



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 222

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Two young people
Type of Inspection:	16th & 27th November 2023
Date of inspection:	Announced
Registration Status:	Registered from 01st June 2023 to the 01st June 2026
Inspection Team:	Paschal McMahon Sinead Tierney
Date Report Issued:	13th May 2024

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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 Assurance 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 01st June 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 01st June 2023 to the 01st June 2026.

The centre was registered to accommodate two young people between the ages of 0 years to seventeen years. The centre was established under a new pilot project commissioned by Tusla's Children's Residential Services National Private Placement for young people who present with complex/difficult needs and behaviours. The proposed length of placement is six months during which time Tusla will focus on transitioning each young person onwards to more sustainable and suitable placements. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were two young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1 & 3.2
5: Leadership, Governance and Management	5.2
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 relevant social work departments on the 7th February 2024. 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 20th February 2024. After further communication and subsequent information was provided by the organisation in respect of the CAPA, it 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: 222 without attached conditions from the 01st June 2023 to 01st June 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a child protection policy and a range of safeguarding policies in place for the protection and safeguarding of young people in line with Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation. Child protection was a standing agenda item for discussion on the team meeting minutes reviewed by inspectors. The centre also had a child safeguarding statement which was displayed appropriately and had been discussed with the care team. All those interviewed in the centre demonstrated a good understanding of safeguarding and child protection with the exception of one individual who did not have appropriate knowledge to their role, and this was brought to the attention of centre and senior management during the inspection.

Inspectors found that staffing levels were a safeguarding concern in regard to the centres capacity to provide safe and effective care. In the five-month period since the centre opened there had been a high turnover of staff which resulted in the centre being short staffed at times and having to rely on agency staff and staff from the organisations other residential centres to fill gaps in the roster. Furthermore, at the time of inspection, a number of the care team did not have the required training in child protection and other mandatory training. This issue in relation to staffing is discussed in further detail in standard 6.1 of the report.

The centre maintained a record of all child protection concerns. Inspectors reviewed the Child Protection and Welfare Report Forms (CPWRF) on file and were satisfied that they had all been reported to Tusla in a timely manner. Inspectors noted that the centre managers took responsibility for the reporting all child protection concerns. Inspectors found that on a number of occasions the name of the staff member who received the information from the young person in relation to the child protection concern was not noted as a reporter on the CPWRF. The centre manager must ensure that when making joint reports that the name of the staff member who received the

child protection concern is recorded in accordance with Childrens First reporting procedures.

Inspectors were not satisfied that the centres management and oversight of child protection in the centre was sufficiently robust. In addition to the deficit highlighted above in regard to the reporting of child protection and welfare report forms, inspectors found that there was a complaint on file which should have been reported and managed as a child protection concern. This related to an allegation of harm made by a young person against a staff member which met the threshold for reporting under Children First. In addition, the record of this complaint and supporting documentation showed that the young person was not adequately supported and listened to by members of the care team who were managing this concern. An audit of child protection conducted by the regional manager in July 2023 did not identify the above deficits.

In the period prior to the inspection there were concerns in relation to the negative dynamic between the two young residents. Meetings with relevant professionals had taken place to address these concerns and a number of safety measures were implemented. This included safety plans and the limiting of young people's interactions where possible. Bullying had also been discussed with the young people at house meetings. The social work departments informed inspectors that they were satisfied that these measures had been effective.

The centre had arrangements in place to inform parents of any allegations of abuse. There was evidence that the centre worked in partnership with the allocated social workers, the Tusla National Private Placement Team (NPPT) and other professionals with regular strategy meetings taking place to promote the safety and wellbeing of the young people.

Inspectors reviewed the individual work records on file for the two young people. Inspectors found that there was limited individual work recorded in relation to developing the young people's knowledge and understanding of self-care and protection and there was no focus on these areas in the young people's placement and key working plans. The ability to undertake individual work was also impacted negatively by the fact that in the five-month period under review there had been a number of changes of key workers and the day to day care of the young people was not being provided by a stable and consistent team of staff.

