



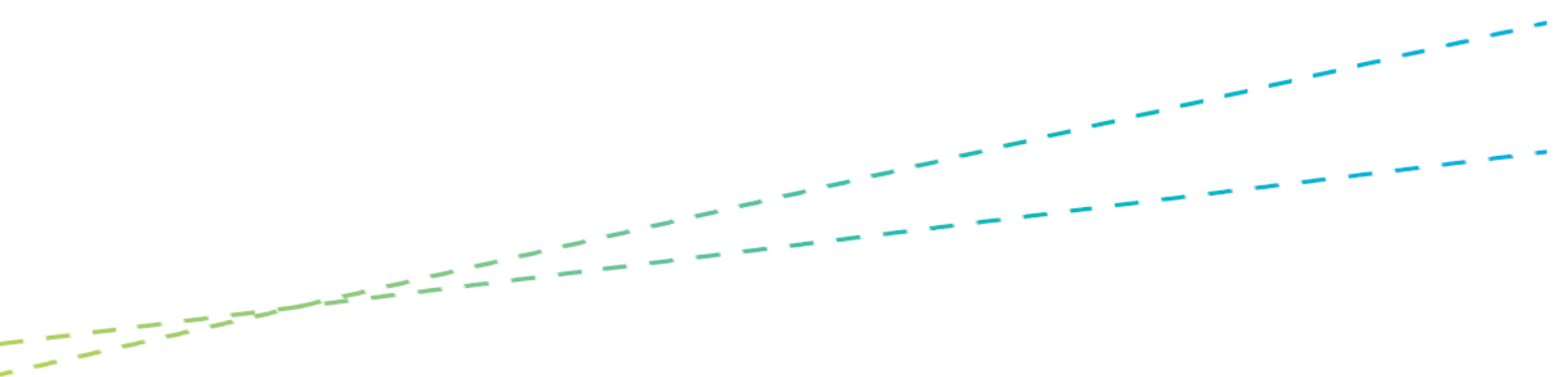
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: o88

Year: 2019

Two parallel dashed lines, one light green and one light blue, extending from the left side of the page towards the right, curving slightly upwards.

Alternative Care Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	TerraGlen Residential Care Services
Registered Capacity:	4 young people
Dates of Inspection:	11th March 2019
Registration Status:	Centre removed from register of children's residential centres
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	24th July 2019

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
4. Action Plan	21

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in April 2011. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without attached conditions from 8th April 2017 to 8th April 2020.

The centres purpose and function was to accommodate four young people of both genders from age twelve to seventeen years on admission. Their approach to working with young people was described as relationship-based derived from pro-social modeling and attachment theories. There were three young people residing in the centre at the time of the inspection, one of whom had only moved in three days prior to the onsite inspection. Following delivery of verbal feedback, senior management placed a voluntary restriction on any further admissions to the centre with immediate effect for a period of six months.

The inspectors examined aspects of standards 2 'management and staffing', aspects of 5 'planning for children and young people', aspects of 6 'care of young people', 7 'safeguarding and child protection' and 8 'education' of the National Standards for Children's Residential Centres (2001). This inspection was announced and the onsite inspection took place on the 11th of March 2019 with follow up interviews with management afterwards.

