



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 065

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Curam Nua Ltd.
Registered Capacity:	Two Young People
Type of Inspection:	Unannounced Inspection
Date of inspection:	13th and 14th February 2023
Registration Status:	Registered from the 30th April 2021 to the 30th April 2024
Inspection Team:	Anne McEvoy Linda McGuinness
Date Report Issued:	28th April 2023

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 30th April 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 30th April 2021 to the 30th April 2024.

The centre was registered as a dual occupancy service. It aimed to provide a medium-term programme of care to young people aged thirteen to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a *'blended theoretical and best practice approach'*. The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the therapeutic programme of care in the centre. There was one young person living in the centre at the time of the inspection. Given the complex needs of the young person resident in the centre, the centre, in conjunction with the social work team and the funding body, had chosen to lower the occupancy ratio to one young person and this was reviewed periodically.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about

how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 15th March 2023 and to the relevant social work departments on the 15th March 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 29th March 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

During the course of the inspection, inspectors found that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies. However, subsequent to the inspection, supplementary evidence was received regarding improvements in the governance and oversight in the centre. This evidence along with an 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: 065 without attached conditions from the 30th April 2021 to the 30th April 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational 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, there was one young person living in the centre and they spoke to inspectors as part of the inspection process. They expressed that they were happy living there and knew how to make a complaint. Overall, they felt that they were heard even though there were occasions when they did not get the desired outcome. They named several members of the staff and management team that they would talk to if they were displeased with any aspect of their care. There was also evidence that the director of services had met periodically with the young person to enquire if they were happy with the care they received. The young person was aware of the role of their key worker, social worker and the advocacy group Empowering People in Care (EPIC). From a review of records, inspectors could see that the reasons for decisions made were explained to the young person in line with their age and level of understanding.

A review of the complaints made evidenced that both the young person and their parent had made complaints about aspects of the service and these complaints were responded to and addressed in a timely manner. There was evidence that complaints were welcomed by the centre to improve service and care provision with complaints and learning outcomes discussed at team meetings routinely.

The centre had a complaints policy in place. It stated that young people were to be made aware of the Tusla “Tell Us” complaints process and their right to access advocacy services such as Empowering People in Care (EPIC) and the Ombudsman for Children’s Office. At the time of inspection, the young person’s booklet for the centre which was provided to the young person on admission, was not up to date and did not have information on the Tusla “Tell Us” complaints procedure, although the Ombudsman for Children and EPIC were discussed at length. Following the inspection, the centre provided an updated copy of the young person’s booklet to inspectors and this contained all relevant information including “Tell Us”. A review of centre records stated that following a complaint made by the young person, they were

to be made aware of the Tusla “*Tell Us*” procedure however, evidence of this individual work was not provided to inspectors on the days of inspection. Following the inspection on the 22nd February 2023, the social work team leader visited with the young person and provided them with a copy of the “*Tell Us*” complaints procedure and discussed it with them. The centre manager must ensure that individual work is completed and ongoing with the young person on the options available to them around complaints. During interview, one staff member was unaware of the Tusla “*Tell Us*” complaints process. The centre manager must ensure that staff are fully advised of the various complaints mechanisms that are open to young people to voice dissatisfaction with aspects of their care.

Inspectors found that complaints were recorded, managed and reviewed in line with the timeframe on the centre’s complaints policy. There was evidence that the young person and their parent were made aware of the outcome. However, in interviews staff were unsure about how the allocated social worker was made aware of informal complaints made by the young person and the outcome of same. The centre manager must ensure that there are systems in place to inform the social work department of all complaints made by the young person in the centre.

