



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 2023

Year: 083

Inspection Report

Year:	2023
Name of Organisation:	Rainbow Community Services Ltd.
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	08th & 09th of August 2023
Registration Status:	Registered from the 19th of February 2023 to the 19th of February 2026
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	9th November 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 19th of February 2008. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from 19th February 2023 to 19th February 2026.

The centre was registered to provide accommodation to four young people of all genders from age twelve to eighteen on admission. Their model of care was described as relationship based and trauma informed. Staff interactions were advised by additional positive behaviour support tools and aimed at bringing young people to a place of good self-management and self-awareness. There were four 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
1: Child-centred Care and Support	1.5
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4

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

The preliminary findings of this inspection were brought for discussion to the ACIMS registration committee on the 25th of August 2023. Following that discussion, a draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 29th of August 2023. The draft inspection report issued to centre management was accompanied by a letter proposing to attach conditions to the centre's registration based on the preliminary findings from the inspection. The proposed condition was that the centre must submit a comprehensive and robust CAPA in response to the inspection findings. The letter also requested a meeting with the registered provider of this centre. This meeting took place on the 19th of September 2023 during which the preliminary findings of the inspection were discussed in detail with the director of service and the registered provider. The expectations of the ACIMS to address deficits identified during the inspection were also named.

The registered provider was separately 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 12th of September 2023. This was deemed to be unsatisfactory as it did not respond in sufficient detail to the deficits identified during the inspection and named at the above meeting. The lead inspector wrote to centre management on the 13th of September, providing clear direction and explanation regarding the CAPA submitted and stating what was expected. On the 29th of September a second CAPA document was submitted to the lead inspector with supporting documentation to evidence actions taken by centre management to address the deficits identified in the draft inspection report. This CAPA largely met the deficits named satisfactorily, except for the actions in response to standard 3.1 of this inspection. The matter was then escalated to senior management for their attention. In response to this and having discussed the matter at the ACIMS registration committee meeting convened on the 25th of September, the registered provider was issued with notice of a proposal to amend the above condition to a requirement of centre management to review child protection and welfare policies and safeguarding procedures and to ensure they were fully understood by staff and implemented without exception.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks however adherence to named standards and implementation of the CAPA in response to this

inspection requires ongoing attention and work. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 083 with an attached condition from the 19th of February 2023 to the 19th of February 2026 pursuant to Part VIII, Article 61 (6) (a) (i) of the 1991 Child Care Act.

The condition being that:

- the staff and management must review their child protection and welfare policies and safeguarding procedures and ensure it is fully understood by all staff and implemented in practice without exception.

This condition will be reviewed before the 31st of March 2024.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 1: Child-centred Care and Support

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

There was evidence that the importance of family was recognised and supported by the staff team in the centre. Inspectors noted that some significant progress had been made in the establishment and development of family relationships for two young people residing in the centre for longer than a year. Family contact was often facilitated by staff, supervised when required but some young people were successfully organising this family access and managing it independently. Family contact was expected to be recorded by staff at the centre in dedicated records for same although inspectors found that this was not consistently happening as described and where a daily log noted contact had occurred there was no corresponding dedicated family contact record. The centre manager must communicate the expectation in relation to practice to the staff team and ensure that it is implemented consistently in practice.

For one young person, it was indicated in their care file and stated by staff in interview with inspectors that they were not to have contact with their parents as stipulated by the social work department. Despite this, it was recorded in the young person's file that they had had contact via social media with a parent. There was a lack of clarity demonstrated to inspectors by staff as to what was the expected response here – to the young person themselves when they had informed staff; in the context of reporting/informing the social work department; and in the context of ongoing phone use. There was no existing arrangement in place to supervise or monitor the child's phone usage, therefore staff only became aware of family contact if the child informed them of same. This child was under the age of thirteen and thus subject to monthly statutory child in care reviews (CICR's) to be convened by the social work department. Only one such CICR had been held at the time of this inspection and the social work team leader informed inspectors that the next had been set for the CICR to be convened. Following the onsite inspection, inspectors spoke with the social work team leader (SWTL) that was holding responsibility for this case awaiting transfer to another social work team. The SWTL informed the

inspectors that a meeting had been convened since the inspection clarifying expectations regarding phone usage, reporting phone contact, and monitoring of same. The centre manager and staff team, in conjunction with the social work team must prioritise a comprehensive overall plan of care for this child within this current placement, as the evidence of this was lacking in the placement plan on file at the centre. This should include specific guidance regarding family contact arrangements.