1.2 Methodology

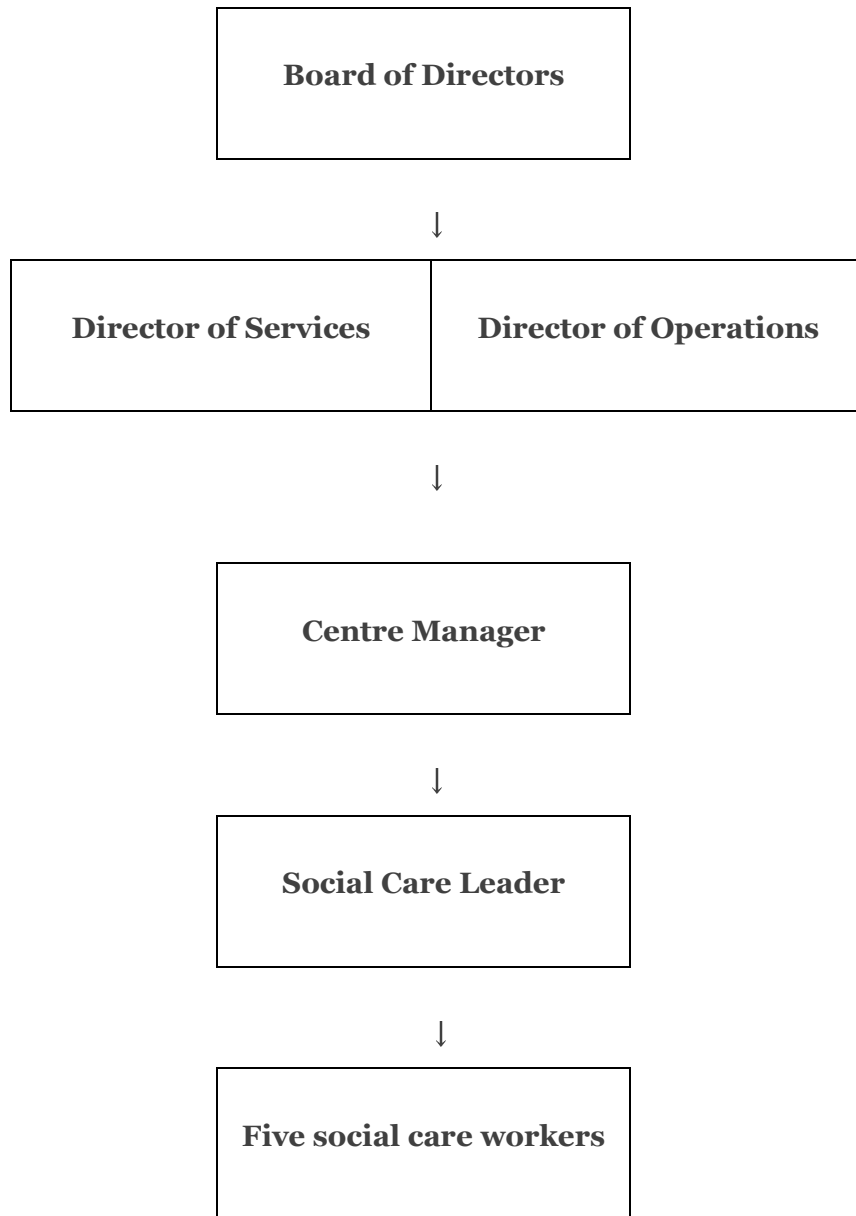
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by seven of the care staff, many of whom identified themselves as relief.
- ◆ An examination of the centre's files and recording process.
 - Three young people's care files
 - Centre registers
 - Minutes of team and management meetings
 - Significant event review group minutes
 - A sample of staff personnel files and supervision records
 - Management audit folder
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Three staff members
 - c) The directors of operations and services
- ◆ Observations of the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 8th April 2017 to the 8th April 2020. A draft inspection report was issued to the centre management and proprietor of the service on the 15th of May with an accompanying letter to the proprietor indicating a proposal to remove the centre from the register of children's residential services based on significant deficits identified with regard to staffing and the overall governance of the centre. The centre provider was informed of their right to make representations in accordance with the legislation within a 21 day timeframe which they duly did. The registration committee reviewed these representations, inclusive of corrective and preventive actions (CAPA) however found them to be insufficient to meet the deficits identified in the inspection. At this point, the matter was referred to the Head of Enforcement and Registration within Tusla's Children Services Regulation for their review. The Head of Enforcement and Registration upheld the decision of the Registration Committee and informed the service provider on July 15th of this decision indicating to the service provider that they must identify a timely closure plan for the centre.

