interim measure, a centre manager from a nearby centre would assist in taking on a secondary role of '*regional coordinator*' to allow for more oversight of the centre. The acting centre manager stated this role was 'ad hoc' with no set agreement on frequency of visits. The visitors register showed in the last six months the regional coordinator had been present in the centre on eight occasions and the director had visited on four occasions. There was no evidence to show they had reviewed care files or documents during this time. The centre's policies and procedures outlined that operational management meetings would be held on a monthly basis and quality audits undertaken five times per year along with regular regional management meetings. It was noted there had been no operational management meetings since June 2022, no regional management meetings between May 2022 and 26<sup>th</sup> January 2023 and there had been no quality audits completed since June 2022.

An audit had been completed by an external agency in November 2022 and a report provided to the organisation at the end of December 2022. While this audit reviewed care files and interviewed the acting centre manager, there was no evidence of interviews being conducted with staff members or young people. A number of areas requiring improvement outlined in this inspection report were not captured within the aforementioned audit. A governance report was in operation throughout 2022 which omitted a number of key areas for auditing such as child protection, staff training and placement planning. This report was completed by the acting centre manager and forwarded to the director for review monthly. There was no element of quality assurance of the information being completed by senior management.

Inspectors were informed of the intention to implement a new auditing framework moving into 2023. This would consist of outsourcing auditing to an external organisation (with the view to audits occurring quarterly) and a new format of governance report / self-auditing that would be completed monthly by the centre manager and forwarded to the regional coordinator. The regional coordinator role was a temporary position and it was envisaged it would be filled permanently within three months post inspection by a suitable candidate. It was proposed the regional coordinator would then visit the centre and cross reference samples of the report with



care files and provide their own report and action plan. This new governance system had not been implemented at the time of inspection. Inspectors reviewed the proposed template and found it to lack in some areas, in particular there was no review of child protection or safeguarding and while there was a section on placement planning there was no evidence to suggest this was linked to a review of individual work or care planning. The report was presented predominantly as a quantitative analysis with yes/no responses as opposed to a critical qualitative analysis. There was no organisational governance system in place that aligned to the National Standards for Children's Residential Centres, 2018 (HIQA).

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 5</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 5.2</b>

### **Actions required**

- The acting centre manager must ensure they demonstrate leadership within the centre through attendance at daily handover meetings and evidenced oversight of documentation.
- The director and acting centre manager must ensure all staff have a working knowledge of the organisations risk management framework and can effectively identify, record and manage risk
- The director must ensure there are appropriate governance and auditing mechanisms in place that align with the National Standards for Childrens Residential Centres (HIQA) 2018.



## Regulation 6: Person in Charge

## Regulation 7: Staffing

### Theme 6: Responsive Workforce

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

At the time of inspection, the centre had a staff team consisting of one acting centre manager, one office-based deputy manager, one shift team leader, six social care workers and one part time social care worker. This was not in line with the Child Care (Standards in Residential Centres) 1996 Part III Article 7 staffing and as set out by the ACIMS memo issued to providers dated 28/4/22 and was not sufficient for filling the rota on a day-to-day basis. Inspectors reviewed the care package specifications and placement proposals set out at admission stage for two of the three young people. In one instance “triple cover” was identified and in the second it was “double cover and single day shift” thus meaning the requirement was to have three staff on shift daily. The organisational chart also highlighted that live nights were part of the staffing structure for the centre. Inspectors reviewed rotas from August 2022 to January 2023 and found a significant number of days did not have the required three staff. Out of 182 days reviewed, 89 days were understaffed with the acting centre manager confirming to inspectors they had to work a number of overnight shifts in the centre where only one other staff could be secured to work the shift. The acting centre manager confirmed to inspectors they had continued to work shifts in the centre as recently as January 2023 to cover shortfalls on the rota. Agency staff had also been drafted in to cover shortfalls in the centre. The Guardian ad litem for one young person wrote to the organisation in September 2022 expressing their concerns in relation to the lack of staffing available within the centre at the time. One young person indicated in their questionnaire for inspection that they felt there was not enough staff in the centre and both young people expressed this to inspectors when they met with them in the centre. Professionals noted they were aware of the use of agency staff however this had not been notified to them by the manager, instead through phone calls with the staff in the centre.

