



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 134

Year: 2018

Lead inspector: Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	26th and 27th of June 2018
Registration Status:	Registered from the 22nd of January 2018 to the 22nd of January 2021
Inspection Team:	Paschal McMahon Noreen Bourke
Date Report Issued:	08th of October 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 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 January 2018. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered without conditions from the 22nd of January 2018 to the 22nd of January 2021.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium term basis. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. There were three young people in residence at the time of inspection.

The inspectors examined standards, 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 26th and 27th of June 2018.

1.2 Methodology

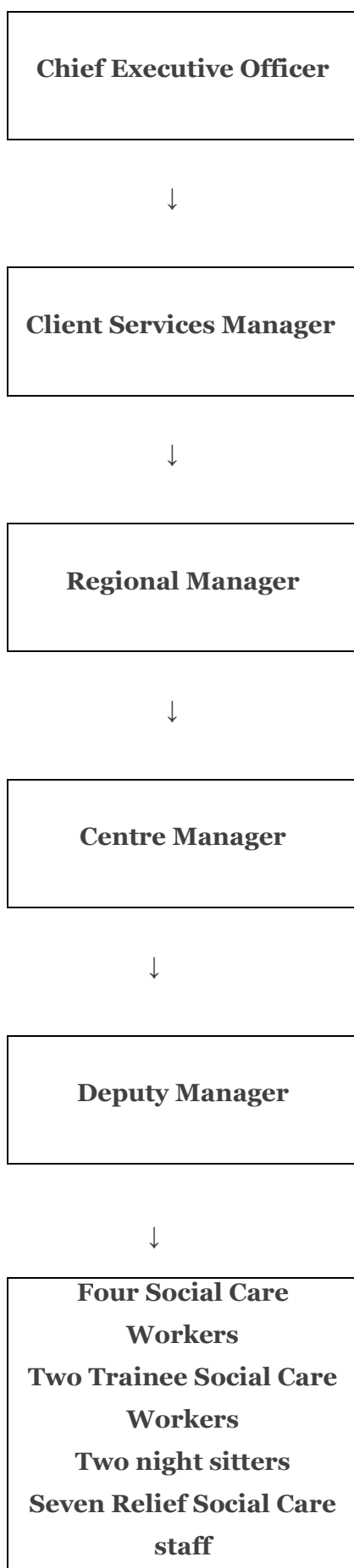
This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) Three young people residing in the centre
 - c) Two social workers with responsibility for young people residing in the centre.
- ◆ An examination of the centre's files and recording process including:
 - Young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Sanctions book
 - House meeting minutes
 - Staff team minutes
 - Centre registers
 - Centre audit reports
- ◆ 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 deputy manager
 - b) The regional manager
 - c) Three staff members
 - d) Two young people
 - e) Two social workers
- ◆ Observations of care practice routines and 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

A draft inspection report was issued to the centre manager, national client services manager and the relevant social work departments on the 17th of September 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 27th of September 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: 134 without conditions attached from the 22nd of January 2018 to the 22nd of January 2021 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 centre register was maintained by the manager, in compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the residents at the time of this inspection were properly recorded. The gender of the young people also needs to be recorded in the register. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21.

Notification of Significant Events

The centre maintained a register of significant events. Significant event reports were referenced in the daily logs. The inspectors were satisfied that the centre had prompt notification procedures in place to notify the Child and Family Agency and all relevant professionals of significant events. The supervising social workers confirmed to the inspectors they were satisfied they were notified of all significant incidents in a timely manner and written reports were of a good standard.

Training

The inspectors reviewed the training records for the staff team that were presented for inspection and found that the organisation conducted a training programme with the staff team prior to the centre opening. This training included; behaviour management, first aid, fire safety, manual handling and Children First. The inspectors found from a review of the centres training schedule there was an effective

on-going staff development and training programme in place .At the time of inspection the company was considering sourcing a new model of care.

Administrative files

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager and the regional manager. They were also aware of the requirement to keep care records in perpetuity. The Inspectors were satisfied that there were clear financial management systems in place and that the monies allocated to the centre were adequate.

