



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 116

Year: 2018

Lead inspector: Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Compass Child and Family Services
Registered Capacity:	Two young people
Dates of Inspection:	24th and 25th of May 2018
Registration Status:	Registered from the 5th of December 2016 to the 5th of December 2019
Inspection Team:	Paschal McMahon Lorraine O'Brien
Date Report Issued:	25th of July 2018

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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 on-going 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 on-going 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 December 2016. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without conditions attached from the 5th of December 2016 to the 5th of December 2019.

The centres purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described a relational based model within a shared living environment. The fundamental basis for this program was that professionally qualified adults, called house pedagogues, live with and share the living space with young people with the primary purpose to care for the young people in a consistent and predictable fashion. A primary focus of the work with young people is informed and guided by an understanding of attachment patterns.

The inspectors examined standards , 2 'management and staffing', 4 ' children's rights ', 6 'care of young people ' , 7 'safeguarding and child protection ' , and 10 ' premises and safety ' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 24th and 25th of May 2018. At the time of the inspection the one young person resident in the centre had been recently discharged to another centre within the organisation.

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) The Chief Executive Officer
 - b) Regional Residential Services Manager
 - c) Three of the care staff
 - d) Other professionals e.g. General Practitioner's and therapists.

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- ◆ An examination of the centre's files and recording process including:
 - A young person's care file
 - Personnel files
 - Supervision records
 - Complaints register
 - Team meeting records
 - House meeting records
 - Management meetings
 - Significant event register
 - Medication records
 - Maintenance records
 - Health and safety audits
 - Fire register

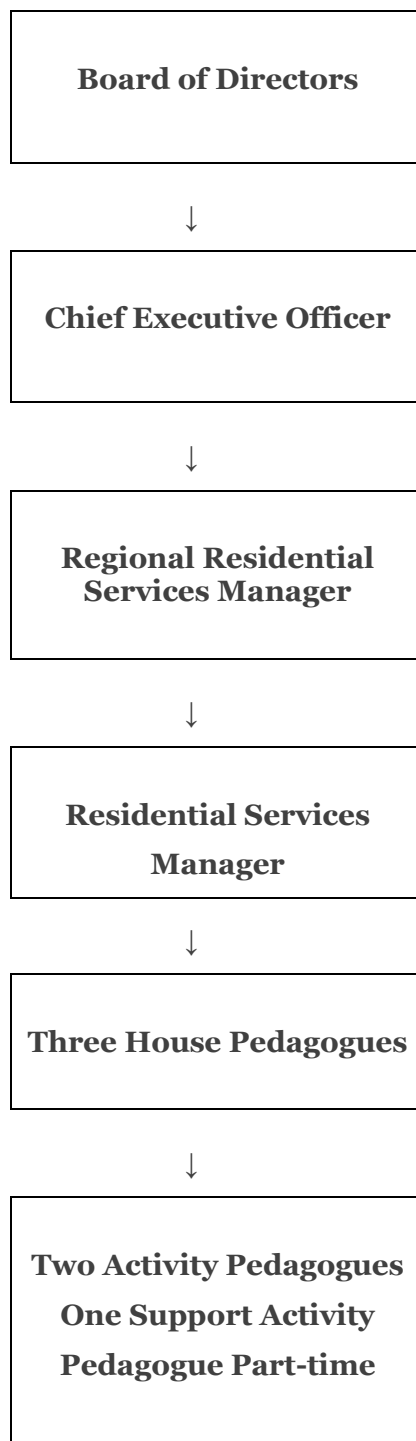
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four staff members
 - c) The social worker with responsibility for one of the young people residing in the centre

d) One young person's Guardian ad litem

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, CEO, regional services manager and the relevant social work departments on the 4th of July 2018. 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 19th of July 2018 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: 116 without attached conditions from the 5th of December 2016 to the 5th of December 2019 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

Register

The inspectors were satisfied that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The inspectors found that the admission and discharge details of residents were properly recorded. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system in place for notifying all significant events. Significant event notifications were sent to the social workers for the young people, the lead inspector with the Child and Family Agency and the young people's Guardian ad litem.