There was a television at the centre and some young people also had televisions in their bedrooms. Not all young people had a mobile phone at the centre although they did have access to a landline for relevant phone contact with persons outside of the centre. Inspectors noted there was no documented clear arrangements in place for each young person regarding the acquisition of a phone and supported learning to manage same. Birthdays were celebrated and special occasions were marked for young people throughout their placement.

There was evidence that efforts were being made to support young people in sustaining links with their respective community of origin, where this was deemed appropriate for them. There were reported efforts, with some documented evidence of same, by staff to engage young people in local community activities and interests.

One young person that inspectors met with reported to them as not having engaged in any aspect of the local community throughout their placement in this centre despite them being over seventeen years of age. This should be a key area of learning and development for them with a view to moving on from care. Inspectors found overall that the evidence of efforts to engage in the local community within placement planning and key working was significantly lacking. The centre manager must implement much more robust placement planning for all young people across all aspects of their care and development and evidence this within individual placement plans and focused key working. This must be kept under regular review through which progress can be tracked.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.5
Practices did not meet the required standard	None identified

Actions required

- The centre manager must implement and oversee clear and consistent practices in relation to family contact arrangements and the recording of same.
- The centre manager must prioritise comprehensive placement planning individualised to each young person in this centre. This must be implemented through robust, planned key working and subject to regular review.

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.

This centre had been subject to a Tusla Alternative Care Inspection and Monitoring Service risk response inspection in July 2022 following the escalation of a significant event relating to an allegation of abuse by one resident against another resident. Following that inspection, a report was issued naming several actions that needed to be taken by centre management in response to deficits identified in policy and practice. Inspectors found from their examination of this standard on this occasion, that many of the actions had not been addressed in full or sufficiently therefore warranting them to be named again in this report.

The centre had a policy document that incorporated policies and procedures related to the safeguarding and child protection of young people. Inspectors were informed that this policy document had been revised to align itself with the National Standards

for Children's Residential Centres document in 2022 and was scheduled to be reviewed as an entire document by October 2023. Policies were not provided to families although inspectors were informed that there was a link to their policies on the agency's website and a parents information booklet provided following admission. Some individual policies had been updated during 2023, but none related to child protection. Inspectors found that several deficits within the policies related to safeguarding and child protection and these will require immediate attention as they were not in compliance with the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. These deficits included lack of appropriate reference to all relevant guiding legislation in child protection; lack of reference to relevant and necessary training across the area of child protection; lack of direction related to child protection concerns that don't meet the threshold of reporting; and lack of reference to child sexual exploitation (CSE), including response to and training in, for staff.

There was a child safeguarding statement (CSS) on display in the centre. It had been updated in July 2023 and identified some of the possible risks that children in this centre may be subject to. The staff team were all identified as mandated persons by the centre manager although none had completed the online training course available. The centre's policy document referred to all staff in the centre being mandated persons and the CSS referenced a procedure for maintaining a list of mandated persons, but there was no list either in the policy document, attached to the CSS or located elsewhere as required under the Children First Act of the list of mandated persons. The CSS identified the centre manager as the designated liaison person (DLP). It also named a procedure for appointing a relevant person as required by legislation. In a follow up query with the centre manager after the onsite inspection, they stated they were the identified relevant person. This was not named in the CSS or in centre policy. In interview, the deputy manager identified themselves as the deputy DLP however this was not documented in the CSS or in the child protection policy either. Neither centre manager nor deputy had completed DLP training, this must be completed as a priority. The Inspectors provided centre management with the relevant information to access the mandated persons training following the inspection.

