



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 053

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Rainbows Community Services
Registered Capacity:	Four Young People
Type of Inspection:	Unannounced
Date of inspection:	2nd & 3rd October 2023
Registration Status:	Registered from 31st March 2022 to 31st March 2025
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	20th December 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 31st March 2007. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st March 2022 to the 31st March 2025.

The centre was registered to provide accommodation to four young people from age sixteen to nineteen years in their own apartment with the provision of onsite team supports. Their model of care was described as relationship based with an understanding of attachment and strong core working knowledge of the skills and resilience required for the next stage in the young people's lives. The team was utilising a model of care based on the principles of Daily Life Events (DLE), which looked at everyday tasks and creating positive experiences for them. DLE enforces the importance of using natural opportunities as the focus for interventions with young people. There were four young people living in the centre at the time of the inspection with two over the age of eighteen years.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.3

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 and to the relevant social work departments on the 27th October 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 November 2023. This was deemed to be unsatisfactory and a second CAPA was submitted on the 5th December. However, a number of the supporting documentation submitted to show evidence of the issues being addressed require further review and amendment.

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: 053 without attached conditions from the 31st March 2022 to 31st March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

The centre had policies and practices in place that recognised young people's right to participate in decisions being made about their lives. These included consultation and complaints policies as well as guidance on how to access their own information that was recorded and stored on centre files by the staff team. One young person spoke to inspectors and said they felt safe and were happy living in their own apartment and described how staff helped them to plan meals throughout the week and shop for and cook the food that they liked to eat. They had been consulted too on the paint colours that would best suit each room prior to moving into their apartment. They were also aware of some of the goals they would be supported with such as using public transport and booking and saving for a trip away with staff as part of their independent living skills programme.

Young people's house meetings were not in place, however, formal 1:1 consultations had been established for some young people to share their opinions on daily living experiences and highlight issues that they wanted addressed. Improvements though, are required so that this practice is consistent and inclusive for all. There was evidence that follow-on feedback on the issues they raised with staff was provided and recorded on one of the centre's logs but solutions were difficult to track on the young people's files. Centre management must ensure that consultations are taking place regularly for all young people so that they can share their views and raise issues on the daily running of the centre and be provided with follow up feedback on the decisions discussed by the staff team.

Young people's voices were reflected in several ways on centre records. These included child in care review meetings (CICRs), placement planning and key working. Opportunities were provided at these forums so that they could give their opinions and talk about their preferences and wishes for their everyday living as well as their future plans. There was evidence of young people and their families being

prepared for meetings with social work departments too and where they decided not to attend, key workers advocated well for individual needs on their behalf. For one young person who found the commute to school long and tiring, staff facilitated them to secure a placement closer to the centre. The young person was subsequently supported to return to their former school when they found it difficult to settle in the new environment.

Inspectors found that the way in which issues and complaints were gathered by the staff team on behalf of young people was not in line with centre policy. There was one complaint logged in the register for 2023 and this was made by a family member about a social work department. This would have benefited from a referral through Tusla's Tell Us process, but this option was not provided by the centre to the family member, and neither were the details contained in the welcome pack for young people. Centre management and staff at interview were unaware of this procedure. However, information on advocacy services such as Empowering People in Care (EPIC) was provided, and young people were supported to engage with them where appropriate. For one young person who completed a questionnaire for inspectors and had raised issues in relation to staff responses to them, these should be responded to by centre management using the centre's complaints procedure. Centre management must ensure that the practice in place for gathering and resolving young people's dissatisfactions and complaints is policy led. The centre's complaints policy must be implemented in practice and training completed with all staff. Young people must be informed about the wide range of external advocacy services that they can access, as necessary.

Young people were assigned two key workers and consideration was given by the staff team to their suitability and shared interests. Where young people asked for a change in key worker, this was discussed and facilitated where possible. The centre had a key working policy in place which promoted young people to choose their own key workers, but this was not in place in practice and inspectors recommend that this is reviewed for use on admission of young people. Key working sessions and individual work was of a good standard but was undertaken more regularly with some young people more than others. This was due to the choice young people made not to engage at certain times. The individual work supported young people in areas of learning, independent living skills, wellbeing, safeguarding and preparation for leaving care.

A young person's booklet had been developed and contained information which outlined the care young people would receive while living in the centre as well as their

rights, house rules and how to make a complaint. Young people were provided with this information as part of a welcome pack on admission to the centre. The booklet requires review so that its presentation is enhanced, and details are outlined on; the centre's child safeguarding policy, the role of the Ombudsman for Children's Office, Tusla's Tell Us process and how to access their own files that are recorded about them and maintained by the centre. One social worker and an aftercare worker interviewed said that they were happy with the independent living skills programme provided by the staff team and found them to be dedicated to young people being part of the decisions been made about their care.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
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 1.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required.

