



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 044

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Odyssey Care
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	03rd and 08th May 2023
Registration Status:	Registered from 8th June 2021 to 8th June 2024
Inspection Team:	Linda Mc Guinness Joanne Cogley
Date Report Issued:	20th June 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 in June 2015. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 08th June 2021 to the 08th June 2024.

The centre was registered as a multi-occupancy unit to provide medium to long term care for four young people aged between 13-17 on admission. Their model of care was based on theoretical approaches underpinned by four pillars of care; entry, stabilise and plan, support, relationship building and exit. The framework aimed to provide young people with stability, security, self-awareness, independence, self-sufficiency, appropriate coping skills and education. The organisation was continuing in their process of updating their model of care with the timeframe for completion scheduled for the end of 2023. At the time of inspection, there was one young person living in the centre.

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	4.2
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.

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 17th of May 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 31st of May 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: without attached conditions from the 08th June 2021 to the 08th June 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

At the time of inspection, the approach to care was supported by a policy in respect of young people's rights that included information on personal space, preferences, communication, and consultation. The policy also included diversity, information about possible room searches and access to their information.

At the time of inspection one young person was living in the centre and there was an agreement with the supervising social work department and the national private placement team that no other young people would be admitted. It is important to state that there was an agreement since late 2022 that this placement was not suitable to meet the needs of this young person and they were on a waiting list for an appropriate alternative placement. Inspectors did not get an opportunity to meet with them and they declined to complete a questionnaire.

It was clear from review of the young person's care file and centre records that they had expressed dissatisfaction about aspects of their care and made verbal and written complaints. Upon review of these complaints, it was evident that they mostly related to restrictive practices in place in the centre. Inspectors found that changes to practice were made in consultation with the young person where it was reasonable and practical. The restrictive practices were regularly reviewed at team meetings in an effort to assess if it was safe to remove or reduce them. However, where it was determined by professionals that measures were in place to safeguard the young person and manage known risks, this was explained to them so they understood the rationale behind decisions. Daily log records captured the voice of the young person in relation to aspects of daily living, free time, access with family and restrictions in place.

The centre had a complaints policy and procedure in place. This outlined a four-tier complaint process that ranged from local resolution to external review. Staff in

interview, were clear about the thresholds and how the organisation's process worked in practice. They were not clear about Tusla's *Tell Us* Complaints and Feedback Procedure and what complaints might be managed through this process. This lack of understanding resulted in missed opportunities where certain complaints should have been reported through *Tell Us*.

Following inspection of another service within the organisation and a recent review of the policy, it now included young people being informed of the outcome of complaints and while this was adhered to for complaints that were processed within the centre, some complaints that were escalated to the social work department were not concluded.

A booklet was available for young people and parents upon admission to the centre. It outlined information on young people's rights and how to make a complaint including details about Tusla's *Tell Us* Complaints and Feedback process. Information regarding Empowering Young People in Care (EPIC) and the Children's Ombudsman was available to young people. Visits from an EPIC representative were arranged however the young person declined to meet with them. A child friendly version of the statement of purpose was also made available to young people and provided information about all aspects of the house including the organisation, the care framework, and the safety of young people.

The allocated social worker and appointed Guardian ad Litem were interviewed by inspectors and while they acknowledged that the placement was not suitable and could not be sustained, they stated that the management and team were committed to the young person and had provided optimum care despite many challenges.

Inspectors found that the team made efforts to build trusting relationships with the young person and tried to encourage their participation in planning. There was evidence too that the management and team were strong advocates for the young person. The manager had made complaints on behalf of the young person under the Health Service Executive (HSE) '*Your Service – Your Say*' complaints and feedback process about aspects of service provision by a specialist service they were connected with. This is further discussed under Theme 4.

Individual meetings were offered to the young person weekly and records were available for review. The young person did not always engage productively but when they did the content of meetings were reviewed at team level.

The centre manager maintained a complaints register; however, it did not contain the complaints made to the HSE on behalf of the young person. All complaints should be entered to facilitate effective tracking and escalation if required.

Individual complaints were discussed at team and management meetings and detailed in service governance reports to senior management. One external quality assurance audit took place between January and March 2023 that included aspects of Theme 1 of the National Standards for Children's Residential Centres, 2018 (HIQA). A recommendation that management review trends and patterns was subsequently evident across meetings in March 2023. This audit did not include feedback from the young person on the complaint's procedure or the effectiveness from their perspective and this is recommended.