Inspectors conducted a review of a sample of personnel files and found that all required documentation including risk assessments alongside garda vetting, and a reference from an employee's most recent place of employment were not on file. This was contrary to the centre's own policy. Inspectors also noted that a police clearance from another country was not on file for one employee prior to the commencement of

their employment although had been followed up by the director when they noticed this omission. The centre manager must prioritise the undertaking of a full audit of all personnel files and address any deficits identified therein.

Inspectors found several deficits in the staff understanding and implementation of safe practices and a lack of leadership in this general area by centre management. Inspectors found that there was repeated reference, both verbally and in writing, to a safety plan that had been implemented fifteen months prior to this inspection and subject to review by two social work departments and centre management on multiple occasions in the intervening time. Inspectors found that there was in fact no actual safety plan document, there was no documented risk assessment to inform the safety plan, and what was in fact being reviewed but not altered through that mechanism was a practice of constant supervision of two young people when they were in each other's presence in the centre. Inspectors found that practices had not altered in any meaningful way in the intervening fifteen months and no consideration had been given to each of the relevant children's lived experience in this centre being subject to such scrutiny. The centre must comply with their own child protection policy – a risk assessment must be conducted to determine what risks, if any, present for these young people remaining in placement together and implement the necessary protective measures determined by that risk assessment. This should be done in consultation with the relevant social workers for the two young people involved and include the centre's alarm system and its role in providing a protective measure. Both social workers, in interview with inspectors, committed to revisiting the matter with the relevant Garda personnel to contribute to appropriate and necessary safety planning. If the risk assessment determines the need for a safety plan, then an actual document should be devised, recorded and subject to review. This risk assessment and its review must give due consideration to the lived experience of all children living in the home.

Following the previously referenced Tusla ACIMS risk response inspection of this centre in July 2022, a commitment was undertaken by centre management to secure training in child protection for the staff team. This was attended to in October 2022 and additionally the staff team at that time had completed the e-learning module Children First: An Introduction; however, one staff in interview stated they had not completed child protection training although the training record indicated that they had. There was no evidence of safeguarding and child protection being discussed at staff meetings in the sample of records reviewed by inspectors. Safeguarding of young people and child protection in a general context, as distinct from a focus on one incident that occurred some time ago, must be an integral part of ongoing

learning at this centre. Centre management must prioritise relevant training for all staff that have not yet completed it and ensure that it is an area of discussion at various forums in the centre on a consistent basis.

Inspectors found that areas of vulnerability were not evidenced as having been identified for individual young people with associated risk assessments and protective measures and safeguards implemented. For example, there was repeated reference (as noted earlier in relation to another matter) to safety planning but the basis for this could not be clearly established by inspectors. In interview with one social worker, inspectors were informed that significant risks regarding a young person had been made known to centre management prior to their admission, yet this had not resulted in the development of a documented safety plan for the young person. This young person had been reported missing child in care just two days after their admission. The social worker stated to inspectors that there had been deficits in the timely reporting of this young person being missing that they had raised with centre management. Another young person had a written safety plan on file regarding frequent and regular checks throughout the day and night following their admission. Staff were unclear of the basis for this in interview with inspectors and there was no evidence that this had been reviewed and amended as necessary at the time of their admission. Inspectors did not find evidence of direct work being done consistently with any young person to develop their respective knowledge, self-awareness and understanding for self-care and protection. This must be prioritised by the centre manager and staff team in consultation with the respective social workers as an individually assessed and implemented piece. Centre management must implement the necessary systems to ensure the relevant educative work is realised through direct work with young people.

