



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Monitoring Inspection
Date of inspection:	17 and 18 November 2020
Centre ID:	OSV 4190
Fieldwork ID	MON 0031115

## About the centre

The following information has been submitted by the centre and describes the service they provide.

The children's residential centre is located in a single storey building in its own grounds on the outskirts of a town. The service offers medium to long-term care for up to four children, either male or female, aged between 13 to 17 years. At the time of this inspection all residents were male, and included one child under the age of 12 years. An exemption in line with Tusla's national policy for the 'Placement of Children Aged 12 Years and Under in Residential Care' had been made which permitted this child to be accommodated. The centre did not provide emergency care. Referrals and decisions about the appropriateness of placements were handled by a central referrals committee of Tusla's South region team.

The centre's model of therapeutic care was rooted within Tusla's nationally approved framework for delivering improvements in children's wellbeing and outcomes. The centre aimed to realise the full potential of each child through providing a living environment that focused on their physical, psychological and emotional safety. Care of the children was delivered through individual intervention plans tailored to meet their specific developmental needs. The model of care sought to actively involve children, their families, other professionals and community-based organisations at every stage of the intervention.

Number of children on the date of inspection:	4
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To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
17 November 2020	9am-5pm	Sue Talbot	Lead inspector
17 November 2020	9am-5pm	Olivia O'Connell	Support inspector
18 November 2020	11am-5pm	Sue Talbot	Lead inspector
18 November 2020	11am-5pm	Olivia O'Connell	Support inspector

## Views of children who use the service

Four children were placed at the centre at the time of the inspection. Inspectors met with three of them. Two children also completed a questionnaire. They said they were involved in developing their care and placement plans and that decisions about their future care arrangements had been explained to them. Inspectors observed warm and positive relationships between children and centre staff on their return home from school.

Children said they were aware of how to make a complaint and that they had someone they could speak to if they were unhappy. They indicated they could speak to their families and centre staff, and named specific staff members they liked. However, they also reported incidents over recent months when they had felt less safe or were angry or upset by the behaviours of other children living in the centre. They spoke of conflict in peer relationships within the centre that had taken up a lot of staff time to try and sort out. They said they felt that things were getting worse, not better at the time of inspection. One child said, *'I have been talking to everyone about this, but nothing has changed'*.

Inspectors spoke to the families of three children. They valued the support centre staff had given in helping them to stay in touch during the period of COVID-19 lockdown. They positively reported on having regular contact with and visits from the children. Family members praised the support given by key workers or others in the staff team they had the opportunity to get to know. However, they also reported difficulties in recent communication with the centre, saying that the phone was not answered or that they did not have their calls returned in a timely manner. They also said that information they had asked to be shared had not been passed on to wider team members.

Family members shared their worries about children's safety and wellbeing given the ongoing tensions and conflict between residents. They reported a deterioration in the quality and safety of care their child had received recently. All expressed concerns about the impact this was having on children's emotional and mental wellbeing. They were concerned about signs of reduced motivation including its impact on children's ambitions and capacity to keep on track with their goals and future planning. All family members spoken to did not feel their concerns or complaints had been properly listened to, and that it was taking too long to sort things out.

In recent months, social workers and guardians ad litem<sup>1</sup>(GALs) also raised a number of concerns about the safety and wellbeing of children in what had become a volatile and stressful living environment. They were worried about the escalation in significant events for some children and the increased levels of risk and complexity within peer relationships. Although they had been involved in regular discussions with centre staff and other professionals from the point of concerns first being identified, they said that it had taken

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<sup>1</sup> Guardian ad Litem are independent social work professionals who are appointed to represent the voice and interests of children in court proceedings.

too long to address the underlying issues in relation to the mix of children, and the suitability and capacity of the service to meet the individual needs of all four children at that point in time.

Social workers and GALs reported that centre staff were supportive in working with them to implement children's individual care plans, and referred to past examples of creative and child-centred work undertaken with children. However, they highlighted that the current situation had de-stabilised progress, and that the recent staff turnover and absence levels had impacted on the consistency of practice and the quality of relationships.

