



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 002

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Solis MMC
Registered Capacity:	Three Young People
Type of Inspection:	Unannounced
Date of inspection:	31st January, 01st & 02nd February 2023
Registration Status:	05th December 2020 to 05th December 2023
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	4th May 2023

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 05th of December 2014. At the time of this inspection the centre was in its third registration and was in year **three** of the cycle. The centre was registered without attached conditions from the 05th of December 2020 to the 05th of December 2023.

The centre was registered to provide emergency accommodation to three young people aged between 12 and 17 years. The centre operated three categories of placements. Firstly, for young people whose care placement had broken down and they required an emergency bridging placement for a period of seven days, this could be extended to fourteen days where an onward placement was being sought. Secondly, an emergency placement for up to twenty-one days for young people who may be able return to their previous, or alternative living arrangement supported with a tailored home care package. Thirdly, emergency placements referred through the Tusla social work out-of-hours service. The relevant social work department was then notified, and an alternative placement must be secured within the next working day. The relationship approach model of care was based on Erik K. Laursen's Seven Habits of Reclaiming Relationships. The model is based on the understanding that caring relationships are key to the development of resilience. There were three young people living in the centre at the time of the inspection. The centre was granted a derogation to accommodate two of the three children as they were aged under twelve years on admission which was outside the age range as set out in the centre's statement of purpose.

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
5: Leadership, Governance and Management	5.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided.

They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young 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 on the 30th March 2023 and to the relevant social work departments on the 30th March 2023. 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 13th April 2023. This CAPA was returned to the centre manager on the 14th April 2023 as it was deemed not satisfactory. A revised CAPA was submitted on 17th April 2023 and 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: 002 without attached conditions from the 05th December 2020 to the 05th December 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

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.

There were deficits in some aspects of the care planning process for the children. Updated care plans were not yet developed for two of the children, however there were care plans on file that related to the children's previous placements. These care plans assisted staff to identify some key goals for the initial weeks of their placement in conjunction with information on referral and admission and pre-inspection risk assessments completed by their social workers. At the time of the inspection all of the placements were operating outside of the initial emergency placement timeframes with the children in placements for a period of 15 days, 46 days and 7 months respectively. The placement for one young person was extended to 21 days in line with one of the centre's categories of placements however at the time of writing this report an onward placement had not been secured and the child remained in placement beyond the 21-day extended placement timeframe. The social workers interviewed were liaising with all relevant parties to secure appropriate alternative care placements for the children. At the time of issuing this report an alternative residential placement was secured for one child and the other young person was moved from the emergency residential service to a special emergency arrangement as no suitable onward placement could be sourced.

The young person who was 7 months in placement did not have their initial review within the first two months of placement however an initial statutory review was undertaken three months following their admission and an updated care plan was on file. The young person participated in their statutory review. The social worker indicated that there were significant challenges in sourcing an appropriate through care placement for this young person. The inspectors were of the view that the care planning process was not sufficiently robust to maintain a strong focus on through care planning with the care plan reviews at six monthly intervals. The inspectors found that when placements were extended beyond the emergency services statement of purpose, the immediate placement goals identified on admission were in most

cases no longer relevant to the child. The care plans for the children were then reviewed within the statutory timeframes, within two months of placement and every six months thereafter and inspectors found this did lend itself to robust planning. Additionally, the children were often not in their school placements while in the emergency arrangement and schools could not be sourced due to the nature of the placements themselves. The inspectors found that the specialist services and supports they had in their community of origin were oftentimes not accessible to them due to distance from their community or origin and plans for onward placements. The inspectors recommend that strategy meetings and placement planning meetings with the social work department are required to mitigate placement drift and to respond to needs that emerge for the children where they remain in an extended emergency while awaiting an appropriate onward placement.