Inspectors found that some historical complaints remained open for significant periods that were still with the social work department. These should have been referred through Tusla's *Tell Us* procedure to facilitate escalation and more timely resolution. This was not a finding in either review of complaints that took place.

There was evidence that the organisation took steps to update the complaints procedures and information booklets based on learning from recent inspections in other centres.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required.

- The centre manager must ensure that the complaints register is fully complete.

- The centre manager must ensure that young people and the staff team are fully aware of Tusla's *Tell Us* Complaints and Feedback Procedure and that it is utilised when necessary.

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.

Inspectors found that the centre was operating in line with the relevant legislation and complied with reporting procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017 and in line with the requirements of the Children First Act, 2015. There was a range of policies and procedures in place for safeguarding young people, reporting, and managing concerns in line with Children First. These included recruitment, lone working, safeguarding and child protection, maintaining professional boundaries, bullying, whistleblowing, and online safety amongst others.

There was evidence that a process was in place to update policies across the organisation if deficits were highlighted in inspections of other centres. Discussions about learning from inspections was evident from review of recent team and management meetings.

There was a written Child Safeguarding Statement (CSS) displayed in the centre as required. The statement set out the potential risks of harm or abuse for young people living in the centre, as defined under the Children First Act, 2015, along with measures in place to mitigate against the identified risks. It also included some general individual risks for the young person in placement including aspects of their behaviour. Inspectors found that this contributed to a lack of a clear understanding of the CSS associated risk assessment in terms of the risks under Children First National Guidelines for the Protection and Welfare of Children, 2017. Inspectors recommend the statement is revised to contain only risks of harm or abuse as outlined in Children First, 2017 and revisited at team level to ensure absolute clarity.

Staff were familiar with the regional manager who was the named designated liaison person (DLP) and understood that other regional managers acted as Deputy DLP to be a resource to them if the DLP was not available. Some consideration was being given to training social care managers in the role of DLP and they may be appointed as deputy DLP which inspectors viewed as a positive development.

During inspection interviews, staff described their responsibilities as mandated persons to report any child protection and welfare concerns to the Child and Family Agency through the dedicated Tusla portal. The centre manager maintained a list of all mandated persons in the centre as required.

The organisation provided training in respect of safeguarding and child protection as part of their induction process. A sample of staff files showed that they had completed the Tusla E-learning module: Introduction to Children First and training in respect of their role as mandated persons. Training was also provided on awareness of child sexual exploitation and the relevant reporting procedure however staff were not fully familiar with this in interview. Inspectors recommend that this is refreshed with the staff team and that there is a system in place to assess staff knowledge and understanding. There was an effective online system in place to track staff training. All visits to the centre were recorded in a visitor's log.

The centre manager maintained a child protection and welfare register. Inspectors found that there were seven entries in the past six months and six had not been brought to a conclusion at the time of inspection. While there were clear internal systems in place for recording, reporting, and tracking the status of mandated reports and child protection concerns some historical referrals remained open due to a change in allocated social worker or because the young person would not co-operate in the process following an allegation. The centre manager escalated this to the social work team leader and raised the issue during regular strategy meetings and it was hoped that this could be resolved imminently.

There was evidence that child protection was discussed at a general level in management and team meetings and that it was specifically built into risk management planning for the young person. A quality assurance audit covering Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) or compliance with Children First: National Guidelines for the Protection and Welfare of Children, 2017 had not yet taken place in 2023. There were twelve open risk management and safety plans at the time of inspection. Monitoring of

safeguarding measures and child protection was also evident across monthly governance reports.

Inspectors found that there were good systems in place to promptly notify all significant events and the allocated social worker and Guardian Ad Litem described excellent communication with the team and managers in support of planning and risk management. All professionals agreed about the limitations of the placement to manage the concerns safely. Staff and management within the centre were able to identify all known vulnerabilities for the young person as well as the associated risk assessments and control measures although there was understandable anxiety that many of these were not realistic or achievable. Professionals who spoke with inspectors acknowledged how difficult it was and commended the efforts of the staff team and management to keep them safe while waiting on a more suitable secure placement.

