



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 102

Year: 2018

Lead inspector: Paschal McMahon

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

D15 CF9K

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Positive Care
Registered Capacity:	Four young people
Dates of Inspection:	20th and 21st of February 2018
Registration Status:	Registered without attached conditions from the 21st of May 2016 to the 21st of May 2019
Inspection Team:	Paschal McMahon John Laste
Date Report Issued:	11th of June 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.4 Children’s Rights	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.10 Premises and Safety	
4. Action Plan	23

1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2011. At the time of this inspection the centre were in their third registration and were in year two of the cycle. The centre was registered without attached conditions from the 21st of May 2016 to the 21st of May 2019.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. The centre does not endorse a particular model of care but has a "care framework" which outlines the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. There were four young people in residence at the time of inspection.

The inspectors examined standards 2 'management and staffing', 4 'children's rights', 6 'care of young people', 7 'safeguarding and child protection' and 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was unannounced and took place on the 20th and 21st of February 2018.

1.2 Methodology

This report is based on a range of inspection techniques including:

- ◆ An examination of inspection questionnaires and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed post inspection by:
 - a) The client services manager
 - b) The regional manager
 - c) Three young people residing in the centre
 - d) The centre manager
 - e) The deputy centre manager
 - f) The social care leader
 - g) Three of the care staff

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- ◆ An examination of the centre's files and recording process.
 - Three young people's care files
 - Staff personnel files
 - Supervision records
 - Training records
 - Centre register
 - Complaints register
 - Staff team minutes
 - House meeting minutes
 - Centre audit reports

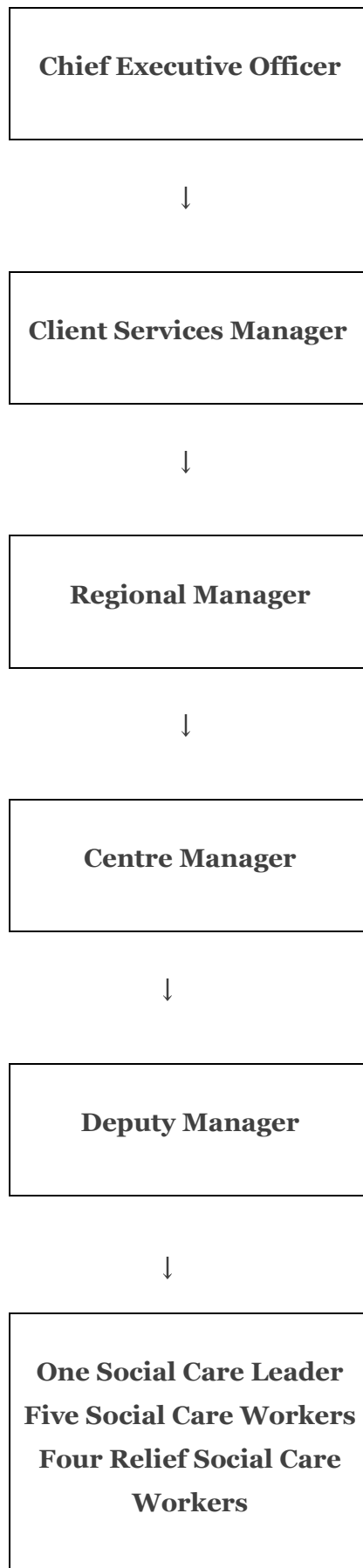
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The deputy centre manager
 - c) The regional manager
 - d) One social care leader
 - e) Two social care workers
 - f) Two young people

- g) One Guardian ad litem
 - h) Three social workers with responsibility for the children residing in the centre
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.2 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, national client services manager and the relevant social work departments on the 18th May 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 24th May 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 102 without conditions from the 21st of May 2016 to the 21st of May 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

There was a management team in place which comprised of the manager, a deputy manager and a social care leader all of whom had worked in the centre for a number of years. The manager of the centre was suitably qualified and had worked in the centre since it opened in 2011. At the time of the inspection the manager had been in the post for three years and prior to this had worked as a social care worker and deputy manager in the centre. The manager was supported in their role by a deputy manager and a social care leader who supported the manager and assumed responsibility for the centre in the manager's absence. The inspectors saw evidence that the manager displayed strong leadership skills and had clear systems in place to manage and oversee care practices within the centre, including the monitoring of centre files and supervision of staff, daily interactions with the young people, observations of staff practices, attending staff meetings and reviewing records.

