



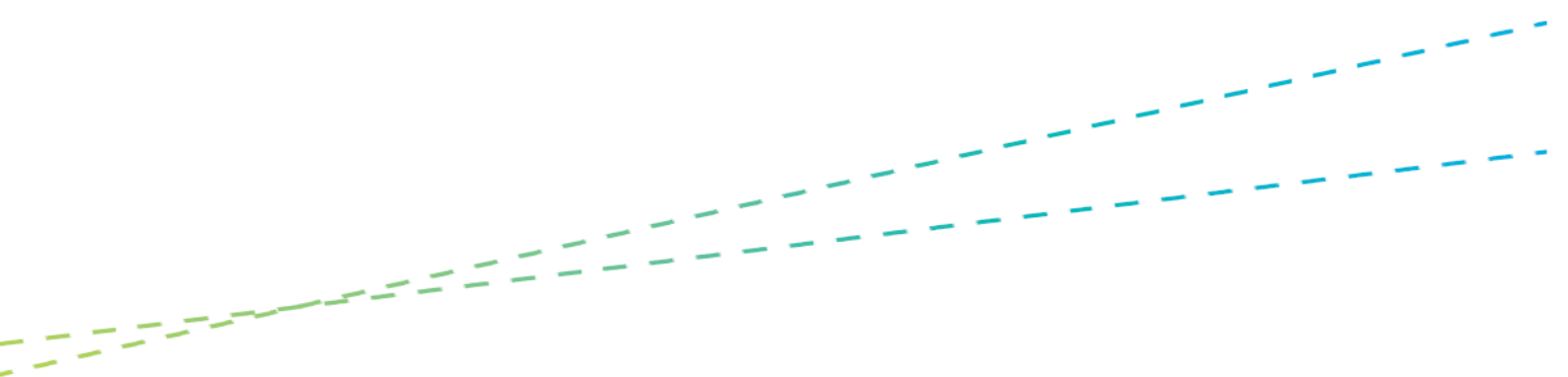
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number:105

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	National Childcare Residential Services
Registered Capacity:	Four young people
Dates of Inspection:	6th and 7th February 2019
Registration Status:	Registered 15th August 2017 to 15th August 2020
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	29th March 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	
4. Action Plan	22

1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 15th of August 2008. At the time of this inspection the centre were in their fourth registration and were in year two of the cycle. The centre was registered without attached conditions from 15th August 2017 to 15th August 2020. In January 2019 the service relocated to a new property in a rural location.

The centre's purpose and function was to accommodate four young people of both genders from age twelve to seventeen years on admission. Their stated aim is to provide a high standard of care that is responsive to the individual needs of each young person.

The inspectors examined standards 2 'management and staffing', 5 'planning for children and young people', 6 'care of young people' and 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 6th and 7th of February 2019.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) Eight of the care staff
 - b) The social workers with responsibility for young people residing in the centre.

- ◆ An examination of the centre's files and recording processes:
 - Relevant sections of care files
 - Supervision records
 - Personnel files
 - Meeting minutes
 - Centre registers

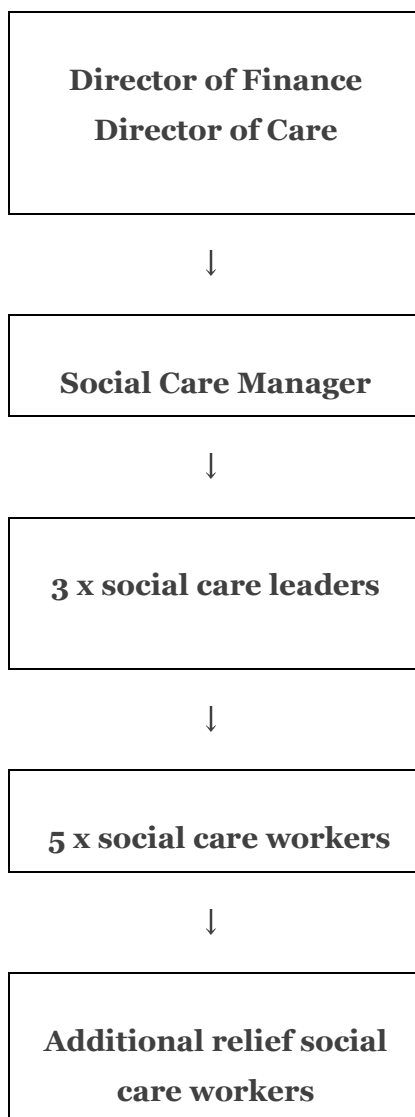
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The director of care
 - c) Two staff members
 - d) One young person

- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Information provided by the lead inspector with responsibility for oversight of significant event notifications arising from this centre.

