



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 181**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>TerraGlen Residential Services Ltd</b>
<b>Registered Capacity:</b>	<b>Two Young People</b>
<b>Type of Inspection:</b>	<b>Announced Inspection</b>
<b>Date of inspection:</b>	<b>11<sup>th</sup> and 12<sup>th</sup> May 2021</b>
<b>Registration Status:</b>	<b>Registered from 16<sup>th</sup> November 2020 to 16<sup>th</sup> November 2023</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods Cora Kelly</b>
<b>Date Report Issued:</b>	<b>27<sup>th</sup> July 2021</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.3 Theme 3: Safe Care and Support	
3.5 Theme 5: Leadership, Governance and Management	
<b>4. Corrective and Preventative Actions</b>	<b>19</b>

# 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 determine the ongoing regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 16<sup>th</sup> November 2020. At the time of this inspection the centre was in its registration and was in year one of the cycle. The centre was registered without attached conditions from the 16<sup>th</sup> November 2020 to the 16<sup>th</sup> November 2023.

The centre was registered to provide care for up to two young people aged between 12 and 17 years of age on admission. Their model of care is a relationship-based model, adapted from pro-social modelling and attachment theories. There was one child living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
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 worker and guardian ad litem. 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. Due to the Covid-19 pandemic, this was a blended inspection which consisted of a combination of onsite document review and telephone interviews with staff and management.

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.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 29<sup>th</sup> June 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 13<sup>th</sup> July 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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: 181 without attached conditions from the 16<sup>th</sup> November 2020 to the 16<sup>th</sup> November 2023 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 16: Notification of Significant Events

#### Theme 3: Safe Care and Support

#### Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre was operating in compliance with Children First: National Guidance for the Protection and Welfare of Children 2017, and relevant legislation. The child safeguarding policy in place had been reviewed and updated in February 2021. However, inspectors identified that some further amendments were required to the policy under the reporting procedures so that the steps to be taken to manage child protection concerns are more clearly and accurately reflected. These included, guidance in respect of reasonable grounds for concern, dealing with disclosures and staff allegations. The definitions of abuse should reference Children First Guidance 2017 only.

At interview and through questionnaires, staff were aware of who the appointed designated liaison was for the centre and had a good knowledge of their role and responsibilities. The staff team had completed Tusla's Children First E-Learning Programmes including recent refreshers. Ancillary child protection training, based on the centre's own policy was also provided to staff by the service. This module comprised of information on prevention, detection and responses to abuse and included online safety awareness.

The centre had developed a child safeguarding statement and a letter of compliance from the Tusla Child Safeguarding Statement Compliance Unit had been received by them. Child protection concerns were reported to the social work department through the web portal and staff, in general demonstrated a good knowledge of their responsibilities as mandated persons and how to respond to concerns of abuse. There was a child protection and welfare register in place which had eight entries in total. Improvements were required in how these entries were recorded as the dates were not accurate and the status for some reports logged was not indicated. Where concerns of abuse did not meet thresholds for mandated reporting or reasonable grounds for concern, staff told inspectors that these were recorded as significant event notifications (SENs) only. However, a dedicated log was in place for concerns that fell below this threshold for reporting, but this had not been implemented in the centre at the time of the inspection. Inspectors recommend that this procedure is



included in safeguarding training for staff and reflected in the centre's policy. External and centre management must ensure that further amendments are made to the child safeguarding policy and that entries in the child protection and welfare register are accurately recorded and includes the details of the status of the reports submitted.

The centre had a suite of policies in place that supported the team in protecting children in their care. These included anti-bullying procedures to address various types of bullying, however it did not specifically include risks relating to the internet and social media and this must be updated. There was evidence that staff worked in collaboration with the child and their social worker in the detection of specific safety concerns, to seek advice and to develop and implement plans for their protection. While some individual work and key-working was taking place regarding mobile phone use and online safety, these sessions were mostly opportunity-led and conversation-based. They required the inclusion of specific resources for use in these sessions, along with pre-planned consultation with the child to support them in their understanding of how to keep safe. Child protection was a regular agenda item on senior management meetings, internal meetings and team meetings and there was good evidence of policy review and discussion of procedures at these forums also. The centre manager must ensure that more regular and pre-planned individual work is provided to children so that they can be supported in developing skills for self-care and protection. The centre's anti-bullying policy must be updated to include possible exploitation on the internet and social media.

