



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 202

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Ideal Care Services Ltd
Registered Capacity:	One young person
Type of Inspection:	Announced
Date of inspection:	07th & 08th February 2023
Registration Status:	Registered with conditions attached from the 11th of March 2022 to the 11th of March 2025
Inspection Team:	Lisa Tobin Cora Kelly
Date Report Issued:	2nd June 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.2 Theme 2: Effective Care and Support, (Standard 2.2 only)	
3.3 Theme 3: Safe Care and Support, (Standard 3.1 only)	
3.4 Theme 4: Health, Wellbeing and Development, (Standard 4.2 only)	
3.5 Theme 6: Responsive Workforce, (Standard 6.1 only)	
4. Corrective and Preventative Actions	20

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 and Regulation 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 on-going 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 31st May 2022. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered with attached conditions from 11th March 2022 to 11th March 2025. The condition stated that there shall be no further admissions of a young person to this centre until such time the centre has fully implemented the corrective and preventative action plan and is compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5: Care Practices and Operational Policies, so that appropriate suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs.

The centre was registered to provide single occupancy for a young person aged between thirteen to seventeen on a short to medium term basis. The centre had been created with the aim to accommodate young people with complex behaviours that had led to placement breakdowns and disruption to their lives. Their model was to take a strength based and non-confrontational approach to young people in a safe, consistent and tolerant environment. The centre was in the process of adapting the Welltree model of care as their chosen model. 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
2: Effective Care and Support	2.2
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2
6: Responsive Workforce	6.1

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. During the inspection process, inspectors found areas of concern relating to responsive workforce and extended the inspection to include 6.1 as part of the inspection.

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 department on the 8th of March 2023. The registered provider was required to submit both the corrective and preventative 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 21st of March 2023. This was reviewed and deemed not to be satisfactory as there was insufficient evidence to address identified non compliances.

The findings of this report and assessment of the submitted CAPA deem the centre to be not continuing to operate in adherence with regulatory frameworks and standards in line with its registration. This centre is registered with an attached condition from the 11th of March 2022 to the 11th of March 2025 pursuant to Part VIII, 1991 Child Care Act. The condition being:

- There shall be no further admissions of a young person to this centre until such time the centre has fully implemented the corrective and preventative action plan and is compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5: *Care Practices and Operational Policies*, so that appropriate suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs. The condition will be reviewed on or before 28th February 2023.

Following a review of the inspection report and the corrective and preventative action plan, the regional registration committee referred this centre to the National Registration Enforcement Panel for consideration of further enforcement action. The local panel were concerned that the actions taken by the registered provider fell short of addressing the matters identified and were characterised by a lack of fundamental understanding of the correct functioning of a registered residential care setting. The NREP concurred with this assessment.

Correspondence was issued to the service on the 14th of April 2023 proposing the removal of the centre from the register. Representations were received from the provider on 5th of May 2023. These were reviewed and a further unannounced on-site inspection took place on the 25th of May 2023 to verify the representations submitted and to carry out a further review the implementation of the corrective and preventative action plan. An Addendum detailing the findings of this review is appended to this inspection report. The findings of this review were considered alongside the findings of the inspection of March 28th which comprehensively and forensically examined staff vetting practices in the centre, (See page 20).

In summary the reports confirmed that despite a committed effort on behalf of Ideal Care to meet the standards the centre management lacked the necessary knowledge and experience to bring the operation of the centre into compliance. In addition, the governance structures of the setting were found to be inadequate and fell considerably short of the expected standard of oversight and supervision to such a degree that it posed a discernible risk to young people.

The centre was subsequently removed from the register pursuant to the provisions of Part VIII of the Child care Act 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors saw that there was a care plan in place for the young person in the centre and that a child in care review (CICR) was due to occur at the end of February. There was no date in place yet for the CICR, however this was requested by the centre manager from the social worker which was noted on file. The social worker informed inspectors a CICR was planned for early March 2023. -The current care plan was

dated August 2022 and inspectors saw that a number of actions had not been implemented to date by the centre and social worker. The centre manager stated there was a good working relationship with the allocated social worker however, this was the third social worker in place since the placement commenced in May 2022.