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of care and the relevant social work departments on the 8th of March 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 22nd of March and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 105 without attached conditions from the 15th August 2017 to the 15th August 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Training and development

Inspectors were provided with records of training attended by the staff team throughout 2018, this included crisis intervention theory and practice, fire safety and Children First on the e-learning programme. Additional training specific to the needs of the young people included drug and alcohol awareness and non-suicidal self-injury. The training plan for the year ahead consisted of mainly of refreshers in mandatory training. The staff team reported a positive approach by centre management to ongoing skill development and training in accordance with the needs of the service.

Administrative files

Inspectors found that the filing system at the centre was well organised and there was evidence throughout of oversight by the centre management, director of care and social workers.

The manager stated that all relevant records pertaining to young people are returned to their placing social work team. The organisation that operates this centre maintains specific records that pertain to young people in perpetuity. These include admission meeting and form, referral form, contact list, end of placement report and discharge form.

The manager was responsible for maintaining clear financial management systems and records and reported that the budget was adequate to meet the needs of the service.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager had been in post for over seven years and had a social care qualification as well as having attained a management qualification. The manager

was present in the centre on a daily basis, being available to young people and staff in both formal and informal capacities. They were familiar with all aspects of the young people's placements and had oversight of all records created by the centre. They had consistently lead out on the approach to care delivery in this centre and had provided significant stability to young people in long term placements here.

There was evidence of good quality oversight and governance by the centre manager through staff meetings, shift hand over, key working records, social care leader meetings, significant event reviews and debriefing records. The centre manager was in regular contact with social workers, other professionals and family members ensuring that there was leadership with regard to the delivery of the service. However inspectors did find some deficits in the delivery of the management function, which are detailed where relevant throughout this report, that warrant closer attention and ongoing oversight by the manager.

Weekly senior management meetings were convened and inspectors reviewed minutes of these. The records showed that staff training and supervision were re-occurring items being discussed and planned for. Admissions and discharges were also discussed as well as the development of the centre's child safeguarding statement. Whilst records demonstrated clear accountability to the directors, and a regular discussion on existing placements, the evidence to support a review of quality service provision and outcomes for young people was lacking. Management should consider restructuring this forum so that it can clearly evidence itself as a robust external oversight mechanism.

Some aspects of practice which had been identified during the last inspection of this centre had not been fully realised. These included the pre admission risk assessment process, staff supervision and the structure of placement planning. Centre management must now take corrective action to address these matters which are further highlighted in this report.

Register

Inspectors reviewed the centre's admission and discharge register. This did not clearly detail the exact discharge address for each young person. The manager must review this document and include full information where known and going forward ensure that this is completed in full.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

The staff compliment at the time of the inspection consisted of three social care leaders, one of whom was working on administrative duties only, and five social care staff. There were additional relief staff and the directors were continuing to recruit new staff. The manager stated that the staffing levels were adequate to meet the needs of the service and that additional recruiting was required to ensure compliance with incoming legislative changes to working hours. The staff team had a good level of experience with each of the social care leaders and some social care workers having the requisite qualification and experience to enable the manager to have a person qualified to child care leader level working on each shift. Various records reviewed by inspectors as well as interviews with staff and management and one young person, demonstrated ability by the staff team to communicate effectively with young people.

The manager was responsible for the vetting of all staff. Inspectors reviewed a sample of personnel files and noted that the records required some attention. Some written references on file were unsigned and not presented on authentic company/organisation headed paper. Some email references provided did not have the proof of origin attached. Clarity is required for one staff member's file as to what qualification they have obtained as there was some discrepancy between what was stated on their CV and what was on their file in terms of verification.

Staff members received a formal induction and this was reported to be beneficial in terms of providing a good information base to commence work. The record of this did not specifically detail the exact content of what occurred during induction and over what timeframe and this may be a useful addition to these records.

Supervision and support

The manager stated that supervision of staff was shared between the manager and one social care leader and there was a plan, subject to completion of training, for a second social care leader to commence this task also. Supervision was recorded as taking place regularly however due to the format of the template in use, and the quality of both the handwriting and actual notes on record, it was difficult to ascertain definitively whether or not there was an effective link between the supervision forum and the implementation of young people's placement plans. The area of supervision was identified as requiring attention at the time of the last inspection in this centre in May 2017 and inspectors found that it continues to require attention. Contracts in place should be reviewed and consistently signed by both parties. Centre management should consider revising the template in use to

ensure a consistent focus on the delivery of work towards the implementation of individual placement plans.