Significant event reports were maintained on file at the centre and there was evidence of oversight by the manager, regional services manager and the company's clinical psychologist. Significant events were also reviewed at team meetings and with staff in supervision. A social worker, the lead inspector, and a young person's Guardian Ad litem interviewed by the inspectors indicated that they were satisfied with the timeframes within which they were notified of SEN's occurring in the centre.

Staffing

The staff team compliment consisted of the centre manager, three house pedagogues, two activity pedagogues and one part time staff. All of the staff were appropriately qualified or in training. The Inspectors found that the staff team were a motivated

team with a balance of new and experienced staff and were committed to the service and their model of care.

Inspectors reviewed the personnel files of the staff members most recently recruited and found that they were appropriately vetted with references on file and evidence that they had been verbally checked. Staff members the inspectors interviewed confirmed that there was a structured induction process in place, and this was reflected from review of a cross section of personnel files.

Training and development

Training records reviewed by the inspectors provided evidence that the staff team had received the required core training in first aid, fire safety, behaviour management and child protection. All staff had received training in Social Pedagogy, the centre's model of care. The inspectors found that the staff interviewed were familiar with the core principles of the model of care and there was evidence of a clear link to practice in individual work done with the young people. Inspectors also found that that management had invested in the team by providing and sourcing additional training opportunities related to the young people's needs. Although there was evidence of ongoing staff development and training taking place the centre did not have an ongoing training schedule in place and inspectors recommend that this be rectified.

Administrative files

The service has written guidelines for staff to support effective recording practices. The inspectors found that administrative records in the centre were maintained to the required standard and facilitated good communication across the staff team. The inspectors found evidence that the records are monitored on a monthly basis by the centre manager and the regional services manager.

There was evidence that the centre had clear financial management systems and records in place.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager had been appointed four months prior to the inspection. The manager was appropriately qualified and had extensive social care experience in a

number of residential settings. The manager had worked in the centre for two years as an activity pedagogue prior to taking on the centre manager role. The inspectors found from interview and a review of records that the manager had a number of mechanisms in place to ensure the quality of the service including oversight of records, supervision of staff, attendance at handovers, oversight of placement plans, key working as well as direct observation of staff practice. The manager conducted a monthly review of records and commented on positive practices as well as identifying areas of development and issues which needed to be addressed. The manager also attended regular management meetings with senior management and managers from the other company's centres.

The centre manager reported to the regional services manager of the company. The regional services manager reported to the chief executive who in turn reported to a board of directors. The regional services manager was an experienced social care professional and had previously managed the centre for a two year period prior to transitioning the current centre manager into the role. The regional services manager was provided with daily updates and handovers from the centre, was notified of all significant events and visited the centre on a regular basis. During these visits the regional services manager met with the manager, staff, and young people and had oversight of records.

Despite the clear and robust governance systems in place, the inspectors found that the centre manager and external managers did not ensure that staff supervision and staff meetings were taking place frequently in accordance with the company's policies. Improvements were also required in safeguarding, child protection and behaviour management and these issues are addressed further in the report.

Supervision and support

The centre had a supervision policy which stated that individual supervision is provided once every six weeks for all staff. The manager received formal supervision from the regional services manager along with informal support through visits to the centre and regular phone contact. The manager was responsible for the supervision of all care staff. Each member of staff had a supervision contract that sets out the terms, expectations and arrangements for supervision. The agenda was shared and supervision records were signed. The manager kept the supervision records in a secure locked cabinet.