Inspectors reviewed the complaints register which contained all relevant information, including all details of the investigation and resolution of the complaint. Inspectors recommend that the centre manager routinely checks to ensure that the date the complaint was closed is recorded on the register. Inspectors were told there was no external auditing system currently operating within the service. The Quality Assurance and Governance Officer was redeployed to another role within the service in October 2022 and since that time there were no external audits conducted. Two external audits had been conducted on themes two and three of the National Standards for Children’s Residential Centres, 2018 (HIQA) in April and May 2022, but there was no evidence that complaints and its process within the centre had been audited in the previous twelve months. A social care worker with relevant experience was undertaking data collection of complaints and was tasked with ensuring compliance with the company’s complaints policy. However, inspectors did not find overarching review of complaints for organisational learning purposes in the management meeting minutes reviewed. The registered provider must ensure that complaints are regularly reviewed and learning is implemented to improve practices in the centre.

There was evidence on the complaints form that the young person was given the opportunity to provide feedback on the complaints process. This was routinely

carried out by the centre manager during their investigation and resolution of complaints.

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 individual work is completed and ongoing with the young person on the complaint options available to them including “Tell Us”.
- The centre manager must ensure that staff are fully advised of the various complaints mechanisms that are open to young people to voice dissatisfaction with aspects of their care.
- The centre manager must ensure that there are systems in place to inform the social work department of all complaints made by the young person in the centre.
- The registered provider must ensure that complaints are regularly audited and reviewed, and learning is implemented to improve practices in the centre.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors found that there were a suite of policies in place to safeguard young people from abuse and neglect. However, a review of these documents found some policies not relevant and misleading to the operation of this centre. The company had a lone working at night policy that was activated for another aspect of the service and not relevant to this centre. The registered provider must ensure that the policies and procedures are reviewed and updated to reflect the operation of the centre they are provided for.

The policies were found to be in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a lone working policy, an anti-bullying policy and a safeguarding and child protection policy. The lone working policy stated that all staff were to be trained on this policy, that a lone working risk assessment was to be completed for each member of staff working with the young person and that these risk assessments were to be reviewed at each team meeting to ensure they were updated and relevant to the care of the young person. In interview staff confirmed that there was no lone working training completed, there was no evidence of any risk assessments on file for working alone with the young person and team meeting records did not evidence that risk assessments on lone working were discussed in line with the lone working policy. The registered provider and centre manager must ensure that procedures are followed in line with their own policy on lone working.

The centre had a Child Safeguarding Statement (CSS) that was submitted to the Tusla- Child Safeguarding Statement Compliance Unit (CSSCU) for review and inspectors were advised the CSSCU had returned the document with amendments to be made. At the time of the inspection, the centre was in the process of updating the CSS to resubmit it to the CSSCU.

In interview one staff member was unfamiliar with the Child Safeguarding Statement, where it was located, or the risks identified within it. They were unsure of the procedures to be followed on the disclosure of a potential child abuse allegation and

were unable to identify the Tusla portal as a way of submitting these concerns to Tusla. They were also unaware of the roles and responsibilities of mandated persons and were unsure of the identity of the Designated Liaison Person. Inspectors reviewed personnel files and found that the centre management had signed induction documents indicating that the staff member had demonstrated an understanding of the centre's child protection policies and procedures however this was not evident during the course of inspection. A review of training records evidenced that one staff member had not completed Tusla's Children First e-learning programme and records provided to inspectors evidenced that two additional staff members had not refreshed this training on expiration of their certificates in August and September 2022 respectively. The registered provider and centre manager must ensure that all staff have undertaken the Tusla Children First e-learning programme and refresher training is completed to ensure that all staff are familiar with the Children First, National Guidance for the Protection and Welfare of Children 2017 and aware of their own roles and responsibilities therein.