Staff meetings were taking place on a regular basis, often weekly, but not consistently. Inspectors noted that often a reason for a team meeting not being convened was noted, but this was not the case for every occasion. The need for consistent team meetings was highlighted at the time of the last inspection and the manager must continue to ensure that these happen regularly as there were at least two occasions where there was a three week gap in meetings. The minutes of these meetings were reflective of current issues and responses to presenting behaviour, however lacked evidence of consistent forward planning for young people with regard to the achievement of identified placement goals. This should be given more consideration by the centre manager and staff team. Staff stated that daily hand over is a very informative forum for exchange of information and key to ensuring consistent practice.

The staff team reported that they felt well supported by the manager and directors and the manager also reported that the external management team were very supportive of all aspects of the work. There were additional supports available to staff including debriefing and counselling should they be required. All staff had recently signed new contracts of employment which took cognisance of recent legislative changes with regard to working hours and breaks.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The manager must ensure that all relevant detail is fully recorded in the centre's register.
- Centre management must ensure that all outstanding matters identified in the review of personnel files are addressed in full.
- Centre management must ensure that there is a clear and effective link between supervision and the realisation of placement plans.

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

Suitable placements and admissions

There was a policy in place that guided the process of referral and admission to this centre. Young people and their families were involved as much as possible in this process from the outset of the placement. The manager stated that in general they receive adequate background information on young people though did acknowledge that they are reliant upon other services giving full and accurate accounts of previous placements. Young people are provided with information on the service at admission stage and are assisted by staff and the manager to understand the reason for and length of their placement here.

The manager completed a collective pre-admission risk assessment for all young people admitted since the time of the last inspection. Multiple of referrals had been declined by the management team on the basis of the potential risks that had been identified through these risk assessments. Social workers for young people already in residence confirmed that they were informed about and consulted with regarding proposed admissions.

The most recent discharge from this centre was a direct response to an escalation in at risk behaviours that had been identified in the young person's pre-admission collective risk assessment on admission. Inspectors suggest that the manager could augment practice regarding risk assessment and the management of risk within the centre.

Contact with families

Family contact was an area of practice that was provided for very well by the manager and staff team in this centre. Young people were supported in all aspects of their individual family contact arrangements, including emotional and practical. Social workers maintained good contact with parents and communicated with them regarding the various arrangements that were in place pertaining to access arrangements.

Supervision and visiting of young people

Both social workers confirmed that they have regular contact with the young person through visits to the centre as well as at review forums and the centre records evidenced this. Staff maintained records and relevant detail of social work visits to the centre.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors found that both social workers had provided the centre with sufficient background information on young people and continued to liaise and communicate proactively for the purpose of providing a well co-ordinated approach to care delivery in this centre.

Statutory care plan reviews had been convened within the required timeframes and the centre had subsequently been provided with comprehensive statutory care plans for their records. Young people and their respective parents had been invited to attend these reviews or have their views represented therein. Social workers maintained their own comprehensive case file.

Both social workers visited with the young people in the centre and were in contact with them outside of these visits. There was evidence that the social workers had

reviewed the care records at the centre. They were aware of all significant events arising at the centre and had responded to these appropriately when required. Both social workers reported that they were satisfied that the young people were safe and well cared for in this centre.

Emotional and specialist support

There was evidence from staff interviews and records reviewed by inspectors of a good awareness of the emotional needs of young people. The manager and staff team focused on establishing positive working relationships with young people and using these as a platform to engage on a meaningful level towards meeting their emotional needs. Where additional expertise or insight was required to support the work of the centre this was secured promptly by the manager.

At the time of the inspection none of the young people were accessing specialist services. Social workers were very clear of their responsibility to coordinate the work of all professionals engaging with the young people and maintaining oversight of this.

Preparation for leaving care

Young people were assisted to prepare for leaving care in a way that reflected their individual circumstances and the type of accommodation that they were due to move onto. End of placement reports for young people that had left in a planned manner demonstrated the level of progression and work that had gone into preparing them for leaving this centre and care.

One young person was seventeen and had an aftercare plan on file which had been reviewed and updated on several occasions since its initial development. This plan outlined the various supports in place for the young person and the work that was still required to ensure the young person was prepared for leaving care. The young person's placement plan and key work plans were reflective of this overall plan and made reference to other tools and resources that are useful in guiding preparation of leaving care work.

Children's case and care records

Social workers had a permanent case history for each of the young people and were provided with regular updates on placement progression by the centre.