The findings of this report and assessment by the inspection service of the submitted action plan therefore deem the centre to be not continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to remove this centre from the register of children's residential centres ID Number: 088 with effect from 15th July 2019.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

None identified.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

Inspectors reviewed a sample of supervision records and found that these were not consistently completed within the timeframes outlined in the centre's policy. In addition, some staff members had multiple supervisors without recorded reasons for same and without having revised contracts on file. Supervision records did not demonstrate taking cognisance of staff members being new to this centre, the work of residential care or being unqualified (of which there were four) and for these reasons requiring additional support and supervision. Records did not consistently evidence discussion of individual placement plans and the delivery of work practices to meet identified goals. Some areas of discussion were repeated without evidencing whether or not actions had been identified and progress made regarding same.

Team meetings were taking place on a fortnightly basis and inspectors were provided with a large sample of records for review purposes. These records evidenced a consistently high absentee record, with approximately 50% of the staff team in attendance on regular occasions yet did not document specific reasons for same given that attendance was mandatory. The manager was regularly present at team meetings and on occasions the director of services and director of operations also attended. These records did not evidence consistent agenda items for discussion, actions were not always identified and there was no evidence of follow up. These matters had been identified by inspectors during the inspection of this centre in April 2018. Centre management, in their response to the draft inspection report, stated that a team meeting template was introduced in January 2019 with the intended purpose of having a set agenda, ensuring clarity re: minutes for those not in attendance and for tracking action plans identified. This straightforward task should

not have taken 8 months to implement and will require ongoing oversight by the directors to ensure that it is realised in practice.

3.2.3 Practices that did not meet the required standard

Management

The centre manager had been in post for a period of twenty months at the time of this inspection and they held a qualification in mental health and did have prior residential care experience. The manager described their presence in the centre, chairing team meetings, attendance at hand over and professional meetings, engagement with social workers and other professionals as systems of oversight. The manager is also responsible for completing a monthly audit report for the director of operations who in turn will verify the content of this. Inspectors found evidence to support that these reported mechanisms for overseeing practices were inadequate and there was no evidence of any assessment of the quality and effectiveness of the service being provided to young people by management. Team meetings which were reported to be chaired by the manager did not have consistent agenda items nor were actions consistently identified – a matter that had been named in the inspection of this centre in April 2018 as requiring action; aspects of the centre’s purpose and function were not being realised in practice in particular the timeframe for placements; and staff supervision was not consistently delivered by the centre manager. In addition, risk assessment processes informing admissions and interactions between young people were inadequate resulting in young people being placed at risk of the behaviour of one another. Staff members raised concerns during interview with inspectors regarding inconsistent practice, the availability of financial resources available to the team, incidents whereby colleagues placed their hands on young people in a manner inconsistent with a recognised physical intervention. Some of these matters were documented as having been raised in supervision but had not been successfully resolved. Others, such as the financial resources, senior management were able to provide inspectors with records of. These records indicated that the finances available to the centre were somewhat restrained given the numbers of young people and staff present on a daily basis, however it was not immediately apparent why there would be a lack of finance to provide for daily meals. Inspectors recommend that management review the manner in which budgeting and meal planning is organised in the centre.

Poor governance systems and deficits within the tools being utilised were highlighted during the centre’s previous inspection in 2018. At that time, inspectors were given assurances that these systems were under review and that a newly appointed director

of services at that time would have responsibility for oversight and governance going forward. Since that inspection, the organisation recruited a new director of operations in addition to the director of services recruited in 2018. Inspectors found evidence of the implementation of external systems of oversight through monthly audits, visits by the directors to the centre, supervision and additional meetings with the centre manager, monthly management meetings, involvement in referrals and admissions process, and reviews of records onsite. However, both the directors of operation and service acknowledged that their governance systems had not been adequately robust with regard to this centre and that internal and external oversight needed to improve. Given the deficits identified by inspectors in the centre's inspections in 2017 and 2018, these matters should have been prioritised and acted upon much more promptly and effectively by senior management. The monthly audits by the new director of operations had identified a number of deficits with regard to the delivery of the management role in this centre as far back as November 2018 yet there was no evidence of improvement in the areas identified at the time of this inspection in March 2019. The directors informed inspectors that a six-month strategy had been identified and commenced towards this end. The registration and inspection service has had a high level of interaction and input with this particular service since an inspection conducted in February 2017. It is concerning that improvements in the delivery of governance mechanisms which in turn support safe practices have not been realised over this period of time.