3.2.2 Practices that met the required standard in some respect only

Management

At the time of inspection the centre manager was on short term leave and the centre was being managed by the deputy manager. The inspectors found that the manager and deputy manager were appropriately qualified and experienced. There was evidence that the managers monitored and guided practices through reviewing records, observation of staff practices, supervising staff and working directly with the young people.

There was evidence of external oversight of the centre provided by the regional manager and the national client services manager. Both managers stated that they had a significant role in the referral and admission process of the centre. From a review of centre records, admission information, staff rotas and significant event notifications, the overall finding of the inspection was that the governance of the centre was not as robust as was required in relation to the assessment of referrals and ensuring staffing capacity matched the required experience level of the young people admitted to the centre. The centre manager and external managers did not satisfy themselves that appropriate and suitable care practices and operational policies were in place, having regard to the number of children living in the centre and the nature of their needs. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.*

There was evidence that the centre admitted the third young person contrary to safe and reasonable referral decisions with inadequate consideration given to evidence of high risk on assessment and referral information. The referral information provided

stated on the referral criteria that the young person had complex needs; exhibited high risk behaviours and required an experienced and stable staff team. The centre had only been opened for a three month period prior to the admission of the third young person and the development of an experienced and stable team was only in its infancy. The admission of the third young person resulted in a change to the dynamic in the centre and the risks in the centre increased to a concerning level which was evident in the increase in the level of reported significant events.

Taking into account the newness of the team and the complex needs of the two young people already placed, the management decision to admit the third young person meant there was not a sufficient amount of time for the team to develop cohesively ensuring safe practice. This lack of team cohesiveness and lack of experience resulted in the centre management having to take on the role of teacher and support with the team. This lack of experience was apparent in the team's inability to adhere to safe care practices and there were issues in relation to the lack of communication and poor practice which were identified in significant event reports. The governance structures failed to acknowledge the inexperience of the team and take action and respond, in particular to behaviours that challenge.

Staffing

Inspectors found that there was not adequate numbers of staff with the requisite balance of experienced to inexperienced to care for three young people. The staff team consisted of the centre manager, deputy manager, four social care workers, two trainee social care workers, two night sitters and seven relief staff. While the centre had the required numbers of staff there was an overreliance on relief staff and the team in place were not experienced enough to care for three young people with complex needs.

The centre admitted two young people in the first two months after the centre opened. The staff team managed well and were making good progress. However, the inspectors found from records and interviews with management and staff that the decision to admit a third young person placed a high level of stress on this relatively new staff team particularly when presented with behaviours that challenge. In addition to this the manager was on leave and there was no child care leader in post. The inspectors found that as a result of these difficulties and changes, the staff team lacked cohesion and there was confusion regarding approaches to care practices particularly in their response to managing behaviours that challenged. It is imperative that the centre is adequately staffed and the management team provide

cohesive and consistent leadership to staff for the benefit of the service to young people. The regional manager advised inspectors that a social care leader was due to take up a post following the inspection. This was with a view to enhancing the experience level in the team. Two more experienced staff were also due to join the team.

Inspectors reviewed a sample of personnel files of the staff recruited after the centre was registered and found that that they were appropriately vetted with references on file and evidence that they had been verbally checked. All of the staff had completed a qualification in social care or a related field. All new staff members received formal induction training which was evidenced on file.

Supervision and support

The centre has a policy on supervision which states that each staff member receives supervision once every four to six weeks. The manager and the deputy manager shared responsibility for supervising the staff team. There were supervision contracts on file for all staff members. The inspectors found that supervision was taking place within time frames specified within the policy for all qualified social care staff. Two trainee social care workers had support and development plans in place that were submitted in the centres registration application. The plans specified that both staff would receive additional support and guidance. This included fortnightly supervision for a three month period. The findings of the inspectors were that this did not occur.

The inspector reviewed a sample of supervision files and found that supervision was primarily focussed on the young people and supporting the team in their relationships with the young people and challenges around this. It was evident that staff were overwhelmed with the challenges presented in managing the young people. The supervision records did show links between significant events, placement planning, staff development, key working, relationship building and behaviour management.