There was a policy and procedure in place to manage any allegation of harm by a staff member. There was one such incident in 2022 and the centre response was not in compliance with its own policy and procedure. The centre policy stated that *"the staff member must be removed from duty immediately and the protocol as outlined in this policy will be followed"*. In interview, the centre manager stated that a decision was made by centre management, in conjunction with senior management, An Garda Síochána and duty social worker not to remove the staff member from duty. The rationale for not adhering to the policy was not documented. The child protection and welfare report form was submitted to Tusla and, at the time of the inspection was still awaiting assessment. Inspectors acknowledge that the matter was discussed at a senior management meeting on the 19th January 2023, however the matter continues to remain unresolved. The social work team leader allocated to the young person stated that they were made aware of the incident when it occurred and had started the assessment on the information provided on the CPWRF. They expected the full assessment to be completed within four weeks following inspection, however they were confident in the safeguarding measures in place and were party to the decision for the staff member to remain working with the young person in the interim, with additional safeguarding measures in place. The registered provider and centre manager must ensure that the centre's own child protection and safeguarding policies and procedures are followed.

While speaking with the young person, the inspectors found that the young person could interact with unknown persons through online gaming. This was not risk

assessed or addressed. The centre manager must ensure that all relevant safeguarding risks posed to the young person are identified and assessed in line with the centre's child safeguarding policies.

Inspectors reviewed individual work records completed with the young person and found that there was limited individual work completed with them around age-appropriate sexual development, what to be aware of and how to keep themselves safe, both in person and online, as they develop into a young adult. This work must be undertaken in an age-appropriate way to assist and support their knowledge, self-awareness and skills needed for self-care and protection.

The centre had a policy on protected disclosures, however the procedure identified in the policy was limited and while it stated that a protected disclosure could be made to an “*authorised person*” - it did not identify who in the company was an authorised person. In interview one staff member was not familiar with the policy or the procedure and staff were confused about the identity of the authorised person. The registered provider must ensure that the policy on protected disclosures is updated to provide an accurate and informed procedure that can guide staff and that all staff are trained in this policy and are familiar with the procedure.

An external audit was undertaken under Theme 3 of the National Standards for Children's Residential Centres, 2018 (HIQA) in May 2022 to monitor compliance with the requirements as outlined in Children First and relevant legislation. Overall, the auditor found compliance to be to a very high level in May 2022. As stated previously, the Quality Assurance and Governance Officer was redeployed to another role within the service in October 2022 and no additional audits were conducted. Given the significant deficits found by inspectors during the course of this inspection, the registered provider must ensure that external audits are recommenced to ensure compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	Regulation 5

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

Actions required

- The registered provider must ensure that the policies and procedures are reviewed and updated to reflect the operation of the centre they are provided for.
- The registered provider and centre manager must ensure that procedures are followed in line with their own policy on lone working.
- The registered provider and centre manager must ensure that all staff have undertaken the Tusla Children First e-learning programme and refresher training is completed to ensure that all staff are familiar with the Children First, National Guidance for the Protection and welfare of Children 2017 and aware of their own roles and responsibilities therein.
- The registered provider and centre manager must ensure that the centre's own child protection and safeguarding policies and procedures are followed.
- The centre manager must ensure that all relevant safeguarding risks posed to the young person are identified and assessed in line with the centre's child safeguarding policies.
- The centre manager must ensure that individual work is undertaken in an age-appropriate way to assist and support the young person's knowledge, self-awareness and skills needed for self-care and protection.
- The registered provider must ensure that the policy on protected disclosures is updated to provide an accurate and informed procedure that can guide staff and that all staff are trained in this policy and are familiar with the procedure.
- The registered provider must ensure that external audits are recommenced to ensure compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation.

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 were policies and procedures in place in the centre to guide staff on supporting the identified health and development needs of the young person living in the centre. These policies addressed the physical, mental and emotional health needs of any young people residing in the centre. An up-to-date care plan was provided by the social work department naming the young person's health and development needs and this was linked to the placement plan devised and written by the allocated key working staff. However, inspectors found that the policy and associated placement plan did not correlate with key working tasks completed for the young person. Sexual identity was a goal identified on the most recent placement plan devised. Inspectors did not find any evidence of individual work done with the young person on sexual development and puberty and noted that there were only two key working records on the care record outlining the importance of personal hygiene. The social work team leader acknowledged that this was an oversight, given the complexities of other presenting issues for the young person and advised that it will be discussed at child in care review meetings going forward. The centre manager must ensure that this forms part of the young person's placement plan and planned individual work moving forward.