All those interviewed were familiar with the centres protected disclosure policy. Staff members stated they felt confident to challenge poor practice and did not fear adverse consequences to themselves should they raise a concern. There was evidence that when a staff member had a concern, they took appropriate action and reported their concerns to the centre management. However, none of the staff had noted that proper reporting procedures were not followed when submitting child protection concerns.

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

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

Actions required

- The registered provider must ensure that all staff have the required mandatory child protection training.
- The Designated Liaison Person must ensure that all child protection concerns are reported appropriately in accordance with Childrens First reporting procedures.
- The registered provider must ensure that oversight and management of child protection concerns in the centre is sufficiently robust.
- The centre management must ensure that there is a focus on developing young people's knowledge and understanding of self-care and protection in their placement and key working plans.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The organisation had a “Managing Challenging Behaviour Policy” in place to guide staff in the management of behaviour that challenges. It was observed that this policy was a generic policy for all of the organisations mainstream community based residential centres and did not adequately direct or support the team to address the needs and behaviours of young people in the centre. The issue of centre policies is addressed in more detail in standard 5.2 of the report.

The centre operated a therapeutic support model called Systemic Therapeutic Engagement Model (STEM). This model provided a framework for positive interventions with young people to develop relationships focused on achieving strengths-based outcomes through daily life interaction. The majority of the team had some level of training in the model. The STEM model of care was complemented by several philosophies and approaches including staff training in an approved model of behaviour management. Inspectors noted from a review of training records provided at the time of inspection that four of the eleven of the care team working in the centre did not have the required behaviour management training. This is unsafe practice given the high number of serious significant events that had taken place in the centre.

The centre had a number of guidance documents to support the care team in managing challenging behaviour including individual crisis support plans (ICSP), individual absent management plans (IAMP), safety plans and risk assessments. As identified above several members of the team did not have the required behaviour management training required to fully implement these plans.

Overall, inspectors found that the centres ability to manage the young people’s behaviour was impeded by the lack of a consistent and experienced care team. This was evident in the high level of significant event reports (SEN’s) on file and a review of centre rosters. From a review of the SEN’s, inspectors identified twenty-seven different staff members who were involved in managing these incidents in the five-month period that the centre was in operation. The high turnover of staff and the

number of changes in young people's key -workers was not conducive to building relationships with the young people in order to support them to understand and manage their behaviour. The lack of a consistent team was acknowledged in interviews with management and staff as having a negative impact on the centre's ability to manage the young people's behaviour and in their ability to provide a consistency of care.

Inspectors reviewed sanction records on file and found that there was a limited use of sanctions. Most sanctions on file were in relation to young people losing access to the centre vehicles. Inspectors found that in the absence of a consistent care team the centre was using some financial incentives to encourage the young people to behave appropriately and engage in the centres programme.

The centre maintained a register of all significant events. Inspectors were satisfied that the centre managers had oversight and provided commentary on all significant events. Inspectors found limited evidence on file of life space interviews taking place following significant events to support the young people understanding their behaviour and to assist them in developing new regulation skills. There was some evidence in individual work records that SENS were discussed with young people after incidents took place and efforts were made to address behaviors of concern. SENS and young people's risk assessments were also an agenda item at team meetings and subject to review, however, inspectors found that some detail was lacking in the records of any learning to guide practice going forward and recommend that this is reviewed. Social workers interviewed confirmed that they were notified of significant events in a timely manner. They also reported that there had been a reduction in the number of significant events in the month post inspection.