As part of the CAPA from the previous Alternative Care Inspection and Monitoring service (ACIMS) inspection in August 2022, improvements were required in the care planning of the young person. Inspectors saw that a placement plan was in place under the Welltree model of care, however significant improvement was still required regarding the implementation of the new placement plan system. During interviews, inspectors found that staff had some understanding of the new model of care however were still adjusting to it and had undertaken two training sessions with the consultant overseeing the implementation of the care model. The training log did not show if staff did or didn't complete training on the new model of care. Staff were aware of goals identified in the care plan and placement plan during interview, however no progress had been made by the young person based on the scoring model used. The young person had refused to attend school since December 2022 and inspectors did not see evidence of any alternative education placement being sourced. Inspectors did see that on occasion staff logged the young person's voice in their daily log reports which usually referred to a demand or request from the young person.

Inspectors did not see the young person's input into their care planning. Inspectors did not see evidence of the young person involved in decisions about their health and wellbeing. Inspectors spoke with the young person who informed them they did nothing but play on their games console and spent time in their room. When asked about addressing goals, making plans for the future, doing work with the staff, the young person stated that this did not happen. The young person informed inspectors they had been allocated an aftercare worker but had not completed an aftercare assessment yet. Inspectors found 13 pieces of key working/individual work both planned, and opportunity led, completed with the young person since August 2022 which related to encouraging education and one that focused on healthy eating. The young person's family were contacted via text each day and given an update on the young person. Family members had attended the CICR in the past and inspectors saw their concerns noted on file around education.

Inspectors noted that a care plan action was for the young person to link with Child Adolescent Mental Health Services (CAMHS) which was to be followed up by the social worker. This was not seen on file, however CAMHS records stated a different case for the young person in which the young person was discharged from their

service and if further support was required the young person needed to link with a local CAMHS in their area. The young person had completed an assessment with a specialist service and the team were awaiting an update on the outcome of the assessment and the associated recommendations. The centre manager stated that both the social worker and centre would be responsible for following up on the recommendations. There were no other specialist services in place.

Inspectors found that based on the file review, speaking with the young person and through interviewing staff that the young person continued to present with significant physical, behavioural, educational and emotional needs which were not being met. They were not addressed adequately by all professionals involved in their care. Inspectors spoke with the guardian ad litem (GAL) and the social worker for the young person who highlighted concerns for the young person, in particular the level of care they were receiving not being adequate. The GAL spoke of the complex issues for the young person and the need for a competent team in dealing with trauma-based issues which was deemed not evident in the centre by the GAL and social worker. The GAL informed inspectors they requested other social care supports for the young person from the social worker as the team were not meeting the specified needs of the young person. The GAL stated that they had repeatedly requested a CICR to take place to address the ongoing issues for the young person. The social worker told inspectors that they wanted the young person to be moved as soon as possible due the staff not being appropriately experienced to deal with the young person's needs, the level of the staff's ability not being of required standard and the level of care the young person was receiving. The social worker stated that the paperwork had been submitted to the national private placement team however, the social worker was aware of the lack of placements available which was why they had not removed the young person from the centre to date. Inspectors queried if the social worker had escalated their concerns about the young person's care and they stated that the social work team were aware of the ongoing concerns. It was the inspector's findings that the young person was not being provided with effective care and support that aided wellbeing and personal development and addressed their complex and trauma-based behaviours.

Compliance with Regulation	
Regulation met	None Identified
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed

Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 2.2

Actions required:

- The centre manager must ensure that all staff are trained and knowledgeable of the chosen model of care.
- The centre manager must ensure that goals identified in the care plan and placement plan are being implemented, recorded and reviewed for effectiveness to ensure the young person's needs are being met.
- The operations director and centre manager must ensure the young person is given opportunity to participate in and develop their placement plan.
- The registered proprietor, operations director and centre manager must ensure that there is oversight and leadership in place to ensure the young person's needs are being met. There needs to be significant improvement in the area of training and supporting staff to have the ability to complete goals identified for the young person.