As previously stated, the centre was granted a derogation to accommodate two young people aged 10 and 11 years on admission. There was a care plan review scheduled for one of the children and this was scheduled in line with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under, in the Care or Custody of the Health Service Executive*. A statutory review had not occurred for the other child in line with the above national policy. This matter was brought to the attention of the social worker by the centre manager. However, at the time of the inspection an alternative care placement was secured for this child and there was an identified date for the child's discharge. Following a review of the children's care records and observations of layout, design and physical condition of the premises the inspectors found that it was not a safe or appropriate environment to place children under 12 years of age for any extended period of time. Two social workers allocated to the younger residents also raised concerns about the premises and its unsuitability for younger children. One social worker expressed concern that the entrance driveway led out onto a busy main road and was not gated. They were off the view this posed a potential risk for the younger children who may run out onto the road. The negative impact of behaviours of older teenagers who were admitted to the emergency service on younger children in placement was evident on the centre records. The inspectors deemed the centre to be unsuitable for the placement of children aged under 12 years due to the impact of the behaviour of older residents on younger children.

There was a strong emphasis on planning activities and outings with the children and young people as part of the emergency provision programme of care but the inspectors found the momentum for the young people's engagement in activities was challenging to sustain when their placements were extended beyond the emergency

provision. Equally the needs of the children and young people became more evident as they remained in placement and the impact of not receiving a throughcare placement or the required specialist supports presented significant challenges for the young people and the staff caring for them. Living in an environment where the group dynamic changed over time as new residents were admitted and discharged also impacted negatively on the children and young people. The inspectors found that the initial placement plans did not address the emerging medium terms needs of the residents and in most cases would not be appropriate to do so in the context of emergency care. However, it is imperative that where placements go beyond meeting the emergency needs the focus of care planning needs consider the more immediate and emerging needs of the child or young person in terms of placement planning. In such circumstances the centre manager and the social work department must have more robust care and placement planning forums to ensure the current and emerging needs of the children are addressed. Further, where the children cannot be facilitated to attend their school placements the care programme must ensure the children participate in aspects of their school curriculum each day to ensure their connection with the education system is not lost and they do not fall behind their peers in terms of their education.

The inspectors found that the placement plans on file were informed by the pre-admission risk assessment completed by the social worker and by information shared at the initial placement meeting. The placement plans on file were up to date and individual work was identified from the placement plan and completed on a monthly basis. The children did not have appointed key workers due to the nature of the placements however the centre manager, deputy manager and social care leaders had responsibility to ensure the placement plans were reviewed on a monthly basis at team meetings and in staff supervision. The inspectors found that several pieces of individual work identified to be undertaken with the young people following significant events was not evident in all circumstances on the children's care records.

None of the current residents were actively engaged with external supports or specialist services at the time of the inspection. The inspectors found that staff had previously supported and facilitated the young people to access specialist services as required. There was evidence that communication between the social workers and the centre managers was effective and they worked collaboratively to support the children. The social workers received copies of all significant events, progress reports, placement plans and placement support plans and were satisfied communications.

Compliance with Regulation	
Regulations met	Regulation 5 Regulation 17
Regulations not met	None Identified

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	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure there are more robust systems in place to monitor and review the children's needs and specialist supports where placements are extended beyond the timeframes set out in the statement of purpose.
- The centre manager must ensure that where children's education placement is disrupted by their admission to care the centre staff liaise with their school and work with the children on aspects of their school curriculum as part of their placement plan to ensure their connection with the education system is not lost and they do not fall behind their peers in terms of their education.
- The centre manager must ensure that individual work arising from significant events is undertaken by staff as identified.

Regulation 5: Care Practices and Operational Policies
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 had a child safeguarding statement and a child protection policy. The centre had a named designated liaison person (DLP) and deputy designated liaison person and staff interviewed were able to identify the persons in these roles. The DLP and Deputy DLP had received specific training to undertake these roles. The centre maintained a list of mandated persons in compliance with the Children First

Act, 2015 that was displayed in the staff office along with the child safeguarding statement.

On review of the centre's child safeguarding statement the inspectors found that it did not identify the specific risks of harm/abuse a child may be exposed to when residing in the centre and did not include child sexual exploitation as a potential risk of harm/abuse as set out in the centre's child protection policy. The child safeguarding statement was displayed in the staff office however the inspectors found that staff interviewed were not familiar with the risk assessment as set out in the child safeguarding document. The centre manager must ensure that staff are familiar with the child safeguarding statement in terms of the potential risks of harm/abuse that children residing in the centre may be exposed to and the measures in place to mitigate such risks. There were clear safeguarding procedures in place in relation to the monitoring and supervision of the young people, however the inspectors found several incidents of concern had occurred when staff were not supervising the children as required. The centre manager must review these incidents and ensure all identified deficits in relation to the supervision of the children are addressed.