Staffing

The staffing complement at the time of the inspection was one acting deputy social care manager and one acting social care leader both of whom were acting as the full time deputy manager was on long term sick leave for a period of five months at the time of this inspection. There was some discrepancy with regard to the status of the social care workers. The manager named four as being full time social care workers and additional relief staff. However, one of the identified full time staff members identified themselves as relief and of the relief staff identified by the manager, one of these was no longer working in the centre. Of the total of ten named staff working in the centre at the time of this inspection, four had a social care qualification, with a further two studying for a social care qualification. Interviews with three staff members on the day of the onsite inspection reflected inconsistent practices. Centre management confirmed following the issuing of the draft report that of the unqualified staff, two had completed their studies and a further two were enrolled on a qualifying course.

Inspectors found that the centre did not have adequate staffing levels to fulfil their purpose and function. In addition, with four unqualified staff members on the team, the centre was unable to provide for a staff member qualified and experienced to child care leader level on each shift. These matters require immediate attention by centre management.

The organisation had an identified Human Resource officer that was responsible for ensuring vetting and reference checks are completed in advance of employment. Inspectors reviewed two staff members' file that had been recruited since the last inspection of this centre and found that one was missing a third reference. Centre management must ensure that all vetting is completed and on file in advance of commencement of employment.

Formal inductions are completed for all new members of staff overseen by the centre manager and this was reported to be beneficial.

3.2.4 Regulation Based Requirements

The centre had met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 6, Paragraph 2, Change of Person in Charge.***

The centre had not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 7, Staffing (Numbers, Experience and Qualifications).***

Required Action

- Centre manager must demonstrate how the deficits in management and governance will be addressed and resolved.
- Centre manager must ensure that supervision is consistently conducted with all staff and that records demonstrate an effective link to the implementation of placement plans.
- Centre management must ensure a consistent team meeting agenda with actions clearly identified and follow through evidenced.
- Centre management must take action to ensure this centre has adequate levels of qualified and experienced staffing to fulfil its purpose and function.
- Centre management must ensure that all vetting is completed and on file in advance of commencement of employment.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

None identified. Not all criteria were examined under this standard.

3.5.2 Practices that met the required standard in some respect only

None identified. Not all criteria were examined under this standard.

3.5.3 Practices that did not meet the required standard

Suitable placements and admissions

There had been three young people admitted to this centre since it was last inspected in April 2018. During the centre's inspection in February 2017, the inspectors had identified a required action regarding appropriate and robust gate keeping of admissions to this centre in order to adequately protect the young people being referred and those already in residence. One of these admissions since the last inspection was outside of the centre's stated timeframe for provision of placements as their age was 17+ on admission and this inspector and the author of this report had queried the suitability of this at the time.

The third admission since the last inspection of this centre was admitted three days prior to inspectors' onsite visit. Inspectors found from a review of documents on file that the pre-admission risk assessment process was inadequately detailed and not sufficiently robust.

The admission process did not appear to have been conducted in accordance with the centre's own policy on either planned or emergency admissions. The young person information booklets, there were two different versions on file, which were placed on the files of young people were significantly outdated and require immediate review. These do not give accurate and current relevant information to young people either on the centre personnel or relevant Tusla personnel.

Centre management must take immediate action to address the deficits within their pre-admission processes so that all young people are adequately safeguarded and protected.

Discharges

There had been two young people discharged from this centre on an emergency basis in the six months prior to this inspection. One of these was the young person that was admitted outside of the centre's purpose and function. Both were latterly described by centre management as undesirable but necessary. However inspectors would suggest that making more robust the pre-admission risk assessments, and closer monitoring of progression within placement, may reduce the likelihood of emergency discharges of young people.

