

Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report on children's
statutory residential centres under the Child Care
Act, 1991



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| Type of centre: | Children's Residential Centre |
| Service Area: | CFA DML CRC |
| Centre ID: | OSV-0004167 |
| Type of inspection: | Unannounced Full Inspection |
| Inspection ID | MON-0025457 |
| Lead inspector: | Erin Byrne |
| Support inspector (s): | None |

Children's Residential Centre

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

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| From: | To: |
| 05 November 2018 12:00 | 05 November 2018 18:00 |
| 06 November 2018 09:00 | 06 November 2018 12:30 |

During this inspection, inspectors made judgments against the *National Standards for Children's Residential Services*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

| Standard | Judgment |
|---|-------------------------|
| Theme 2: Safe & Effective Care | |
| Standard 5: Planning for Children and Young People | Substantially Compliant |
| Standard 7: Safeguarding and Child Protection | Compliant |
| Theme 4: Leadership, Governance & Management | |
| Standard 1: Purpose and Function | Substantially Compliant |
| Standard 2: Management and Staffing | Substantially Compliant |

Summary of Inspection findings

The centre was a statutory main stream residential children's centre in the Dublin Mid-Leinster region. The centre provided medium to long term care for up to five young people of mixed gender, between the ages of 13 and 17 years on admission. At the time of inspection there were three children and two young adults aged 18.

During this inspection, the inspector met or spoke with two children and one young adult resident, social workers, an aftercare worker, managers and staff from the centre. The inspector observed practices and reviewed documentation such as statutory care plans, child-in-care reviews minutes, relevant registers, children's files and supervision records.

The centre had a statement of purpose and function which reflected the demographic of the centre as well as its day-to-day operations. Young people, who had been long term residents in the centre, were supported to maintain their placements beyond their 18th birthday for the purpose of completing their second level education and/or their transition to third level education. The mix of children and young adults in the centre was given due consideration and well managed. Admissions and discharges to and from the centre were well managed and planned.

Interactions between staff members and young people were relaxed and appropriate. Records demonstrated a high level of commitment by staff to understand what was going on in the lives of the young people and their attempts to gain insight into their behaviours. The staff team were focused on the identification of required and sometimes creative solutions to engage young people when issues arose.

Young people were supported and encouraged to maintain relationships with their family members, friends and significant others. There was regular communication between parents and staff members, and family and friends were welcome to visit the centre.

All children had an allocated social worker but not all had up-to-date statutory care plans on file. Social workers and aftercare workers spoke highly of staff in the centre and their commitment to the young people. There were effective systems in place for reporting child protection concerns and significant events and while the social work response to staff requests for written details of follow up action taken was often delayed, concerns were addressed promptly and follow up action or interventions implemented as required within the unit. Statutory child in care reviews were held as required and were well attended. Young people were supported and encouraged to attend and contribute to meetings about them.

The centre had an experienced and effective management team and a more than adequate number of staff to deliver a safe, quality service. However, the procedure for ensuring that garda vetting for all staff was updated as required, was not strong enough. Mechanisms for oversight and monitoring by the management team of care practices, reports and implementation of procedures were in place, and they ensured gaps or errors were promptly identified and rectified. It was clear that managers were held to account for their practice.

There were appropriate systems in place which ensured consistent communication and support across the staff team, but staff supervision was not being completed in line with Tusla policy. Risks were appropriately managed within the centre and procedures for reporting risks related to children and young people were familiar to staff and embedded in their day-to-day practice.

Inspection findings and judgments

Theme 2: Safe & Effective Care

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Standard 5: Planning for Children and Young People

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Inspection Findings

The centre had a clear policy and agreed procedure for admissions and all children were appropriately admitted through this process. There was one admission to the centre since the previous inspection. The inspector found that the centre was provided with adequate information about this child from the supervising social worker prior to their admission. There was documentation on file which demonstrated good practice in relation to meeting the needs of all children and young adults and the potential impact of a new admission on all involved. Transitions into the centre were well planned and transition plans showed collaborative and child-centred decision making between the centre and other professionals.