There was evidence on file that the centre had received comprehensive referral information for the young people. Pre-admission meetings had taken place for both young people with the relevant social work departments, the Tusla NPPT and other professionals. The centre was receiving guidance from external professionals in relation to the management of behaviour. Young people were offered a range of specialist support services including CAMHS (Child and Adolescent Mental Health Services) and ACTS (Assessment Consultation Therapy Service) who also met with the care team to provide guidance and support. These services and other professionals had attended a number of strategy meetings with the centre management to identify therapeutic supports and interventions for the young people.

There was evidence in centre governance and senior manager auditing reports of the monitoring of challenging behaviour. The regional manager had reviewed significant events and provided feedback to the centre manager identifying learning including patterns in young people's behaviours which was subsequently discussed with the care team. The centre was also part of a significant event review group (SERG) process involving a number of other centres within the organisation. Inspectors reviewed the SERG group minutes and noted that SENS that occurred in the centre had only been reviewed on two occasions in the five-month period since the centre opened. Given the high number of SENS that occurred, during this period this was not an effective process and inspectors recommend that this is reviewed. The SENs that were subject to review at the SERG meeting were judged to have been well managed.

The centre had a number of restrictive practices in place in the centre that had corresponding risk assessments. Inspectors were satisfied that the restrictive practices in place were deemed necessary. There was no evidence in the centre records that these restrictive practices had been reviewed or were being monitored on a regular basis.

Compliance with regulations	
Regulation met	Regulation 16
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 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that all staff are trained in behaviour management without delay.
- The centre manager must ensure that young people are supported in ways to manage their own behaviour.
- The registered provider must ensure that there is an effective significant review process (SERG) process in place.

- The centre manager must ensure that all restrictive practices are reviewed and monitored on a regular basis.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre had a suitably qualified person in charge who was in their first role as a centre manager. The centre manager worked full-time and was present in the centre from Monday to Friday. Their duties included attending handovers, team meetings, strategy meetings and care reviews. This person was accountable and responsible for the overall delivery of the service and there was evidence of their oversight on centre records and governance reports. In interviews the staff team reported they were confident in the leadership of the manager and that they provided them with good guidance and support. Social workers and other professionals interviewed by inspectors also spoke positively about the commitment shown by the manager to the young people.

The stated management structure was the centre manager, a deputy manager and three social care leaders. However, inspectors found there had been a number of changes in the social care leader roles due to staff leaving their posts. At the time of inspection there were two social care leaders in post, one of whom had handed in their resignation. The inspectors found that while the manager was making efforts to provide good leadership their ability to manage the centre to provide safe and consistent care was hindered by the fact that the centre did not have a consistent and stable staff team.

The manager reported to the regional manager formally on a regular basis as well as being in frequent telephone contact. All those interviewed reported that the regional manager was a consistent presence in the centre and had attended a number of team meetings and conducted a number of audits. The organisation had regular meetings with the Tusla NPPT who commissioned the centre. Representatives from the NPPT were responsible for the admission of young people and attended a number of care

and strategy meetings along with the centre management, social workers, and other professionals to review the young people's progress.

The inspectors reviewed the centres policies and procedures presented for inspection and found that they were all aligned to the organisation's policies rather than specific to the centre, which was established under a pilot project to deliver increased levels of care and support. The centre needs to develop centre specific policies including an admissions and discharge policy and behaviour management policy.

The centre had a risk management framework in place. Inspectors found that both the young people living in the centre had complex needs and high-risk presentation. Pre-admission risk assessments had been carried out prior to the young people's admission to identify and address areas of vulnerability and risk management plans were developed when necessary. There were individual risk assessments on file which were recorded on the centre risk register and subject to regular review. The centre had a risk rating system in place and a process where all high-level risks were escalated to senior management. At the time of inspection there were a number of high risks recorded in the centre register including young people's high-risk behaviours and staffing deficits. However, inspectors found that there were no control measures recorded in the register in response to these risks. The organisation had an on-call system in place to support the care team at all times in managing incidents and risks in the centre.