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.

Inspectors found that the centre was not operating in line with relevant policies as outlined in Children First: National Guidelines for the Protection and Welfare of children, 2017. There was a child safeguarding statement (CSS) in place with a letter of compliance from the Tusla child safeguarding statement compliance unit (CSSCU). However, based on the procedures identified in the CSS, there were a number of procedures that were not in place in the centre such as child protection training for staff, centre policies on child protection and safeguarding and other overarching policies and procedures for the centre were not provided to inspectors despite several

requests. Inspectors were informed that new policies and procedures were being drafted by an external consultant. A draft policy and procedures document was sent to inspectors post inspection which showed policies relating to theme one and part of theme two only. As part of the CAPA from the inspection last August 2022, policies and procedures were due to be in place by October 2022 and this remains an outstanding action in February 2023.

Inspectors interviewed staff and found that they did not have good knowledge or understanding of the policies and procedures associated with the safeguarding of young people. They were not aware of the contents of the CSS when asked. Based on the training log given to inspectors, staff had completed children first online training, but no other training had been completed around child protection to include the centre's policies and procedures. Five out of eleven staff had completed mandated persons training online with two staff currently signed up to the Tusla portal for reporting concerns. Staff were aware of their role as mandated people regarding a child protection welfare report form (CPWRF) submission, however, were not aware of the need to send a significant event notification regarding same. There were no records on the young person's file of any CPWRF's made since the last inspection, however inspectors were informed of an alleged incident that occurred in school relating to the young person being threatened by a peer in which there was no report submitted as confirmed by the centre manager. Inspectors queried the status of ongoing investigations against the young person and there was poor knowledge from the staff around this. Both the GAL and social worker provided this information to the inspectors.

During the file review inspectors noted staff reporting aggressive behaviour and lack of boundaries from the young person around their interactions with staff. Inspectors questioned this during interview with staff and received varied answers. Inspectors were informed that the young person placed their hands on staff either pushing, pulling and screaming and shouting at staff. When asked if this was reported regularly or documented, inspectors were told not always. The reason given was that this depended on the staff member involved and whether this was seen as aggressive behaviours or as playful interactions. Inspectors found that staff responses to challenging behaviours varied and there was not consistency across the team in their response to this. Both the GAL and social worker informed inspectors that they felt the team did not have the ability to manage the young person based on their experience and based on what they had witnessed regarding staff interactions with the young person when onsite. Given the information above, inspectors, the GAL and social worker had concerns about the level of incidents that may be occurring in the

centre that were not known or being reported. Both the GAL and the social worker informed inspectors that they had to show the staff on a number of occasions how to complete a significant event notification.

During interviews staff informed inspectors they worked with the young person around keeping safe however, this was not reflected in the files reviewed. Inspectors did not see any evidence of work with the young person around safeguarding, vulnerabilities or health concerns. The young person informed inspectors they did not feel safe and wanted to move to the country. Both the social worker and GAL informed inspectors they felt the young person was kept safe only when the acting manager was present in the centre. Inspectors did not see any evidence of any risk assessments or safety plans while on site. One safety plan and a collective risk assessment was sent to the inspectors post inspection. Both of these documents required further review as the information on them was not reflective to the risks identified.

Inspectors found that staff were aware of who they could report to if they were concerned about a colleague or manager's work practices, however they did not know what policy this related to. Inspectors did not see a policy on protected disclosures in place despite requests for this.

Compliance with Regulation	
Regulation not met	Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 3.1

Actions required:

- The registered proprietor must ensure that a full set of policies and procedures that comply with statutory legislation are developed as a matter of urgency and that staff are provided with training regarding the updated policies.
- The registered proprietor must ensure that all staff are provided with child protection training.