The inspectors examined the supervision records on file and found that there were gaps in the provision of supervision to staff as in some instances supervision did not occur within the six week timeframe specified in the centre's supervision policy. The centre management informed the inspectors that this was due to the fact that the centre had been in crisis for a number of months which resulted in supervision not occurring within the specified time frames. The sample of supervision records that were reviewed were of good quality with clear links to the young person's placement plan. Inspectors require that centre management ensures that staff supervision takes place within the time frames specified in the centres supervision policy.

Handovers occurred daily which the manager was usually present for. Team meetings were scheduled to take place every two weeks but had not occurred as frequently in the period prior to inspection due to the fact that the centre had been in crisis. Centre management must ensure that team meetings take place regularly. Staff members interviewed confirmed that there were support systems in place for staff including debriefing following serious incidents and team supervision with the centres clinical psychologist. There was also on call support available and staff stated that there was very good support from the management team who maintained a strong presence in the centre.

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 centre management must ensure that staff supervision and team meetings takes place within the time frames specified in the centres policies.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Complaints

The inspectors found good practice in the management of complaints. The centre had a policy on complaints and there was information available in young people's booklets on how to make a complaint. Inspectors reviewed the centre's complaints register and found that there had been two complaints recorded in the period under review. The inspectors reviewed these complaints and were satisfied that they had been well managed with clear outcomes and were recorded appropriately. The inspectors found that the centre managed minor complaints well and recorded them in the daily log. Inspectors recommend that the centre should also record minor complaints in the complaints log for tracking and monitoring practices.

Access to information

The centre had a written policy on young people's access to written information. Staff informed inspectors that they wrote the daily logs and records openly in the shared living space and young people were encouraged to read them. However, at the time of inspection there was no evidence on file of young person accessing their records and the inspectors recommend that the centre manager ensure that access to age appropriate information by young people is actively and consistently promoted and evidence on file that young people are offered access to their records.

3.4.2 Practices that met the required standard in some respect only

Consultation

Inspectors formed the view from a review of records that consultation with young people could be improved as there was little evidence on file of consultation with the young person in relation to their placement plans and input around decision making. While there was a lot of informal consultation taking place; house meetings which

were scheduled to take place monthly had not always taken place and there was a three month gap on one occasion when no meeting was recorded. The minutes of the meetings that were reviewed showed good evidence that they were focussed on the young person's issues and evidence that issues or concerns raised were responded to by management and staff. There was evidence that that young people were provided with a young person's information booklet on admission and that the young person had attended their care plan reviews. Information on the children's advocacy group EPIC (Empowering People in Care) was available in the young people's booklet but they had not visited the centre during the time the last young person was resident there. Inspectors require that centre management ensures that young people's views are sought in relation to decisions that affect their lives and future and evidence this on file.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People.*

Required Action

- Centre management must ensure that young people's views are sought in relation to decisions that affect their lives and future and evidence this on file.

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

Individual care in group living

Inspectors found in interviews with management and staff that they demonstrated an in depth knowledge of the young person and their needs. There was evidence on file that the young person was allocated key workers and key work records recorded specific pieces of work which were carried out with the young person. The inspectors reviewed a sample of these key work reports and they were of a good standard. Staff had plans in place to deal with issues such as self-care for the young person which was dealt with in a sensitive and supportive way. The inspectors found evidence on file that the young person was encouraged to participate in local activities including summer camps, running and basketball. Special occasions such as birthdays or other cultural events were also celebrated.

Provision of food and cooking facilities

Staff informed inspectors and there was evidence through centre records that the centre provided young people with a wide range of nutritious and appetising food. There was evidence in the young person's placement plan that they were encouraged to go shopping, cooking and were encouraged to develop healthy eating habits. Staff and the young person ate meals together and staff stated that there was a positive, social approach to mealtimes.

Race, culture, religion, gender and disability

The centre had a policy on race, religion, culture, gender, disability and sexual orientation. Inspectors were informed that every effort was made to ensure that young people in placement enjoyed in so far as is possible the same opportunities as their peers. This was evidenced prior to the inspection when the centre had facilitated a private religious ceremony for one young person followed by a celebration in the centre with the young person's family.