There were alternative management arrangements in place for when the centre manager was on leave. The deputy manager was delegated responsibility to undertake some or all the centre managers duties when they were on leave and a written record was kept of the duties delegated to the deputy manager and key tasks to be completed.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2

Practices did not meet the required standard

Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that the vacant social care leader posts are filled without delay.
- The registered provider must ensure that the centre develops centre specific policies and procedures.
- The registered provider must ensure that there are control measures recorded in response to all high-level risks escalated to senior management.in the centre risk register.

Regulation 5: Care Practices and Operational Policies

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.

There was evidence from centre records that the managers in the organisation were meeting regularly to discuss workforce planning. Inspectors found that the organisation was constantly recruiting in an effort to maintain staffing levels in the centre due to the high staff turnover.

The staff team consisted of the centre manager, deputy manager, two social care leaders, five social care workers and two relief staff. This was below the required minimum standard as set out in the centres statement of purpose and not in compliance with the requirements of the 1996 regulation on staffing as outlined by regulatory notice 'Minimal Staffing Level & Qualifications in CRC Settings' June 2023 and was not sufficient for filling the roster on a day-to-day basis. At the time of inspection, the centre managers informed inspectors that the centre required two social care workers and one social care leader and there were a number of staff in the process of onboarding.

In the five-month period since the centre opened, the organisation had been unable to maintain a consistent staff team. Seven of the care team who worked in the centre when it was registered in June 2023 had left their posts. In total there were eleven staff who had worked in the centre and subsequently resigned during this five-month

period. Inspectors found that many of the experienced team members that left the service were replaced by staff who had limited experience of working with young people in residential care that displayed challenging behaviours. This was not congruent with the nature of the pilot service in operation or the needs of the young people who based on the referral information and presentation of both young people required an experienced team to care for them.

Additional pressure was placed on staffing requirements in October 2023 when the staffing ratio was increased in the centre following a number of serious incidents resulting in additional staff being required to work in order to provide an increased level of supervision. At the time of inspection, the centre was relying on agency staff and staff from the organisations other mainstream residential and disability centres so that it could continue to operate. A review of centre rosters showed that staff shortages resulted in the centre being staffed on occasion by inexperienced staff without the appropriate training along with agency staff managing high risk behaviours and incidents. Permanent staff had also worked additional hours and double shifts on occasion to fill gaps in the roster.

Social workers informed inspectors that both young people had made progress in their time in the centre. They stated they were aware that a number of experienced staff members had left the service but were not aware of the full extent of the staff turnover. One social worker reported that they had concerns in relation to use of agency staff. On one occasion they received a telephone call from a young person expressing their dissatisfaction at the fact that they were being cared for by two agency staff that they did not know. The centre managers confirmed to inspectors that a total of eleven agency staff had worked in the centre at various times in the five-month period since the centre opened. Both social work departments stated that their expectations were that there would be an experienced staff team in place to respond to the needs of the young people.

Insufficient staffing levels and the lack of a consistent team also had an impact on team training and there were a number of staff who did not have all the required mandatory training. Some staff had not attended scheduled training while others were unable to attend due to numerous crisis in the centre which they had to manage. Based on a review of SEN's the absence of training impacted on the management of behaviours. Furthermore, inspectors found that there was no specific training for staff in relation to the individual needs of the young people.

The centres efforts to promote staff retention were not successful based on the high staff turnover. The organisation offered employees a premium payment to work in the centre and had a number of benefits for staff including access to a health care fund, maternity benefits and pay increments. There were no exit interviews provided to inspectors for review.

Factors mentioned during interview as to why some employees resigned from the centre included the high levels of challenging behaviour staff had to respond to and the reopening of another centre in the locality.