- The operations director and centre manager must ensure that all staff are aware of what constitutes a significant event notification and a child protection welfare report notification. All incidents must be reported to the relevant people.
- The operations director and centre manager must ensure that risk assessments and safety plans in place are relevant and updated as required.
- The registered proprietor must ensure that a policy on protected disclosures is developed, and the centre manager must ensure staff are aware of the contents of the policy.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found significant deficits across this standard that require follow up by centre and senior management. Inspectors spoke with the young person about their bedroom and during the conversation were informed that the young person's bed was broken and had been for some time. The young person was sleeping on a mattress on the floor. Inspectors received different answers from the young person and senior management regarding how long this was happening. Inspectors informed management that the young person's bed was to be replaced immediately. Inspectors received photo evidence of a new bed purchased for the young person two weeks post inspection.

The young person's medical needs were identified in the care plan. There were still outstanding areas to be followed up regarding actions for the young person's medical needs. There were no medical records from birth on file. The social worker informed inspectors they had the young person's medical records in their possession as they had secured them from the relevant hospitals the young person had attended. Inspectors reviewed a social work report from May 2022 which gave indication of previous medical intervention and supports utilised.

There was no medical card on file. The social worker stated they had some of these and the centre had requested them recently post inspection. The young person was previously linked with CAMHS and was discharged. The social worker informed

inspectors that they had contacted local CAMHS, however they were only willing to speak with the individual that made the referral, which was the GP. Inspectors noted a referral was made by the general practitioner (GP) for a neurological appointment and this was yet to be followed up by the centre manager and the social worker.

The young person's medical into care was completed. It was delayed due to the requirement of a new GP due to safety issues regarding the location of their own GP. There was evidence of the young person attending the GP when required, however there were times when the young person refused to attend the appointments made. Inspectors found there were no dental or optical appointments undertaken for the young person since their admission in May 2022. This must be completed.

The young person stated to inspectors in their view that they were generally healthy, however informed inspectors of often feeling dizzy and lightheaded. It was identified by staff that the young person's diet and eating habits were an issue of concern and staff stated this had improved since their admission. However, records reviewed by inspectors in the daily logs showed the young person's diet as poor and they were potentially underweight. The young person stated they rarely ate and when they did, they cooked meals themselves that comprised mainly of sausages, rashers and noodles. During interview with staff, inspectors queried what had been cooked for the young person for dinner the previous day. Inspectors were informed potatoes. Children residing in the centre must be provided with food in quantities adequate for their needs which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements. Inspectors saw the young person was permitted to three take-aways per week to encourage food intake. Inspectors did not see any further actions taken around addressing the young person's diet with a dietician or a GP, having bloods checked or further training/education for staff around helping the young person with this issue identified. This must be followed up on by the centre.

The acting centre manager had failed to submit a medication management policy to the inspectors who found that staff had not been trained in management of medication or administration of medication. Medication logs reviewed by inspectors did not record up to date information or required documentation about medications available to the young person. During interviews, staff informed inspectors the young person had taken medication from the office without permission and that it was not reported to management or written up as an SEN. Inspectors saw that medication was not stored in a locked cabinet and that medication no longer in use had not been returned to the dispensing chemist. A full review of the management of

medication is deemed required along with training for staff on the associated policy. Online first aid training had been completed by all the staff and when inspectors queried if anyone had the practical element of first aid completed, the answer was unknown.

Compliance with Regulation	
Regulation met	None identified
Regulation not met	Regulation 10 Regulation 12

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 4.2

Actions required:

- The centre manager must ensure that all relevant documents are on file for the young person including their medical history.
- The centre manager and social work department must ensure that all specialist supports are followed up on and put in place to support the young person.
- The centre manager must ensure that the young person's dental and ophthalmic needs are met.
- The centre manager must ensure the young person is supported by the team around addressing food intake, healthy eating and general education around their health and wellbeing.
- The operations director and centre manager must ensure there is healthy meals provided for the young person.
- The registered proprietor must ensure that the practical element of first aid is provided to staff to ensure that staff can respond to medical emergencies should they arise.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found the staff team comprised of an acting social care manager and nine full-time staff as identified on the staff information form. The acting manager worked Monday to Friday and the centre was rostered with two staff per day. The identified manager or person in charge on the ACIMS registration of the centre has not worked in the centre since January 2023 and had completed 14 shifts in a social care worker role in the centre since the last inspection in August 2022. Inspectors could not decipher from the roster when the identified manager was last working in the centre as the manager. This was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 6: Person in Charge. The Alternative Care Inspection and Monitoring Service (ACIMS) must be notified of any changes in management and the registration of the centre must be updated to reflect the role of the current acting manager. This was submitted to the ACIMS subsequent to the inspection on 9th February 2023.

Inspectors reviewed the rosters from September 2022 to February 2023. The rosters were not clear as there were at least two or three vacant lines every month despite having listed nine full-time care staff available. All full-time staff were not being utilised for their full-time hours based on a review of the rosters and were not scheduled on the roster for long periods of time. This resulted in leaving significant gaps on the roster with staff completing double and triple shifts which showed this was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. This practice must cease immediately, and staff must be provided with appropriate rest between shifts. Inspectors found that names on the roster did not always reflect what was on the daily logs. There were names of other staff from within the organisation on the daily logs that were not identified on the roster.

The acting centre manager had the appropriate qualification for the role, however, did not have the relevant experience working in residential care in line with Regulation Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) and as outlined in the memo from ACIMS, April 2022. The staff team had qualifications in social care or a recognised relevant degree. During interviews with the GAL and social worker, inspectors were informed there were concerns about the competencies of the staff team to manage the young person's complex behaviours and the level of care the young person was receiving not being adequate. Inspectors found that while interviewing staff around their general

knowledge and understanding of what was involved in caring for this young person, the staff did not have a great awareness around the management of behaviours, safeguarding and wellbeing of the young person in line with policy and their model of care.

Inspectors found that the organisation had access to a large panel of relief staff if they were needed for support in the centre. There was one relief staff member that was completing regular shifts in the centre at the time of inspection.

Inspectors reviewed a sample of staff files which required further review by management. The deficits included no police check for one staff, an out-of-date work visa, no contract on file, unclear garda vetting with no risk assessment in place, and gaps in curriculum vitae. These issues must be addressed by the organisation to ensure all staff have the appropriate documentation on file. The staff member with an unclear garda vetting was currently working relief. However, inspectors found that this staff member had completed double and triple shifts in the centre and the young person had made a complaint against this staff member that was under investigation at time of the inspection. The overall safeguarding practices in the centre must be reviewed regarding the above issues mentioned ensuring the appropriate actions are taken. Following concerns raised by inspection officers during an assessment of personnel files as part of an application for registration of another centre, a further comprehensive assessment of the staff vetting files and practices were undertaken on March 28th. Those subsequent findings are presented in a separate report, but identified concerning shortfalls in standards of governance, oversight and safeguarding of young people.

Compliance with Regulation	
Regulation met	None identified
Regulation not met	Regulation 6 Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1

Actions required:

- The registered proprietor, operations director and centre manager must ensure that ACIMS is informed of any management changes in the centre and that the registration of the centre is updated to reflect the management in place.
- The operations director and centre manager must ensure the full staff team identified on the staff information sheet are completing shifts.
- The practice of double and triple shifts must cease immediately.
- The centre manager must ensure that the roster states what staff completed the shifts each day and if any staff member was on leave.
- The operations director and the centre manager must ensure that all staff files have the relevant documentation in place.
- The operations director and the centre manager must ensure that all staff have clear garda vetting documents on file to ensure safeguarding of the young person.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that all staff are trained and knowledgeable of the chosen model of care.	The Welltree Model is currently being implemented within the centre. Welltree consultant has consulted regularly with Centre Manager from December of 2022 and has completed assessments and training with staff on the 17 th of December 2022 and the 31 st of January 2023. Next consulting and training dates have been scheduled for 25 th of March 2023 and an assessment and scoring scheduled for end of April 2023. Over the coming 3-6 months all staff will continue to receive external training and guidance in the implementation of this model. SLA with consultant is attached.	Quarterly meetings will be held with the External Consultant to review the implementation of the model on an ongoing basis or as required.
	The centre manager must ensure that goals identified in the care plan and placement plan are being implemented, recorded and reviewed for effectiveness	A placement planning process underpinned by wellbeing framework was implemented in January 2023. This is in line with policy and model of care. This	The young person's placement plan is scheduled to be updated on bi-monthly basis or as required. This shall be reviewed and signed by the centre manager before

