



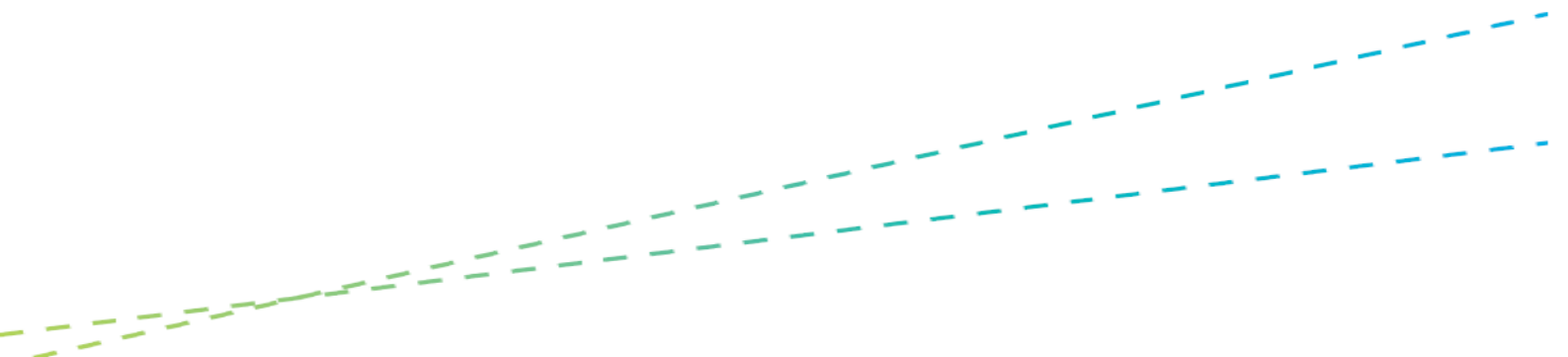
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 170

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Galtee Clinic
Registered Capacity:	One young person
Type of Inspection:	Announced Themed Inspection
Date of Inspection:	05th, 06th and 07th October 2020
Registration Status:	Registered from the 10th January 2021 to 31st August 2021
Inspection Team:	Anne McEvoy Lorna Wogan
Date Report Issued:	06/01/2021

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to 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 on the 10th April 2020. The certificate of registration was issued as a special arrangement for one named young person until the 10th January 2021. The centre was registered without attached conditions.

The centre's purpose and function was to accommodate one named young person for a specified timeframe. The services offered by the centre were based on a social pedagogy model and trauma and attachment theory. The centre was operating a hybrid model of social pedagogy and more traditional residential care specifically constructed and tailored to meet the needs of the child placed in the centre. The centre used social pedagogical practice, the promotion of activity therapies and relied heavily on the young person having attachment figures in their life. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters.

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 2nd November 2020. 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 17th November 2020 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: 073 without attached conditions from the 10th January 2021 to the 31st August 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

**Regulation 5 Care Practices and Operational Policies
Regulations 6 (1) and (2) Person in Charge**

Theme 5: Leadership, Governance and Management

Standard 5.1 - The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, national policies and standards to protect and promote the care and welfare of each child.

Inspectors found that while the centre had a suite of policies and procedures, these were not developed in line with the National Standards for Children’s Residential Centres, 2018 (HIQA) and in a number of instances referenced the former standards that were in existence. The service manager and registered provider must ensure that the current policies and procedures are reviewed and updated to reflect the relevant national standards. The registered provider must provide a timeframe to the alternative care inspection and monitoring service for the completion of this task. It is recommended also that the centre date their current policies so as to ensure that review dates can be easily tracked.

In interview, staff did not display sufficient knowledge about the legislation and national standards that guide their practice in the centre. The service manager and centre manager must ensure that following the revision of the policies and procedures, there is a training programme provided to all staff outlining how the current legislation, regulations and standards impact on the provision of service and safe care within the centre.

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

There was a designated centre manager in place at the time of inspection. There was a change in management in the centre in the two months prior to inspection and inspectors noted that they had undergone a comprehensive induction. The centre manager held an appropriate qualification for the post and though this was the first time in a management position, they were provided with additional support from the

service manager. Inspectors recommend that additional meetings, supervision sessions, debriefs are recorded as such to evidence the support being provided. Inspectors found that the centre did not meet the standard in relation to a culture of learning, quality and safety in the service.