Compliance with Regulation	
Regulation met	None Identified
Regulation not met	Regulation 5 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 appropriate numbers of staff employed with regard to the centres statement of purpose and in compliance with the requirements of the 1996 regulation on staffing as outlined by regulatory notice 'Minimal Staffing Level & Qualifications in CRC Settings' June 2023.
- The registered provider must ensure that the centre has an adequate number of relief members of the care team to cover all forms of leave.
- The registered provider must ensure that all personnel have the required mandatory training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that all staff have the required mandatory child protection training.</p> <p>The Designated Liaison Person must ensure that all child protection concerns are reported appropriately in accordance with Children's First reporting procedures.</p>	<p>Child Protection training has been identified and scheduled for all outstanding staff members on the 15/04/2024. Training discussed in team meeting 13/12/2023 and the importance of attending.</p> <p>All staff members who are trained in child protection are registered on the Tusla Portal. Where the centre manager is completing a CPWRF, this is done as a joint report. CPWRF reporting procedures discussed with individual staff members and in team meeting 13/12/2023.</p>	<p>New bi-monthly training action plan has been implemented. This is to be completed by centre manager and sent to the regional manager to review. The regional manager will escalate requirement for courses that are not scheduled or full. Training requirements will continue to be discussed monthly in regional management meetings. This process will identify and escalate scheduling of training as required.</p> <p>Centre manager and regional manager to continue to review and oversee the submission of CPWRFs. 'A short guide to submitting Child Protection and Welfare Reports Online' will be completed with all staff members in the next team meeting 21/02/2024 and in individual supervisions. Child protection will be discussed in team meeting 21/02/2024 and in individual</p>

	<p>The registered provider must ensure that oversight and management of child protection concerns in the centre is sufficiently robust.</p> <p>The centre management must ensure that there is a focus on developing young people's knowledge and understanding of self-care and protection in their placement and key working plans.</p> <p>The registered provider must ensure that a centre all staff are trained in behaviour management without delay.</p>	<p>The centre management team will review all centre documentation to ensure that all potential child protections concerns are reported in accordance with Children's First reporting procedures.</p> <p>Self-care and protection in placement added to the young people's placement plans and key working plans. Case management upskilling has been completed with social care leaders by the regional manager on 03/11/2023, 15/01/2024 and 17/01/2024.</p> <p>A review of behaviour management training took place in January 2024. Behaviour management training is now split over two weeks to support rostering staff members for a 4-day course. As of 02/05/24, eight staff members are fully trained in behaviour management and six are booked on refresher training.</p>	<p>supervisions.</p> <p>The regional manager will continue to oversee all SENs and ensure that child protection concerns are reported, as required. Senior management CPWRF audits scheduled for May and November 2024.</p> <p>Self-Care and protection in placement to be ongoing goals in the young person's placement plans until the young people have a clear understanding of this. Both young people to engage in elements of the "Real U" programme monthly.</p> <p>The registered provider developed a new Training Audit in May 2024 to allow foresight in training planning. This is supported by a new bi-monthly training action plan completed by centre manager and sent to the regional manager to review. Where training is unavailable, the regional manager will escalate requirement for</p>
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	<p>The centre manager must ensure that young people are supported in ways to manage their own behaviour.</p>	<p>An additional two staff are due to receive training on the 14/05/24.</p> <p>Each young person is supported through life space interviews in discussing alternate coping mechanisms. Young people are also engaged in restorative practice which supports the young person to be empathetic towards and reflecting on their own behaviour and to be solution focused on repairing relationships. Young people are encouraged to engage in Key working programmes based on their individual needs such as Anger Management or the “Real U” programme as part of their individual placement plans.</p>	<p>courses. Training requirements will continue to be discussed monthly in regional management meetings.</p> <p>Supported by behaviour management training, staff members are provided with the tools for completing life space interviews. The centre engages in restorative practice with the young people with a focus on positive behavioural support. The regional manager will continue to focus on upskilling the team in placement planning through supplementary supervisions, providing feedback via email, senior management auditing and governance reports and in team meetings.</p>
	<p>The registered provider must ensure that there is an effective significant review process (SERG) process in place.</p>	<p>SERG Reports are completed monthly and discussed at regional meetings. The regional manager reviewed and updated the recording of the SERG minutes in March 2024 ensuring that each centre discusses SENs and that learning is</p>	<p>The regional manager will continue to oversee and review all SENs and to ensure that the regional SERG meeting minutes reflect the discussions of all SENs discussed.</p>