Staff had completed individual work that focused on some aspects of the young person's health and wellbeing. Tailored pieces of work were completed regarding healthy eating and wellbeing. The centre had purchased a wearable fitness and activity tracker for the young person as a Christmas present to encourage a healthier lifestyle and introduce a fun way to encourage more physical activity. The social work team leader stated that the centre was very committed to the young person and to ensuring their needs were met in the best way possible. They had observed that the young person had made progress in the placement.

The young person's care record contained a clear and complete record of all health and medical information from birth, including all childhood vaccination records, and a full and complete medical history. The young person had access to a general practitioner close to the centre, had a valid medical card and inspectors found medical consents on file as required. There was evidence that staff encouraged and

supported the young person to attend health service appointments and helped them to understand the benefits of these services. Care records reviewed evidenced that the staff had regular contact with medical practitioners, including the GP, optician, dentist and appropriate information was shared to ensure the best care possible for the young person. Dental, ophthalmic, and other health related appointments were recorded on the individual care records.

Specialist external services, psychology and occupational therapy, were engaged with the young person and had provided reports to guide staff. These services also attended multidisciplinary meetings monthly with the staff and the social work department to further guide and inform staff on how to engage the young person in the most beneficial way. In interview, one staff member was unaware of the work being undertaken by the psychologist and the occupational therapist. The centre manager must ensure that all staff are aware of any developmental assessment reports provided to the centre and use these developmental reports to inform interventions and supports. There was evidence that the professionals involved with the young person were proactively seeking the engagement of the Child and Adolescent Mental Health Service and this was routinely followed up at the monthly multidisciplinary meeting.

The centre had a medications management policy that stated that *“All Social Care Staff must complete the Tusla Medication Management In-Service Training. Medication Management training must be completed by all Social Care Staff every two years or more frequently if required.”* In interview, staff stated that they had not received training on medication management. This is not in line with the centre’s own policies and procedures. The registered provider must ensure that they adhere to their own policies and procedures around the provision of formal training to all staff on the safe administration of medicines.

All medications were stored in the staff office adjacent to the centre. The young person had their own allocated cabinet that was always locked. There was identifying information on all medications. There was an allocated medication folder in place, and this contained relevant information such as a record of administration and other relevant data sheets.

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

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

Actions required

- The centre manager must ensure that sexual development and puberty forms part of the young person's placement plan moving forward.
- The centre manager must ensure that all staff are aware of any developmental assessment reports provided to the centre and use these developmental reports to inform interventions and supports.
- The registered provider must ensure that they adhere to their own policies and procedures around the provision of formal training to all staff on the safe administration of medicines.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that individual work is completed and ongoing with the young person on the complaint options available to them including “Tell Us”.	Educative Keywork has been allocated to the Young Person’s (YP) Keyworker in the April Keywork Planning Schedule to explore the YP’s understanding of the Tusla “Tell Us”, complaints process using the ‘How to Give Feedback and Make Complaints to Tusla: Guide for Children and Young People’ to ensure the YP has an awareness of the complaint’s options available in line with the National Standards for Children’s Residential Centres 2018 and the recommendations of this report. (To be completed by 30.04.23)	Details of Tusla “Tell Us”, are available to YP upon admission through the Young Person’s Booklet in line with the National Standards for Children’s Residential centres 2018. (Completed on 20.02.23)
	The centre manager must ensure that staff are fully advised of the various complaints mechanisms that are open to young people to voice dissatisfaction	An internal training day has been set for Thursday 13 th of April to include a Full Staff Training on the organisations Complaints Policy and Procedure,	Our Complaints Policy is currently under review by the Senior Management Team, the amended Policy will reflect the process of closing complaints after review by the