The centre lacked evidence supporting a culture of learning. Inspectors found that there were missed opportunities to focus staff attention on learning outcomes and learning from incidents and complaints. In one incident the resident young person obtained medication from the centre that was not securely locked away. Inspectors did not find any evidence that the centre manager had undertaken a serious incident review to determine how this event happened or to ascertain what processes needed to be improved to ensure it did not happen again. Staff undertook additional medication management training but the governance systems did not present themselves as being robust enough to ensure such an event did not occur again. The service manager and centre manager must ensure that all events that could facilitate learning for the team are adequately identified and shared learning is demonstrated through centre documents such as team meetings, handover logs and supervision records.

There were clearly defined roles and responsibilities in the centre's statement of purpose and function and in interview staff were knowledgeable about their role within the centre. Inspectors found copies of job descriptions on a sample of staff personnel files that were examined. Staff confirmed that management expectations of them lay within the job description assigned to them.

In interview staff were aware of the lines of authority and accountability. Inspectors found evidence to support that the service manager provided information to the board and sought feedback from them to progress the work of the centre. However inspectors found little evidence that matters brought to the attention of the board were responded to in a timely manner. The registered provider must ensure that they take timely action on matters brought to their attention.

Inspectors also found a gap in staff accountability in an incident where the young person obtained confidential information relating to another young person's placement on a staff phone. Inspectors found no evidence of discussion with staff around this incident, a review of general data protection regulations or strategies implemented to ensure such an event does not occur again. Where incidents occur, the service manager and centre manager must ensure that staff and the centre are held accountable and robust strategies implemented to prevent similar occurrences.

There was evidence on records that the service manager had viewed centre documents, and in interview with the young person and staff, there was confirmation that the service manager had visited the centre and had met with the young person and the staff.

There was a service level agreement in place with the Child and Family Agency and regular meetings took place with the organisation's clinical director. It was confirmed to inspectors that the service provided regular reports to the funding authority.

The centre had a person in charge with overall executive accountability, responsibility and authority for the delivery of the service. The service manager fulfilled this role and was supported in this role by the centre manager. Inspectors found that they were providing oversight to the care practice in the centre.

Inspectors found that the centre had developed a comprehensive risk management policy and there was a risk management system in place. The organisational risk register contained all relevant risks and control measures which were rated and then re-rated following the implementation of control measures. However, the centre risk register did not capture a number of serious risks that had been identified in the supervision process, for example, it was identified that the young person was at risk of self-harm and suicidal ideation, they had taken medication from the centre and had also visited staff homes. These risks were not identified on the risk register. Inspectors note that the centre operated a non-risk-averse policy, (a policy which identifies that they are not averse to taking what is considered age and developmentally appropriate risks) and however the centre manager and service manager must ensure that risks are appropriately identified within the centre and recorded on the centre's risk register with appropriate risk assessments carried out.

Inspectors acknowledge that the centre policy which allowed for the young person to visit the homes of staff members was recorded in the organisational risk register, however, the centre manager must ensure that this policy is made known and discussed with the placing social work department and relevant engaged professionals and must ensure that any such visits have written risk assessments prior to them occurring.

During the course of inspection, inspectors were made aware of a significant risk within the centre. The centre were using a social media messaging service as a means of communicating with staff members. Staff confirmed that they used their own

phones for this purpose and on one occasion the young person acquired one of the staff members' phones, opened it and became aware of confidential and private information relating to another young person's placement. On inspection, it was noted that the centre did not have a data protection policy. The service manager and centre manager were made aware at the time of inspection that this constituted a data protection breach and appropriate interventions needed to be implemented. The service manager and registered provider must ensure that they develop a data protection policy immediately. The service manager and registered provider must ensure that they review their use of a social media messaging service and ensure that their use of it meets with general data protection guidelines (GDPR).

Inspectors found that risks that were identified appropriately were not subsequently recorded on the centre risk register in a timely manner, for example, risks relating to the use of social media were identified on the 13th August but not placed on to the register until the 28th September. In interview inspectors found that there were no checks or safeguards placed on the young person's phone to mitigate against this risk. The centre manager must ensure that all risks identified are logged in a timely manner on the risk register and that all necessary precautions are put in place to safeguard the young person.