	<p>The centre manager must ensure that all restrictive practices are reviewed and monitored on a regular basis.</p>	<p>shared with the team. Continuous meetings are held with the social work departments around shared risk management of high-risk behaviours.</p> <p>All restrictive practices are reviewed during staff handover and discussed at team meetings. In addition, these practices are reviewed as part of the centre's Monthly Governance report.</p>	<p>Restrictive practices are monitored by the regional manager to ensure that they are appropriate. They are also reviewed by the Compliance Officer in the Monthly Governance Report.</p>
5	<p>The registered provider must ensure that the vacant social care leader posts are filled without delay.</p> <p>The registered provider must ensure that the centre develops centre specific policies and procedures.</p>	<p>All social care leader posts have been filled as of January 2024.</p> <p>The registered provider is currently reviewing the policies and procedures to ensure that they meet the specific needs of the centre. This review will be completed by 08/03/2024. A revised centre specific Admissions and Discharge Policy will be circulated to all team members by 1st March 2024.</p>	<p>A new Leadership Progression Program has been developed and implemented since December 2023 to support the upskilling of social care workers to progress to social care leaders.</p> <p>The registered provider will continue to review all policies and procedures on a bi-annual basis, or sooner, ensuring that they are in line with legislation, best practices, and meet the needs of the services provided.</p>

	The registered provider must ensure that there are control measures recorded in response to all high-level risks escalated to senior management.in the centre risk register.	Centre manager has ensured that all control measures have been recorded in the centre risk register in relation to all high-level risks.	The regional manager will complete a risk audit in March 2024, reviewing both the centre and young people's risk assessments, ensuring that appropriate ratings are in place, control measures recorded and escalation to the senior management team, where required.
6	<p>The registered provider must ensure that there are appropriate numbers of staff employed with regard to the centres statement of purpose and in compliance with the requirements of the 1996 regulation on staffing as outlined by regulatory notice 'Minimal Staffing Level & Qualifications in CRC Settings' June 2023.</p> <p>The registered provider must ensure that the centre has an adequate number of relief members of the care team to cover all forms of leave.</p> <p>The registered provider must ensure that all personnel have the required</p>	<p>The centre had a full staffing complement as of 01/02/24. A recently onboarded social care worker has since resigned due to personal reasons and interviews are being held to fill the final social care worker position. An offer was sent to a new Interviewee on the 20/02/24, The centre are awaiting their acceptance of this offer for a full staff compliment.</p> <p>The centre currently has two relief staff members. On going interviews are in progress to recruit further relief staff.</p> <p>A further 5 full time staff members will have completed full TCI by 5/3/24. 3</p>	<p>Staffing levels are a priority for the registered proprietor with additional resources brought in to support and enhance the recruitment department. Regional manager and recruitment department will continue to conduct weekly meetings and address the centres staffing requirements.</p> <p>The registered provider will continue to monitor the staffing levels in the centre and to ensure that adequate relief staff members are recruited.</p> <p>TCI Training days have been adapted from 4 days to 2 days one week and 2 days the</p>

	mandatory training.	more staff members will have completed TCI refreshers as of the 10/4/24.	<p>following to support the rostering and needs of the centre, and to support learning and reflection.</p> <p>Centre manager will complete monthly review of training requirements and book staff onto training as it becomes available. New bi-monthly Training action plan has been implemented. This is to be completed by centre manager and sent to the regional manager to review. The regional manager will escalate requirement for courses that are not scheduled or full. Training requirements will continue to be discussed monthly in regional management meetings.</p>
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