Records at the centre were written to a good standard and the files were maintained in a manner that facilitated effective planning and confidentiality for the young people's circumstances. There was evidence that the views of young people were regularly sought and recorded throughout.

Care files contained copies of young people's birth certificates and care orders/parental consent.

As stated earlier in this report, care files are returned to placing social work departments on the discharge of a young person from the centre.

Discharges

This centre has had 25 admissions since it commenced operations in January 2009. It aimed to discharge young people in a planned manner with an agreed and confirmed discharge date and onward placement. Of the four discharges since the last inspection of this centre in May 2017, two of the four were planned and in accordance with the young person's identified care plan. The other two discharges were unplanned and, in accordance with the centre's own policy, were conducted in consultation with the respective supervising social work team following an incident whereby the risk that was posed was such that the young person could not be safely maintained in the placement. End of placement reports reviewed by inspectors gave a good overview of the placement, the objectives at the outset, progress made during the course of their placement and the reason for discharge. Whilst the format of these reports allowed for discussion and learning by the staff team and manager, it was acknowledged by management that more focus on the implementation of learning from previous placements could be done. It is important that management implement a consistent structure that facilitates such learning going forward.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Both of the young people resident at the time of this inspection had up to date statutory care plans on file. Each of these was appropriately detailed in providing an overview of the young person's individual needs and how it was intended that this placement would contribute to meeting these. Both of the young people had participated in the development of their respective statutory care plans via the formal statutory review mechanism and their parents had also been provided with the opportunity to contribute to these plans.

Care plans had been formally reviewed within the required timeframes via the statutory care review mechanism. One of the young people resident was under the age of thirteen and thus their care plan was required to be reviewed formally on a monthly basis. These timeframes had been adhered to by the social worker. Copies of this young person's formal review minutes were not on file at the centre however and the social worker had stated that they were awaiting direction from their team leader with regard to the sharing of these minutes with the centre. The reason for this should be clarified and communicated to the centre as soon as possible.

Placement plans were on file and reviewed by inspectors. These were stated as being developed taking cognisance of the content of statutory care plans and were reviewed and updated as necessary on a three monthly basis with a monthly plan supporting their implementation. Inspectors found that the placement plans were concurrent with the stated aims of the placement in the care plans. They did find that there was unnecessary repetition of information from behaviour management plans replicated across various plans including placement and monthly plans. Whilst there was an attempt to distinguish between short and medium objectives within placement plans, as had been directed in the last inspection, inspectors noted that this required further refinement and would benefit from greater focus and specificity. Key work records, whilst clearly aligned to the objectives within placement plans, could be more focused with targeted interventions planned for if goals were made more explicit within placement plans.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements.

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

Managing behaviour

Staff and the manager in the centre relied upon their relationships with young people to support them in all behaviours that they display. This focus on relationships informing engagement and interactions was evident throughout this inspection through records, in interviews with staff and a young person and also in interviews with social workers. The centre utilised a positive reinforcement approach with the use of sanctions or natural consequences where relevant. Inspectors found that these were used minimally and there was evidence of positive behaviours being encouraged and incentivised. The young person that inspectors spoke with had a clear understanding of the behaviours expected in this centre and appeared to understand the need for boundaries and structures imposed by staff in their life. Key work records demonstrated that staff focused on young people's behaviour encouraging and supporting them to learn alternative ways to expressing their emotions.

Individual crisis management plans and absence management plans were also used to inform practice regarding behaviour management. Inspectors did find that ongoing risk management assessment and planning could benefit practice in this area.

There was a written policy on the use of sanctions and a separate record of these was maintained and reviewed by management.

The centre had a written policy on bullying that clearly demonstrated such behaviour would not be acceptable. Bullying was not a feature at the time of this inspection however staff, the manager and social workers were attuned to young people's language and their interpretation of life experiences in this centre.

Restraint

The manager informed inspectors that the centre used a recognised method of physical restraint and the records evidenced this. The model itself is not specified within the centre's policy and procedure document however and relevant detail should be included here or refer the reader elsewhere to inform themselves about the model in use.

The manager is a certified trainer and delivers full and refresher training to the staff team on a regular basis in accordance with the requirements of the method of physical intervention in use.

Physical intervention was reported to be used a last resort only when all other attempts at deescalating the situation had been exhausted and safety was a priority. Inspectors reviewed records of physical interventions and noted that since the last inspection in May 2017, there had been two occasions whereby physical intervention was used with young people. On one of these occasions both a non-routine and a routine intervention had been deployed within the one event. This was clearly noted and a review of this event by the director of care had appropriately questioned all aspects of the event and the response by staff members and the manager involved. It was determined that the actions of staff were proportionate to the circumstances of the event. Social workers had been provided with copies of the full record of physical interventions utilised.