Inspectors found that there was an internal management structure appropriate to the size and purpose and function of the residential centre. There was an on call policy in place to assist staff in dealing with any crises or emergencies. In interview staff confirmed that the on call system was functional and suitable for the task. There were also arrangements in place to provide adequate cover when the manager took periods of leave. However, inspectors could not review the task list provided by the manager as it was sent using the electronic social messaging service to staff personal phones. The centre manager and service manager must ensure that there are appropriate records maintained and held for accountability purposes in the delegation of tasks.

The Covid-19 pandemic and issues of risk infection were managed well within the centre. The risks associated with Covid-19 were included on the risk register. Staff reported feeling safe in their work environment and having adequate access to personal protective equipment. Inspectors found that as restrictions were eased the centre realigned their risk assessments in line with guidance and advice from the National Public Health Emergency Team and government guidelines.

Standard 5.3. The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre's statement of purpose had been developed upon registration of the centre and was mostly compliant with the standard. Inspectors found that there was no reference to the centre's child safeguarding statement or child protection policies in discussing the arrangements for the wellbeing and safety of children placed in the centre. The centre manager and service manager must ensure that the statement of purpose and function is amended to include these provisions.

The statement of purpose was reflected in the day-to-day operation of the centre. It included the aims, objectives and ethos of the service and detailed the organisational structure describing the management and staff employed in the centre. There was a child friendly version of the statement of purpose and there was evidence that this had been explained to the young person resident. A copy of the statement of purpose had been provided to the referring social work department at the time of admission. There were systems in place to review this document.

Inspectors found that staff had an overarching understanding of the model of care utilised in the centre, however they were unable to articulate how the model of care was implemented and how it would achieve the outcomes it sought to achieve for children. The service manager and centre manager advised that there was model of care training planned for all staff in the centre in the week following inspection. The service manager and centre manager must ensure that this training is facilitated and that ongoing discussion of model of care is implemented into team discussions.

The social worker allocated to the resident young person stated that they were satisfied with the quality of care provided to the young person and the progress they had made in their placement using the current model of care. The social worker had seen significant progress in how the young person managed interpersonal relationships and this was further reflected in recent school reports.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that the service had recently begun to develop a framework for the service manager to audit the care provision, quality and safety within the centre. At the time of inspection, the centre manager had completed the first centre audit

which, going forward, was to be completed monthly. These audit tools were devised in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors found evidence of quality improvement planning days which indicated the service was aware of deficits in auditing, placement planning, and the development of policies and procedures. There was evidence of quality improvement days and agendas being planned for the months after inspection to focus on these issues. Inspectors recommend that the service manager and centre manager adhere to these plans and devise a quality improvement framework to define timelines and prioritise the tasks they wish to achieve so as to track progress going forward.

There was a current and updated child safeguarding statement in line with Children First: National Guidance for the Protection and Welfare of Children, 2017, for the particular young person placed in the centre, however inspectors found that the centre did not adhere to its own safeguarding statement. There was one member of staff whose vetting from An Garda Síochána had not been completed prior to commencement of duties and another staff member whose past employer references were not verified prior to commencement of duties. The service manager and registered provider must ensure that all prospective employees are appropriately vetted before taking up duties in the centre.

Inspectors examined a sample of staff personnel files and found that staff had received training in the centre's child protection policies and procedures and had also completed the Tusla E-Learning module: Introduction to Children First, 2017. Staff were familiar with the centre's child safeguarding statement and while in interview staff acknowledged their role as mandated reporters, inspectors found that there was one incident involving the young person which necessitated the completion of a child protection and welfare report form (CPWRF). The centre manager believed that this issue was being reported by the social worker and the centre did not complete their own CPWRF. The service manager and centre manager must ensure that all staff receive updated training in their role as mandated reporters.

The centre had a complaints policy in operation. At the time of inspection, the young person had made four complaints and these were all resolved satisfactorily. The young person told inspectors that they were aware of how to make a complaint and who they could speak to if they were not happy in the centre. The young person stated that changes had occurred in the centre following a complaint they made. Inspectors found evidence of complaints being discussed at team meetings and changes occurring following this. In interview staff were not confident of who should

be made aware if a complaint is made by the young person and the complaints log registered that the social worker had not been made aware of two of the complaints made. The social worker confirmed that she had not been notified of two of the four complaints recorded. The centre manager must ensure that refresher training is provided to staff regarding the notification of complaints. The centre manager must also ensure that the social worker is made aware of all complaints made by the young person, including the two currently recorded as not being notified.