	<p>to ensure the young person's needs are being met.</p>	<p>will ensure that the placement plan is informed by the Care Plan and is comprehensive in terms of meeting the needs of the young person and promoting his wellbeing. Centre manager is receiving guidance by the consultant. There will be clearly identified areas of responsibility in relation to actions within the placement plan and these will be reviewed on a two monthly basis. (Next review is 1st April 2023). There are now specific intervention goals and these shall be communicated and recorded through key working and individual work. Key pieces or care delivery is included in Centre Management Audit process and shall be reviewed by the Operations Director for effectiveness. (Next audit is 30th March, 2023)</p>	<p>being shared with the wider professional team. For effective implementation, the placement plan will be reviewed by the Operations Director and the process will be monitored through the centre management audits. The social work department and other relevant professionals will be provided with monthly progress reports. Centre manager shall ensure that all communication with social work dept is clear and issues highlighted in a clear and timely manner to ensure a collaborative approach in meeting the young persons needs. (This shall be evidenced in the Management Audit reports.)</p>
	<p>The operations director and centre manager must ensure the young person is given opportunity to participate in and develop their placement plan.</p>	<p>The young person has been encouraged to attend and participate in CICR meeting scheduled for the 29th of March 2023. The young persons keyworker currently maintains a file of the young persons voice since January 2023. The young person's</p>	<p>The young person will be supported and encouraged to actively participate in age-appropriate goal setting and plans to achieve these goals. This will be documented as individual work and the centre manager will review these records.</p>

	<p>The registered proprietor, operations director and centre manager must ensure that there is oversight and leadership in place to ensure the young person's needs are being met. There needs to be significant improvement in the area of training and supporting staff to have the ability to complete goals identified for the young person.</p>	<p>family are scheduled to attend the Child in Care Review Meeting as guided by the placing social worker. Their input and feedback is welcomed via this platform.</p> <p>A new audit tool is being adopted from April 2023 to ensure a systematic and effective measuring and auditing the effectiveness of care delivery. This will help to empower staff and capture all information on a daily basis that will inform the decision-making process and provide effective support for staff. (Commencing second week of April)</p>	<p>These records are also subject to regular external auditing by the Operations Director. The young person's guardian will be provided with a monthly progress report as appropriate and as guided by the placing social work department.</p> <p>New audit tool shall be embedded in management process of oversight. This shall ensure a structured and effective way to track service delivery and performance.</p>
3	<p>The registered proprietor must ensure that a full set of policies and procedures that comply with statutory legislation are developed as a matter of urgency and that staff are provided with training regarding the updated policies.</p>	<p>The updated Policy & Procedures document has been finalised and is now in place at the centre since the 14th of March, 2023. A copy of the full document is attached with this CAPA. Staff induction on the Policies and Procedures is ongoing through staff meetings and 1:1 meetings with Centre Manager. Operations Director has completed a session of training on the</p>	<p>The Director of Operations will provide monthly auditing within the Centre to evaluate compliance with the Policy document. (Commencing April 2023)</p>