The child protection policy required further review to ensure it was fully aligned to Children First: National Guidance for the Protection and Welfare of Children, 2017. The section in the policy relating to the guidelines for recognising abuse must be revised in line with Children First, 2017 and further set out the guidance in relation to reasonable grounds for concern and the thresholds at which, or above which, staff have a statutory obligation to report a concern under the Children First Act, 2015. Consequently, the inspectors found evidence that staff interviewed were unclear in relation to the thresholds for reporting abuse. One social worker determined that some mandated reports submitted did not meet the threshold for a mandated report. Records from team meetings also evidenced ambiguity around thresholds for reporting a concern of harm/abuse. Staff must be made aware that if they are unsure about a concern meeting the threshold for a mandated report, they can seek advice from the DLP, the duty social worker or the allocated social worker. Additionally, where a concern does not meet the threshold for a mandated report this must be noted in the centre's child protection register with the reasons for this decision outlined.

The inspectors found deficits in the reporting and management of child protection concerns that arose in the centre. In one instance an allegation against a staff member was not managed in line with the centre's child protection policy and not reported in line with Children First, 2017 and another allegation of abuse was not

appropriately identified as an allegation of harm or reported or investigated in line with Children First. The inspectors also found that a complaint associated with one of the above incidents did not have the required supporting documents to sufficiently evidence the investigation process. At the time of the inspection, the inspectors were made aware that a former resident had made an allegation of abuse and this was reported directly by the young person to the social work department who were screening the allegation at the time of the inspection. The centre manager must ensure staff also complete Tusla's online mandated person's training. There were deficits in the oversight of mandated reports on file as the inspectors found a mandated report with a tracking number, that related to one of the residents however, the report was blank with no information about the concern outlined on the report. The social worker and the centre manager must ensure they track this reported concern to identify its content and ensure the concern is screened and investigated as appropriate.

A number of staff members had not received in-service training on the centre's child protection policy and safeguarding procedures. Staff training records and personnel files inspected evidenced that staff had completed Tusla's online training in relation to Children First however, staff members had not completed Tusla's mandated persons training. A review of the staff personnel files also evidenced that the organisation had contracted a staff member who had commenced employment with the organisation prior to receipt of Garda vetting secured by the organisation. Garda vetting was on file for this staff member however it was from their previous employment. The registered proprietor must ensure that staff do not commence employment with the organisation until Garda vetting applied for, is secured, and satisfactory.

The centre had a written anti-bullying policy. At the time of the inspection there was evidence that one of the children was targeted by the other residents and staff had identified incidents of bullying behaviours. The inspectors found there was insufficient evidence of individual work completed with the residents in relation to implementing anti-bullying strategies. Additionally, anti-bullying resources were required onsite to help children understand what bullying is and to recognise it when they see it and know where to seek support. The individual work undertaken with the children did not focus on many of the safety issues that had arisen for the children living in the centre and their own vulnerabilities in this regard. While the inspectors recognise it may not be appropriate to commence some of this work given the short-term nature of the placement however several safety issues had arisen within the

resident group and there was no evidence this was addressed with each of them individually.

Staff interviewed stated that the social workers would inform parents or guardians of incidents or allegations of abuse.

The centre had a policy and procedure on protected disclosures/whistleblowing. Staff interviewed were aware of whom they would report a concern about a staff or manager's practice. There was evidence that staff were confident to bring poor care practices to the attention of the centre manager. There were no disciplinary actions taken against staff since last inspection.

Compliance with Regulation	
Regulations met	Regulation 5 Regulation 16
Regulations not met	None Identified

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 centre manager must review the centre's child safeguarding statement and set out the specific risks of harm/abuse a child may be exposed to when residing in the centre and ensure staff are familiar with the risks and the control measures in place to mitigate such risks. The child safeguarding statement must also include child sexual exploitation as a potential risk of harm/abuse.
- The centre manager must review the implementation of all safeguarding procedures with the team and where safeguarding measures are not adhered to or are not sufficiently robust, they must be subject to review in conjunction with the team and for the purposes of learning.
- The service manager must review the child protection policy to ensure it is fully aligned to Children First National Guidance for the Protection and Welfare of Children (DCYA) 2017.