	with aspects of their care.	<p>including the external complaints mechanisms available to the YP in our care in line with the National Standards for Children's Residential Centres 2018 and relevant legalisation, guidance, and best practice.</p> <p>(To be completed by 14.04.23)</p>	<p>Centre Manager, to include referring the YP, and their family, to these services if they wish to appeal the outcome following all complaints in line with relevant guidance and a best practice approach.</p> <p>(To be completed by 11.04.23)</p> <p>The organisations Induction Procedure is currently under review by the Senior Management Team, to ensure that all staff have an understanding of the various complaints mechanisms that are open to YP to voice dissatisfaction with aspects of their care and are competent in discussing these mechanisms with the YP.</p> <p>(To be completed by 30.04.23)</p> <p>The Quality Assurance and Governance Officer is due to be re-instated into the role from the 31st of March 2023. This will provide the organisation with an additional format to assess staff's understanding of the available external complaint's mechanisms and highlight any corrective action to be addressed by the Centre</p>
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	<p>The centre manager must ensure that there are systems in place to inform the social work department of all complaints made by the young person in the centre.</p>	<p>The Centres Complaints Form Proforma has been amended to evidence that all complaints made by the YP are shared via email with the Social Workers to ensure they are notified and informed of the details of all complaints in a timely manner in line with the National Standards for Children's Residential Centres (HIQA) 2018 and other relevant legalisation. (Completed on 23.03.23)</p>	<p>Manager.</p> <p>The organisations Complaints Policy is currently under review by the Senior Management Team, the amended Policy will reflect a best practice approach and provide further clarity on the system in place to inform the social work department of all complaints made by the YP in the centre and share the outcome of all complaints in a timely manner in line with all relevant legalisation, regulations, and guidance. (To be completed by 11.04.23)</p>
	<p>The registered provider must ensure that complaints are regularly audited and reviewed, and learning is implemented to improve practices in the centre.</p>	<p>The newly appointed Director of Operations will assume responsibility for supporting the Centre Managers in ensuring complaints are regularly audited and reviewed, and all key learning is identified, and strategies agreed and actioned to improve practice in a timely</p>	<p>The Director of Operations will ensure the systemic compliance of the organisation is in line with National Standards for Children's Residential Centres (HIQA) 2018, and other relevant legislation and national best practice guidelines and facilitates additional governance oversight</p>

		and effective manner in line with best practice and other relevant legislation and guidance. (Effective from 31.03.23)	of same. (Effective from 31.03.23) The Quality Assurance and Governance Officer will be re-instated into the role from the 31 st of March 2023. The role will provide oversight and evaluation of complaints.
3	<p>The registered provider must ensure that the policies and procedures are reviewed and updated to reflect the operation of the centre they are provided for.</p> <p>The registered provider and centre manager must ensure that procedures are followed in line with their own policy on lone working.</p>	<p>The organisation's policies and procedures are currently under review and will be amended to reflect the required standards and other relevant legislation. (To be completed by 31.05.23)</p> <p>The organisation's Lone Working Policy is currently under review by the Senior Management Team, amendments will reflect the operation of the centre and accurately represent the procedures</p>	<p>The Director of Services, Director of Operations, the Quality Assurance and Governance Officer, two centre managers, and two deputy managers will comprise the panel tasked with completing the Bi-Annual Review of Policies and Procedures to ensure all policy documents are relevant and reviewed every 6 months in line with the National Standards for Children's Residential Centres (HIQA) 2018.</p> <p>The Centre Manager will ensure that all aspects of the Lone Working Policy are reflected in the operation of the centre and that training on the amended Lone Working Policy is facilitated for all staff.</p>