All children had an allocated social worker and statutory child in care reviews were held in accordance with the Child Care (placement of children in residential care) Regulations 1995. However, updated care plans were not always provided to the centre in a timely way following these reviews. The centre manager told the inspector that if updated care plans were not forthcoming following several requests, there was an escalation process in place. In circumstances where updated care plans were awaited, the centre manager drafted individual placement plans based on records taken by the centre staff who attended the reviews. This ensured that children's care goals and decisions made at their reviews were communicated to staff and implemented without delay. Individual placement plans were available on each child's file and were found to reflect decisions recorded in minutes of their child in care reviews and/or their care plans.

Statutory child in care reviews were well attended and included input from children themselves, their families and significant others, such as education tutors, therapists or members of An Garda Síochána. Children were clear about their right to and the benefits of participating in their reviews. Written reports prepared by staff and the children themselves were held on care files.

Records of keyworking sessions showed that staff encouraged children to contribute to these reviews. Social workers told the inspector that reviews were always attended by relevant centre staff and managers and that centre reports were provided.

Children and young adults resident were supported to maintain relationships with family members, friends and significant others. Visits to the centre by family members and friends were encouraged and where they had lost contact with significant people, they were supported to re-establish these relationships, where appropriate. Staff members gave practical support to children and their families by providing transport and making arrangements for family activities, for example, when young people were meeting with their siblings. Parents were kept informed about events in their child's life and were provided with regular updates on changes in circumstances or significant events, as they arose. There was regular communication between centre staff and parents in relation to daily events such as school progress or medical appointments. Social workers told the inspector that in their experience, the centre staff team and manager were very good at maintaining contact and providing information to parents. Some parents visited their children in the centre and children told the inspector that their friends were welcome to come to the centre if they wished.

Social workers visited children in the centre in line with regulations and more frequently if necessary or requested. Records of these visits were not easily accessed as they were not recorded separately, but were documented in each child's daily log. As a result, information on the exact frequency and details of discussions or any actions taken or amendments to plans as a result of these visits were hard to find. Social workers told the inspector that they were happy with the level of contact and procedures for communicating with the centre staff team and managers. They said that the centre staff team responded promptly to requests or suggested interventions. Significant events were promptly notified to social workers.

All children and young people resident in the centre were well cared for. They presented as comfortable, relaxed and content in the presence of staff and were happy to speak with the inspector. They were confident that they could ask for support if they needed it and all had staff that they could talk to if issues arose for them. Young people gave the inspector examples of how they were supported and they identified their keyworkers as important people to advocate for them, and communicate information between them and the team or their social workers.

It was evident from centre records and team meeting minutes that the staff team was acutely aware of the emotional and psychological needs of all residents and that the supports available to them when they were required, were routinely discussed. The centre manager told inspectors that if specialist supports were required and could be provided privately this would be funded. The centre manager said that at times, where clinical reports were provided to the team by clinicians external to Tusla services, access to these clinicians was limited. This impacted on the staff's ability to clarify details in reports or to have clinical input into children's placement plans.

Discharges from the centre were appropriately planned. One young person was in the process of transitioning out of the centre at the time of this inspection. Details of this transition were clearly documented in records of one to one sessions between the young person and a staff member, and communication with relevant supportive adults

and family members. A clear plan which included dates of overnights away from the centre and supportive interventions following discharge was devised, and relayed to all staff through centre team meetings.

Preparation for leaving care and aftercare plans were on file for all young people who required them. These plans were at varying stages of completion which was found to be appropriate to each young person's age and circumstances. Each young person's plan was informed by a needs assessment. Young people were clear about their plans for leaving care as well as the supports available to them and the people responsible for providing these supports.

Young people who requested an extension to their placement for the purpose of completing second level education or transitioning to further education were supported in this request. Social workers and aftercare workers who spoke with the inspector said that the staff and manager of the centre were proactive and supportive of young people's education and placement goals and interventions to achieve these were well managed.

The inspector reviewed risk assessments and placement support plans which identified potential risks associated with young adults living alongside children in the centre. In addition, the inspector reviewed records of key working sessions held with young adults and found that potential risks and how they would be managed were discussed. Young adults living in the centre told the inspector that they were clear on the different expectations of them when they had reached 18. They described changes in care practices and interventions designed to help them to build confidence and independence prior to their discharge, for example cooking for themselves, managing money and planning transport.

Each child had a comprehensive care file which was held securely within the staff office, ensuring an appropriate level of privacy and confidentiality. Records showed that children's views were sought and considered where possible. Each child's file contained official documentation such as birth certificate and passport as required, and children as well as young adults resident were actively supported to update their documentation. Copies of care orders were available on two of three children's files however the copy of a care order for one child was out of date. This had not been identified prior to inspection by the management team through internal or external monitoring procedures.