A recent allegation of assault by an ex-resident against a member of staff currently working in the centre had been made known to centre management. This was reported by an external person as a child protection concern and was live at the time of this inspection. The director of services informed inspectors of protective measures that were being undertaken to enable the person, about whom the allegations was made, to return to work whilst the investigation was underway. Additionally, the director had contracted an external person to conduct a review of the matter. Inspectors found that there had been no formal review of events surrounding an allegation that had taken place in the centre fifteen months before this inspection. Separately, there had not been a formal review of events leading to two separate episodes of protracted periods of absence without authority by one young person. Significant events must be reviewed more robustly, with management

input for the purpose of learning. This learning should be shared with the staff team and implemented into practice.

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

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	Standard 3.1

Actions required

- Centre management must prioritise undertaking a review of the child protection and safeguarding policies and make all necessary amendments and additions to ensure compliance with the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.
- Centre management must create and maintain an updated list of mandated persons in the centre in accordance with the requirements of the Children First Act, 2015.
- Centre management must commence a programme of training and development across all areas relevant to child protection and ensure that all staff requiring training complete it in a timely manner and ensure that it is a regular topic of learning discussion at the centre.
- Centre management must undertake an audit of all staff personnel files and address any outstanding deficits related to staff vetting immediately.
- Centre management must ensure that a fully informed comprehensive risk assessment is undertaken regarding the two young people in this centre. All protective measures and practices identified as a response to this assessment must be implemented, documented, and regularly reviewed.
- Centre management must undertake an assessment of each child's vulnerabilities and, ensure going forward, that this happens for all young people residing in this centre. Centre management must implement the necessary systems to ensure the relevant educative work is realised through direct work with young people.

- Centre management must implement a robust system of review of significant events that ensures learning is gained and implemented as required.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that overall, significant improvements were required to be made at centre and senior management levels for this service to demonstrate its commitment to ongoing robust review of the quality, safety and continuity of care that would then inform improvements in service delivery. A relatively new audit system against the National Standards for Children's Residential Centres had been introduced and commenced within the centre. However, the director of services stated during interview and inspectors found during this inspection that this auditing system was not be fully effective. Whilst the audits had been conducted and actions identified, the implementation of the named actions had not been realised several months after the audit was completed. The director must take the necessary action to address this.

Inspectors found the evidence of review of practices on an ongoing basis at the centre to be lacking. The centre manager and director must implement and document reviews of policy and practice at all relevant levels at the centre. This should include through formal staff supervision, at team meetings, through robust multi-person reviews of SEN's, at post-crisis response following specific incidents, and through placement reviews and oversight of key working.

Inspectors noted several delays in convening statutory child in care reviews by social work departments and copies of statutory care plans not on file at the centre. Although the director of services described verbally to inspectors an escalation system, this was not supported in policy or in practice that inspectors could see at the centre. The existing internal escalation system will need to be reviewed and amended and the director must ensure it is then realised in practice.

The director submitted an annual review of compliance completed for the agency covering the period March 2022 – March 2023. However, this was not a reflection

on service performance as measured against the centre's stated objectives which is what is required by the national standards. The director of services must undertake an annual review of compliance against the service's stated objectives with identification of improvements required and an associated timeframe as opposed to the national standards themes.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The director of services must take the necessary action to ensure that actions identified in audit reports are concluded within an acceptable timeframe.
- Centre management must implement and document reviews of policy and practice at all relevant levels at the centre.
- The director of services must review and amend the internal escalation system and ensure it is then realised in practice.
- The director of services must ensure that an annual review of compliance with the centre's objectives is conducted, and timely action taken to promote improvements in work practice.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must implement and oversee clear and consistent practices in relation to family contact arrangements and the recording of same.</p> <p>The centre manager must prioritise comprehensive placement planning individualised to each young person in this centre. This must be implemented through robust, planned key working and subject to regular review.</p>	<p>Manager has discussed the deficiency with the team at the team meeting 06/09/2023 following receipt of the draft inspection report. Centre manager has issued instruction regarding the appropriate level of recording of the extensive family contacts within the centre. Manager and Deputy Manager will monitor this as part of the regular document checks and address any individual issues within the supervision process.</p> <p>Each young person has a placement plan in place, and these are revised on a fortnightly basis. The placement plans link to the Care Plan for the Young Person agreed at the Child in Care Review. Young people are encouraged to participate in the development of their placement plan and agree goals for themselves within the plan.</p>	<p>Direct instruction to the team following discussion at team meeting 06/09/23.</p> <p>Monitoring of practise based on known family contacts.</p> <p>Any further issues to be addressed through supervision process.</p> <p>Manager has reviewed all placement plans in line with Care Plan.</p> <p>The Manager has met with key-workers to adjust placement planning guidelines, provide timeframes regarding goals and outcomes and instruction on fortnightly review and update based on changing circumstances and child's responses.</p>