- The centre manager must ensure that staff are aware of the key personnel they can seek advice from if unsure about the thresholds for submitting a mandated report to Tusla. Additionally, where the DLP or allocated social worker determines a concern does not meet the threshold for a mandated report this must be noted in the centre's child protection register with the reasons for this decision outlined.
- The centre manager must ensure staff also complete Tusla's online mandated person's training and that all members of the team receive in-service training on the centre's child protection policy.
- The centre manager must ensure there are robust systems in place for the oversight of mandated reports and that all documentation relating to the status of the child protection and welfare report are maintained.
- The registered proprietor must ensure that staff do not commence employment with the organisation until Garda vetting applied for by the organisation is secured and satisfactory.
- The centre manager must ensure that individual work is undertaken with the children in relation to their vulnerabilities, self-care and protection that is sensitive to age, ability personal history and stage of development. This work must include teaching the children to recognise bullying and implement anti-bully strategies.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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.

The leadership and governance structures were further developed since the last inspection. A new post of service manager was established in July 2022. There was evidence that the service manager undertook governance visits, compliance audits and had provided regular and robust supervision to the centre manager. However, as outlined above improvements were required to ensure centre compliance with the requirements of Children First National Guidance for the Protection and Welfare of Children (DCYA) 2017. The service manager attended a team meeting following a period of where the staff were managing high risk behaviours and feedback and

support was provided to the team. There was evidence that the service manager and the centre manager reviewed the required actions from the previous inspection in 2022 to ensure they were met. The centre manager outlined the support, direction and guidance they received from the service manager. There was evidence of team meetings occurring on a monthly basis and the care records evidenced governance and oversight of practice by the managers. Due to the rostering constraints and leave, the social care managers' meetings had not occurred in line with agreed practice and the inspectors recommend that the centre manager makes every effort to facilitate these meetings with the social care leaders. The social care leaders are key frontline personnel who work directly with the team and the children and have a good understanding of staff practice, team dynamics and current centre issues and concerns that may need to be addressed.

The staff interviewed stated that the centre manager was supportive and accessible to them. The centre manager was in the role for just over a year at the time of the inspection and inspectors found evidence of their progression in this leadership role. The centre manager had not yet completed a recognised professional training qualification to secure their qualification. This qualification must be successfully secured prior to the centre's re-registration process in December 2023.

The centre had agreed contracting arrangements in place with the funding body and there was evidence that personnel from Tusla's contracting service visited the centre on two separate occasions in 2022.

There was a risk management framework in place and there was evidence that the framework was reviewed and discussed with the centre manager in supervision with their service manager. The centre had a structured pro forma for completing risk assessments and there was evidence that individual risks for children were identified, managed with control measures and subject to review. Risks associated with the children's individual behaviour and presentation were identified from the pre-admission information provided by the social worker or from the initial admission meeting. The inspectors found that risks associated with access to the internet and social media for two of the children were not identified as a risk and assessed in line with the risk management framework. The centre manager must ensure that access to the internet and social media platforms are risk assessed for all residents given the potential risks of harm for children with access to the internet combined with the additional vulnerabilities that present for children in care. The inspectors found that one child was under the minimum age for access to specific social media apps. While there were boundaries set in relation to access to the internet the child was observed

by the inspectors to be spending a considerable portion of their day using their phone. Additionally, the social worker raised concerns about the child's use of their mobile phone and supported additional restrictions of its use.

The centre had a suite of policies and procedures in place to guide their work. Policies and procedures were discussed at team meetings and a schedule of policies for review were identified. Policy supervision was undertaken with newly appointed staff and induction records evidenced staff were informed about centre policies and procedures. Staff were informed about new and updated policies by email.