While information relating to complaints was managed reasonably well, inspectors found significant deficits regarding how information relating to concerns and incidents was recorded, acted on, monitored and analysed. As noted earlier in this inspection report, the young person gained access to medication while in the centre, they also gained access to confidential information regarding another young person. Inspectors found no evidence that these events were robustly assessed and learning outcomes shared with the staff team to ensure they did not occur again. The registered provider must ensure that systems are put in place to satisfactorily identify learning from these and similar events and communicate this learning to staff in a timely manner to ensure good quality, safe, care.

The service manager was aware of the requirement for the registered provider to conduct an annual review of compliance and inspectors were advised that efforts were being made to ensure completion of this document on an annual basis. The quarterly reports by the service manager were to form the basis of this report.

Compliance with Regulation	
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Regulation met	Regulation 5 Regulation 6.1 Regulation 6.2
Regulation not met	None identified

Compliance with standards	
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Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.3 Standard 5.4
Practices did not meet the required standard	Standard 5.1 Standard 5.2

Actions required

- The service manager and registered provider must ensure that the current policies and procedures are reviewed and updated to reflect the relevant

national standards. The registered provider must provide a timeframe to the alternative care inspection and monitoring service for the completion of this task.

- The service manager and centre manager must ensure that following the revision of the policies and procedures, there is a training programme provided to all staff outlining how the current legislation, regulations and standards impact on the provision of service and safe care within the centre.
- The service manager and centre manager must ensure that all events that could facilitate learning for the team are adequately identified and shared learning is demonstrated through centre documents such as team meetings, handover logs and supervision records.
- The registered provider must ensure that they take timely action on matters brought to their attention.
- Where incidents occur, the service manager and centre manager must ensure that staff and the centre are held accountable and robust strategies implemented to prevent similar occurrences.
- The centre manager and service manager must ensure that risks are appropriately identified within the centre and recorded on the centre's risk register with appropriate risk assessment carried out.
- The centre manager must ensure that the policy allowing the young person to visit the homes of staff members is made known and discussed with the placing social work department and must ensure that any such visits have written risk assessments prior to them occurring.
- The service manager and registered provider must ensure that they develop a data protection policy immediately.
- The service manager and registered provider must ensure that they review their use of social media systems and ensure that their use meets with general data protection guidelines (GDPR).
- The centre manager must ensure that all risks identified are logged in a timely manner on the risk register and that all necessary precautions are put in place to safeguard the young person.
- The centre manager and service manager must ensure that there are appropriate records maintained and held for accountability purposes in the delegation of tasks.
- The centre manager and service manager must ensure that the statement of purpose and function is amended to include arrangements for the wellbeing and safety of children placed in the centre.

- The service manager and centre manager must ensure that model of care training is facilitated and that ongoing discussion of model of care is implemented into team discussions.
- The service manager and registered provider must ensure that all prospective employees are appropriately vetted before taking up duties in the centre.
- The service manager and centre manager must ensure that all staff receive updated training in their role as mandated reporters.
- The centre manager must ensure that refresher training is provided to staff regarding the notification of complaints and that the social worker is made aware of all complaints made by the young person, including the two currently recorded as not being notified.
- The registered provider must ensure that systems are put in place to satisfactorily identify learning from complaints and incidents and communicate this learning to staff in a timely manner to ensure good quality, safe, care.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The service manager and registered provider must ensure that the current policies and procedures are reviewed and updated to reflect the relevant national standards. The registered provider must provide a timeframe to the alternative care inspection and monitoring service for the completion of this task.</p> <p>The service manager and registered provider must ensure that all prospective employees are appropriately vetted before taking up duties in the centre.</p>	<p>Update all policies and procedures in line with national standards- Timeframe April 2021 to ensure all policies and procedures reflect relevant standards.</p> <p>Timeframe: Immediate effect all new employees will be fully vetted prior to taking up their duties in the centre.</p>	<p>Ongoing review of policies and procedures at team meetings, management meetings and update where appropriate at management quality assurance days to ensure policies and procedures are always in line with national standards and current legislation. New social pedagogy co-ordinator will be joining the management team in February 2021 and will have significant input in the ongoing review and updating of our policies and procedures to ensure they also reflect social pedagogical principles.</p> <p>All new employee starter packs including vetting forms and references will be completed by centre manager and reviewed and signed off by service manager to ensure vetting is completed. Employees will not be permitted to take up their</p>