External oversight was provided by a regional manager and a national client services manager who in turn are accountable to the chief executive officer who reported to the board of management. The regional manager has previously managed the centre and had good knowledge of the young people and spent time in the centre both on a formal and informal basis, and supervised the centre manager. The regional manager was provided with daily updates and had oversight of all practices in the centre including admissions, review of significant events, complaints and the day to day care of young people. The regional manager also conducted monthly audits of the centre. The inspectors were provided with copies of these audits and were satisfied that issues identified as requiring action were addressed by the centre manager.

Register

A register of those who lived in the centre was maintained by the centre manager. The inspectors were satisfied that the admission details of the present residents and the discharge details of the previous residents was properly recorded in the register in compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21 . There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system in place for the notification of significant events. Inspectors found evidence on file that social workers were promptly notified of significant events and social workers in interview confirmed overall that they were satisfied that information relating to significant events was communicated effectively and in a timely fashion. Significant events were reviewed internally with the staff team by the manager, the regional manager and where appropriate the centres behaviour management trainers. Inspectors found copies of these critical incident reviews on file which identified points of learning and identified any further action required.

Staffing

The centre's staff compliment consisted of the centre manager, deputy manager, one social care leader, five social care workers and four relief staff. All members of the core staff and relief staff teams had relevant qualifications. Inspectors found that there had been a number of staff changes in the year prior to inspection .Inspectors recommend that centre management should try to ensure that staff changes are kept to a minimum and implement staff retention strategies.

Inspectors reviewed the personnel files of the staff members most recently recruited and found that they were appropriately vetted with references on file and evidence that they had been verbally checked. Staff members the inspectors interviewed confirmed that there was a structured induction process in place, evidence of which was also evident on staff personnel files.

Supervision and support

The centre had a supervision policy which stated that individual supervision was to be provided every four to six weeks for all staff. Supervision was provided by the

manager and deputy manager who were trained supervisors. The manager received formal supervision from the regional services manager who also offered informal support through regular visits and phone contact. An inspector examined a random sample of supervision files and found evidence that the team received regular formal supervision during the period under review. Supervision sessions were recorded and there was evidence that key working, significant events and placement plans were reviewed within supervision. Inspectors found that under the current supervision arrangements staff members were being supervised by either the manager or deputy manager and in some cases had been supervised by both on alternate months. Inspectors recommend that centre management ensures that individual staff members are assigned designated supervisors to ensure that supervision is consistent and to ensure accountability and oversight of staff practice.

Staff members that were interviewed by the inspectors stated that the manager was supportive of their practice and provided good leadership. They confirmed that support mechanisms were in place to assist the team including on-call support and access to clinical guidance and support if required. There was good evidence of teamwork, team meetings took place monthly and the minutes of meetings were recorded. The team meeting records reflected that young people's needs were prioritised and the team contributed to the agenda of the meeting. Staff handover meetings took place between work shifts each day.

Administrative files

The inspectors found that administrative records in the centre were maintained to the required standard and facilitated good communication across the staff team. There was evidence that quality assurance checks of records was being carried out by the manager and the organisation's regional manager.

3.2.2 Practices that met the required standard in some respect only

Training and development

The inspectors found that the organisation had an on-going staff training and development programme in place. Records the inspectors viewed showed evidence that the staff team had received core training on fire prevention, occupational first aid, health and safety, behaviour management, and child protection. Other relevant

training provided included key working, report writing and supervision training. Inspectors found at the time of inspection that a number of new staff members did not have the core training. Management must ensure that deficits in the required training such as fire safety and occupational first aid are addressed as a matter of priority.