Restraint

The inspectors were satisfied that an appropriate restraints policy was in place. All of staff team were trained in an approved behaviour management model. There were 35 physical restraints recorded in the period under review. All of these restraints were in relation to one young person who had complex needs and was no longer residing in the centre. There was evidence that these restraints were reported to the supervising social worker and reviewed by the centre management, external management and the

company's clinical team. The young person was subsequently discharged due to their high risk behaviours despite every effort by the centres to meet their needs and keep them safe.

Absence without authority

The centre had a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing from care. The inspectors were satisfied that the young person had an Individual Absence Management Plan (IAMP) on file which was informed by an absence risk assessment. Inspectors were satisfied that all absences from the centre in the period under review were managed appropriately in accordance with the joint protocol.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

All of the staff were trained in an appropriate model of behaviour management. The inspectors found clear evidence from interviews with the centre management, staff and external professionals that positive relationship building was the foundation of the teams practice. There was evidence that staff were very aware of the underlying causes of distress through the use of reflective practice in the deconstruction of behaviours that challenged.

The centre had been a sole occupancy centre for fourteen months due to the complex needs of a young person in placement who had been discharged three weeks prior to the inspection. The inspectors found evidence from interviews and centre records that there had been an increase in the young person's high risk behaviours prior to the young person's discharge which led to the service making a decision that the needs of the young person were beyond the capacity of the centre to manage. The young person was subsequently transferred to another of the company's centres with a higher staffing ratio while waiting on a more appropriate placement to become available.

The staff team had utilised a number of plans to manage the young person's behaviour including individual crisis management plans (ICMPs) along with safety plans and risk assessments. The purpose of ICMPs is to identify intervention strategies to respond to a young person's crisis behaviours. The inspectors reviewed the ICMPs on file and found that they contained comprehensive information on all

aspects of the young person's behaviour, rather than focussing on intervention strategies to manage crisis behaviours. Inspectors also found that ICMPs were only reviewed and updated on a monthly basis at staff meetings as opposed to following a serious incident or the emergence of new high risk behaviours. Inspectors require the centre reviewed their ICMPs to ensure that they are a working tool focussed on responding to crisis behaviours and are reviewed and updated as required following all serious incidents or new high risk behaviours

There was evidence on file that the manager and regional services manager were reviewing the significant events for the young people and that staff were receiving clinical guidance and strategies for working with the young people. However, inspectors found that there was no formal significant event system in place to analyse patterns of behaviour and effectiveness of behaviour management strategies. The inspectors require that the centre management implement a system for the formal and regular review of significant events to inform practice development and service improvement.

The centre had a written policy on sanctions. The inspectors reviewed the sanctions records and found that while there was not an overreliance on sanctions, a number of the sanctions issued were not appropriate or effective as they were not related to the incident or nature of the behaviours. Sanction records also did not record the name of the staff member issuing the sanction. Inspectors require that the centre management review the appropriateness and effectiveness of sanctions focussing on whether a sanction will have a positive learning effect for the young person.

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 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- The centre must review their ICMPs to ensure that they are a working tool focussed on responding to crisis behaviours and are reviewed and updated as required following all serious incidents or new high risk behaviours.
- The centre management implement a system for the formal and regular review of significant events to inform practice development and service improvement.
- The centre management must review the appropriateness and effectiveness of sanctions issued to young people focussing on whether a sanction will have a positive learning effect for the young person.

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

Inspectors found through interviews that the centre manager and staff team had an awareness of safeguarding practices. Staff members cited a lone working policy a whistleblowing policy along with a culture of openness and reflective practice whereby staff are encouraged to challenge each other as good safeguarding practices. Outings and activities were regularly risk assessed by staff to ensure safety for all and safety plans had been developed which were of good quality.