Specific areas of vulnerability for children were identified as part of the collective risk assessments completed prior to admission. Regarding risks such as absconding, drug misuse and bullying, there was evidence on children's records that behaviour support management plans (MSMPs), absent management plans (AMPs) and individual risk assessments (IRAs) were developed along with strategies outlining how incidents would be responded to and safeguarding promoted. Where appropriate, in consultation with social work, parents were kept informed of incidents or incidents of abuse.

There was a policy and procedures in relation to protected disclosures and from interviews and questionnaires, staff were aware of how to pass on any concerns about a colleague along with poor practice issues. The policy had been recently reviewed and updated by the service.

### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

Staff in the centre were trained in an approved approach to managing behaviour that challenged. This was led by their positive behaviour support policy, restorative and natural consequences guidance and the centre's attachment theory based model of care. However, as a consequence of the Covid-19 pandemic, theory-only Level 1 behaviour management refresher training had been provided to staff. Centre management confirmed that further levels of training had been scheduled for the staff team in June and August 2021.

Staff had knowledge of the behaviour management model being implemented with children in the centre and were aware that restraint was not a feature of the approaches used currently. They could describe interventions based on the natural consequences policy which supported the management of behaviours in the centre. As referred to above, there was a system of strategies in place such as BSMPs, IRAs along with individual crisis support plans (ICSPs) that underpinned practice. However, there was no evidence that the programmes that supported this system adequately addressed the underlying causes of the children's behaviour or assisted the child to manage their behaviour as changes were not occurring. Further, while specialist consultation sessions were attended by the centre manager on a monthly basis, inspectors did not see that guidance from this advice was incorporated into the BSMPs or provided support to the team in their management and responses to the behaviours of concern. The centre manager informed inspectors that feedback from this professional support was discussed with staff, however there was no record noted at team meetings or other forums. Centre management must ensure that the staff team have access to recorded feedback from specialist consultation and that it is incorporated in plans for work with children.

For one child, a high risk behaviour that had been identified on the centre's pre-admission risk assessment and remained a current risk had not been prioritised by the centre in the corresponding ICSP or crisis management plan for three weeks after the child's admission. The social worker at interview acknowledged that these concerns needed immediate attention and said it would be addressed in consultation with centre management as part of the upcoming child in care review and should have been given precedence at the beginning of the placement along with resourcing for this risk. While the centre had supported the child to attend their GP, a referral to mental health and psychology services had not been made at that time. Subsequent to this issue being brought to the attention of centre management by inspectors, efforts were then made regarding a referral to mental health

services and ancillary specialist agencies. Centre management must ensure that presenting high risk behaviours are responded to in a timely way and children are provided with access to supporting services without delay.

External auditing and monitoring had been conducted in the centre prior to the inspection and were found to be comprehensive and taking place on a regular basis by the operations manager. There was evidence to show that some of the deficits identified by inspectors were highlighted in these reports. While follow-up from the audits, including actions to be implemented were being communicated to the centre manager for their completion, responses were not adequate in how the deficits were being addressed and issues remained outstanding at the time of the inspection. The centre manager must ensure that deficits identified as part of the service's external monitoring system are addressed in full and within a specified timeframe. Audits were aligned to the National Standards 2018 and included oversight of the centre's approach to managing children's challenging behaviour.

There was a restrictive practice policy in place and staff were familiar with its purpose. Where practices were in operation in the centre, inspectors saw evidence that they were assessed and deemed to be a necessary part of children's safeguarding. While, in general, restrictive procedures were reviewed as part of children's risk assessments, inspectors did not see evidence of review of the practices and interventions on centre records as outlined in the centre's own policy. Inspectors recommend that the centre's procedures are followed in this regard so that trends are identified and analysed with a view to reducing restrictive practice use with children.