The inspectors found that the internal management structure was appropriate to the size and purpose of centre with the appointment of a centre manager, deputy manager and three social care leaders. The deputy manager worked part time and the service manager should monitor this arrangement to ensure there is sufficient management support for the centre manager in their role. Following a review of supervision files, the inspectors found that the deputy manager was not supervised in line with policy however there was a recent plan in place to address this.

There were alternative management arrangements in place when the centre manager was absent from the centre. The deputy manager undertook the management role and responsibilities when the manager was on leave. A record of delegated management duties was maintained.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

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	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that they secure their professional training qualification prior to re-registration of the centre.

- The centre manager must ensure that every effort is made to facilitate the social care leaders' meetings as they are key frontline leaders in the centre.
- The centre manager must ensure that access to mobile phones, internet and social media platforms is risk assessed for all residents on admission.
- The centre manager must ensure the child safeguarding statement and the policy on children's access to social media is updated to include guidance on the minimum age for use of social media apps.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must ensure there are more robust systems in place to monitor and review the children's needs and specialist supports where placements are extended beyond the timeframes set out in the statement of purpose.</p> <p>The centre manager must ensure that where children's education placement is disrupted by their admission to care the centre staff liaise with their school and work with the children on aspects of their school curriculum as part of</p>	<p>The centre manager will ensure placement plans are reviewed, at handover, within team meetings, house management meetings and also during supervision sessions. Where onward placements are not secured in line with purpose and function the centre manager will, in conjunction with the allocated social worker, request a CICR in line with the statutory regulations where the child's care plan will be developed or updated and discussed. This will commence with the next referral to the centre.</p> <p>The centre manager will continue to liaise with the young person's allocated social worker in relation to education. In instances where education placement is within a reasonable distance from the centre, the staff team will facilitate and</p>	<p>Organisational policies and procedures will be reviewed and amended to reflect protocol on extended placements. Policy's will be reviewed on 10.05.2023.</p> <p>Where possible, the centre will facilitate the young person to attend their current school/education programme. Staff will liaise with the social worker to offer this during the admission process and will contact the school to organise homework etc. Education will</p>

	<p>their placement plan to ensure their connection with the education system is not lost and they do not fall behind their peers in terms of their education.</p>	<p>support the young people to attend their continued education. Where attendance is not accessible the centre manager/staff team will liaise with the young person's educational placement to request documentation to allow the young person to continue their education which will be added to their placement plan and promoted by the staff team.</p> <p>The staff team will also implement more non-formal educational plans, which may be included in the young person's daily activity planning. This will take place with immediate effect.</p>	<p>become a standing item on team meeting agenda with immediate effect to ensure oversight and governance. It will also be added to the admission meeting to inform social workers that they must ensure that an appropriate education programme or placement is secured for the young person if the placement extends beyond the purpose and function which is a 14-day emergency care arrangement. Where children are out of school for an extended period of time this will be escalated to the centre's external manager and the social work department.</p>
	<p>The centre manager must ensure that individual work arising from significant events is undertaken by staff as identified.</p>	<p>The centre manager will continue to review individual work as part of governance ensuring the highlighted areas have been addressed following management recommendations within the SEN. This will also be added to handover to ensure task has been completed.</p>	<p>All SENs will be reviewed and findings recorded for further learning and training purposes. All individual work will be cross referenced to ensure that the young person is afforded an opportunity to voice their options and aid building positive coping strategies going forward. The social care leaders will review the individual work and ensure that follow up work identified by the centre</p>