Judgment: Substantially Compliant

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

Child protection concerns were appropriately identified, reported and managed within the centre. Risks to children and young people were identified quickly and procedures for reporting risks as well as plans for managing them were promptly implemented. The inspector observed appropriate professional relationships between staff and young people, including effective one to one sessions covering topics related to their safety and protection.

Children and young adults were aware of advocacy services and were familiar with the line management structure of the centre, including external managers for the service. They told the inspector that they felt safe in the centre and could speak to staff if issues arose for them. Children who required them had detailed safety plans on file, which included agreed interventions and timeframes for implementation. Children who were placing themselves at risk were monitored closely and incidents of concern, including child protection concerns were promptly notified to social workers and/or An Garda Síochána as required.

Team meeting minutes demonstrated an environment of collaborative and open working where staff members were encouraged to challenge ideas, express concerns and discuss options or issues arising within the centre. They were well attended and documented including recording of follow up actions taken and decisions agreed to mitigate risks within the centre.

The centre held a central child protection log which included brief details of each concern, the response received and the status of the concern, i.e. whether or not it remained open or had been addressed and closed. A copy of each child protection report was retained on each child's file. There were 14 reported child protection concerns in 2018 and eight in 2017. A sample of child protection reports were examined by this inspector and they demonstrated good, collaborative practices for managing child protection concerns. There were up-to-date risk assessments on file pertaining to presenting risks. Interventions to reduce risk to children were recorded on updated placement and safety plans, which provided guidance and detailed agreed procedures for staff to follow.

All child protection concerns reported in 2018 had been investigated and follow-up action was notified to the centre by the investigating social work department. These concerns were closed as a result. The centre managers had a system in place to review all open child protection concerns to ensure they were being managed and that follow up action was taken to reduce risks to children. Despite concerns having been addressed effectively, the processes in place between the centre manager and social workers, for communicating decisions to close concerns was flawed.

Despite repeated requests to the relevant social work department for information required to close a child protection concern, this information had not been provided in all cases and therefore child protection concerns remained open on the centres register for significant periods.

Missing child in care incidents were promptly notified as required, and concerns of a child protection nature associated with these events were discussed and investigated in line with relevant protocols. There was an effective system of communication between the staff team and other professionals where there was a sustained or escalating risks for children and young adults.

Social workers told this inspector that child protection concerns were reported promptly. They said that they received reports in relation to other significant events and they were satisfied that the centre was doing all that was possible to manage presenting risks.

Judgment: Compliant

Theme 4: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 1: Purpose and Function

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings

The centre had a statement of purpose and function which was clear, up-to-date and reflected the day-to-day operation of the centre. It had been updated in August 2018 in order to reflect the changing profile of the children and young people resident in the centre. It clearly stated that there were two young people over the age of 18 resident in the centre for the purpose of supporting their educational needs.

The statement detailed the criteria for admission to the centre including criteria which may exclude children being admitted, as their needs could not be met. The statement detailed the centre's care practices, listed the key policies in place to guide practice and outlined that care could be provided for up to five children between the ages of 13 and 17 years on admission. The statement detailed restrictions on the use of physical interventions within the centre. It specified the date of review of the statement, including those responsible.

The statement was not available in a format that was accessible to children and young people. While the statement referred to a child friendly version of the statement of purpose and function within an information booklet, the interim service manager told the inspector that this booklet was in the process of being developed.

Judgment: Substantially Compliant

Standard 2: Management and Staffing

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

Inspection Findings

The centre was effectively managed, and there were appropriate internal and external mechanisms and supports in place to ensure accountability for practice and good quality care to young people. The centre had an experienced centre manager and deputy centre manager. There were clear lines of accountability and authority within the centres line management structure and there were effective systems of monitoring and oversight of practice in place. Staff members and young people were clear on the line management structure and there were operational policies in place which supported the appropriate admission and discharge of children to the centre.

There was a centre register which contained all necessary information required by Child care (Placement of children in residential care) Regulations, 1995. There was evidence of monitoring and oversight of the centres register by the centre manager and a Tusla Monitoring officer.