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

Inspectors saw evidence in practice where children had raised issues of concerns to the staff team and these had been responded to appropriately. Children were supported to make complaints and records of these were maintained on file and entered in a dedicated register. The centre manager told inspectors that feedback forms were sent to parents seeking their input on areas for service improvement. However, they said that responses from parents had not been forthcoming. Inspectors recommend that this mechanism is reviewed and alternatives for consultation with significant people in children's lives are further considered so that their opinions and contributions can be incorporated into service provision.

The centre had a policy and systems in place for notification and management of incidents. Professionals were informed promptly and a dedicated significant event notification register was in operation. A significant event review group met monthly to monitor incidents and to discuss those that required escalation via the risk management framework. From a review of minutes from these meetings, improvements were required in the recording of the discussions and decisions reached. For one child, who had been discharged from the centre on an emergency basis prior to the inspection, there was a deficit on centre records of how decisions were reached regarding their discharge. There was no evidence of learning from these incidents being recorded or communicated to staff in the centre and analysis was not discussed at team meetings and other forums. External and centre management must ensure that recording of discussions and decisions at the incident review group is improved and that any learning is communicated to all staff and to the child's social worker so as to improve the care provided to children in the centre.

### Compliance with Regulation

<b>Regulation met</b>	<b>Regulation 16</b>
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### Compliance with standards

<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2 Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### Actions required

- External and centre management must ensure that further amendments are made to the child safeguarding policy and that entries in the child protection and welfare register are accurately recorded and includes the details of the status of the reports submitted.
- The centre manager must ensure that more regular and pre-planned individual work is provided to children so that they can be supported in developing skills for self-care and protection. The centre's anti-bullying policy must be updated to include possible exploitation on the internet and social media.

- Centre management must ensure that the staff team have access to recorded feedback from specialist consultation and that it is incorporated in plans for work with children.
- Centre management must ensure that presenting high risk behaviours are responded to in a timely way and children are provided with access to supporting services without delay.
- The centre manager must ensure that deficits identified as part of the service’s external monitoring system are addressed in full and within a specified timeframe.
- External and centre management must ensure that recording of discussions and decisions at the incident review group is improved and that any learning is communicated to all staff and to the child’s social worker so as to improve the care provided to children in the centre.

### **Regulation 5: Care Practices and Operational Policies**

### **Regulation 6: 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, regulations, national policies and standards to protect and promote the care and welfare of each child.**

Inspectors found that the centre was performing its functions in line with the requirements of legislation, regulations, national policy and the national standards to protect and promote the welfare of children. A policy review group was operating in the service and a review of the centre’s suite of policies had taken place in July 2020. A full review of procedures was scheduled for July 2021, however, more recent updates had already occurred on specific areas including child safeguarding and protected disclosures which addressed some gaps that had been identified. Inspectors reviewed the policies and although they were aligned to the themes as per the national standards, as stated above, further amendments were required which related to the child protection policy. The centre manager had opportunities to provide input to policy review and make improvements in compliance.

Staff demonstrated an understanding of relevant legislation, the requirements of the national standards and the centre's complaints policy, behaviour management and child protection procedures. Training on the standards was being rolled out to all staff and there was evidence that centre policies were regularly discussed at team meetings. They were also a learning requirement as part of the induction programme for new recruits. In general, the staff team interviewed and through questionnaires showed an awareness of how processes were implemented in practice with children in their care.

**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-centred, safe and effective care and support.**

There was an organisational structure in place that facilitated good internal and external governance arrangements. However, some improvements were required in how decision – making and learning was achieved when responding to the needs of children within this framework. Centre management described a number of systems that had been implemented to provide accountability, authority and oversight through team meetings, internal and external management meetings, regular audits, governance reports, significant event review groups and supervision. From a review of centre minutes, there was evidence of methods and practices being established, however, it was unclear from the recorded discussions, how decisions were concluded or if any specific learning was put into practice to ensure children's needs were being met. Centre management must ensure that discussions from meetings are adequately recorded across centre records so that a culture of learning, quality and safety is evidenced in service provision for children.