	<p>The service manager and centre manager must ensure that all staff receive updated training in their role as mandated reporters.</p> <p>The service manager and centre manager must ensure that following the revision of the policies and procedures, there is a training programme provided to all staff outlining how the current legislation, regulations and standards</p>	<p>All team members are trained in Child protection training which covers their roles as mandated persons. However refresher training will be provided at team meetings on role as mandated persons. And include a time frame by end of January 2021. Centre manager to go through role of mandated person at next team meeting and in individual supervision with team members to ensure they have a clear understanding of their role as mandated persons.</p> <p>Timeframe: within 6- 8 weeks Social care training Ireland provides training in legislation, regulations, and standards. Training to be sourced with this company or another company for the team in next 4 weeks to refresh the team on how the current legislation, regulations and</p>	<p>duties until vetting is on file along with references.</p> <p>Centre manager will ensure all team members always have up to date child protection training, this will be achieved through checking in, through supervision as this is a standing item around training on supervision template and will also be checked via spot checks on personnel files to ensure all training is up to date.</p> <p>If a policy and procedure is updated or legislation, regulations of standards team members will be informed immediately once it comes to the attention of the centre manager Policies and procedures to be brought to team meetings and reviewed and team to</p>
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	<p>impact on the provision of service and safe care within the centre.</p> <p>The service manager and centre manager must ensure that all events that could facilitate learning for the team are adequately identified and shared learning is demonstrated through centre documents such as team meetings, handover logs and supervision records.</p>	<p>standards impact on the provision of service and safe care within the centre. This training was previously scheduled for staff team but needed to be cancelled due to COVID-19.</p> <p>All incidents will be reviewed with immediate effect at team meetings and logged in team meeting minutes to facilitate learning for the team and ensure any patterns are identified.</p> <p>All supervisions going forward will include debriefing tool/template from social pedagogical principles called the 4 F's (Facts, Feelings, Findings, Future) which acts as a learning tool, to identify any learning going forward from incidents. Any other learning that can be identified will be clearly outlined in handover meetings and weekly handover documents.</p> <p>SERG report will be completed following every incident within one week from time</p>	<p>be informed of any updates in relation to legislation, regulations and standards to ensure team members are consistently updated and to ensure they have a clear understanding of all legislation, regulations and standards. HIQA theme will be discussed at each supervision.</p> <p>Centre manager will ensure that supervision occurs with any team members who were involved in an incident and a debrief to take place to ensure learning is identified and put into practice.</p> <p>Centre manager will ensure all incidents or opportunities for learning are clearly identified at team meetings utilising the team meeting template. Centre manager will ensure all learning identified will be shared with the team and the team will have to sign off on minutes to ensure that they have understood learning identified and are able to put it into practice. Centre manager will ensure all handover meetings that take place include any learning identified handed over clearly and team</p>
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	<p>The registered provider needs to ensure that the Board responds in a prompt and timely manner to issues brought to their attention especially where matters directly relate to the future care placement of a current child in placement.</p>	<p>of incident with service manager, centre manager and clinical psychologist, to identify any patterns and learning and this will be communicated with the team through team meetings and at handover.</p> <p>Time frame: Immediate effect. Previous issues from the board have now been rectified with immediate effect and the board now respond in a prompt and timely manner.</p>	<p>members are made aware as soon as possible.</p> <p>Centre manager to review all relevant documents to ensure any areas of learning are identified and communicated with the team in a timely manner.</p> <p>Service manager to review all relevant documents with centre manager and to be present at team meetings.</p> <p>SERG report will be completed following every incident with service manager, centre manager and clinical psychologist, to identify any patterns and learning and this will be communicated with the team through team meetings and at handover.</p> <p>Director of services and service manager to ensure going forward that all that meetings held with the board are communicated and decisions made with particular attention to the future placement of the current child in placement are communicated in a timely manner to the service manager who will than inform the centre manager.</p>