			manager arising from SENs is completed.
3	<p>The centre manager must review the centre's child safeguarding statement and set out the specific risks of harm/abuse a child may be exposed to when residing in the centre and ensure staff are familiar with the risks and the control measures in place to mitigate such risks. The child safeguarding statement must also include child sexual exploitation as a potential risk of harm/abuse.</p> <p>The centre manager must review the implementation of all safeguarding procedures with the team and where safeguarding measures are not adhered to or are not sufficiently robust, they must be subject to review in conjunction with the team and for the purposes of learning.</p>	<p>The child safeguarding statement will be updated to include an outline of risks harm/abuse the young people may be exposed to while residing in the centre. The potential risks of child sexual exploitation will be added to the child safeguarding statement. The safeguarding statement will further be updated by 21.04.2023, reviewed during supervision sessions and discussed during the next team meeting on 25.04.2023 to ensure the staff team are fully understanding.</p> <p>The centre manager addressed the deficits in the agreed safeguarding procedures at the team meeting on 28/02/23 and reviewed the agreed staff supervision arrangements for the children in placement at the time of the inspection. All staff will be involved in a discussion on the child safeguarding statement. This will be discussed during the staff team meeting</p>	<p>The child safeguarding statement will be reviewed by the centre manager, verified by service manager and CSSCU to ensure it is relevant and up to date regarding risks of abuse children may be subject to when living in the centre.</p> <p>Child protection and preventing harm/ abuse of children has always been an ongoing priority for the centre, however moving forward we will ensure that all measures regarding safeguarding will be featured more prominently at team meetings, handovers and supervision sessions. The centre manager will continually review, with immediate effect, that safeguarding is given due attention in the</p>

		on the 25.04.2023 and also during supervision sessions to ensure the teams understanding of same. SEN review will remain a standing agenda item in team meetings which will include areas of learning with regards to staff practice both positive and negative.	forums named above. With regards to ongoing governance, this will also be highlighted to the service manager in the monthly governance reports, therefore ensuring external oversight of any safeguarding issues on a monthly basis.
	The service manager must review the child protection policy to ensure it is fully aligned to Children First National Guidance for the Protection and Welfare of Children (DCYA) 2017.	The centre manager and service manager will review child protection policy and update where required to ensure it is aligned with Children First National Guidance for the Protection and Welfare of Children (DCYA) 2017. This will be completed by 10.05.2023 and circulated to the team via email and made viewable on the staff notice board. There will then be a discussion during the following team meeting on the 30.05.2023 to ensure full understanding of the policy.	Upon reviewing child protection policy, Policies and Procedures of the centre will be amended to ensure aligned Children First National Guidance for the Protection and Welfare of Children (DCYA) 2017. The centre manager will discuss this policy with team members during supervision sessions and also during policy supervision for new staff members to ensure full understanding.
	The centre manager must ensure that staff are aware of the key personnel they can seek advice from if unsure	The centre's child protection register will be amended to allow for recording of concerns that did not meet the threshold	For new employees highlighting areas such as key personnel they can seek advice from if unsure about the thresholds for submitting a