Team meetings were taking place every two weeks and a review of team minutes confirmed they were well attended. An inspector attended part of a team meeting during the inspection and found that it was well structured and child centred. Handovers took place daily and were focussed on planning and the needs of the young people.

The centre had a number of support mechanisms in place including debriefing following serious incidents, on call support and access to an employee assistance programme if required.

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 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.***

The centre has 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

- The centre manager and external managers must satisfy themselves that appropriate and suitable care practices and operational policies are in place, having regard to the number of children living in the centre and the nature of their needs. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.*
- Senior management must ensure that the centre is adequately staffed with an experienced staff team in place to fulfil its purpose and function in accordance with standard 2 of the *National Standards for Children's Residential Centres (2001)*.
- Senior management must aim to have one staff member who is qualified to child care leader level is consistently on each shift.
- Senior Management must ensure that supervision support and development plans in place for trainees that were submitted in the centre's registration application are implemented.

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

Contact with families

Inspectors were informed that the young people had contact with family and friends where this was in their best interest and welfare. This was confirmed by two of the young people the inspectors met. This was also confirmed by their supervising social workers. Inspectors found that the care team and social work department worked together to support agreed contact arrangements for the family. The centre had suitable facilities for young people to spend time with their family in private.

Supervision and visiting of young people

Each young person in the centre had an allocated social worker whom they were familiar with, met in person and could contact by telephone. The manager and staff facilitated social workers and external professionals to meet with the young people at the centre and in private and outside of the centre. Arrangements were also in place for the young people to meet with their social workers outside the centre. Records of social work contact were maintained by the centre.

Emotional and specialist support

Each young person admitted to the centre was assigned two key workers. The inspectors reviewed key work records and interviewed the key worker for one of the young people. They were very knowledgeable about the young person and showed good insight into their needs. There was a clear placement plan in place for the young person, and there was good evidence that the key worker was trying to engage the young person. From a review of the young people's care files and interviews with the acting centre manager and social workers, inspectors found that there were

emotional and specialist supports in place for young people where required. The inspectors found that young people had access to a range of specialist services, including counselling, child and adolescent mental health services, and the Tusla assessment consultation and therapy service. The centre also had a psychologist attached to the service that provided clinical guidance to the staff team and met with the centre manager on a monthly basis

Preparation for leaving care/ Aftercare

At the time of inspection two of the young people were of age of referral to the aftercare service and referrals had been made. One young person had been assigned an aftercare worker and there evidence of preparation for leaving care on file. Inspectors were informed post inspection that a transition plan was in place for one young person who was being discharged and moving to a semi independent living arrangement.

Discharges

There were no discharges from the centre during the period under review.

3.5.2 Practices that met the required standard in some respect only

Children's case and care records

The inspectors found that the files were well organised and easy to navigate. The care files were sub-divided into sections and the key documentation was mostly in evidence. From review of the files the inspectors noted that some care files did not contain relevant statutory information such as birth certificates and care orders and management had made efforts to access this information. Supervising social workers should ensure that the centre is provided with all the relevant statutory information in accordance with the regulations.

The inspectors found evidence of the centre manager monitoring the records. Records were also signed by external management that showed there was external oversight of the centre.

Suitable placements and admissions

The centre was registered to accommodate four young people of both genders, aged between thirteen and seventeen years on admission on a medium term basis. At the time of inspection there were three young people residing in the centre. Referrals for the centre were accepted nationally from all Tusla, Child and Family Agency areas. The centre had a written policy describing the referral and admission process. There was evidence on file that prior to admission young people were provided with a young person's booklet containing age appropriate written information describing all aspects of the centre.

The inspectors found from a review of care files that pre-admission risk assessments and placement mix assessments had been undertaken. Social workers confirmed to inspectors that they were consulted regarding proposed admissions and that impact risk assessments had been carried out. However, while the centre followed their admission policy and process the findings of the inspectors were that due diligence was not given to the placement mix.