Management and staff who spoke to inspectors, clearly described their roles and responsibilities relevant to their positions in the centre. The centre manager was experienced and had overall authority for the delivery of the service being provided to children. They were present in the centre from Monday to Friday, 9 a.m. to 5 p.m. and were also part of the on-call rota system. They outlined the meetings they attended including, senior management meetings, internal meetings, and they also had a role in the monitoring of care practices. Monthly and weekly governance reports were submitted by them to the operations manager. The staff team indicated that they were supported by the centre manager in their practice with children.

Appropriate service level arrangements were in place with Tusla, the child and family agency for the provision of services and in addition, the centre submitted evidence to the funding body of their compliance with legislation and the national standards.

Supervision was conducted with the centre manager by the operations manager and it was in line with centre policy. These records were of a very good quality and outlined clear guidance and direction regarding the delivery of services to children within the centre. As referred to above, the centre's policy document had been developed in 2020 and a review date was in place for their update. The manager was supported by a deputy centre manager and two social care leaders and arrangements were in place to provide cover by the deputy manager when the centre manager was on leave. While the centre manager had delegated many tasks and duties to the staff team, there was no written record kept as to who these duties had been delegated to or key decisions made. This must be put in place by centre management. Centre management must keep a written record of all delegated duties along with key decisions made.

The centre had a strong risk management system in place to identify, assess and manage risk. This framework was supported by individual risk assessments, crisis support plans and absent management plans that identified the risks for each child and described control measures to minimise them to the greatest extent. However, one significant risk which had been highlighted in the centre's pre-admission risk assessment for one child had not been identified in the individual risk assessment or crisis support plan in a timely way. In addition, a more thorough guidance was required in the management of this risk so as to mitigate its impact. Centre management must ensure that individual risk assessments including control measures are implemented for each child as soon as possible and guidance to staff regarding the response to be followed is thorough and where required, based on the clinical guidance being provided to the centre.

There were two risk registers in place and risks were outlined for the current child in placement. These were discussed at regional level including any risk escalation that needed to take place. Inspectors did not see evidence of feedback from this meeting being communicated to staff for shared learning. External and centre management must ensure that any learning from the assessment and management of risks are communicated to all staff.

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

The centre had a statement of purpose was broadly in line with requirements as set out in the National Standards for Children’s Residential Centres, HIQA, 2018, further detail was required in the centre’s description of the model of care in use, its day to day operation and the resource provision available to meet children’s specific needs. There was a child friendly version of the statement of purpose in place for children and families.

Staff had received training in the model of care and showed awareness of its overall aims and objectives when they spoke to inspectors. There was evidence of discussions on the model being implemented at team meetings along with integration of its core principles observed on centre paperwork. Centre management informed inspectors that the statement of purpose was reviewed and evaluated as part of the external governance arrangements. External management must ensure that the statement of purpose is reviewed to clearly describe the model of service provision delivered by the centre.

**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.**

A system of external and internal review and evaluation of care provision was in place to inform improvements in practice and achieve better outcomes for children. The internal auditing process consisted of oversight of centre records such as team meetings, internal management meetings, supervision, weekly governance reports, attendance at significant review group meetings and completion of quality improvement plans (QIP) post external audit. An evaluation tool aligned to the national standard themes was in use for external oversight by the director of services and the operations manager. As referred to in this report, while the audit measurements in use were generally found to be comprehensive and clear, the response to the deficits was not robust. These issues need to be addressed so that improvements in practice can be tracked in order to achieve better outcomes for children in the centre.

The centre had registers in place which recorded complaints, significant events and child protection and welfare concerns. The in-house significant review group meetings were attended by centre management and staff, however, where significant event notifications (SENs) were analysed, discussions recorded did not reflect specific learning from these



incidents. Although complaints, child protection and welfare reports and SENs were consistently on internal and external meeting agendas, there was minimal evidence of discussions or assessment taking place. There was a deficit in trends and patterns being used to inform learning for the staff team and promote improvements in practice with children. For one child who had recently been discharged from the centre, there was no evidence of reflections on their placement ending or any recommendations for learning purposes shared with staff.