- Centre management must ensure that consultations are taking place regularly for all young people so that they can share their views and raise issues on the daily running of the centre and be provided with follow up feedback on the decisions discussed by the staff team.
- Centre management must ensure that the practice in place for gathering and resolving young people's dissatisfactions and complaints is policy led. The centre's complaints policy must be implemented in practice and training completed with all staff.
- Centre management must ensure that young people are informed about the wide range of external advocacy services that they can be supported to access, as necessary.
- Centre management must ensure that the young people's booklet is reviewed so that its presentation is enhanced, and details are outlined which include, the centre's child safeguarding policy, the role of the Ombudsman for Children's Office, Tusla's Tell Us process and how to access their own files that are recorded about them and maintained by the centre.

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 safeguarding and child protection policy in place that was not in compliance with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The specific deficits related to the reporting procedures for mandated and non-mandated persons including a procedure for reasonable grounds for concern, code of behaviour and responding to a disclosure of abuse. The steps to report suspected child sexual exploitation (CSE) was not contained in the policy and the anti-bullying policy required updating as well as the inclusion of measures to be followed in response to cyberbullying. Senior and centre management must prioritise a review of the centre's child protection and safeguarding procedures and make all necessary amendments and additions to ensure it is aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. All of the staff team must receive specific training on the centre's updated child safeguarding policies and procedures. The centre manager was the appointed designated liaison person (DLP) for the centre and had completed the DLP training.

In addition, the child protection policy did not detail the process for managing allegations made against staff/volunteers/students and it had been confused with the complaints procedure when an allegation arose in practice. When this incident was brought to the attention of the designated liaison person (DLP) in the centre, it was managed under the complaints policy and the steps that were implemented in response were not fully in line with standard procedures under Children First. A documented review of the incident was not seen on the centre files by inspectors nor was any evidence apparent that appropriate learning including a review of safe practices were shared with the staff team as part of follow-up. This must be prioritised. Senior and centre management must ensure that allegations made against staff are responded to in line with the centre's updated child protection policies. A review of the incident must be completed retrospectively and learning from the review should be shared with all of the staff team including any amendments to the child protection procedures.

The centre had developed a Child Safeguarding Statement (CSS) which was updated in July 2023. All centre staff were deemed to be mandated persons. Students were named as non-mandated persons but as referred to above, there was no appropriate reporting procedure in place for them to follow. The senior manager identified themselves as one of the two DLPs but had not attended the dedicated training to support them with their role and responsibilities.

At interview, while management and staff had knowledge of the lone working policy, there was poor awareness of the centre's child protection and safeguarding procedures including a code of behaviour when working with young people. Some elements of Tusla's online child protection training had been completed by staff, however, it was unclear from the staff training log as to what specific training had been provided including mandated and DLP training. The centre manager told inspectors that an external trainer had delivered child protection modules to the team as well as child sexual exploitation training (CSE). All appropriate online child protection training must be completed by staff and recorded clearly on the centre's training log. The centre's safe practice and code of behaviour procedure must be refreshed with the staff team.

For some suspicions of abuse, staff had followed the standard reporting procedure, but not for others including specific CSE concerns. Where significant child safeguarding vulnerabilities and risks were identified for young people, the staff team were in general unable to minimise the risk of harm for them when they were out of the centre. For one young person, where staff had identified a serious child protection and welfare risk previous to a significant safeguarding incident taking place, a documented safety plan was not on the young person's file to mitigate the risk. Some key working was being undertaken to support young people to develop an understanding of self-care and protection including keeping safe online and interacting with age-appropriate peers. There was evidence too of contact made with social work departments and the Gardai where suspicions and disclosures of abuse had arisen. One social worker interviewed said that they received regular updates from the centre manager and were contacted when issues arose. A guardian ad litem who also spoke to inspectors described their concern that the centre's child safeguarding practices in place for one young person were not robust enough to help protect them when they left the centre. Centre management must ensure that where there are reasonable grounds of concern, the appropriate reporting pathway is consistently followed in line with national guidance and centre policy. All suspicions of CSE should be reported as a CPWR under the centre's CSE procedures. Individual safeguards put in place for young people must be more robust.