		<p>20th of March 2023. Support is provided by external consultant. All staff shall sign off the Policy document. (Sign off to be completed by 30th March 2023)</p> <p>Further training sessions to embed the procedures in practice have been scheduled by the external consultant by 30th April 2023.</p>	
	<p>The registered proprietor must ensure that all staff are provided with child protection training.</p>	<p>Child Protection Training for all staff was carried out by external trainer on the 15th of March 2023. Training logs are updated and evidenced by certificates.</p>	<p>Child Protection Policies and Procedures will be reviewed periodically at the Centre's Team Meeting and refresher training will be provided every 2 years as required, or sooner should a need arise in the Centre.</p>
	<p>The operations director and centre manager must ensure that all staff are aware of what constitutes a significant event notification and a child protection welfare report notification. All incidents must be reported to the relevant people.</p>	<p>This has been completed as part of Child Protection Training that was carried out by external trainer on the 15th of March 2023. These areas were discussed at the Training and staff completed assessments to evaluate knowledge. A monthly group staff support session commenced in the centre to bolster staff development.</p>	<p>The Centre Manager will, as part of their daily duties, review events from previous days to ensure appropriate recording and notification to the relevant people.</p>
	<p>The operations director and centre</p>	<p>The Collective Risk Assessment has been</p>	<p>The Director of Operations is currently</p>

	<p>manager must ensure that risk assessments and safety plans in place are relevant and updated as required.</p>	<p>updated on the 30th of February 2023. A new updated safety plan shall be completed after the CICR meeting scheduled for the 23rd of March, 2023.</p>	<p>sourcing a new Risk Assessment Matrix. The Director of Operations and the Centre Manager will receive training on the recording and implementation of same by 30th April 2023. The centre manager shall maintain the risk register and keep it updated with identified risks. Risk Assessments and Safety Plans will be an Agenda item at all Team Meetings going forward. It will be recorded what has been discussed and the necessary amendments to the documents.</p>
	<p>The registered proprietor must ensure that a policy on protected disclosures is developed, and the centre manager must ensure staff are aware of the contents of the policy.</p>	<p>Updated policy on Protected Disclosures is included in Policy & Procedure document which is now in place. Staff induction on the Policies and Procedures is ongoing through staff meetings and 1:1 meetings with Centre Manager. Operations Director has completed a session of training on the 20th of March 2023. Support is provided by external consultant. All staff shall sign off the Policy document. (Sign off to be completed by 30th March 2023).</p>	<p>The Centre Manager will ensure that a discussion takes place quarterly as part of a Team Meeting around Protected Disclosures and also in Supervision as required.</p>

4	<p>The centre manager must ensure that all relevant documents are on file for the young person including their medical history.</p> <p>The centre manager and social work department must ensure that all specialist supports are followed up on and put in place to support the young person.</p>	<p>The Centre Manager wrote to the Social Work department on the 14th of February and again on the 19th of March, 2023 requesting outstanding relevant documentation. Copy of the Care Order and medical card has been provided but the SW department have said they do not have the young person's medical history on file. This shall be discussed and followed up on at the CICR meeting scheduled for 29th March 2023.</p> <p>Specialist support services are currently doing assessments on the young person and Centre staff are supporting this contact. The Centre Manager contacted the GP on the 10th of March to provide a new script for the medication the young person had stopped taking. Other required supports shall be discussed at CICR meeting scheduled for the 29th March 2023. The Centre Manager will follow up with the Social Work Department in relation to this and record the outcome of same.</p>	<p>In the event of any new admissions to the centre, the Centre Manager will ensure that all relevant documentation is on file upon admission and if not, will evidence the requests to the Social Work Department for this information on the YP's file.</p> <p>The Centre Manager will ensure that there is regular written correspondence with the Social Work Department should this occur in the future.</p>
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	<p>The centre manager must ensure that the young person's dental and ophthalmic needs are met.</p>	<p>The young person attended a dental appointment on the 9th of March, 2023. Young person has so far refused to attend his eye tests appointments scheduled for him on the 17th and 22nd February 2023. Staff will put in place interventions to ensure the young persons attendance. Next scheduled eye test appointment is on 23rd March, 2023.</p>	<p>For new admissions, appointments for these areas will be made within the first 6 weeks of admission.</p>
	<p>The centre manager must ensure the young person is supported by the team around addressing food intake, healthy eating and general education around their health and wellbeing.</p>	<p>Individual work around healthy eating was done with the young person to plan a healthy menu centred around the young person's preferences. The young person's engagement in the process was positive. Interventions to encourage healthy choices shall be developed. The young person shall be encouraged to be involved in the shopping for the kitchen in order to ensure his preferences are acknowledged. A review for the effectiveness of the interventions shall be done on the 31st of March 2023.</p>	<p>Staff shall work with the young person through key work sessions to educate him on the importance of a healthy diet. A variety of healthy food choices such as fruits and sugar free drinks shall be introduced to support healthier choices.</p>