As there was only one young person living in the centre, there were no incidents of bullying however, staff were alert to the possibility of this risk in the community among others.

There was a written 'honesty and whistleblowing' policy in place. Staff identified people they could bring concerns to if required and were confident they would not suffer any adverse consequences for doing so. Staff, while they stated how difficult the work could be, described a culture of reflective practice that was focused on learning and were confident that they could challenge practice of colleagues in a supportive environment. There were no reported protected disclosures since the last inspection in January 2023.

From review of the young person's care records, it was evident since the appointment of a new social worker that there was collaborative work the social work team and other professionals with weekly strategy meetings taking place to discuss key issues and appropriate interventions. This was confirmed in interviews with supervising social worker and the Guardian ad Litem. They described the management and team as being very alert to issues of risk and child protection. Notwithstanding this, a statutory child in care review did not take place in March 2023 in line with timeframes set out in regulations. The most recent care plan was dated August 2022 and did not highlight the need for a more specialised placement. There was evidence that the centre manager had escalated this issue to advocate on behalf of the young person. A child in care review took place during the week of this inspection.

In the absence of an up-to-date care plan there was a placement plan on file that was discussed with regular input of the social worker and the Guardian ad Litem during weekly strategy meetings. This was complemented by other planning documents such as individual absence management plans, behaviour support plans, risk assessments and safety plans to promote safe care in the centre and the community. From a sample of key working reviewed, it was generally evident that while the young person was resistant to planned work, the team were creative in completing informal work in relation to keeping safe and encouraging them to develop an awareness of self-care and protection. Inspectors recommend that key working tasks are set out in a more structured way to ensure key areas are not missed due to the informal nature of the discussions.

Review of the significant events took place at the management meetings and there was evidence of analysis of trends and patterns and that learning was disseminated back to the staff team and discussed during team meetings.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

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

Actions required.

- The centre manager must ensure that all staff are familiar with the risks of abuse set out in the Child Safeguarding Statement.
- The centre manager must ensure that there is a system in place to establish and track completion key working tasks aligned to the goals of placement plans.
- The centre manager must ensure that all staff have awareness of Tusla's child sexual exploitation reporting procedure, 2021.
- The registered provider must ensure there are adequate systems in place to audit child protection and ensure compliance with Children First and organisational policies.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

There was a policy and procedure in place to support general health, development, and wellbeing of young people. This included sexual health, physical activity, diet and nutrition, bullying and specialist supports. Inspectors note that the policy did not specifically reference work in respect of consent and this is recommended.

As mentioned previously a child in care review did not take place in line with regulations and the last care plan was dated August 2022. There were aspects of health that were not included on this plan.

While the young person had an up-to-date placement plan that included their health needs it was condensed to prioritise the most pressing four goals. Staff were knowledgeable about health needs and made efforts to complete individual work to ensure optimum health, wellbeing and to reduce risk.

It was evident to inspectors that improvements were made in terms of a focus on health and nutrition since the January 2022 inspection. The young person was actively encouraged to limit takeaway food with healthier home cooked food options available and they were encouraged to participate in menu planning. They were encouraged to and had participated in a structured sports activity.

Staff were alert to mental health needs and had completed supplementary training in areas such as self-harm, suicide prevention and substance misuse.

A behaviour support analyst was available to the team to discuss individual areas of vulnerability and how best to respond to the young person's needs.

The young person was discharged from a child and adolescent mental health team when they missed appointments and complaints to the HSE under the 'Your service, Your Say' policy in respect of this were outstanding as discussed previously. The young person was registered with a local general practitioner and there was evidence

that staff supported them to attend varied health appointments. They also worked to assist the young person to understand the consequences of personal decisions. There was evidence of attempts by staff to discourage the young person from smoking or other substance misuse. There was evidence too that they explained to the young person the importance of vaccinations, and immunisation and other health related records were held on file.

There was evidence of a partnership approach with the social work department to focus on health and other needs.

There was a medication management policy in place and staff were trained in the safe administration of medication. The young person was not taking any prescribed medication but pro re nata (PRN) medication was available if required. Medication was stored securely and adherence to policy was subject to appropriate oversight through monthly audits. They were also subject to further review in the service governance reports.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

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

Actions required.

None identified.

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.