Effective consideration was given to safeguarding when recruiting, vetting, inducting and supervising staff. Young people at the centre had access to make telephone calls and to meet with family and professionals in private and at the centre. A safeguarding issue identified during the course of the inspection was the fact that staff were using their personal mobile phones in the course of their work to take and receive calls from young people and family members. This was due to the fact that mobile phones were not provided by the centre. Inspectors require that the centre management addresses this issue and ensures that staff have access to centre mobile phones.

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 manager was the designated liaison person for reporting child protection and welfare concerns, and they were clear about their role and responsibilities. All staff had completed training in Children's First National Guidance for the protection and Welfare of Children 2017 and the management were aware of the new E learning programme. At the time of inspection a number of staff were due to complete the training and centre management must ensure that this training is prioritised for staff. While in interview all staff were clear of the procedures to follow in the event a young person disclosed some form of abuse, not all staff were familiar with the Child Protection and Welfare Form used when reporting child protection and welfare concerns. Centre management must ensure that all staff are aware of Children's First reporting procedures and the relevant forms for reporting child protection concerns to TUSLA.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that staff have access to centre mobile phones.
- Centre management must ensure that all staff are aware of Children's First reporting procedures and the relevant forms for reporting child protection concerns to TUSLA.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was located in a detached bungalow in a rural setting on the outskirts of a large town. The centre was warm and homely and was decorated and maintained to a high standard. The centre was adequately lit, heated and ventilated and the cooking and laundry facilities were domestic in nature. There was adequate space within the centre for the young people to receive visits from family members and social workers in private. The young people who had resided in the centre had their own bedrooms which they had decorated to their personal choice. The centre had a large back garden where outside activities can take place.

Maintenance and repairs

The company employs a maintenance person who carries out routine maintenance and repair work at the centre and repairs were carried out promptly. There was evidence on file that weekly checks were being carried out by a staff member to identify any issues requiring maintenance or repair in the centre.

Safety

The centre had an up to date health and safety statement which was signed by the staff. The centre had a dedicated health and safety officer. The inspectors found evidence that monthly health and safety audits of the premises were carried out and evidence that issues that arose had been responded to. All of the staff were trained in first aid. Inspectors found that medication was stored securely in a locked filing cabinet and cleaning products were locked away when not in use.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

Inspectors found that fire detection and fire safety equipment at the centre met the required standard and all staff had received fire safety training. The regional services manager was the fire warden and there was a designated fire safety officer on the team. The centre maintained a fire register. There was evidence in the register that staff were conducting regular checks of fire fighting equipment and checks on the premises to ensure the means of escape routes were not blocked. There had been three fire drills recorded in the year prior to inspection. Inspectors found that the last recorded service on file for the emergency lighting system was in November 2016.

The centre management must ensure that arrangements are in place for the periodic inspection and testing of the emergency lighting system by an approved contractor without delay.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The centre management must ensure that arrangements are in place for the periodic inspection and testing of the emergency lighting system by an approved contractor without delay.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The centre management must ensure that staff supervision and team meetings takes place within the time frames specified in the centres policies.	We acknowledge the importance of regular supervision and team meetings. Team meetings and supervision have returned to meeting targets within the stated time frames set out in company policies. This was possible following the admission of a new young resident and the return to a predictable routine within the centre as will be evidenced in the appropriate documentation.	It is not envisaged that the unique set of circumstances that prevented supervision and team meetings from taking place as regularly as had been aimed for will materialise again. However, should this be the case, extra resources will be sought from elsewhere within our service to avoid this situation from re-occurring. The service acknowledges the need to prioritise these supportive measures in times of crisis as well as during other periods.
3.4	Centre management must ensure that young people's views are sought in relation to decisions that affect their lives and future and evidence this on file.	The importance of consulting and including young people in decisions that affect their lives is central to the principles of Social Pedagogy particularly around empowering young people with regard to their future. The team have prioritised this area following the inspection feedback and this is evidenced in our sole young residents log and individual areas of	The team welcomes constructive feedback from the inspectors in relation to this area. Management will endeavour to ensure that this is prioritised going into the future at team meetings, keyworking sessions and supervision and will document as appropriate.