The views of children, their families and professionals involved in their lives indicated that although children were being cared for by a staff team who endeavoured to prioritise and meet their individual needs; the levels of support they individually needed was not always available, and this was compounded by an inappropriate mix of children in the centre. This meant children were not able to experience a consistent standard of care, in a safe and nurturing environment, where complex behaviours were well-managed. As a result, children did not have a reliable experience of good quality and safe care in this centre in the weeks prior to, and during, this inspection.

### **Capacity and capability**

The centre management and staff team demonstrated a high level of commitment to the care of the children, but workforce absences and turnover at all levels directly impacted on the centre's capacity to consistently deliver the required standards of child-centred, safe and effective care and support. There was an evident impact on the day-to-day operations of the centre as a result of the dynamics within the group of children living there, and the level of vigilance required by staff that this created.

An interim centre manager had been recently appointed for a six month period following the absence of the previous centre manager. There remained significant shortfalls in the availability of social care leaders which led to the management team being increasingly drawn into day to day operational roles. The centre and the deputy centre manager took turns in providing the on-call out of hours service, whilst also maintaining a high presence alongside frontline staff in the delivery of care. The deputy regional manager also provided a high level of support to the centre. Managers were supportive of requests for additional staffing given the pressures on the centre team. Agency staff and workers from other centres were deployed to help strengthen capacity, but this was not always available or sufficient to meet demand.

Centre staff told inspectors they were working in difficult circumstances but that they felt valued by their management team. They were concerned that important structures and systems underpinning the delivery of care were not recently able to be followed in line

with previous practice. Individual accountabilities, roles and responsibilities were 'in flux' given staff absences and the need to continuously re-prioritise their working day to respond to the risk.

Staff felt that it had taken too long to put in place a clear and effective system for debriefing following significant event notifications and most staff had not received supervision in many months. This was reported as a gap of over six months by one member of staff inspectors spoke to. Team meetings were no longer regularly occurring.

Stretched staffing capacity meant that the daily planning meetings which had previously provided a clear structure to support the ongoing delivery of children's individual care and placement plans, had recently been put on hold. Capacity to ensure good handovers and daily communication was reduced and did not consistently include all members of staff. Staff told inspectors they had missed out on essential communication, support and direction to help them keep children and each other safe. They also highlighted they had limited capacity to maintain children's care records.

Managers recognised the importance of the referral and admission process in matching children to effectively meet their needs and help promote good outcomes for them. The centre's statement of purpose sought to support children with a range of complex needs; but it also recognised there were limits to its offer in relation to the severity and intensity of their needs. Following the inspection, the lead inspector sought further information from the deputy regional manager in relation to the suitability of the recent placements and mix of children's needs. Whilst children's individual records appropriately articulated the specific needs and risks to each child and also considered relevant issues in relation to matching; what had not been anticipated was the relationship dynamic and escalation of risky behaviours that developed between some of the children.

Managers had identified concerns about the mix and suitability of children at the centre at a relatively early point following the recent placements. The deputy regional manager chaired regular meetings involving centre managers and children's social workers and GALs to consider and review risks and explore future options to better engage children and prevent further escalation of risks. A number of strategies for managing risk were identified, with additional services commissioned to help strengthen understanding of children's needs and of additional support required. All such actions however, had limited impact in addressing the root causes of repeat serious incidents. However, inspectors were assured that a plan was in place to move one child to a new placement, and that risks were appropriately escalated to both senior managers and relevant social work departments.

The centre held a significant events register as required by the Placement of Children in Residential Care Regulations (1995). This provided a clear record of each incident and noted the number of previous events that had occurred since the child was placed. Each

child's individual care record also provided relevant detail of the circumstances, outcome and follow up action taken in response to significant events. The deputy regional manager regularly reviewed and signed the log as part of their routine quality assurance visits to the Centre. Trends and issues of concern were also in turn reviewed by the regional management team.