		<p>utilised in the centre in relation to Lone Working to ensure the organisations working procedures are followed in line with the organisation's policies and procedures, the National Standards for Children's Residential Centres (HIQA) 2018, and other relevant legislation. (To be completed by 30.04.23)</p>	<p>(To be complete by 11.05.23) The Quality Assurance and Governance Officer is due to be re-instated into the role from the 31st of March 2023. The role will provide oversight and evaluation of the centres working procedures, policy guidelines and a best practice approach to ensure the centre is operated in compliance with the National Standards of Children's Residential Centres (HIQA) 2018 and the organisations policies and procedures.</p>
	<p>The registered provider and centre manager must ensure that all staff have undertaken the Tusla Children First e-learning programme and refresher training is completed to ensure that all staff are familiar with the Children First, National Guidance for the Protection and welfare of Children 2017 and aware of their own roles and responsibilities therein.</p>	<p>All identified staff have been directed to update their Tusla Children First e-learning programme and refresher courses before the 03.04.23. This will ensure staff are competent and confident in their application of the Children First, National Guidance for the Protection and welfare of Children 2017 and are aware of their responsibilities as mandated persons. (To be completed by 03.04.23)</p>	<p>The responsibility for the maintenance of Personnel Files has been allocated to an identified person within the organisations HR department. This will ensure that all training and personnel files are kept up-to-date, and that the Centre Manager is notified of impending expirations of training certificates in adequate time to plan refresher trainings. (Completed on 06.03.23)</p>

	<p>The registered provider and centre manager must ensure that the centre's own child protection and safeguarding policies and procedures are followed.</p>	<p>The Management Team will ensure that the centre's own child protection and safeguarding policies and procedures are applied in <u>all</u> relevant circumstances, events, and incidents to protect the safety and wellbeing of the YP in our care.</p> <p>The Centre Manager has scheduled the Annual Refresher Training for all staff on the organisation's Child Protection and Safeguarding Policies and Procedures. (To be completed by 08.06.23)</p>	<p>The organisations Child Protection and Safeguarding Policy is currently under review to ensure that the guidelines reflect safe and effective practice to safeguard the YP in our care from potential harm. (To be completed by 31.05.23)</p> <p>A Director of Operations has been appointed and will assume the responsibility for supporting the systemic and governance compliance of the organisation in line with National Standards for Children's Residential Centres (HIQA) 2018, and other relevant legislation and national best practice guidelines. (Effective from 31.03.23)</p> <p>The Quality Assurance and Governance Officer is due to be re-instated into the role from the 31st of March 2023. The role will provide oversight and evaluation of the centres working procedures, policy guidelines and a best practice approach to ensure the centre is operated in</p>
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	<p>The centre manager must ensure that all relevant safeguarding risks posed to the young person are identified and assessed in line with the centre's child safeguarding policies.</p>	<p>A comprehensive Risk Assessment has been completed in relation to potential interaction with unknown persons through online gaming. (Completed on 14.03.23)</p> <p>A case review of all relevant and potential safeguarding risks, pertaining to the age, health, and stage of development of the YP residing in the centre, is currently in progress. Risk Assessments will be completed for any potential risks identified. (To be completed by 05.05.23)</p>	<p>compliance with the National Standards of Children's Residential Centres (HIQA) 2018 and the organisations policies and procedures.</p>
	<p>The centre manager must ensure that individual work is undertaken in an age-appropriate way to assist and support the young person's knowledge,</p>	<p>Educative Keywork was allocated to an appropriate staff member in the March Keywork Planning Schedule and has since been completed in relation to assessing the</p>	<p>The organisation facilitated an external Risk Assessment training for all centre staff on the 24.03.23 which will support staff in identifying and assessing potential safeguarding risks posed to the YP in line with the National Standards for Childrens Residential Centres (HIQA) 2018, the organisations policies and procedures, and other relevant legislation and best practice guidelines. (Completed on 24.03.23)</p> <p>A new keywork planning system has been introduced to facilitate a formal monthly review of the completed keywork and the key working topics identified in line with</p>