		work, where the young person has had a direct input. A request has been put in to the young person's Social Worker to undertake a piece of work exploring their care order, care plan etc. as has happened between the Social Worker in question and another young person within our service. This will take place over the coming months as the young person settles in her placement.	
3.6	<p>The centre must review their ICMPs to ensure that they are a working tool focussed on responding to crisis behaviours and are reviewed and updated as required following all serious incidents or new high risk behaviours.</p> <p>The centre management implement a system for the formal and regular review of significant events to inform practice development and service improvement.</p>	<p>Feedback in relation to our use of and the purpose of ICMP's is timely. We are currently in the process of developing a ICMP for our new admission in the centre which will be followed shortly afterwards by another admission. Developing an ICMP that is fit for purpose and is a live document is an area that has been prioritised at the first full meeting of the new team on 19/07/18.</p> <p>Beyond the formal and informal review of SEN's that currently takes place within the service (team meetings, supervision, informal conversations etc.), management has instigated a monthly SEN review process that takes place during Care Management meetings, the main purpose of which is to</p>	<p>Management will continue to prioritise the role and function of young person's ICMP's beyond their initial development and will ensure that they are updated outside of team meetings as relevant.</p> <p>It was necessary to instigate the SEN review process at organisational/management level following an internal assessment of the growing needs of an expanding service. This is an evolving process that is in an early stage of development and will continue to be prioritised to ensure objective analysis that</p>

	<p>The centre management must review the appropriateness and effectiveness of sanctions issued to young people focussing on whether a sanction will have a positive learning effect for the young person.</p>	<p>examine trends and patterns in practice and to ensure necessary action is taken arising from these reviews. This process began in April 2018.</p> <p>As highlighted in the draft inspection report, sanctions within the centre have not been overused. As a service we are focussed on natural consequences and the associated learning for the young people in our care, an underpinning principle of Social Pedagogy. The team will begin to re-examine this area and other issues pertaining to behavioural management at a team meeting on 19/07/18. This will also be a central theme at service wide Social Pedagogy training taking place on 20th/21st August.</p>	<p>informs practice development in the area of significant events.</p> <p>Management will endeavour to ensure that consequences both formal and informal/natural are implemented fairly and appropriately and that they are evidenced accordingly. Management will ensure that conversations around this area are kept to the fore in training, supervision, team meetings and other relevant fora.</p>
<p>3.7</p>	<p>Centre management must ensure that staff have access to centre mobile phones.</p>	<p>The organisation has begun an organisational phasing out of the use of personal mobile phones for work purposes. There have always been house phones however it is now explicit that personal mobile phones are not to be used for work purposes. This has been implemented.</p>	<p>Providing a centre mobile phone will be company policy going forward. This centre is the final centre to make this transition. A new policy is currently being developed and will be shared with monitoring/inspection upon completion.</p>

	Centre management must ensure that all staff are aware of Children's First reporting procedures and the relevant forms for reporting child protection concerns to TUSLA.	All staff have completed Children First training as required prior to initial start date. On inspection some staff were unsure as to the updated Child Protection reporting form. This form and guidelines on completing this to be discussed at team meeting 19/07/18 and at supervision thereafter where appropriate.	Requirement to have updated Children First E-Learning has been inserted into the organisations training log and will be continually monitored by management.
3.10	The centre management must ensure that arrangements are in place for the periodic inspection and testing of the emergency lighting system by an approved contractor without delay.	Emergency lighting inspected on 08/06/2018 by approved contractor. Contractor due to return in on 17/07 to complete minor work.	Agreement on follow up inspection dates following completion of work. Management to ensure emergency lighting is inspected on a yearly basis. Emergency lighting is checked regularly in house as part of the health and safety protocols within the centre.