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	<p>Where incidents occur, the service manager and centre manager must ensure that staff and the centre are held accountable and robust strategies implemented to prevent similar occurrences.</p>	<p>Immediate effect, where incidents occur the service manager and centre manager will ensure all staff are held accountable through identified learning in supervision, clear reports with detailed account of incident that occurred to ensure accountability and clear recording of incident can be found. In turn, this will enable the centre manager to put robust strategies in place by identifying learning from the incidents and follow ups that may be required in the form of risk assessments, updating relevant behaviour management plans for the young person to ensure such incidents do not occur again. This will also enable the centre manager and service manager to source additional training if the incident warrants this as another safety measure to ensure team members are accountable for their practice and acts as a robust strategies for preventing future occurrences.</p>	<p>As mentioned in corrective actions, centre manager will ensure prompt supervision takes place to ensure the staff in the centre are accountable and learning can be identified in relation to incidents. All incidents that occur will be discussed at team meetings to ensure team members can identify learning as a team and all have a clear understanding of their expectations going forward to ensure similar incidents do not occur again. Any risk/behaviour management plans or safety measures that need to be put in place will be done so in a timely manner and communicated with the team. All the above will be overseen by the centre manager and service manager to ensure that all robust strategies put in place are followed by staff team and reviewed and updated when necessary. Galtee Clinic will follow its disciplinary process if risk assessments, behaviour management plans or strategies put in place are not followed to ensure the team are accountable for their practice.</p>
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	<p>The centre manager and service manager must ensure that risks are appropriately identified within the centre and recorded on the centre's risk register with appropriate risk assessment carried out.</p>	<p>Timeframe: Immediate effect</p> <p>Centre manager to review risk register following every incident to ensure all risks are identified and appropriate risk and safety measures put in place.</p> <p>Service manager oversees risk register to ensure centre manager has appropriately identified any risks within the centre and that these risks are entered into risk register in a timely manner. All risk assessments carried out by the team are overseen by centre manager and are signed off by the service manager.</p>	<p>Risks will be identified appropriately and recorded in a timely manner into centre risk register which will be reviewed on a weekly basis by centre manager to ensure all appropriate risks have been identified.</p> <p>Risk register will be reviewed by the centre manager following every incident to identify whether a risk assessment/safety measures needs to be put in place or an existing risk assessment updated. This will be than be communicated with the team by the centre manager in a timely manner.</p> <p>Through daily review of handover the centre manager will be identify and communicate with the team if a risk assessment is warranted and the team are all aware of how to complete a risk assessment and what would constitute as requiring a risk assessment.</p> <p>Risk assessments will be reviewed by team and centre manager at all team meetings going forward, to identify new risks and review and update existing risk assessments where appropriate. All risk assessments will be shared with the social</p>
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	<p>The centre manager must ensure that the policy allowing the young person to visit the homes of staff members is made known and discussed with the placing social work department and must ensure that any such visits have written risk assessments prior to them occurring.</p> <p>The service manager and registered provider must ensure that they develop a data protection policy immediately.</p> <p>The service manager and registered provider must ensure that they review</p>	<p>Timeframe: Immediate effect -Policy has been reviewed and updated that young persons may not visit the homes of staff going forward.</p> <p>This will be discussed at next quality assurance day with management team which is due to take place on the 10.11.20, an action plan will be put in place to complete this policy by 30.11.20 and this policy will be clearly communicated to staff teams.</p> <p>The service manager reviewed the use of social media systems and has assured their</p>	<p>worker. The centre risk register operates in conjunction with the organisational risk register.</p> <p>Policy has been removed staff members are no longer permitted to visit staff members' homes.</p> <p>All policies and procedures going forward will be reviewed and updated where applicable on a regular basis. This will ensure any up to date legislation or standards are reflected in our policies and procedures. All policies and procedures will that are updated will communicated immediately with the teams.</p> <p>Teams are aware that the social media systems can no longer be used as means of</p>
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	<p>their use of social media systems and ensure that their use meets with general data protection guidelines (GDPR).</p> <p>The centre manager must ensure that all risks identified are logged in a timely manner on the risk register and that all necessary precautions are put in place to safeguard the young person.</p> <p>The centre manager and service manager must ensure that there are</p>	<p>use now meets the general data protection guidelines going forward with immediate effect. This has been communicated with all the team. Teams work emails will now be used as a main source of communication going forward.</p> <p>Time frame- Immediate effect.</p> <p>Centre manager has updated risk register to ensure all risks identified are logged in risk register and risk assessments with all necessary precautions and safety measures in place in a timely manner and communicate with the team</p> <p>Timeframe: Immediate effect- Centre manager to clearly have a written record of</p>	<p>communicating any sensitive information in line with GDPR guidelines and this will be outlined clearly in our data protection policy. In turn, work emails will only be used going forward in line with GDPR guidelines. Service manager will ensure teams are following this direction going forward.</p> <p>Centre manager will ensure all risk assessments are completed in a timely manner and recorded clearly in the risk register. Centre manager will review risk register on a weekly basis and assess if any new risks need to be added or updated and complete immediately if required. All risk assessments will be promptly communicated with the team and centre manager to oversee clear understanding by the team of implementing safety measure put in place as outlined in risk assessments.</p> <p>As mentioned in corrective actions- centre manager will provide a detailed daily</p>