	<p>The operations director and centre manager must ensure there is healthy meals provided for the young person.</p> <p>The registered proprietor must ensure that the practical element of first aid is provided to staff to ensure that staff can respond to medical emergencies should they arise.</p>	<p>Operations Director shall continue to provide support to staff in order to implement the menu. Centre manager shall ensure that nutritious meals and healthy snacks are provided.</p> <p>Practical First Aid Training was conducted on the 11th of March, 2023 by external trainer. All centre staff attended this training. Training log is updated.</p>	<p>The Centre manager shall expand the profile of reporting unhealthy food intake to ascertain a trend of behaviour. A nutritionist shall be consulted for guidance and other strategies. This shall be completed by 31st March, 2023.</p> <p>Centre Manager and Operations Director to audit staff training to ensure all relevant trainings required are provided. This shall be completed monthly.</p>
6	<p>The registered proprietor, operations director and centre manager must ensure that ACIMS is informed of any management changes in the centre and that the registration of the centre is updated to reflect the management in place.</p> <p>The operations director and centre manager must ensure the full staff team identified on the staff information sheet are completing shifts.</p>	<p>Any future management changes will be reported to ACIMS immediately if they occur by the Registered Provider.</p> <p>A full review of centre staff was done by the Operations Director and Centre Manager. A full complement of staff have been ratified for the centre. See updated staff information sheet. This commenced</p>	<p>All management changes will be reported to ACIMS immediately if they occur by the Registered Provider.</p> <p>Operations Director and centre manager shall ensure that staff planning is efficient and strategic in order to provide a comprehensive adequate service to the centre. This shall be done through the new</p>

	<p>The practice of double and triple shifts must cease immediately.</p> <p>The centre manager must ensure that the roster states what staff completed the shifts each day and if any staff member was on leave.</p> <p>The operations director and the centre manager must ensure that all staff files have the relevant documentation in place.</p> <p>The operations director and the centre manager must ensure that all staff have clear garda vetting documents on file to ensure safeguarding of the young person.</p>	<p>on the 20th of February, 2023.</p> <p>Commencing 28th of February, 2023, all double shifts have ceased. A new roster schedule has been implemented that ensures adequate rest between shifts.</p> <p>This has commenced since 28th February, 2023 and the roster contains clear indication as to which staff is on leave. This evidenced by daily staff sign on sheet in the centre.</p> <p>Staff files have been reviewed and relevant documentation are in place. This was completed 20th February, 2023.</p> <p>All staff in the centre are Garda vetted. The Operations Director has obtained document to clarify the pending status for one staff member to ensure that there is no safeguarding concern for the young person. This document is available on</p>	<p>audit tool.</p> <p>Operations Director and centre manager shall ensure that staff planning is efficient and strategic in order to provide a comprehensive adequate service to the centre. This shall be evidenced in the monthly management audit.</p> <p>The roster shall be maintained both online and a clear copy printed and on display in the centre office board. This shall be completed monthly by the centre manager or as when required.</p> <p>This item shall be included in monthly Management Audit to ensure strict compliance.</p> <p>Operations Director and Centre Manager are committed to complying with the requirement for all staff being Garda vetted before commencing work.</p>
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