The centres care framework was based on a number of theoretical approaches to care. The inspectors found from interviews with the manager and staff that they did not demonstrate a clear knowledge of the care framework and were unclear about the care approach operated by the service. Senior management must ensure that management and staff are familiar with and have a working knowledge of the centres care framework and its application in practice within the delivery of care to young people.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- Senior management must ensure that all staff have the required core training.
- Senior management must ensure that management and staff are familiar with and have a working knowledge of the centres care framework and its application in practice within the delivery of care to young people.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

Inspectors found evidence that the views of the young people were sought when decisions were being made that affect their daily life and routine. This was confirmed through interviews with two young people and the staff team. Young people had allocated key workers who met with them individually on a regular basis and young people confirmed that they were aware of their care plans and had attended care plan review meetings. Inspectors reviewed the minutes of young people's meetings and found that in some cases they were young people orientated but in other cases the agenda was dominated by staff issues. This matter had been brought to the staff's attention by the manager who highlighted that the meetings needed to focus more on the young people's issues. House meeting records inspectors viewed following this commentary showed that this had been taken on board and house meetings were more focussed on young people's agendas.

All young people were provided with a booklet on admission which provided information on the centre and on their rights and responsibilities. The young people in the centre had also been visited by the children's advocacy group EPIC and had attended a number of EPIC events.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a complaints policy in place which had been updated prior to the inspection. The centre manager was responsible for overseeing all complaints. The young people who spoke to the inspectors were aware of the various options they could avail of if they wished to make a complaint, and stated that staff were receptive to the concerns they raised. The inspectors reviewed the complaints on file and noted that there were some deficits in the recording of a number of complaints. It was

unclear to inspectors in some cases as to whether complaints had been resolved satisfactorily as a number of complaint forms did not record outcomes, were not signed off by the young people and in some cases supporting documentation was not attached to the relevant complaint forms. The centre manager must ensure the outcome of all complaints is recorded and complaint forms are signed off by young people with the relevant supporting documentation attached.

Access to information

The centre had a written policy on young people's access to information. Keyworkers met with young people and they are informed of the content of their monthly progress reports. However, inspectors did not find any evidence on file of young people accessing their records. The inspectors require that the centre manager must ensure that access to information by young people is actively and consistently promoted and evidence that young people are being offered access to their records.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- The centre manager must ensure the outcome of all complaints is recorded, complaint forms are signed off by young people, and the relevant supporting documentation is attached.
- The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Inspectors found that staff related to young people in a respectful manner. The young people stated that they were assigned key workers and there was evidence on file that keyworkers worked closely with them and their social workers to address needs. One of the young people's social workers and Guardian ad Litem commended the centre for their work with a young person in re-establishing contact with their family. There were mixed responses from the young people in questionnaires and interviews regarding some aspects of their relationships with staff members. During the inspection, inspectors observed interactions between the young people and staff and they appeared to be relaxed and good humoured. Individual interests and talents were encouraged and the young people were involved in a number of activities and sports. Birthdays and festive occasions were marked in a manner similar to their peers.

Provision of food and cooking facilities

Young people had adequate quantities of nutritious and appetising food and were involved in menu planning. Young people were encouraged to eat nutritious food and to develop healthy eating habits. They were encouraged to cook and enjoyed baking with the staff. The centre aimed when possible for staff and young people to eat meals together. The inspectors had meals at the centre and found that there was good social interaction around mealtimes.

Race, culture, religion, gender and disability

The centre had a policy that stated that the service is committed to ensuring that no person is discriminated against. Inspectors found that the staff made every effort to ensure that the young people in placement enjoyed, in so far as is possible, the same opportunities as their peers. Individual work was being carried out with young people that covered cultural issues. Young people were given the opportunity to practice their religion if they wish to do so.

Restraint

The centre had a written policy on the use of physical restraint. There were twenty nine restraints in the year prior to inspection and the inspectors found the use of physical restraint in the centre was properly recorded and monitored by management. The organisation employed two behaviour management trainers who provided on-going training to staff and review instances of restraint on a regular basis.