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	<p>appropriate records maintained and held for accountability purposes in the delegation of tasks.</p> <p>The centre manager and service manager must ensure that the statement of purpose and function is amended to include arrangements for the wellbeing and safety of children placed in the centre.</p>	<p>tasks to delegate to service manager for accountability purposes. A detailed email will be provided to service manager by centre manager outlining tasks in her absence. This will be printed out and kept on file for future reference. Service manager has weekly check ins with centre manager which is recorded in and incorporates all centre managers tasks which are reviewed by service manager and kept on record.</p> <p>Centre manager keeps a daily record for all tasks completed daily, this is signed off on by service manager on a weekly basis. Centre manager also provides service manager with a clear handover daily.</p> <p>Service manager has reviewed, and updated statement of purpose and it now references child safeguarding statement and child protection policy.</p>	<p>handover to service manager. In centre managers absence she will provide a clear handover verbally and via email to service manager to ensure accountability and a written report of tasks.</p> <p>Service manager and centre manager to continue to have weekly meetings to discuss all centre managers tasks and plans and put plan in place.</p> <p>Centre manager to ensure she keeps a detailed daily written record of tasks completed which will continue to be overseen by service manager.</p> <p>Statement of purpose and function to be reviewed on an annual basis updated when required by centre and service manager. Statement of purpose and function to be reviewed and updated when location of placement changes by both centre and service manager.</p>
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	<p>The service manager and centre manager must ensure that model of care training is facilitated and that ongoing discussion of model of care is implemented into team discussions.</p> <p>The centre manager must ensure that refresher training is provided to staff regarding the notification of complaints and that the social worker is made aware of all complaints made by the young person, including the two currently recorded as not being notified.</p>	<p>Social pedagogy model of care training completed on the 13.10.20- model of care to be discussed at team meetings – with immediate effect- ongoing</p> <p>All team members by the 30.11.20 to complete online training regarding notification of complaints.</p> <p>Centre manager informed social worker on the 03/11/20 of all complaints in relation to the young person since her placement commenced.</p>	<p>All new team members starting in the centre to receive model of care training. Refreshers to be provided if required. Model of care to be discussed at all team meetings. New post of social pedagogy coordinator to begin in February full time, main element of role is to be responsible for all in house social pedagogy model of care training.</p> <p>Refresher training to be provided to team when required. Centre manager to discuss complaints policy and procedure at next team meeting to ensure all team members have a clear understanding for their role in relation to complaints. Complaints is a standing agenda item on the team meeting template and management meeting template so will be discussed at every team and management meeting. Social worker will be informed of all complaints by centre manager in a timely manner.</p>
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	<p>The registered provider must ensure that systems are put in place to satisfactorily identify learning from complaints and incidents and communicate this learning to staff in a timely manner to ensure good quality, safe, care.</p>	<p>Timeframe: Immediate effect- Centre manager will update complaints register and ensure all follow ups around this are communicated with the team.</p> <p>Complaints will be discussed at team meeting to identify pattern and learning which will be clearly communicated by centre manager to the team.</p> <p>If a complaint is in relation to a particular team member this will be discussed in supervision to ensure good quality and safe care of the young person.</p> <p>All complaints will be discussed and investigated thoroughly by centre manager and overseen by service manager and all attempts will be made to resolve the complaint.</p> <p>Social worker will be notified in a timely manner of all complaints made and any supporting documentation such as an SEN will be provided to the social worker and relevant parties.</p>	<p>Complaints will be clearly communicated by team members in a timely manner to centre manager and all team members will be aware of their role in relation to the handling of complaints.</p> <p>All complaints will be discussed at team meetings to identify patterns and opportunities for learning and will be clearly communicated with the team.</p> <p>SEN register will be updated, and all follow up required and further action or safety measure communicated with the team.</p> <p>SERG report will be completed following every incident with service manager, centre manager and clinical psychologist, to identify any patterns and learning and this will be communicated with the team though team meetings and at handover.</p> <p>Complaints register will be updated to reflect any complaints in a timely manner and investigative process will take place promptly to ensure a resolution is sought for the young person as promptly as possible.</p>
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