Staff and managers encouraged children to use the complaints procedure and promoted access to an independent advocacy service to enable children to access additional support in having their voice heard. Ten complaints made by children had been logged in the centre complaints log in last nine months. Two indicated the child wished to formally complain and they were supported to do so. Records highlighted that managers and staff had discussed the complaints process with children, but others did not wish for their concerns to be taken further on that occasion. Children's families and social workers also told inspectors that children had lost confidence in the complaints process.

Inspectors found gaps in the entries of complaints from the middle of May to the beginning of August 2020. Inspectors queried this and asked that the missing complaints, which related to the period of absence of the previous manager, were promptly identified and followed up. All recent complaints had been promptly followed up by either of the centre managers, with a record made of what the child wanted to see happen. Although staff did take account of issues and complaints made by children within daily logs, team meetings and one to one sessions; organisational challenge and learning from children's feedback was not clearly understood by them and their families.

The centre's risk register had not been reviewed in line with the frequency set out in Tusla's risk management guidance. It had been updated in February 2020 to take account of the COVID-19 pandemic, and was reviewed again in October 2020. The updated register reflected similar issues to those highlighted in the previous year's register. The risks to the safety, health and welfare of children and staff due to violence and aggression had continued to be rated as medium, despite the high number of significant event notifications and the adverse impact for all children and staff. Although the lack of adequate staffing was weighted as high, the risk register did not clearly map current operational challenges or the need for enhanced staffing or additional workforce skills that might be required. The ineffective use of this risk management system did not ensure organisational risks were formally reported, recorded or reviewed through this system.

Tusla's national policies and procedures for children's residential centres were significantly out of date. Managers informed inspectors that new procedures were due to be rolled out before the end of the 2020. In the interim, the centre's own local child care policies, procedures and guidance to support the delivery of care were in place and comprehensive. They were set out in a clear and accessible format.



Staff had received child protection and other mandatory training including use of Tusla's approved crisis management and physical intervention approach. However, given the COVID-19 pandemic, training was delivered as e-learning during the year. It was recognised by managers that this did not fully meet the practice and development needs of centre staff.

The statement of purpose for the centre had been recently reviewed in line with residential care standards. The draft version, due to be issued shortly after the inspection, provided the required level of information about the day to day running of the service, management accountabilities and of governance arrangements within the centre and region. Plans were in progress to develop an accessible child-friendly version for children and their families in line with previous practice. The re-drafted statement of purpose further built on Tusla's model of therapeutic care and promoted alignment with children's individual placement plans and programmes of care. It reflected relevant child care policies and procedures to meet the practice requirements set out within Regulations and the National Standards for Residential Care (2018).

Given the evidence of the significant impact for children and the level and duration of challenges the centre has faced in recent months, inspectors sought and received assurances that the challenges in the centre, particularly in relation to staffing and the mix of children was being addressed. Further work was being planned with partner agencies; and with children and their families to support wider organisational learning and identify changes needed to prevent recurrence. Senior managers acknowledged that it had taken too long to implement the required changes including finding suitable alternative placements for children when required.

### **Standard 5.2**

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

Key management structures and systems; including supervision and team meetings, were not delivered in line with expected standards of practice. The centre's risk register did not ensure organisational risks were formally reported, recorded or reviewed. There were gaps in the centre's complaints management log that needed to be urgently addressed. Debriefing for staff and for children following significant events required strengthening. The national suite of policies and procedures for statutory children's residential centres had not been completed.

Judgment: Moderate non-compliance

**Standard 5.3**

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The Statement of Purpose has been recently reviewed and updated, and reflected Tusla's national model of therapeutic care and the required standards set out in Regulations and the National Standards for Children's Residential Care (2018).

Judgment: Compliant

**Quality and safety**

Centre staff aimed to provide good quality, child-centred and safe care through developing individually tailored programmes of support built around children's strengths and needs. Inspectors observed positive and warm relationships between staff and children, but their capacity to plan for and provide individual support reliably on a day to day basis was constrained by wider risks and concerns within the centre environment. At the time of this inspection, there were significant barriers and organisational challenges to delivering and sustaining the expected standards of care and breaking the cycle of crisis intervention.