	<p>self-awareness and skills needed for self-care and protection.</p>	<p>YP's understanding of safe internet use and protecting yourself online. (Completed on 10.03.23)</p> <p>Further keywork has been allocated to the YP's Keyworker through the April Keywork Planning Schedule to assist and support the YP's knowledge, self-awareness and skills needed for self-care and protection. (To be completed by 30.04.23)</p>	<p>the YP's Placement Plan. (Completed on 23.02.23)</p>
	<p>The registered provider must ensure that the policy on protected disclosures is updated to provide an accurate and informed procedure that can guide staff and that all staff are trained in this policy and are familiar with the procedure.</p>	<p>An internal training day has been set for Thursday 13th of April to include a Full Staff Training on the organisations amended Protected Disclosures Policy to ensure that staff are provided with an accurate and informed procedure that can guide them more appropriately. (To be completed by 13.04.23)</p>	<p>The Director of Services, Director of Operations, the Quality Assurance and Governance Officer, two centre managers, and two deputy managers will comprise the panel tasked with completing the Bi-Annual Review of Policies and Procedures to ensure all policy documents are relevant and reviewed every 6 months in line with National Standards for Children's Residential Centres 2018.</p> <p>The Quality Assurance and Governance Officer is due to be re-instated into the role from the 31st of March 2023. The role will provide oversight and evaluation of the</p>

	<p>The registered provider must ensure that external audits are recommenced to ensure compliance with the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation.</p>	<p>The Quality Assurance and Governance Officer is due to be re-instated into the role from the 31st of March 2023.</p>	<p>centres working procedures, policy guidelines and a best practice approach to ensure the centre is operated within the realms of the organisations policies and procedures.</p> <p>A Director of Operations has been appointed and will assume the responsibility for supporting the systemic and governance compliance of the organisation in line with National Standards for Children's Residential Centres (HIQA) 2018, and other relevant legislation and national best practice guidelines. (Effective from 31.03.23)</p>
4	<p>The centre manager must ensure that sexual development and puberty forms part of the young person's placement plan moving forward.</p>	<p>Educative Keywork was allocated to the YP's Keyworker through the March Keywork Planning Schedule and has since been completed in relation to sexual development and puberty. (Completed on 01.03.23)</p> <p>Keywork pertaining to sexual development and puberty will form part of the young</p>	<p>A new keywork planning system has been introduced to facilitate a formal monthly review of the completed keywork and the key working topics identified in line with the YP's Placement Plan. (Completed on 23.02.23)</p>

	<p>The centre manager must ensure that all staff are aware of any developmental assessment reports provided to the centre and use these developmental reports to inform interventions and supports.</p>	<p>person's Placement Plan following the quarterly review, scheduled for 18.04.23. (To be completed by 18.04.23)</p> <p>The Centre Manager will address any inconsistencies in any staff member's awareness of all developmental assessment reports and their understanding of how these documents have been utilised to inform interventions and supports through Monthly Supervision Meetings and provide additional support and training where necessary. (To be completed by 01.06.23)</p>	<p>The organisations Induction Procedure and Probationary Review Assessment is currently under review by the Senior Management Team, to ensure that all staff can demonstrate a clear understanding of all aspects of the YP's care, including Multi-Disciplinary developmental reports and contribution to individual plans, strategies, and interventions being utilised with the YP. (To be completed by 30.04.23)</p> <p>A Director of Operations has been appointed and will assume the responsibility for supporting the systemic and governance compliance of the organisation in line with National Standards for Children's Residential Centres (HIQA) 2018, and other relevant</p>
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	<p>The registered provider must ensure that they adhere to their own policies and procedures around the provision of formal training to all staff on the safe administration of medicines.</p>	<p>Training for all staff on the Safe Administration of Medication for Social Care Workers has been added to the Annual Training Calendar and the management team is in the process of selecting and commissioning an appropriate Trainer. (Training to be completed by 01.07.23)</p>	