A recent inspection of this service in January 2023 found that the centre was not operating in compliance with Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. A corrective and preventative action plan (CAPA) submitted to the Alternative Care Inspection and Monitoring Service (ACIMS) on 8th March 2023 indicated that this issue was resolved and that eight wholetime equivalent staff were available in the centre. On review of information submitted for this inspection this did not appear to be an accurate representation of the staffing complement at that time as one person left employment on 3rd April. Since that time another staff member has left the employment of the organisation further reducing the staffing complement at the time of this inspection on the 3rd of May 2023.

The current staff team comprised of the centre manager, deputy manager, three social care leaders, three social care workers, and four relief staff. Another staff member was due to return from extended protected leave in July 2023. As such the centre was still not compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. Following this inspection, the registered provider gave written reassurances to ACIMS that no further admissions to the centre would take place until the centre was fully staffed in line with requirements.

Notwithstanding the efforts to recruit and employ extra staff inspectors found that the management and team were under intense pressure to fulfil the required rota. During January and February 2023 there was a requirement for live night cover and the centre had ceased expecting the overnight staff to fulfil this requirement following concerns raised in the January 2023 inspection. For a short period dedicated live night staff were made available from other centres within the organisation. Inspectors found that 39 different staff worked in the centre between January and April 2023. In March 2023 the centre roster was reorganised so this cover was provided as part of the rostered hours for contracted staff. From review of centre and

management meetings there was evidence that the team found this very difficult and that many core shifts also had to be covered by the relief team rather than them being available for planned leave and emergency cover. The deficits in staffing put pressure on the service in terms of managerial responsibilities as they had to cover shifts. On occasion the centre manager and regional manager had to work a shift also and the deputy manager sometimes filled gaps in the rota rather than working their dedicated office hours.

A professional meeting on 6th April 2023 indicated that three checks were required each night between midnight and 8am and the rostered live nights ceased. At the time of inspection, the overnight staff completing 24hour shifts were expected to complete these checks which resulted in a de facto live night. The social worker and Guardian Ad Litem agreed that these checks were required due to known risks and while they commended the staff team, they understood it was not safe or sustainable. Inspectors did not find that the management records or organisational risk assessments adequately reflected the risks or any control measures associated with this practice. Where this occurs in response to unplanned events management must ensure that they adhere to organisational policy in terms of risk assessments and appropriate control measures.

While the staff team had a good gender balance and a number of experienced staff, there was a high turnover of staff in the year prior to this inspection with five people leaving since August 2022. Inspectors did not find adequate evidence of workforce planning. While service governance reports highlighted a need for extra WTE posts there was no reference to live nights or planning for annual and unplanned leave. Additionally, inspectors did not see evidence of a focus on staff retention on records reviewed.

The regional manager visited the centre usually twice per month and completed service governance log recording their work while there. There was evidence of a focus on mandatory and supplementary training to develop and support the staff team. Management also provided extra supports to manage any vicarious trauma associated with the difficult nature of the job.

Inspectors reviewed a sample of six personnel files and found general adherence to the organisations recruitment policy in respect of safe recruitment of staff. However, in one instance a staff member was employed in February 2023 without having secured police checks for employment in another jurisdiction. Inspectors found that

they did not make every effort to ensure this vetting was obtained. While a risk assessment was in place and the staff member was still attempting to secure this vetting, they should have paused employment offer until clearance was available. Additionally, one staff file contained a C.V. that did not outline dates of previous employment so it was not possible to check any gaps in employment. It is recommended that all staff provide dates and durations of previous employment.

The management team provided information about measures in place to retain staff. These included a pension scheme, health insurance grant, life insurance, employee assistance programme, full hourly pay for night-time, salary increments, wellbeing initiatives, a social fund and an education assistance fund.

There was a policy in place that exit interviews would take place when staff leave employment however only one such interview was available from the five people who left in the past 8 months. The manager described efforts made by the human resources department to gain feedback staff who left. This process should be reviewed if it is not working to provide information to analyse and inform recruitment and retention processes.

The centre had an on-call policy and there were formalised procedures for on-call arrangements at evenings and weekends. There was an agreed schedule to ensure staff are aware of who to contact in an emergency and there was evidence that this worked in practice.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	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 provider must ensure that there are sufficient staff to meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

- The registered provider must ensure that staff completing 24-hour shifts are not expected to complete live night checks as a matter of course.
- The registered provider must ensure that every effort is made to secure police checks from other jurisdictions prior to an offer of employment.