A significant child protection concern arose during the course of the last inspection as documented under standard 3.1 in this report. Safeguarding measures implemented in response to this was the introduction of live nights. Inspectors noted live nights were facilitated on the rota for 28 days in August 2022 and 25 days in September

2022. Despite the ongoing risks, live nights were not facilitated post September due to staffing shortages and this was communicated to the national private placement team and the placing social work departments. Live nights are yet to be reinstated and inspectors were informed recruitment was ongoing.

Since the last inspection in July 2022 ten staff members had left the organisation including the centre manager. One staff member had returned to the relief panel while the other nine had resigned. Six staff members had taken up employment since the last inspection with five of these starting in November 2022. One management meeting had occurred since the last inspection. This occurred the week prior to inspection, whilst the meeting acknowledged two shift team leaders were to be recruited, it did not evidence an analysis of recruitment needs, staff turnover and trends, impact of turnover or workforce planning. The organisation's human resource manager had attempted to complete exit interviews via email with those who left the service. One was completed and returned during the inspection process, this was shared with inspectors and the staff member had raised a number of concerns in their exit interview that should be reviewed and actioned by the director. Inspectors were informed no other exit interviews had been received. The director informed inspectors arrangements were in place to promote staff retention which included an across the board pay increase in 2022, maternity benefits after a certain period of service, team days and team lunches. Inspectors met with the young people and spoke with staff in the centre and professionals, all of whom confirmed the turnover had impacted on the young people and the team as a whole. Both young people informed inspectors they had been without keyworkers for a period of time, this was confirmed in statutory review minutes for one young person and by professionals interviewed. Young people also informed inspectors they felt they weren't given the opportunity for closure with team members they deemed significant. In one young person's statutory review in October 2022 their counsellor raised concerns in relation to the number of staff departing the centre and the impact this was having on the young person. The governance report completed by the acting centre manager in October 2022 notes that both young people were unsettled with the low staff numbers and external staff covering shifts.

Inspectors reviewed four of the newer staff files for their induction. According to records on file, one staff member fully completed induction, two staff members that started in November 2022 were yet to fully complete induction and one staff member had no induction record on file. A staff member had been employed working in the centre since late 2021. To date they had received no centre specific induction and two supervisions, with a gap of 12 months between same. There were a number of

dynamic issues between this staff member and one young person and inspectors found this to not be adequately addressed or supported through the supervision process. Inspectors reviewed the centres training folder with records for 12 staff members and found the following deficits:

- One staff had no training certs,
- No staff member had up to date training in a recognised model of behaviour management,
- Eight staff did not have first aid training,
- Ten staff did not have any training in manual handling.

Of the eight staff working in the centre, excluding the two members of management, four had a recognised qualification while the other four had a relevant qualification. Inspectors reviewed a sample of eight staff personnel files, six of these had little to no experience in residential care or working with young people. A number of other deficits were noted through interview records and reference checks. Inspectors found that recruitment practice and procedures were not robust and required attention. Inspectors reviewed agency files for staff working in the centre and found them to contain application forms, evidence of qualifications, vetting and reference checks and children's first eLearning training.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6</b>
<b>Regulation not met</b>	<b>Regulation 7</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 6.1</b>

### **Actions required**

- The director must ensure effective workforce planning including the provision of sufficient numbers of staff with the necessary experience to meet the needs of the young people living in the centre.
- The director and centre manager must ensure staff turnover is reviewed on an ongoing basis for learning and to promote staff retention.

- The director must ensure staff personnel files are reviewed to ensure they contain the required documentation and that recruitment practice and procedures are robust.
- The director must ensure mandatory training for staff is brought up to date as a priority.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The acting centre manager must ensure a list of mandated persons is maintained and all staff are aware of the child safeguarding statement and associated risks.	List of Mandated Staff to be displayed in the Centre's Main Office and to be updated as required. Action Completed.	Child Safeguarding Statement to be reviewed in Team Meetings, Supervision and Induction as well as internal Children First Training.
	The director and acting centre manager must ensure all staff are registered on the Tusla portal and confident in reporting child protection and welfare concerns.	All staff have been directed to register on the Tusla portal and support given where required to ensure all staff are compliant. Action complete.	On completion of initial Induction all newly recruited staff to register and a record of registration is to be made in their Supervision files.
	The director must ensure appropriate governance mechanisms are implemented to oversee child protection and to identify and action deficits.	A Child Protection Audit commencing April will be conducted monthly including confirmation that all CPWRF have been appropriately notified.	The regional Co-Ordinator will validate that all CPWRFs have been notified in line with policy, identify any training deficits and ensure a schedule is in place to address any deficits.