A further three young people had been discharged in a planned manner since the current manager commenced in their role in June 2017. The manager provided inspectors with four end of placement reports, a fifth was not available, and informed inspectors that no detailed review of placements had taken place post-discharge and team meeting minutes reviewed support this statement. Centre management should convene such a review for the purpose of learning and this review should have a specific focus on the pre-admission process and suitability of placements.

Required Action

- Centre management must take immediate action to address the deficits within their pre-admission processes so that all young people are adequately safeguarded and protected.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

None identified. Not all criteria were examined under this standard.

3.6.2 Practices that met the required standard in some respect only

Provision of food and cooking facilities

Inspectors received conflicting information from staff team members interviewed regarding the availability of, planning for and finances available for meals in the centre. On the day of the onsite inspection, there was conflicting information given to inspectors about whether or not there would be sufficient food available for inspectors to share dinner despite this having been a planned inspection where it was indicated that inspectors would join the young people and staff to observe meal times. There were several references across minutes of team meetings reviewed to the need for attention to meal planning and purchase of food specific to one young person that was noted to have a poor diet.

Staff members did say that young people were consulted regarding meal planning and choices however stated also that these plans were rarely followed through on and indicated that planning was very much ad hoc regarding meals.

The centre manager and staff team must ensure that young people have adequate quantities of nutritious and appetising food and their preferences are taken into account in planning menus. The manager and staff team should ensure that young people and staff eat meals together in what should be positive social events.

Restraint

The centre had a written policy on the use of physical intervention. According to the records provided by the manager at the time of this inspection, not all of the staff team had up to date training. The manager and two new staff members were waiting to complete the full training course and a third staff member's refresher training had passed the expiry date due to extended sick leave. These factors will need to be carefully considered when planning the shift rota as physical intervention, though not used frequently, is and has been used with young people in this centre in accordance with their individual crisis management plans.

Episodes of physical intervention were recorded in the centre's significant event register and highlighted in this document. These were noted to be minimally used and only as a last resort. However, staff did report to inspectors that they had observed a colleague to use a non-routine intervention to remove a young person from the staff office on one occasion. Inspectors relayed this to management and asked that they satisfy themselves that there was a clear understanding about the use of physical intervention in the centre. The manager must implement a separate register of all physical interventions, both routine and non-routine should they ever be utilised, for the purpose of close monitoring by centre and external management.

3.6.3 Practices that did not meet the required standard

None identified. Not all criteria were examined under this standard.

3.6.4 Regulation Based Requirements

The centre had met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager and staff team must generate positive established practices regarding meal planning in the centre.
- The manager must implement a separate register for the purpose of recording and monitoring all incidents involving physical intervention with young people.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

Child Protection

Standard

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

The centre had a written child protection policy and detailed procedures in relation to action to be taken in the event that a child protection matter was identified.

Inspectors reviewed this policy and found that it was confusing and contradictory in some respects, specifically regarding the role of the Designated Liaison Person (DLP)

and the responsibilities of Mandated Persons under Children First 2015. This feedback had been given to centre management following an inspection of another service operated by the organisation in the weeks prior to the inspection in this centre. Centre management have informed the inspectors that the policy document will be reviewed and amended ensuring clarity following the delivery of child protection training to all centres operated by the organisation.

The information provided by staff through returned questionnaires and during interviews demonstrated that they did not have a clear and consistent understanding of their role as a Mandated Person and did not clearly demonstrate how to report child protection concerns. Inspectors recommend that the staff teams understanding and application of legislation and centre policy in the area of child protection be incorporated into the centre's auditing processes. Given the level of unqualified staff in this centre at the time of the inspection, the policy and associated practice will need to take cognisance of the responsibilities and procedures to be followed by mandated and non-mandated persons.

The manager confirmed that the staff team had completed the e-learning Children First, and in the week prior to the inspection the director of services had delivered child protection training. There were a number of open child protection concerns that had been appropriately notified through the online portal system at the time of this inspection. Some of these had arisen following the admission of the third young person. Inspectors requested that robust safety planning be implemented as a matter of priority to ensure all young people were protected.