4. CAPA

5. Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that the complaints register is fully complete.</p> <p>The centre manager must ensure that young people and the staff team are fully aware of Tusla's <i>Tell Us</i> Complaints and Feedback Procedure and that it is utilised when necessary.</p>	<p>Complaints register has been updated to include all recorded complaints including complaints made to external services.</p> <p>All staff within the centre have been enrolled in 'Tell Us Training' via organisation's 'Learn Upon' training system. This will be completed across all services by the end of June 2023.</p>	<p>Complaints register will be reviewed as part of monthly service governance report (SGR) completed by unit manager and deputy manager. Unit Manager weekly link in meetings have highlighted the need to record external complaints in the registers across all services.</p> <p>All complaints will be reviewed as part of centre's monthly service governance report to ensure that Tusla's <i>Tell Us</i> Complaints and Feedback Procedure is utilised when necessary.</p>
3	<p>The centre manager must ensure that all staff are familiar with the risks of abuse set out in the Child Safeguarding Statement.</p>	<p>The Child Safeguarding Statement has been reviewed by the centre manager with all risks which are not in line with Children's First guidelines removed from CSS and included instead as individual risk assessments specific to each young person. Updated Child Safeguarding</p>	<p>The Child Safeguarding Statement will be reviewed with staff teams at fortnightly team meetings. Centre manager will review risks outlined in CSS as part of monthly SGR and will interview 2 staff members per month to assess knowledge.</p>

		statement has been reviewed by management and will be reviewed with the on 14.06.23 when the team are brought together. Centre currently not operational.	
	The centre manager must ensure that there is a system in place to establish and track completion key working tasks aligned to the goals of placement plans.	Current placement plans have been reviewed and updated to include clear plans for completion of identified keywork sessions in line with placement plans goals and objectives - this includes the identification of supporting programs/ resources where applicable.	Placement plan meetings are conducted with unit manager and assigned keyworkers monthly to review completed keywork to date and identify any areas which are outstanding. This meeting will include the analysis of young person engagement, identify additional supports or resources which may support the completion of targeted keywork topics and ensure congruence between planned keywork sessions and identified goals within the young person's placement plan.
	The centre manager must ensure that all staff have awareness of Tusla's child sexual exploitation reporting procedure, 2021.	Child sexual exploitation training will be provided by the organisations training department to the staff team at upcoming team day on 14.06.23.	This training is provided by the organisations training department to all staff in the organisation will be refreshed as needed or at a minimum every 2 years.
	The registered provider must ensure there are adequate systems	The unit manager will review child protection systems and procedures as part	While the organisation has a quality assurance auditor who completes regular

	in place to audit child protection and ensure compliance with Children First and organisational policies.	of the monthly SGR and in weekly regional unit manager meeting to ensure adequate reporting and actions are taken.	audits across the centres under all eight themes of the National Standards for Residential Care, the organisation will commit to developing a specific child protection audit from July 2023. The regional managers will have responsibility to conduct quarterly child protection audits for the services, they hold responsibility for. Child protection will continue to be overseen by unit manager and regional manager.
6	<p>The registered provider must ensure that there are sufficient staff to meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.</p> <p>The registered provider must ensure that staff completing 24-hour shifts are not expected to complete live night checks as a matter of course.</p>	<p>The young person in situ at the time of inspection has been discharged therefore the centre has temporarily ceased operations until the staff complement is in line with standards to admit any new young people.</p> <p>Where checks are required in future the live night roster will be implemented if this is not a short-term need.</p>	<p>The organisation will endeavour to ensure a full complement of staff in line with standards across all services. Weekly interviews are in place in the organisation currently to support ongoing recruitment.</p> <p>The organisation has an alternative roster that can be activated if there is a requirement for live nights in any centre where there is a risk identified.</p>

	The registered provider must ensure that every effort is made to secure police checks from other jurisdictions prior to an offer of employment.	This only occurred on one occasion due to a need within the centre and was risk assessed however this is not common practice.	Garda vetting outside the jurisdiction will always be sought prior to the appointment of any staff requiring same going forward.
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