Absence without authority

Each young person had an Individual Absence Management Plan (IAMP) on file. The centre followed the Children Missing from Care Protocol of An Garda Síochána and Child and Family Agency when reporting young people missing in care. There had been thirty two reported absences in the year prior to inspection. Inspectors found that nineteen of these absences were in relation to one young person, the majority of which occurred after family access when the young person did not return at agreed times and as a result was reported missing in care. There were serious concerns about the safety of another young person who was absent on eight occasions and there was evidence that the young person was putting themselves at considerable risk when absent from the centre. The inspectors were satisfied that regular meetings with the centre, social work department and the Gardai were taking place and plans had been implemented in an effort to minimise these risks.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The inspectors were satisfied that the centre had an appropriate policy on managing behaviour. The care staff had received training in a reputable model of behaviour

management. Each young person had an individual crisis management plan on file which had been updated on a regular basis. There was evidence that incident reviews were taking place and risk assessments and risk management plans had been developed where necessary. The inspectors found that the centre had a written policy on sanctions and sanctions were recorded and monitored by management. There was evidence that positive behaviour was rewarded, and that appropriate sanctions were only applied for unacceptable conduct.

Inspectors found from interviews and a review of incidents that the dynamic between the residents was at times problematic and there were some issues that impacted on the effective management of behaviour. Relations between the young people had been fractious at times and there had been a number of both verbal and physical altercations. Some young people had identified complex emotional and behavioural needs and while staff had been proactive in responding to these needs overall, there was significant time spent supporting one young person in particular. This resulted in maintaining this young person's placement and the centre is to be commended for this. However, inspectors found that the behaviour of this young person at times impacted on other young people. An analysis of significant events highlighted the fact that when all three young people were in conflict there was a dependency on the use of the Gardai to ensure the safety of the young people. This resulted in the Gardai removing one young person from the centre on two occasions due to the level of risk to themselves and their co-residents. Inspectors were concerned regarding the impact of this on the young person's placement and their relationships with the staff team. The centre also needed to consider the possible long term implications of the on-going use of Gardai to manage behaviour in the centre including the criminalisation of young people, the disempowerment of staff and the young people's lack of confidence in the staff team to keep them safe.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- Senior management must review the centre’s current behaviour management strategies and their capacity to meet the needs of the young people when in crisis.

3.7 Safeguarding and child protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

Safeguarding and child protection

The centre has a number of policies in place in relation to safeguarding and child protection. Inspectors found from staff interviews and questionnaires that they had a good awareness of safeguarding practices in general and referenced good practice guidelines, one to one supervision of young people, professional boundaries and a code of behaviour. However, inspectors were not satisfied at the time of inspection that there were adequate measures in place to safeguard the young people in the centre at night-time and this had not been identified by the management and the staff team. Inspectors were informed as the centre did not have live night staff; the young people’s bedroom doors were alarmed at night to monitor young people’s movements. During the site inspection inspectors found that one young person’s bedroom was not alarmed. Inspectors were informed that the reason for this was that the young person was deemed low risk. Inspectors advised in the interests of safeguarding all young people that the young person’s door should be alarmed with immediate effect and action was taken by the centre manager to address this.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

All staff were trained in ‘Children First’ and staff interviewed by the inspector were clear about their obligation to report any child protection concerns in accordance

with Children First. The centre manager was the identified designated liaison person and staff were familiar with the role of the designated liaison person for reporting child protection concerns. The inspectors found that there had a number of child protection concerns made by the centre in relation to the young people in the year prior to inspection. Records examined by inspectors showed that these were reported appropriately. All of the reports made were found by inspectors to be responded to and safety measures where necessary were taken to promote the on-going safety of the young people involved.

3.7.2 Practices that met the required standard in some respect only

None identified

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

None identified.

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre was a two storey building located in a rural setting. The house was detached and set in its own grounds with large gardens. Inspectors found that overall the centre was in good structural repair. There was evidence that new furniture had been purchased and some repainting had taken place prior to inspection, however, inspectors were of the view that certain areas of the house would also benefit from redecoration and the outside of the premises and grounds required attention. All young people had their own room and had been encouraged to decorate their bedrooms to their own taste. There was adequate space within the centre to facilitate private family or other visits for young people.