Mandated child protection concerns submitted through the Tusla portal were recorded in the significant event notification (SEN) logbook. However, it was unclear if these were concluded or if follow-up with social work departments had taken place. The system for tracking and monitoring child protection and welfare concerns requires improvement so that staff can help young people to understand the outcome of reports in a timely and planned way. Oversight of child protection reports logged in the SEN register was not taking place by senior management. In addition, there was no evidence that discussions were happening in relation to child protection and safeguarding concerns with staff at team meetings.

The centre had a policy on protected disclosures, the procedure outlined was not in compliance with Tusla's protected disclosure policy and this must be updated. Staff were not aware of the procedures at interview.

Compliance with regulations	
Regulation met	Regulation 16
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 3.1

Actions required.

- The registered proprietor must ensure that the centre is operating in line with and complies with the relevant policies as outlined in Children First and relevant legislation.
- Senior and centre management must prioritise a review of its child protection and safeguarding procedures including the non-protected disclosure policy and make all necessary amendments and additions to ensure it is aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.
- The centre manager must ensure that all of the staff team receive specific training on the centre's updated child safeguarding policies and procedures. All appropriate online child protection training must be completed by staff and recorded clearly on the centre's training log. Designated Liaison Training (DLP) must be completed by all DLPs.

- Senior and centre management must ensure that allegations made against staff are responded to in line with the centre's updated child protection policy.
- Senior and centre management must ensure that a full review of the recent allegation is completed retrospectively and learning along with improvements to procedures and practice should be shared with all of the staff team. The centre's safe practice and code of behaviour procedure must be refreshed with the staff team.
- Centre management must ensure that where there are reasonable grounds of concern, the appropriate reporting pathway is consistently followed in line with national guidance and centre policy. Individual safeguards put in place for young people must be more robust. All suspicions of CSE should be reported as a CPWR under the centre's CSE procedures.
- Senior management must ensure that there is a system in place for tracking and monitoring of child protection and welfare concerns.
- Centre management must ensure that where serious risks have been identified for young people that all protective measures and practices implemented as a response are documented, and regularly reviewed.

Regulation 5: Care Practices and Operational Policies

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Centre staff were supporting young people to access education and learning facilities and to identify their individual interests and strengths. However, improvements were required to strengthen engagement with individual learning placements for some young person. Of the four young people living in the centre at the time of the inspection, two were attending school on a fulltime basis, one young person had completed first year in college, but it was unclear if they intended to continue their course and one young person did not return in September when the new term started. While an alternative placement had not yet been sourced for them, many efforts were made by the staff team to seek out other options. Securing an alternative placement as soon as possible is of high importance because of the specific vulnerabilities of the young person. The details regarding the reason for the young person not wishing to return were unclear on the young person's file. In general, records relating to communication with education placements including updates on progression, issues and incidents must be more comprehensive. The centre manager

must ensure that a detailed record of contacts made with educational facilities for all young people regarding updates, issues and incidents must be maintained on their files up to the age of eighteen years.

In general, the staff team worked well with young people to discuss their options and preferences regarding educational goals and their opinions on what suited them best were listened to. There was evidence that young people's input influenced the decisions being made by the centre and social work departments and were also considered at young people's child in care reviews. Where one young person was attending a school that was a long distance away but that met their specific needs, staff provided regular transport so that they could attend according to their timetable. Additional grinds were provided for one young person who was in their leaving cert year. These included support with core subjects as well as resourcing extra tuition for subjects of special interest to them. One young person was encouraged to join afterschool study groups and preparation for access to third level courses was completed with them including researching of bursary funds to avail of. Laptops and other appropriate technology was provided where required for schoolwork. Where risks existed for some young people in having access to the internet, contracts were developed between the centre, the school, and the young person for safe use.

A number of assessments and individual diagnosis with comprehensive recommendations were maintained on young people's individual files and staff at interview were aware of the content of the report documents. However, for one young person, further shared learning with the staff team and the school regarding specific guidance from their assessment could provide stronger support for them to remain in full time education.

For some young people professional's meetings were taking place to review their educational goals and evaluate the supports in place. However, as referred to above, more regular contact and collaboration with specific educational facilities is required. From a review of centre files, school reports and recorded updates were absent from young people's records including any follow up with school professionals requesting these and this must be addressed. Some good routines were in place for young people to support them to attend their placements.

Compliance with Regulation	
Regulation met	Regulation 5
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 4.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required.