Inspectors found overall that the referral process was not robust enough to take account of the need to protect young people from abuse by their peers given the admission of a third young person to the centre. A review of care files showed that the centre was stable prior to the admission of the third young person and was providing good quality care to the two young people in residence, both of whom were engaging in their care programmes. The inspectors found that the admission of the third young person, despite the centres knowledge of high risk, resulted in staff and young people being exposed to considerable risk and resulted in the placement breaking down. The inspectors reviewed the referral criteria for the third young person which stated that the young person had complex needs, exhibited high risk behaviours and required an experienced and stable staff team.

As previously stated the newness of the team, the balance of experience to inexperienced care staff and the reliance on relief staff along with the complex needs of the two already placed young people; the decision to admit another young person of a similar profile with complex needs requiring a high level of support and care was poor. The admission of the third young person resulted in the risks in the centre increasing to a concerning level. This also led to a high level of stress on this relatively new staff team which was evident when they were presented with behaviours that challenge. The inspectors were informed following the inspection that a decision had

been taken to discharge the third young person as the centre was not able to meet their needs.

Statutory care planning and review

There was a relevant up to date care plan on file in respect to one of the young people. The care plan set out clear objectives and the actions of the care plan were evident in a review of the centres placement plan and in interview with the young person's keyworker. There were also copies of child in care reviews on file which provided evidence that the views of parents and the young person were taken into account in the course of developing the care plan.

The care plan for the second young person was out of date and specific to a previous placement. While there was evidence that a number of professionals meetings had taken place in relation to the young person a statutory review had not taken place in line with the regulations. The social worker must ensure that the placement is supported by a statutory comprehensive written care plan and statutory care plan review in line with regulations and standards and the care plan is circulated to the young person, family members and relevant professionals in a timely manner.

The inspectors found that the care plan for the third young person was not detailed enough and reflective of the young people's needs and there was no direction in the care plan as to how the needs could be met by the placement. This caused difficulty for the centre in developing a placement plan in identifying appropriate tasks and goals for the young person.

The Child and Family Agency social work departments must ensure that placements are supported by statutory comprehensive written care plans and statutory care plan reviews in line with regulations and standards and these are provided to the centre in a timely manner.

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.

Social Work Role

All of the young people had allocated social workers. The manager confirmed that there was good communication between the placing social workers and the centre. In general, social workers interviewed spoke positively of the care provided by the staff team and confirmed prompt receipt of significant event notifications. Social workers confirmed that they were aware of high risk behaviours in the centre and there had been regular strategy meetings to address issues of concern.

There was an issue with bullying in the centre and this was not effectively addressed by the staff team. Incidents had been reported to the social work department as a child welfare concern. The review of the care file showed that there had been a number of professional meetings to discuss and plan for the young person in placement. However, there was no record that the issue of the young person being bullied was discussed at these meetings. Inspectors were informed post inspection that there had been no further incidents of bullying and one of the young people involved was moving on to another placement. The young person's social worker must inform the inspection service if they were aware of the centre's written policy on bullying that promotes a positive and safe environment and of the action they took in response to this bullying issue.

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 not 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 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews

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

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- Supervising social workers should ensure that the centre is provided with all the relevant statutory information such as birth certificates and care orders in accordance with the regulations.
- Senior management must ensure that the centres admissions policies and practices are more robust when considering new referrals and time frames for new admissions.
- The Child and Family Agency social work departments must ensure that placements are supported by statutory comprehensive written care plans and statutory care plan reviews in line with regulations and are provided to the centre in a timely manner.
- The social worker for one young person must inform the inspection service if they were aware of the centre's written policy on bullying that promotes a positive and safe environment and of the action they took in response to this bullying issue.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Senior management must ensure that the centre is adequately staffed with an experienced staff team in place to fulfil its purpose and function in accordance with standard 2 of the National Standards for Children’s Residential Centres (2001).</p> <p>Senior management must aim to have one staff member who is qualified to child care leader level is consistently on each shift.</p>	<p>The centre at present has a full complement of staff that have been working together in the team and have been developing for the past 8 months. While some staff do not have the recognised qualification the service has along with the manager’s induction and support ensured ongoing and additional training where needed to continuously up skill the existing staff team.</p> <p>This is supported by our training department where we provide a suite of free training to all staff members on an ongoing basis.</p> <p>The current management structure of the centre is, centre manager, deputy manager, child care leader. Since the time of inspection a child care leader has been appointed as an additional part to the management team.</p> <p>At present the staff member with the least</p>	<p>On the admission of any additional young person to the centre going forward the centre will endeavour to ensure that the staff appointed have recognised qualifications and experience.</p> <p>The centre is also in the process of selecting a second childcare leader and interviews will be taking place for this on Thursday 27th September 2018.</p> <p>The roster has been designed to ensure that there is a level of management on shift</p>