3.7.3 Practices that did not meet the required standard

The centre had an organisation-wide written policy on safe practice which placed emphasis on the responsibility of all staff to conduct themselves in a professional manner at all times and to monitor their colleagues practice and interactions with young people. Inspectors found that practices in the centre fell below the expected standard acceptable in providing a safe service to young people. The pre-admission process was inadequately robust, reviews of placements for learning had not been conducted, staff supervision was inconsistent and not appropriate to the specific needs of staff, particularly for new and unqualified staff member. The staff team did not consistently demonstrate a clear understanding of the concept of safeguarding and what this meant in their daily practice. In addition, inspectors found that the management systems in place were ineffective in ensuring that young people were safe at all times. Some staff did state that they would question colleagues practice or raise concerns with the manager however this was not consistently done and where

concerns had been raised by staff about unprofessional practice, there was a lack of evidence to indicate that these had been appropriately and promptly addressed by management.

The director of operations had implemented a risk register shortly after the commencement of their role in November 2018. The manager identified this as a safeguarding measure that is actively used to track live risk within the centre. None of the staff team referred to this register and additionally inspectors found that risk assessments were not being conducted in all occasions that required them.

The centre had developed a Child Safeguarding Statement (CSS) and had shared this with the Child Safeguarding Statement Compliance Unit (CSSCU) in Tusla to ensure that it was fully compliant with requirements. At the time of this inspection, the centre manager was awaiting the return of the approved CSS. Once complete, this will need to be incorporated into the centre's policy document. This document will also need to be shared with the staff team through induction and training programmes.

Required Action

- Centre management to submit the child protection policy document to inspectors when it is reviewed.
- Centre management to ensure that the audit systems in place examine the understanding of child protection and compliance with current practice expectations in line with Children First guidance.
- Centre management to take all necessary action to ensure that the safeguarding practices in this centre meet the required standard necessary to keep young people safe.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

None identified.

3.8.2 Practices that met the required standard in some respect only

Educational attendance and/or relevant training courses was emphasised in the centre's statement of purpose and function as being a necessity of every placement in this centre. At the time of this inspection one of the three young people had an identified school placement. There was documented evidence of significant preparatory work by the manager and staff team in advance of this school placement which commenced in September 2018. Once the young person had commenced their placement it was identified that they needed ongoing support and various efforts had been made to ensure they had successful attendance. These measures had varying degrees of success and at the time of the inspection the young person had effectively ceased attending although their placement was still open to them. Whilst inspectors acknowledge the earlier and positive efforts by the team, latterly the evidence indicated that staff had got stuck in a cycle of having repetitive conversations with a young child about the importance of educational attendance. The manager will need to revisit the approaches implemented by the staff team. A second young person had not attended education since May 2018. Two separate Youthreach placements had been secured, at their request, but the young person had ultimately refused to attend either one on a regular basis. At the time of this inspection, there was no solid plan in place to provide for the educational needs of the young person. The centre manager and allocated social worker will need to prioritise planning in this regard for the young person.

The young person that had moved into the centre three days prior to this onsite inspection did not have an identified school placement. There were multiple assessment reports on file, some of which had been completed in the six months prior to their admission to this centre, which would assist in informing the educational placement sought. Given the difficulties being experienced with the other two residents with regard to their educational attendance, it is imperative that the manager and allocated social worker work promptly to secure a suitable educational placement for this young person and put the necessary measures in place to support their attendance.