		<p>Management have reviewed all placement plans and their correlation to the Care Plan with the key-workers.</p> <p>Management have adjusted the placement planning guidelines, provided timeframes for the completion or revision of goals, instruction on fortnightly review and update based on changing circumstances and child responses.</p> <p>Manager has arranged a monthly schedule with key-workers for discussion and review of placement plans and other core documentation for the young people.</p> <p>Specific instruction has been given regarding emphasis on community involvement and seeking opportunities for same.</p>	<p>Manager has arranged a monthly schedule with key-workers for discussion and review of placement plans and other core documentation for the young people. All goals to have a timeframe for review and replacement based on engagement and progress.</p>
3	<p>Centre management must prioritise undertaking a review of the child protection and safeguarding policies and make all necessary amendments and additions to ensure compliance with the requirements outlined in Children First: National Guidance for the Protection and Welfare of Children,</p>		

	<p>2017 and the Children First Act, 2015.</p> <p>Centre management must create and maintain an updated list of mandated persons in the centre in accordance with the requirements of the Children First Act, 2015.</p> <p>Centre management must commence a programme of training and development across all areas relevant to child protection and ensure that all staff requiring training complete it in a timely manner and ensure that it is a regular topic of learning discussion at the centre.</p> <p>Centre management must undertake an audit of all staff personnel files and address any outstanding deficits related</p>	<p>As indicated all staff are considered mandated persons for the purpose of the Children First Act 2015. Manager has created a list of Mandated persons (please see attached) and this is on display within the service.</p> <p>Centre management and SCL's have attended DLP training 28/08/2023. All staff were trained in Child Protection in line with the services CSS in September 2022. Since then there have been some new recruits who have all completed Children First and will have the Child Protection training scheduled for them in the Autumn of 2023 for them. Safeguarding and Child Protection is now a fixed agenda item for team meetings and for staff supervision.</p> <p>Service manager has reviewed all staff files and can confirm missing reference was present at the time of inspection having</p>	<p>Manager has created a list of mandated persons which is now on display in the unit. This list will be updated following any changes to the staffing profile in the service.</p> <p>Centre management have attended DLP training 28/08/23. Child Protection for all staff scheduled 26/10/2023. All staff have been directed to Mandated Persons training and instructed to return completion certificates 29/09/2023. Child Protection and Safeguarding are now a fixed agenda item in team meetings and supervisions.</p> <p>Full audit of staff files has been completed and outstanding actions implemented. Files for new recruits are inspected by</p>
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	<p>to staff vetting immediately.</p>	<p>been received into the service April 2023 and prior to appointment of the staff member.</p> <p>One qualification check was outstanding and is being pursued.</p> <p>A verbal risk assessment had been agreed with a staff member on commencement in employment and this has now been formalised in the file.</p> <p>Manager has carried out an audit of staff files Sept 2023 (attached) and all relevant information is provided and on file. Manager checks the file of each new staff member during recruitment and prior to commencement in post.</p>	<p>manager prior to commencement in post.</p> <p>Manager to furnish DOS with complete staff file for inspection a week before agreed start date.</p>
	<p>Centre management must ensure that a fully informed comprehensive risk assessment is undertaken regarding the two young people in this centre. All protective measures and practices identified as a response to this assessment must be implemented, documented, and regularly reviewed.</p>	<p>A risk and safety meeting was held between the service management and the SW teams for both young people 14/08/23 (see attached). Risk assessments and safety plans have been updated along with Impact Risk Assessment for both. SW for one of the young people to follow up with contact with an external agency and Gardaí. Risk management arrangements</p>	<p>Meeting was convened 14/08/23. Follow on contact was made with Gardaí and external agency. Existing risk assessments were reviewed, safety plans updated, and impact risk assessments implemented for both young people. Planned 3-month review will be preceded by a material change in arrangements for one of the young people.</p>