The centre had an adequate system in place for the notification of significant events to all relevant people. A review of a sample of these notifications indicated a good level of oversight and monitoring by the centre's local management team as well as the interim service manager with responsibility for external monitoring. Social workers told the inspector that incidents, accidents, significant events and child protection concerns were promptly notified. Actions including safety planning, attendance at strategy meetings and/or individual follow-up sessions with the children to address concerns arising out of significant events were all evident through review of children's files. Records of significant events were well maintained.

At the time of this inspection, the centre was over-resourced due to the temporary re-deployment of staff from another centre which had closed. There were adequate numbers of experienced staff at all times to ensure the safe running of the centre and the additional staff members were being scheduled where possible to support training and leave requirements while ensuring consistency and familiarity for children and young people in the centre.

Staff members on duty during this inspection demonstrated an acute knowledge of the individual needs of young people living in the centre. They were confident in the systems and processes in place to manage risks associated with children's presenting behaviours. Observed interactions between staff members and young people were respectful, warm and age appropriate.

There was evidence throughout care files and team meeting minutes of direct and active involvement of the manager and deputy manager in the day-to-day operations of the centre. The centre manager provided clear guidance to the staff team and inspectors observed good collaborative working between the managers and staff members. There was evident follow up on issues which were identified through monitoring processes and effective oversight, which ensured that agreed decisions were

implemented and issues were rectified. For example, during the previous inspection of this centre deficiencies were identified in relation to storage and administration of medication. These were discussed and plans for improvements effectively agreed and implemented. A brief review of medication storage systems and administration records found quality improvements in this area.

In addition to weekly team meetings, there were a number of effective communication systems in place including handover meetings, use of shift planners and a communications book. These systems were overseen by the centre manager and deputy manager and they were effective at ensuring consistency across the staff team. There were mechanisms in place to ensure progress for children and young adults which included regular review and update of placement support plans, safety plans and risk assessments. These were overseen by the centre manager and interim service manager and this provided confidence that staff members remained consistent and up-to-date on the presenting needs and priorities for each resident.

While risk management systems were in place, they were not enough to ensure the safety of all children resident in the centre. Some children were at risk as a result of their behaviour and their inability to engage in their placement. Risks to these children were escalated appropriately. Actions taken as well as the multiple options being pursued to manage risks were evident through care records, correspondence and strategy meeting minutes.

Risk assessments and children's individual safety plans were reviewed and updated regularly. This provided prompt and up-to-date guidance to staff. Notifications of child protection concerns were made and social workers were kept informed of progress or increase levels of risks as required. Children's families were included in development of safety plans or placement support plans. The centres management team had a system which ensured that risks to children received proportionate responses.

A monthly report entitled 'centre governance report' completed by the centre manager was viewed as part of this inspection. The interim service manager told inspectors that he monitors staff garda vetting through dates provided in these monthly reports however, this local system did not effectively ensure that safeguarding measures in relation to the recruitment and vetting of staff was sufficient. This report indicated that while all staff had Garda Vetting only one staff member had been garda vetted in the three years prior to this inspection. The centre manager and interim service manager told this inspector that staff personnel files are maintained centrally within Tusla and while they can request information in relation to staff members they have no responsibility for oversight or assurance over the recruitment or vetting processes.

All staff working within the centre received supervision however, this was not delivered frequently as required by Tusla supervision policy. The centre governance report reflected that the majority of staff had received only four supervision sessions in 2018 well below the required average of one session every four to six weeks. Despite this having been highlighted as a deficits requiring action during the inspection of the centre in March 2017 measures to address this deficit were ineffective and issues remained.

A sample of supervision records were reviewed as part of this inspection for the purpose of assessing quality of supervision provided. This review found that the centre manager and deputy centre manager divided the majority of supervisory responsibilities between them and a social care leader within the unit had responsibility for supervising a small number of staff members. The quality of supervision was generally good. Individual needs and concerns relating to each child and young adult were discussed, decisions were clearly recorded and required actions including timeframes were documented. Actions and decisions from previous supervision sessions were discussed and reviewed and there was a balance between discussion in relation to children and young adults as well as, staff development and training evident.

There were regular and frequent training opportunities available to staff in the unit. All staff had up-to-date training in manual handling, first aid, fire safety and a model of behaviour management. Since the previous inspection of the service all staff had received training in Children First (2017) and medication management as required. A training need analysis had been completed which identified training requirements for the team including why this training need had been identified and the intended objective from the training outlined.