Absence without authority

The centre had a clear policy and procedure for staff to follow in the event that a young person was absent without authority. This included who should be contacted in such an event. Each of the young people had an individualised absence management plan that took account of their respective age, developmental stage and personal circumstances. These plans were followed by staff in each event of an absence occurring. Inspectors suggested that the manager and social worker speak with one of the young people about their specific plan as in speaking with inspectors, the young person appeared to not fully understand all aspects of their individual plan.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a written policy on safeguarding and child protection which had a review date of November 2018. Inspectors reviewed this document and found that it required significant work in terms of its structure and language to ensure that it is relevant to and fully in accordance with current practice in the areas of safeguarding and child protection.

There were additional policies that support good safeguarding practices in this centre including recruitment and vetting of staff, supervision, complaints processes for young people and access to family and social workers outside of the centre. There were clear guidelines available to staff with regard to maintaining professional relationships with young people. Inspectors found that overall the staff team had a good understanding of safeguarding and were aware of various aspects of their daily practice that contributed to a safe environment for young people. In order to appropriately guide and enhance their practice management must review their safeguarding policy as a matter of priority.

3.7.3 Practices that did not meet the required standard

Child Protection

Standard

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

As stated above, the centre's written policy on safeguarding and child protection requires immediate attention. This policy did not make reference to the online portal system that is in place for the reporting of child protection concerns. Staff members and the manager were not sufficiently clear on the practice to be followed in the event of a child protection matter arising. A recent event had warranted a matter being reported as a child protection concern, and whilst the centre had liaised with the relevant social worker immediately in response to this, they had not reported the matter in accordance with current requirements.

A member of the alternative care inspection and monitoring service had prior to this inspection liaised with the centre manager on the development of the centre's child safeguarding statement and had directed them to liaise directly with the Child Safeguarding Statement Compliance Unit (CSSCU) to ensure that the statement met the required standard. Whilst the statement was on display at the centre, the manager had not liaised with the CSSCU and must do so as a matter of priority.

The staff team had completed the online e-learning programme for Children First. Inspectors require centre management to take immediate action to ensure that all staff and management are fully familiar with current practice in the area of child protection.

Required Action

- Centre management must review and update their safeguarding and child protection policy.
- Centre manager must submit the child safeguarding statement to the identified unit for review.
- Centre management must ensure that child protection training is provided to the management and staff team.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The manager must ensure that all relevant detail is fully recorded in the centre's register.</p> <p>Centre management must ensure that all outstanding matters identified in the review of personnel files are addressed in full.</p> <p>Centre management must ensure that there is a clear and effective link between supervision and the realisation of placement plans.</p>	<p>Centre Manager will ensure that all relevant details are fully recorded in all the centre registers, this will be ongoing.</p> <p>Centre manager has reviewed all personnel files & will ensure there are no discrepancies going forward, this was completed on Friday 22/03/19</p> <p>Centre manager has reviewed the supervision template and will ensure that there is a link between supervision and young people's placement plans, this was completed on Friday 22/03/19</p>	<p>Centre Manager to ensure oversight of all centre registers and ensure details are recorded fully and accurately.</p> <p>Centre Manager to review staff personnel files on an ongoing basis.</p> <p>Centre Manager to review supervision records on an ongoing basis to ensure no issues arise in relation to links between YP placement plans and supervision moving forward.</p>
<p>3.7</p>	<p>Centre management must review and update their safeguarding and child protection policy.</p> <p>Centre manager must submit the child safeguarding statement to the identified</p>	<p>Centre manager has begun to review the centres safeguarding and child protection policy and is expecting to have this fully completed by Monday 01/04/19</p> <p>Centre manager has submitted the Child Safeguarding Statement to the Child</p>	<p>Regular review of centre's safeguarding and child protection policies to ensure policies are up to date with standards.</p> <p>Centre manager has been in correspondence with the Child</p>

	<p>unit for review.</p> <p>Centre management must ensure that child protection training is provided to the management and staff team.</p>	<p>Safeguarding Statement Compliance Unit, this was forwarded on 07/02/19.</p> <p>Centre Manager is currently sourcing Child Protection Training for management and the staff team.</p>	<p>Safeguarding Statement Compliance Unit.</p> <p>Centre Manager will ensure all staff have relevant child protection training and this is updated as required.</p>
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