	<p>Centre management must undertake an assessment of each child's vulnerabilities and, ensure going forward, that this happens for all young people residing in this centre.</p>	<p>were reviewed, and Safety Plans updated.</p> <p>Centre manager has reviewed the vulnerabilities identified for each young person. Manager has ensured that these are addressed through the key-working process, risk assessments, BMP's, ICSP's etc. bringing in external professionals where necessary. The assessment of vulnerabilities will become a standard assessment for new admissions to the centre.</p>	<p>Centre has reviewed the vulnerabilities for each young person and sought to have each addressed through internal and potentially external supports.</p> <p>The assessment of vulnerabilities will become a standard assessment for all new young people residing in the service.</p>
	<p>Centre management must implement the necessary systems to ensure the relevant educative work is realised through direct work with young people.</p>	<p>The Centre manager has highlighted the omission of some educative and development work with the staff team. The centre manager is working with the team to identify the deficiencies and implement a plan for this work to take place within the Key-working and goal setting process.</p>	<p>Centre has highlighted the omission and is working with the staff team to identify deficiencies and plan the implementation of an educative framework for development areas to take place within the key-working and goal setting process.</p>
	<p>Centre management must implement a robust system of review of significant events that ensures learning is gained</p>	<p>The current system of review of SEN's and SERG reports has been reviewed. The SERG process now forms part of the</p>	<p>Centre manager has reviewed the SEN and SERG review process. The SERG process has become</p>

	and implemented as required.	team meeting agenda. SEN's requiring a learning and development response will be addressed and action points recorded in the minutes.	incorporated into the team meeting and action points recorded therein.
5	<p>The director of services must take the necessary action to ensure that actions identified in audit reports are concluded within an acceptable timeframe.</p> <p>Centre management must implement and document reviews of policy and practice at all relevant levels at the centre.</p> <p>The director of services must review and amend the internal escalation system and ensure it is then realised in practice.</p> <p>The director of services must ensure that an annual review of compliance with the centre's objectives is</p>	<p>DOS has audited and agreed actions and timeframes centre manager. DOS to address any deficiencies in the timeliness of actions in the supervision process.</p> <p>Centre Management to meet by 18/09/2023 to agree a schedule of review of policy and practise within the service.</p> <p>DOS has reviewed the internal escalation process. This has been detailed in the Policies and Procedures and is shared with the inspectors.</p> <p>DOS to ensure centres objectives are central to the annual review of compliance. DOS to work with centre management to</p>	<p>DOS to agree actions and timeframes with manager and further audit to ensure compliance with timeframes taking appropriate steps if timeframes are persistently missed.</p> <p>Centre manager to provide review schedule for DOS by 25/09 and implement according to agreed timeframes.</p> <p>DOS has reviewed internal escalation process and has issued instruction to service management in relation to implementation of same with time frames for specific issues including SEN's, SERG and Care Plans.</p> <p>DOS to ensure centres objectives are central to the annual review of compliance. DOS to work with centre management to</p>

	conducted, and timely action taken to promote improvements in work practice.	ensure a framework for implementation of improvements is agreed and compliance with timeframes met through the audit process. This will be reflected in the next annual report due May 2024.	ensure a framework for implementation of improvements is agreed and compliance with timeframes is met.
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