The centres recording system was well organized and there was a clear system for ensuring the centre manager had oversight of documents and records prior to filing which facilitated effective management and accountability. There was evidence of regular monitoring of records, incident reports and decisions by the centre manager and evidence of additional monitoring by the interim service manager. Through team meeting minutes this inspector saw that where issues relating to incomplete or unsigned records were identified these were address by the centre manager. The interim service manager told this inspector that he visits the centre frequently for the purpose of completing systems checks and general monitoring and oversight of practices. The interim service manager provided an example of a recent themed visit where he focused on children's placement plans to ensure that long term goals were still relevant and up-to-date. This resulted in an amendment and updated actions relating to one young person due to changes in circumstances following recommendation from the interim service manager to reflect recent changes.

Judgment: Substantially Compliant

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

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| Action Plan ID: | MON-0025457-AP |
| Provider's response to Inspection Report No: | MON-0025457 |
| Centre Type: | Children's Residential Centre |
| Service Area: | CFA DML CRC |
| Date of inspection: | 05 November 2018 |
| Date of response: | 18 January 2019 |

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Not all young people had up-to-date care plans on file and delays in providing up-to-date care plans to the unit by social workers were common place.

Not all young people had copies of care orders on file.

Records of social work visits including discussion and/or actions taken in response were not easily accessible or routinely recorded.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It

stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Please state the actions you have taken or are planning to take:

The Centre Manager will email the Social Work teams to re- seek the outstanding Care Plans by 11th January 2019. If not received, this will be escalated to the Deputy Regional Manager who will follow up with the relevant Principal Social Workers by 23rd January 2019.

The Centre Manager will email the relevant Social Worker to highlight the care order that is out of date and seek an updated care order. This will be completed by 16th January 2019. If not received the Centre Manager will escalate to the Deputy Regional Manager by 11th February 2019 who will address immediately with the relevant Principal Social Worker. The Deputy Regional Manager has implemented a tracker system to ensure that Care Orders are up to date. The Centre Manager will diary when Care Orders are due and email Social Workers in advance. If not received within a three week time frame the Centre Manager will escalate to the Deputy Regional Manager.

The Centre Manager will review the access files to ensure that Social Work visits including actions and discussions are easy accessible and held separately to other access visits. This will be reviewed by the Deputy Regional Manager and be completed by 4th February 2019.

Proposed timescale:
04/02/2019

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management

Standard 1: Purpose and Function

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose and function was not available in a form that was accessible to young people.

Action Required:

Under Standard 1: Purpose and Function you are required to ensure that: The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Please state the actions you have taken or are planning to take:

The Centre Manager and Deputy Regional Manager will review the Statement of Purpose and Function and complete the development of a separate child friendly version. This will be brought to the staff meeting on 20th February 2019 and subsequently circulated to the young people. The Young Person's Booklet is currently being developed and will be completed and circulated by 20th February 2019.

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| Proposed timescale: 20/02/2019 | Person responsible: Centre Manager |
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| Theme 4: Leadership, Governance & Management Standard 2: Management and Staffing Judgment: Substantially Compliant | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The majority of staff members had not had garda vetting updated in more than three years.</p> <p>Supervision was not provided to all staff as required in line with policy.</p> <p>Action Required:</p> <p>Under Standard 2: Management and Staffing you are required to ensure that: The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>The Deputy Regional Manager has reviewed the list of staff that currently have up to date Garda vetting. This list is held at Regional Office level. The list allows for the Deputy Regional Manager to track whether Garda Vetting is up to date and whether they have been applied for. The Centre Governance report for January 2019 will accurately reflect the current situation. There are presently 11 staff with up to date Garda Vetting and 7 that are outstanding. The list has been forwarded to the Centre Manager who will follow up with those that are outstanding. The Centre Manager will update the Deputy Regional Manager by 31st January 2019. All staff will have up to date Garda vetting by 30th April 2019.</p> <p>The Centre Manager will re allocate supervision to include delegation of supervision to Social Care Leaders by 23rd January 2019 to ensure that all staff members are in receipt of supervision in line with policy. The supervision schedule will be updated and forwarded to the Deputy Regional Manager by 25th January 2019.</p> | |
| Proposed timescale: 30/04/2019 | Person responsible: Centre Manager |