	<p>Senior Management must ensure that supervision support and development plans in place for trainees that were submitted in the centre's registration application are implemented.</p>	<p>experience has 8 months experience, who is in receipt of regular supervision, engages in monthly training and is involved in a training development plan. It will also be ensured that when completing the rota experienced staff members will be placed on shift with those of less experienced.</p> <p>A supervision schedule is being developed two months in advance. The childcare leader that was recently appointed has recently attended a two day supervision training course and is also now engaging in supervision with team members.</p> <p>The trainee referred to in the registration application is receiving fortnightly supervision with a clear training and development plan from the management team in house</p> <p>The company provides an educational assistance programme to support our employees to obtain the recognised qualification and this is supported by this level of supervision from the centre manager in house.</p>	<p>between deputy manager and child care leader and that the least experienced staff are paired with them.</p> <p>Once the second childcare leader has been appointed this will allow a level of management on the majority of shifts to ensure adequate support guidance and direction in the house.</p> <p>The trainee staff member referred to has enrolled in an appropriate training course and the service is supporting his completion of same through our educational assistance programme.</p>
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<p>3.5</p>	<p>Supervising social workers should ensure that the centre is provided with all the relevant statutory information such as birth certificates and care orders in accordance with the regulations.</p> <p>Senior management must ensure that the centres admissions policies and practices are more robust when considering new referrals and time frames for new admissions.</p>	<p>The centre manager has completed further follow up both verbally and via emails in relation to requesting an up to date birth cert. and care order for one of the young people.</p> <p>The service has reviewed and updated their admissions policy to reflect a more comprehensive and robust structure around referrals.</p>	<p>All referrals received are reviewed at a senior management level and measured based on current young people’s profiles in the centre and impact risk assessment, staffing compliment and experience, as well as review of the information provided on the referral at initial stages. Senior management will only send the referral to the centre managers once they have screened the information if appropriate to do so based on the above factors. The centre manager will then review taking into account also the above factors. If the centre manager deems the referral to be suitable on review then a comprehensive preadmission risk assessment and impact risk assessments on current residents will be completed.</p> <p>The service recognise that it is best practice to allow a period of time for the team and other young people to settle prior to an admission or</p>
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discharge and will endeavour to ensure a clear transition plan is put in place for any upcoming admissions.

The Child and Family Agency social work departments must ensure that placements are supported by statutory comprehensive written care plans and statutory care plan reviews in line with regulations and are provided to the centre in a timely manner.

The centre manager has followed up with regards to same and the dates have been set in line with regulations to ensure that care plan reviews are taking place.

Centre manager to ensure ongoing communication with social work teams as advocate for the young people to ensure that statutory obligations are being met.

The social worker for one young person must inform the inspection service if they were aware of the centre's written policy on bullying that promotes a positive and safe environment and of the action they took in response to this bullying issue.

This recommendation was in relation to a specific incident which occurred in the centre. The service has reviewed all company policies in the past 6 months and in line with this a more robust plan will be implemented for future instances of bullying within the centre. Strategy meetings will take place with the social work team and responses to this type of behaviour outlined with a robust plan that all are in agreement with.

Service wide training will be delivered to all teams in the course of the next 3 months in line with the company's suite of new and improved policies. These policies have been developed with Health Care Informed (HCI) to ensure HIQA compliance and as part of the company strategy to ensure continuous improvement, learning and development. The senior management teams are committed to teaching our teams at all times to ensure that they are learning and developing.