Given the emphasis on education in the centre's statement of purpose and function, inspectors recommend that management review this area of practice and endeavour to develop more successful educational outcomes for young people residing in this centre so that the statement is reflected in practice.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management, in conjunction with allocated social worker, must identify specific plans to meet the identified educational needs of the young people.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	Centre manager must demonstrate how the deficits in management and governance will be addressed and resolved.	<p>A new centre manager with many years of experience in residential care will manage the team from July 1st, 2019. This is as a result of the resignation of the manager in post at the time of this draft inspection report.</p> <p>See Appendix 1 for the CV of the new manager. The current deputy manager is being supported by the Director of Operations in the daily management of the centre, monitored by the Director of Services. Supplementary supervision is being provided to all staff by the Directors of Operations/Services until the new centre manager assumes post. The Director of Operations and Services are present in the centre daily on consecutive or alternative days scheduled in advance. The DM that has been in post prior to the inspection has stepped down to SWC position and it is</p>	<p>The newly appointed Social Care Manager has many years of experience in social care management of children’s residential services, as does the acting SCL. It is expected that this major restructuring of the staff team will establish a culture of consistency within the team in the centre. The Director of Operations has developed an auditing structure of corrective, preventative and root cause analysis/close out on issues in the centre which is being implemented consecutively with the quantitative audit system in situ enhancing the governance and risk reduction in the centre.</p> <p>Social Care Leaders are being recruited according to the WTA service level agreement in tender process with Tusla. This will ensure a staff member of SCL level is on duty at all times.</p>

	<p>Centre manager must ensure that supervision is consistently conducted with all staff and that records demonstrate an effective link to the implementation of placement plans.</p>	<p>expected that the supervision of staff and young people’s planning will improve with the appointment of the current deputy. A new acting CCL with many years of experience in residential care is joining the team to support the development of the SCL’s as they join and educate them in placement planning processes and keyworking. The Director of Services will continue the quantitative Audits of the centre and develop more qualitative evaluations of work through themed audits conducted with the Director of Services. The Board of Directors will receive a monthly update from the centre through the Director of Operations.</p> <p>The new SCM will implement a supervision schedule for all staff closely monitored by the Director of Operations to ensure adherence to policy, procedure, standards and quality control. This supervision, utilising the current supervision template, will ensure that the SCM engages with staff on their active participation in placement planning for</p>	<p>A supervision schedule will be in place at all times. The Director of Operations will provide oversight during monthly centre audits and quarterly themed audits on supervision to ensure compliance and quality assurance. Supplementary supervisions will be conducted with staff by the Directors of Operations and</p>
--	--	---	---

	<p>Centre management must ensure a consistent team meeting agenda with actions clearly identified and follow through evidenced.</p> <p>Centre management must take action to ensure this centre has adequate levels of qualified and experienced staffing to fulfil its purpose and function.</p>	<p>young people. Until the new SCM is in post the supervision of staff will be conducted with the Director of Operations and Services with the Deputy Manager supported in supervising relief and unqualified staff members.</p> <p>A new team meeting template is in place for all team meetings since March 2019. This template is in Appendix 8. The template accommodates action planning and responsibilities as well as set agendas including placement planning for young people. The Director of Operations will monitor its implementation and practice in centres in monthly audits.</p> <p>The organisation is actively recruiting staff. New staff for the centre are due to commence employment in June 2019. The centre currently has sufficient SCW staff and is recruiting for two SCL positions to complement the rosters for WTA commitments.</p>	<p>Services to ensure staff are in receipt of supervision specific to their professional needs and central to the placement planning of residents.</p> <p>The centre manager will ensure that the team meeting template is used for each team meeting and that the minutes and actions of the last meeting are closed out and signed off. Directors will continue to attend team meetings as much as scheduling allows. Director of Services will thematically audit the team meetings for quality quarterly.</p> <p>Recruitment and retention strategies are ongoing within the company. Retention strategies in 2019 has maintained 90% of the staff in the company up to May. This is an improvement on the last quarter of 2018 and expected to result in further retention of staff as well as attracting experienced staff.</p>
--	---	---	---