	<p>about the thresholds for submitting a mandated report to Tusla. Additionally, where the DLP or allocated social worker determines a concern does not meet the threshold for a mandated report this must be noted in the centre's child protection register with the reasons for this decision outlined.</p> <p>The centre manager must ensure staff complete Tusla's online mandated person's training and that all members of the team receive in-</p>	<p>for mandated reports and also the reasoning behind this decision. This will be completed by 02.05.2023.</p> <p>Discussion will be held under the agenda item CPWRF during team meetings. This will ensure the staff team are aware of the procedures relating to submitting mandated reports. This will be completed on the 25.04.2023.</p> <p>The centre manager will schedule mandated person training for the entire staff team via Tusla/HSEland online training. This will be completed by</p>	<p>mandated report to Tusla will remain part of the induction process to the centre. On an ongoing basis, should any staff member encounter an incident where they are unsure if a CPRWF is required, they will liaise directly with their supervisor for advice on whether the said incident meets the agreed threshold. This will be explained to the staff team during a team meeting on the 25.04.2023.</p> <p>The register will be updated to record all incidents including those that do not meet the threshold for reporting. The register will record all incidents of a child welfare or protection concern and will be reviewed weekly by centre manager or deputy manager. This will be completed by 28.04.2023. Internal audits and governance visits by the service manager will monitor compliance with Children First.</p> <p>All current staff will complete Tusla's online mandated persons training. Moving forward all new members of staff will complete the online mandated persons training as per their</p>
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	<p>service training on the centre's child protection policy.</p> <p>The centre manager must ensure there are robust systems in place for the oversight of mandated reports and that all documentation relating to the status of the child protection and welfare report are maintained.</p>	<p>28.04.2023. In house training will also be held on the child protection policy which will be completed on the 25.04.2023.</p> <p>CPWRF's will remain a standing agenda item in team meetings to ensure they are reviewed. The centre manager and deputy centre manager will also review CPWRF'S on a weekly basis and continue to follow up with the allocated social work departments to seek clarity on the progression of the CPWRF. In relation to child protection concerns documentation, this will be stored in the young person's folder with the corresponding SEN attached, these will then be stored in accordance with service contract and Tusla procedures.</p>	<p>induction process into the centre. All staff will be aware of the DLP and the DDLP which will be communicated during the induction process and also during a team meeting on 25.04.2023. The child protection policy will be added to a standing agenda item for all new employees for their first supervision session.</p> <p>CPWRFs will remain a standing agenda item for team meetings, will be reviewed on a weekly basis by the centre manager and deputy centre manager. CPWRFs will also remain a standing agenda item in regional managers meeting, organisational reviews and also operational management meetings to ensure full governance. As per service contract and Tusla policies all documentation related to CPWRFs will be stored within the young person's folder and placed in storage 6 weeks following discharge or alternatively when all CPWRFs related to the young person are closed by the Social Work department.</p>
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	<p>The registered proprietor must ensure that staff do not commence employment with the organisation until Garda vetting applied for by the organisation is secured and satisfactory.</p> <p>The centre manager must ensure that individual work is undertaken with the children in relation to their vulnerabilities, self-care and protection that is sensitive to age, ability personal history and stage of development. This work must include teaching the children to recognise bullying and implement anti-bully strategies.</p>	<p>The centre manager will liaise with the HR department to ensure new employees are compliant regarding Garda vetting requirements before offering a start date. As of the 17.04.2023 the service manager has liaised with the HR department to explain this particular issue and has instructed that no one will commence employment without all relevant Garda vetting being held on file.</p> <p>Upon admission the centre manager will ensure that self-care and protection, including teaching the children to recognise bullying and implement anti-bully strategies is added to each young person's placement plan. This will be included in all young people placement plans as of 17.04.2023.</p>	<p>No staff member will begin employment until confirmation from HR has been received that Garda vetting is in place for the employee.</p> <p>The placement plans will then be reviewed by the centre manager prior to forwarding to all relevant professional involved in the young person's care. Placements Plans will remain on the agenda for team meetings during which all staff members will engage in discussion regarding progress in meeting the goals as highlighted in the placement plan.</p>
5	The centre manager must ensure that they secure their professional training	The centre manager will complete their education/professional training prior to	

	<p>qualification prior to re-registration of the centre.</p> <p>The centre manager must ensure that every effort is made to facilitate the social care leaders' meetings as they are key frontline leaders in the centre.</p> <p>The centre manager must ensure that access to mobile phones, internet and social media platforms is risk assessed for all residents on admission.</p> <p>The centre manager must ensure the child safeguarding statement and the policy on children's access to social</p>	<p>the re-register of the centre. This will be completed by 31.05.2023.</p> <p>SCL meetings schedule will be developed and implemented. Attendance is compulsory unless on an approved absence from the centre. This will be outlined to each SCL during supervision sessions.</p> <p>Discussion will be held with each young persons allocated social worker where the risks will be discussed in relation to the young person having access to mobile phones, internet and social media platforms. This will then be reflected in risk assessment generated during the admission process.</p> <p>The child safeguarding statement will be reviewed and updated by the centre manager to reflect children's access to</p>	<p>Attendance of SCL meetings will be highlighted in the monthly governance report to ensure compliance.</p> <p>ERS does not provide internet access to the young people residing in the centre. However, access to mobile phones, internet and social media platforms will be added as a standing item on all risk assessments for young people as they may have access to mobile data.</p> <p>The child safeguarding statement will be reviewed by the centre manager, verified by the service manager and CSSCU ensure fully</p>
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	media is updated to include guidance on the minimum age for use of social media apps.	social media is updated to include guidance on the minimum age for use of social media apps. The centre manager and service manager will review the associated policy and amendments carried out where necessary.	compliant. If the staff team feel there are issues regarding young people's use of social media apps, this will be added to the young person placement plan for individual work to be completed regarding this topic and all relevant concerns passed to the relevant social work department. During the policy review on 10.05.2023 the associated policy will be reviewed by centre manager and service manager and amendments carried out where necessary.
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