The operations manager informed inspectors that an annual review of compliance was completed in February 2021 to inform service improvements. External and centre management must ensure that evidence of discussions regarding complaints, concerns and incidents are clearly recorded in centre meetings so that trends can be identified and analysed. Learning from events and incidents should be shared with staff and clearly evidenced on centre records.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

### **Actions required**

- Centre management must ensure that discussions from meetings are adequately recorded across centre records so that a culture of learning, quality and safety is evidenced in service provision for children.
- Centre management must keep a written record of all delegated duties along with key decisions made.

- Centre management must ensure that individual risk assessments including control measures are implemented for each child as soon as possible and guidance to staff regarding the response to be followed is thorough and where required, based on the clinical guidance being provided to the centre.
- External and centre management must ensure that any learning from the assessment and management of risks are communicated to all staff.
- External management must ensure that the statement of purpose is reviewed to clearly describe the model of service provision delivered by the centre.
- External and centre management must ensure that evidence of discussions regarding complaints, concerns and incidents are clearly recorded in centre meetings so that trends can be identified and analysed. Learning from events and incidents should be shared with staff and clearly evidenced on centre records.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>External and centre management must ensure that further amendments are made to the child safeguarding policy and that entries in the child protection and welfare register (CPWR) are accurately recorded and includes the details of the status of the reports submitted.</p> <p>The centre manager must ensure that more regular and pre-planned individual work is provided to children so that they can be supported in developing skills for self-care and protection. The centre's anti-bullying policy must be updated to include</p>	<p>Amendments have been made to the child safeguarding policy noting that the Children First National Guidance for the Protection and Welfare of Children is 2017 and not previously referred to in our policy as 2015. The CPWR in the centre has been amended to include the status of the reports when they are submitted to the Tusla Portal.</p> <p>Placement Plans have been reviewed and the Placement plan calendar is being more utilised by the key working team and staff team in the centre to ensure key working and individual work is more pre-planned as opposed to it being opportunity based. The anti-bullying policy is currently being reviewed and updated along with all</p>	<p>Director of services will continue to monitor the organisations Safeguarding and child protection policies to ensure it is in line the current legalisation. During monthly audits, the operations manager will be mindful of the accuracy of what is being recorded in the CPWR.</p> <p>Operations Manager will ensure during their monthly audits that the individual work and key working completed throughout the month is pre-planned and key workers are prepared going into a session with the young person. This will be monitored and noted in the monthly audits. The anti-bullying policy is currently</p>

	<p>possible exploitation on the internet and social media.</p> <p>Centre management must ensure that the staff team have access to recorded feedback from specialist consultation and that it is incorporated in plans for work with children.</p> <p>Centre management must ensure that presenting high risk behaviours are responded to in a timely way and children are provided with access to supporting services without delay.</p> <p>The centre manager must ensure that deficits identified as part of the service's external monitoring system are</p>	<p>Policies and Procedures as part of the annual review. The Anti-bullying policy will include risks of exploitation on the internet and social media.</p> <p>Following the inspection, a Consultation Meeting Minute Form was developed and implemented across the organisation. These meeting minutes will be filed in the staff office as well as being discussed during the fortnightly team meetings held in the centre.</p> <p>The Centre Manager has followed up with immediate effect with CAMHS ensuring that the YP has access to specialists' services.</p> <p>The Centre Manager will ensure that the audits completed on a monthly basis are followed up on in the time given and that there are no outstanding action plans</p>	<p>being updated by Senior Management. Once all Policies and Procedures have been reviewed and or updated, refresher training will be completed with the staff team.</p> <p>Following the inspection, a Consultation Meeting Minute Form was developed and implemented across the organisation. These meeting minutes will be filed in the staff office as well as being discussed during the fortnightly team meetings held in the centre.</p> <p>The centre manager and operation manager will have oversight in ensuring that presenting high risk behaviours are responded to in a timely manner.</p> <p>The Operations Manager will continue to ensure that the audit NCRs are returned by their due date and will ensure that the manager is ensuring all action plans from</p>
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	<p>addressed in full and within a specified timeframe.</p> <p>External and centre management must ensure that recording of discussions and decisions at the incident review group is improved and that any learning is communicated to all staff and to the child's social worker so as to improve the care provided to children in the centre.</p>	<p>remaining. This will be monitored by the Operations Manager during the next audit.</p> <p>There is currently a meeting minute form in place for the significant event review group (SERG) meetings and learning and action plans are to be identified on the document. Centre Manager will ensure that the SERG meeting minutes are appropriately recorded using the template and will ensure the staff team are reading and signing the meeting minutes and everyone is aware of the action plans arising from the meeting. The SERG action plans / recommendations will also be reviewed in the team meetings.</p>	<p>the audit are fully closed out, are shared with the staff team and appropriate tasks are delegated out to the team. Operations Manager will monitor this during the monthly audits.</p> <p>The Operations Manager will ensure that the template for SERG meetings is being utilised in the centre and that the action plans and recommendations are clearly being identified and followed up by the manager / staff team within the centre. This will be evidenced through the team meetings and individual work completed with the young people in the centre.</p>
5	<p>Centre management must ensure that discussions from meetings are adequately recorded across centre records so that a culture of learning,</p>	<p>The Staff meeting minutes' template has been updated following the inspection to include follow up discussions / outcomes / decisions made from meetings with any</p>	<p>The updated staff team meeting form will allow all discussions from meetings with professionals to be discussed and clear outcomes from meetings discussed.</p>