All four children living at the centre had an allocated social worker. Two children had recently experienced a change of social worker. Centre managers had close contact with children's social workers in ensuring regular review of their safety and well-being. Areas for additional assessment or specialist intervention had been identified for each child given shared concerns about their development and wellbeing in coping in what had become a stressful and challenging home environment. The additional specialist supports needed were due to commence shortly after this inspection.

All four children had an up-to-date care plan which contained clear aims and objectives for meeting their individual needs. Care and planning arrangements mostly included monthly reviews in line with Tusla's policy for children under the age of 12 years placed in residential care. However, the placement plans for two children had not been kept up to date in line with previous practice, which impacted on their continued engagement with and progress made in achieving their goals. For one child, it had been eleven months since their placement plan was reviewed. Staff absences, in particular, keyworkers and social care leaders had impacted on practice in this area drifting, with gaps in essential case recording. For one child, there had been a five month gap in their one-to-one records being maintained. Care and placement planning for the more recently placed children was still at a relatively early stage as centre staff worked to get to know children and build their trust.

Centre staff encouraged children to participate in shaping and reviewing their care and placement plans. However, as highlighted elsewhere in this report, there were risks to children's motivation given gaps in maintaining essential one to one sessions with sufficient frequency. The lack of regular opportunities for wider team communication and reflection also adversely impacted on building a shared direction and culture for the delivery of consistent care. Centre staff promoted family contact, and ensured children had opportunities to regularly visit and have contact with their families in line with their individual choices and wishes. Whilst centre staff recognised children's individual backgrounds and ethnic heritage, there was limited evidence of work undertaken by centre staff to recognise and promote their diverse racial and cultural identities.

Children were supported to speak out when they felt unsafe or vulnerable. Family members and children's social workers were informed about risks to their safety. Centre records indicated there were three child protection and welfare concerns in the previous nine month period. All had been made within the past couple of months, and remained open at the time of the inspection.

Whilst there was growing recognition of the adverse impact for children from observing or being part of multiple significant events; these incidents had not been adequately considered by the centre as child welfare concerns and were not responded to as such. This was acknowledged by centre managers as an area for practice development. Following the inspection, the deputy regional assured inspectors that new wellbeing safety plans were being introduced that particularly recognised the emotional challenges for children impacted by bullying, risky or destructive behaviours of other children.

Staff were aware of their responsibilities for reporting children missing from care. When such events occurred, the centre's response was in line with the Joint Protocol with An Garda Síochána (2012). Records of children missing from care were well completed and appropriately linked to significant event notifications. There had been 22 missing from care episodes in the past nine months. Records identified specific concerns about children's vulnerability and risks of exploitation. Individual care records provided clear direction about the processes to be followed by centre staff when a child went missing.

The centre had a comprehensive practice framework and systems to promote positive behavioural support that was centred in the delivery of Tusla's national therapeutic care approach. All staff had received appropriate training to enhance their understanding of the impact of trauma on children's relationships and behaviours. Care records from earlier this year indicated appropriate use of practice tools and scoring to help assess and monitor children's safety and wellbeing. Review of significant event notifications enabled a better understanding of 'flash points' between children and of activities that could not be safely delivered to more than one child at a time. Centre staff were conscious of the need to create an environment in which children felt safe and nurtured in which positive behaviours could be encouraged; but their capacity to prevent or effectively defuse crises and re-direct children was impacted by the frequency and sudden escalation of incidents.

There had been a marked increase in the frequency, risk levels and nature of significant event notifications (SENs) for some children living in the centre in recent months. Risks in transporting children and accessing community facilities required higher levels of staffing to contain the situation. Strategies for re-directing, defusing and reducing incidents did not have a lasting impact. On one recent occasion, assistance from An Garda Síochána had been sought. Specific pieces of short-term work had been undertaken by centre staff with individual children in areas such as recognition of feelings and anger management. However, they recognised there was much more to do to build children's awareness and personal strategies for managing behaviours that challenge.