	Centre management must ensure that all vetting is completed and on file in advance of commencement of employment.	Clear direction will be given to the new SCM through induction. The current oversight of the centre can confirm that vetting is in place for all staff members. An online system of governance of vetting has been set up and is monitored monthly by the HR administrator to evidence staff who may require vetting. Managers are prompted through the HR administrator to follow up with all staff in the vetting process to ensure completion.	The Directors satisfy themselves that the new online system, monitored by the HR administrator, will ensure vetting for all staff is in place and any risk is identified with the Directors. Managers will be monitored by the Director of Operations through supervision and auditing for evidence of compliance with company policy and procedure regarding vetting and safeguarding. Disciplinary action will be taken for any non-compliance.
3.5	Centre management must take immediate action to address the deficits within their pre-admission processes so that all young people are adequately safeguarded and protected.	Pre-admission and impact risk assessments are completed prior to each admission. A new risk assessment template was introduced to ensure a more robust assessment is completed (Appendix 2) in November 2018. The completion of this assessment is based on all the information being available to the assessor in advance of its completion. Organisational management and the Director of Operations will assure that they have confirmed that all information pertaining to referrals has been submitted	Robust risk assessments will be completed inclusive of all information overseen by the Director of Operations using the template in Appendix 2. Centre Managers will assume responsibility for their completion supported by the Director of Operations.

		prior to offering placement to a referral. Staff have received information briefings on company safeguarding practice and child protection training has been provided to the team.	
3.6	<p>The centre manager and staff team must generate positive established practices regarding meal planning in the centre.</p> <p>The manager must implement a separate register for the purpose of recording and monitoring all incidents involving physical intervention with young people.</p>	<p>The centre generates menus for weekly and daily planning currently. A culture of time managed mealtimes, with alternatives, is being established in the centre by the Deputy Manager currently. The new SCM will ensure a centre budget ensuring that all resource requirements are accommodated. Staff will ensure that food wastage is reduced.</p> <p>A physical restraint register is in place as of April 2019.</p>	<p>Centre manager will ensure there is a positive culture set for mealtimes and meal planning by engaging in mealtimes with young people and staff. This will be supported by the Directors when present in the centre.</p> <p>Physical restraint intervention is only utilised as a last resort and does not occur as a matter of practice. Should an event of physical restraint occur it will be entered into the physical restraint register as part of the SEN process.</p>
3.7	Centre management to submit the child protection policy document to inspectors when it is reviewed.	Complete 31 st May 2019.	N/A

	<p>Centre management to ensure that the audit systems in place examine the understanding of child protection and compliance with current practice expectations in line with Children First guidance.</p> <p>Centre management to take all necessary action to ensure that the safeguarding practices in this centre meet the required standard necessary to keep young people safe.</p>	<p>Auditing of child protection occurs through centre monitoring visits by Directors, SEN monitoring by Directors and attendance at SERG meetings. SEN's and CPN's are monitored daily through immediate notifications to the Directors. Child protection is regularly discussed within these forums and updated training has been provided for the staff team in child protection.</p> <p>Risk assessments are currently carried out by the staff in consultation with the SCM to ensure safeguarding. The centre is up to date with its safeguarding policy and procedure and therefore the company in practices ensuring the safeguarding of young people. The Director of Operations oversees all dynamic risks which threaten safeguarding ongoing and issues are raised with the Director of Services immediately and addressed. The Board of Management is updated as required.</p>	<p>Directors will continue to ensure training is up to date and the current systems are adhered to. Directors will assess staff competence with child protection and safeguarding at team meetings and supplementary supervisions. Centre manager will ensure that child protection policies and procedures are followed, and that staff ensure the safeguarding of the young people through risk assessment and planning.</p> <p>Centre manager to oversee this process and the Director of Operations to ensure monitoring of SCM action though monthly auditing. DoS will assume full responsibility of company safeguarding.</p>
<p>3.8</p>	<p>Centre management, in conjunction with allocated social worker, must</p>	<p>Since the inspection two out of the three young people are not engaging in their</p>	<p>Centre manager and staff team to continue to encourage young people's engagement</p>

	<p>identify specific plans to meet the identified educational needs of the young people.</p>	<p>school placements. (See Education reports Appendix 4) The third young person continues to refuse to engage. A child in care review occurred on 30th of May 2019 with specific actions for the young person initiated including the Aftercare worker, SWD and centre staff.</p>	<p>in their education placements and evidence work that is currently being attempted/completed with young people when they do not attend school. Social workers will be consulted, and plans identified ongoing.</p>
--	--	--	--