	<p>quality and safety is evidenced in service provision for children.</p> <p>Centre management must keep a written record of all delegated duties along with key decisions made.</p> <p>Centre management must ensure that individual risk assessments including control measures are implemented for each child as soon as possible and guidance to staff regarding the response to be followed is thorough and based on the clinical guidance being provided to the centre.</p> <p>External and centre management must ensure that any learning from the assessment and management of risks are communicated to all staff.</p>	<p>professionals to be discussed with the staff team and to ensure clear action plans / suggestions are being followed up on and implemented without delay.</p> <p>There is a delegation task form within the centre that the manager has started to utilise to ensure all delegation of duties are being recorded.</p> <p>Risk assessments and the control measures and clinical guidance to the centre manager are being reviewed at each team meeting and recorded on the updated team meeting record template.</p> <p>Centre Manager will ensure that learning / management of risks is being discussed with the team at team meetings in order to ensure there is clear learning from the assessment.</p>	<p>Operations Manager will continue to oversee this is being adhered to within the centre.</p> <p>The centre manager will continue to keep a delegation task form on file, and this will be overseen by the Operations Manager.</p> <p>Operations manager will continue to monitor the team meetings completed fortnightly to ensure the control measures of risk assessments are being reviewed / discussed / updated etc. and that there are clear discussions taking place with the team around the meeting with the clinical psychotherapist and outcomes.</p> <p>Operations Manager will ensure that there are clear discussions being had with the team during team meetings around management of risks.</p>
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	<p>External management must ensure that the statement of purpose is reviewed to clearly describes the model of service provision delivered by the centre.</p> <p>External and centre management must ensure that evidence of discussions regarding complaints, concerns and incidents are clearly recorded in centre meetings so that trends can be identified and analysed. Learning from events and incidents should be shared with staff and clearly evidenced on centre records.</p>	<p>The statement of purpose was reviewed and it does outline the model of care that is provided within the centre.</p> <p>The team meeting minutes' template has been updated to ensure that the centre manager and all staff are reflecting on any complaints made by the YP / on behalf of the young person as well as learning from SENs are reviewed and discussed. The centre manager will also ensure the learning is further explored for each individual staff member in their supervision so they can reflect on their own learning from the complaints/ significant events.</p>	<p>Senior Management will continue to monitor the Statement of Purposes for all centres ensuring that they include the model of care that the organisation provides within the centre and to the YP.</p> <p>During audits, the operations manager will continue to review supervisions / team meeting minutes to ensure learning outcomes are being reviewed and discussed in a group and individual setting.</p>
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