- The centre manager must ensure that a detailed record of contacts made with educational facilities for all young people regarding school reports, updates and incidents is maintained on their files up to the age of eighteen years.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	Centre management must ensure that consultations are taking place regularly for all young people so that they can share their views and raise issues on the daily running of the centre and be provided with follow up feedback on the decisions discussed by the staff team.	The centre manager has met with each resident and discussed how they wish for resident's consultation meetings to be held, with option for these to be held in a group format. The consensus was that each preferred to keep resident consultations in 1-1 format in keeping with their living in individual apartments. Feedback forms have been redesigned to allow for improved tracking. Feedback will be delivered to each resident in their apartment regarding decisions and a copy of same will be kept on file.	Resident's consultation meetings will continue to be offered weekly, and the social care manager will oversee that they are taking place. Where a young person refuses, this will be noted in their daily log; and the social care manager will complete a follow-up meeting with the young person to gather feedback. New admissions will continue to be offered the option of group meetings as an alternative to the 1-1 format. Weekly resident consultation meetings to continue to form part of the weekly staff team meeting agenda.
	Centre management must ensure that the practice in place for gathering and resolving young people's dissatisfactions and complaints is policy led. The centre's complaints policy must be implemented in practice and	The centre manager has reviewed and updated the policy to include a more robust response that details procedure and guiding practice in relation to resolving any dissatisfactions, grievances and informal and formal complaints. A staff	A bi-weekly written DOS handover that is already in place will be enhanced to include an attachment of any complaint types that are currently open and/or pending. Monthly review of complaints will be brought to monthly senior management

	<p>training completed with all staff.</p>	<p>meeting was held on 08/11/2023 where updates were discussed and policy and procedure refreshed. A new template has been created that will support staff to follow procedure for resolving any dissatisfactions, grievances and informal complaints. In addition, all complaints, whether they are formal or informal (non-notified) will be logged in the complaints register. Complaints training to be sourced by January 2024.</p>	<p>meetings and form part of senior management meeting's agenda. The centre manager will continue to pursue resolution of all dissatisfactions, grievances and complaints that have been raised through the social work department.</p>
	<p>Centre management must ensure that young people are informed about the wide range of external advocacy services that they can be supported to access, as necessary.</p>	<p>Young people will be informed of all the external advocacy services that are available to them and will be supported by the staff team to access these.</p>	<p>During key working and focused work around the resolution of issues, young people will also be reminded that they can access external supports such as EPIC, Tusla (Tell Us) and Ombudsman for Children.</p>
	<p>Centre management must ensure that the young people's booklet is reviewed so that its presentation is enhanced, and details are outlined which include,</p>	<p>The management team have reviewed issue requiring action and made changes to the young person's booklet. The presentation has been enhanced to include</p>	<p>The deputy manager and assigned keyworker will oversee that new admissions and ensure young people receive the updated booklet, and that this will be reviewed again 6 weeks post</p>

	the centre's child safeguarding policy, the role of the Ombudsman for Children's Office, Tusla's Tell Us process and how to access their own files that are recorded about them and maintained by the centre.	the centre's child safeguarding policy, the role of the Ombudsman for Children, Tusla's Tell Us portal and how to access their own files and information that is recorded about them.	admission.
3	<p>The registered proprietor must ensure that the centre is operating in line with and complies with the relevant policies as outlined in Children First and relevant legislation.</p> <p>Senior and centre management must prioritise a review of its child protection and safeguarding procedures including</p>	<p>The registered proprietor has met with the centre manager and gone over the updated policy to ensure the centre will be operating in line with Children First and relevant legislation. The proprietor has also enforced a requirement on the centre to follow all recommendations set out by this inspection.</p> <p>Senior and centre manager have reviewed and updated the unit's child protection and safeguarding procedures. Updates include the protected disclosure policy.</p>	<p>Senior management will do monthly oversight specific to the centre's operation in Children First legislation and relevant policies. An audit tool will be designed as part of the monthly oversight. A checklist to be conducted to ensure that every child protection issue that occurred was handled in line with policy. Feedback to be given to the staff team if there is any identified gaps in practice for continued learning purposes. Child protection issues arising will form part of the agenda for senior manager meetings' and staff meetings respectively.</p> <p>Theme 3 of the National Standards will be audited at minimum three times a year. Persons responsible will be the unit manager, director of services, and sister</p>