Maintenance and repairs

Routine maintenance and repair work was carried out by a maintenance team employed by the organisation. The inspectors reviewed the maintenance log and found that generally repairs were dealt with promptly.

Safety

The centre had a health and safety statement which was signed by staff. The centre manager was the health and safety officer for the centre and inspectors observed from the files that health and safety audits were being conducted. The inspectors recommend that the manager in their role as health and safety officer should receive training in health and safety. There were three designated house cars and staff were licensed and insured to drive these. Medicines for young people were stored and secured in the staff office, the administration of which was recorded in individual records. All of the permanent social care workers were trained in first aid.

Fire Safety

The centre had a fire safety certificate on file from the local authority. The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm and that all fire prevention equipment was regularly checked by external fire safety consultants. The inspectors found evidence that care staff carry out regular fire drills, daily inspection of fire fighting equipment, weekly check of emergency lighting and young people were informed of the fire procedure as part of their induction to the centre. Staff had completed fire safety training.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Senior management must ensure that all staff have the required core training.</p> <p>Senior management must ensure that management and staff are familiar with and have a working knowledge of the centres care framework and its application in practice within the delivery of care to young people.</p>	<p>Since the inspection, a plan to address same was implemented and the newly contracted staff members have either completed or are booked onto the relevant core training courses. Additional mandatory training has been scheduled in fire safety, first aid and manual handling for the month of May and June 2018.</p> <p>The services care framework is currently under review by the clinical department with the view to a redesign and retrain being rolled out on same by end of July 2018.</p>	<p>The organisation will run 2 courses monthly across the company to ensure that all staff are trained including part time staff.</p> <p>All staff teams will be re-trained in this and the organisation will ensure that the teams have an understanding of this framework and that it is being utilised in daily practice through the use of team meetings and through auditing processes completed by regional managers.</p>
<p>3.4</p>	<p>The centre manager must ensure the outcome of all complaints is recorded,</p>	<p>Since the inspection there has not been any formal complaint. However, when these</p>	<p>All centres are monitored internally by senior managers. These are completed as</p>

	<p>complaint forms are signed off by young people, and the relevant supporting documentation is attached.</p> <p>The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence young people being offered access to their records.</p>	<p>arise outcomes will be recorded, signed off by young people. The complaint that was referenced has been followed up and correct procedures are now amended.</p> <p>Centre managers have also undergone complaints training In line with TUSLA ‘Tell Us’ policy in March 2018. This training has also been rolled out to all teams and the complaints form adjusted to include all of these steps in the process.</p> <p>This has been completed since the date of inspection and a plan has been implemented in order to ensure consistent, monthly access to information for all young people alongside, their monthly progress reports. Evidence of same can also be found in young people’s care files.</p>	<p>both unannounced and announced audits. This includes a detailed review of care files and complaints to ensure all systems and processes are followed up and completed and that all information pertaining to the complaints are noted and filed correctly along with outcomes and the young person’s views. The complaints form has been reviewed to ensure that these are now mandatory fields on the reports to be completed on our internal system. Notifications for same are generated once these have been logged on the system to alert senior manager to review.</p> <p>The centre has adjusted their young people’s rights to access information processes as part of a policy review. All young people now complete a ‘right to access information’ form on admission and this process is clearly outlined from the offset of the placement. Files are offered monthly and what is offered is dependent on the young person age and level of cognition. These are reviewed for compliance as part of senior manager</p>
--	---	---	--

			audits monthly.
3.6	Senior management must review the centre's current behaviour management strategies and their capacity to meet the needs of the young people when in crisis.	This has since been reviewed by management and interventions utilised with young people have also been reviewed. Staffing arrangements in the centre were adjusted temporarily with a higher level of staff in place to support the management of the dynamics within the house and to ensure that the young people were not impacting on one another. This supported the reduction of incidents of challenging behaviour and increased the team's ability to manage and meet the young person's needs in crisis.	The organisation will respond with additional staff supports when necessary to ensure that the young people are not impacting on one another and that the staff team are equipped and have the resources to support them in a crisis period.