	<p>The acting centre manager must ensure all concerns that meet the threshold for a mandated report are reported in line with Children's First, 2017.</p>	<p>All concerns that the acting manager considers meeting the threshold for a mandated report will be reported as appropriate.</p>	<p>Increased focus on Child Protection training and more discussion on Safeguarding, risk identification and mitigation and potential impacts on young people at Handovers/Team Meetings/Supervision. The Regional co-ordinator will also review SEN database monthly and cross reference with mandatory reporting CPWRFs as appropriate.</p>
	<p>The acting centre manager must ensure all significant events are notified to allocated social workers and relevant professionals within an appropriate timeframe.</p>	<p>SENs will be notified within one working day either by the acting centre manager or designated on call.</p>	<p>SENs will be notified within one working day.</p>
	<p>The director must ensure any recommendations from internal and external reports relating to practice within the centre are shared with the acting centre manager.</p>	<p>The recommendations from both internal and external reports have been shared with the acting centre manager.</p>	<p>Further discussion via Operational Management Meetings to ensure transparency and best practice to reflect discussion on Audits and Reports.</p>
	<p>The acting centre manager must ensure a proactive risk management approach</p>	<p>APIC has completed further Risk Management training and is to implement</p>	<p>Risk Assessment and Management as well as Safeguarding to be a continued topic in</p>

	<p>to safeguarding is in place.</p> <p>The director must ensure that the standard practice of all young people having to present themselves to a Garda station following a missing in care incident is reviewed and only implemented where necessary following a risk assessment.</p>	<p>the HSE Risk Register Management Tool to review and manage risk documentation within the centre. Risk Assessment workshop for staff team to be devised by May.</p> <p>IAMP have been reviewed and updated accordingly. Action complete.</p>	<p>Handovers, Team Meetings and Supervisions. Formal Risk Assessment training to be added to the training schedule for all staff by May 2023.</p> <p>Ensure any additional risk presenting from young people's behaviours which may impact on safety is adequately assessed and recorded as well as any reduction in risk based on frequency or probability in line with the Risk Management Register Tool.</p>
5	<p>The acting centre manager must ensure they demonstrate leadership within the centre through attendance at daily handover meetings and evidenced oversight of documentation.</p> <p>The director and acting centre manager must ensure all staff have a working knowledge of the organisations risk management framework and can effectively identify, record and manage</p>	<p>APIC to attend Handovers when in the centre unless meetings prevent this.</p> <p>A workshop will be convened by end April with the staff team on risk management training with focus on the identification, recording of and implementation of risk strategies in line with the organisation's</p>	<p>APIC or DPIC to attend handovers during normal working hours when in the centre.</p> <p>A risk management training module to form part of mandatory staff inductions.</p>

	<p>risk</p> <p>The director must ensure there are appropriate governance and auditing mechanisms in place that align with the National Standards for Childrens Residential Centres (HIQA) 2018.</p>	<p>policy.</p> <p>A regional manager appointment is under review with responsibility for governance, auditing and evidencing of same. The post should be appointed by April. In the interim external audit arrangements remain in place alongside internal governance systems.</p>	
6	<p>The director must ensure effective workforce planning including the provision of sufficient numbers of staff with the necessary experience to meet the needs of the young people living in the centre.</p> <p>The director and centre manager must ensure staff turnover is reviewed on an ongoing basis for learning and to promote staff retention.</p> <p>The director must ensure staff</p>	<p>Recruitment for GSCW, SCW and SCL posts is ongoing in the region.</p> <p>Turnover and staff retention is reviewed in APIC Supervision. Exit interviews will be shared with APIC in line with retention practice.</p> <p>A checklist is now in effect for ensuring all</p>	<p>Workforce planning to include various staff retention incentives, including team building and staff appreciation events. Recruitment and retention to be discussed as an ongoing process in APIC Supervision.</p> <p>Recruitment practices have been reviewed at HQ.</p> <p>Review Induction process and frequency of</p>



	<p>personnel files are reviewed to ensure they contain the required documentation and that recruitment practice and procedures are robust.</p> <p>The director must ensure mandatory training for staff is brought up to date as a priority.</p>	<p>essential information is in staff personnel files prior to being sent to the centre.</p> <p>All mandatory training for current team to be completed by end of May in line with completion of Induction and prior to probationary reviews.</p>	<p>external training or availability of internal trainers to facilitate Mandatory training at Operational Management Meetings going forward.</p>
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