	<p>the non-protected disclosure policy and make all necessary amendments and additions to ensure it is aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.</p> <p>The centre manager must ensure that all of the staff team receive specific training on the centre's updated child safeguarding policies and procedures. All appropriate online child protection training must be completed by staff and recorded clearly on the centre's training log. Designated Liaison Training (DLP) must be completed by all DLPs.</p> <p>Senior and centre management must ensure that allegations made against</p>	<p>External expertise was enlisted on the 16/10/2023 and a full review of child protection and safeguarding policies and procedures took place alongside centre management and senior management. Child protection training related to updates were held on 02/11/2023 in-person with the team so as to maximise learning outcomes. Currently all staff have completed Children First, Mandated Person training, CSE training and Child Protection training. DLP training is currently being sourced for the director of services.</p> <p>Senior management and manager have reviewed and updated its child protection policy and any future allegations made</p>	<p>unit manager. A timeline of every 4 months to be assigned to persons responsible.</p> <p>Policies and procedures will be reviewed monthly by staff and management in refresher format at designated team meetings so that information contained within is retained. As a preventative measure impromptu questions have been prepared and will be asked of staff at other platforms including handovers, and supervisions.</p> <p>The centre manager will ensure that any allegations made against staff will follow the centre's updated child protection</p>
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	<p>staff are responded to in line with the centre's updated child protection policy.</p> <p>Senior and centre management must ensure that a full review of the recent allegation is completed retrospectively and learning along with improvements to procedures and practice should be shared with all of the staff team. The centre's safe practice and code of behaviour procedure must be refreshed with the staff team.</p> <p>Centre management must ensure that where there are reasonable grounds of concern, the appropriate reporting pathway is consistently followed in line with national guidance and centre policy. Individual safeguards put in place for young people must be more</p>	<p>against staff will be responded to as per procedure described within.</p> <p>A full review of allegation made was completed retrospectively during the centre manager's supervision with the director of services on 31.10.2023. The learning from same will then be discussed at the Ivy Mews team meeting on 16.11.2023. The safe practice and code of behaviour procedure will be refreshed with the staff team at team meetings also.</p> <p>The manager has reviewed the centre's child protection/safeguarding policies and procedures to include a detailed description of reporting pathways. New individual risk management plans will be reviewed by management and staff on a monthly basis. Any suspicions of CSE will</p>	<p>policy. In the event of an allegation being made an immediate step-by-step review will take place between centre and senior management to ensure the response is policy led.</p> <p>Centre manager will enforce working in line with updated policy. The safe practice code of behaviour was updated and will be refreshed regularly with staff at platforms including handovers, supervisions and team meetings.</p> <p>Theme 3 tri-annual audit to pick up any anomalies to this prevention.</p> <p>A bi-weekly written director of services handover that is already in place will be enhanced to include an attachment of CSE and child protection concerns. External auditing to be completed by senior management to ensure these reviews are happening. Internal monthly risk management plans will be put in place for</p>
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	<p>robust. All suspicion of CSE should be reported through the Tusla portal.</p>	<p>be reported on the Tusla portal.</p>	<p>all current residents and any new admissions as way of tracking current risk and management of same. Internal risk management plans to be reviewed with the staff team on a monthly basis (or before if needed). This will contribute and strengthen understanding of each risk, best practice for mitigating and managing same; and the reporting pathways to follow.</p>
	<p>Senior management must ensure that there is a system in place for tracking and monitoring of child protection and welfare concerns.</p>	<p>All child protection and welfare concerns for 2023 have been retrospectively added to the excel sheet log which will be used for tracking purposes.</p>	<p>The new CPWR log will be signed off by senior management every month to ensure that all CPWRs are being monitored, tracked and closed off by the social work department.</p>
	<p>Centre management must ensure that where serious risks have been identified for young people that all protective measures and practices implemented as a response are documented, and regularly reviewed.</p>	<p>The centre manager has issued instruction to the staff team regarding the appropriate level of recording as it applies to the identification of risk concerning young people. The manager and deputy manager will robustly review individual risk management plans for each young person, alongside safety plans with MDT. This and</p>	<p>The centre manager will ensure where serious risks are identified for young people a safety plan is immediately developed in conjunction with MDT professionals, implemented – and reviewed fortnightly or earlier if needed.</p>

		existing risk assessment tools will be reviewed monthly or more regularly where assessment warrants same.	
4	The centre manager must ensure that a detailed record of contacts made with educational facilities for all young people regarding school reports, updates and incidents is maintained on their files up to the age of eighteen years.	Two social care leaders have been assigned the responsibility of school liaison in this regard to ensure all records as described are kept up to date until the young person reaches age of 18.	The Centre manager will delegate the role of school liaison to a SCL upon admission of each new resident – where applicable. The role and all that it entails will be detailed on delegated duties template and signed off by staff member taking on role.