The centre reported a significant increase in its use of restrictive procedures, and inspectors found that this was proportionate to the complex behaviours of specific children. It had previously infrequently used restraint or physical interventions. Data provided by the Centre indicated there had been 25 incidences of physical restraint, 42 incidences of physical intervention, and 20 of environmental restraint in the last nine months. Staff had received training and used a nationally approved 'holding' method for preventing children from harming themselves or others. Where sanctions were used to control behaviours, these were clearly recorded and proportionate to the level of presenting concerns. Additional psychological assessments had been recently commissioned for all children to provide increased understanding of the complexity of their needs and of the risks they posed to themselves and others.

Centre staff actively promoted the health and wellbeing of children. Children were medically examined at the point of admission to care as required by the Regulations, and their medical records were transferred to their new GP. Children were supported to access their GP and attend relevant other medical appointments as required. Audits by managers helped address gaps in relevant documentation, including records of immunisations. Records of the administration of medication reviewed by inspectors indicated satisfactory practice. Centre staff assisted children to have greater awareness of risks to their health and wellbeing, helping to prepare them for managing their own health needs on leaving care. COVID-19 infection control measures were clear and well-managed, with generally sufficient access to personal protective equipment.

Centre staff appropriately considered children's physical and mental health needs, and in conjunction with other professionals supported them to access additional help when needed. Children's health and development, including their emotional and mental health needs were recognised. Centre staff had good access to Tusla's clinical psychologist to help them in exploring their concerns and responses to the individual needs of children. The changing needs of adolescents were identified, with direct work undertaken to help promote positive sexual health, sexual identity and safe relationships. Multi-disciplinary professionals meetings were facilitated by the centre to assess and review children's attachments, individual experiences of trauma and any specialist help they may require.

Options for alternative supports outside the Centre were identified to enable children to engage in new or different activities to support wider exploration of their needs and risks.

Three children attended school regularly, although one child's education placement was at increased risk at the time of this inspection. Staff were supportive of the children who were preparing for their exams and tried to ensure they had space and support for their school work. However, one child living at the centre had not attended school since September 2019. No alternative provision, including home tutor support, had yet been secured. At the time of the inspection, there was not a clear plan or agreed timescales to meet their educational needs. Centre staff worked to build and reinforce children's literacy and numeracy skills through their involvement in everyday activities.

Older children had been linked into the aftercare service in a timely manner. Their hopes and anxieties about their future were well understood by centre staff. Centre staff worked closely with them to prepare for leaving care, including promoting their independent living skills in key areas such as managing a bank account. Transition to aftercare was sensitively planned, with good recognition of the need to work at children's pace in planning and accessing future education, training and employment opportunities.

In conclusion, although the centre aimed to deliver high quality child-centred care; staff absences and turnover combined with the lack of a timely response to an inappropriate mix of children, significantly impacted on the centre being able to provide a consistently safe and effective response to the individual and collective needs of children in recent times. Further discussion with the deputy regional manager following the inspection indicated a clear transition plan for one child to move to a more appropriate setting, with work in progress to implement a recovery plan that re-connected with and supported organisational learning from children, their families and wider agencies. This was assuring to inspectors.

### **Standard 2.2**

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Centre staff were committed to improving outcomes for children, but had not been able to consistently provide the levels of care and support needed to maximize children's wellbeing and personal development. Placement plans and individual work with children had not been kept up-to-date. The focus of centre staff on promoting children's diverse racial and cultural backgrounds required strengthening.

Judgment: Non-compliant moderate

**Standard 3.1**

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Although the centre has clear safeguarding policies and procedures in place, with staff appropriately trained, the adverse impact for children from observing or being a part of multiple significant events had not been adequately considered as child welfare concerns.

Judgment: Non-compliant moderate

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Although centre were supported by relevant policies and procedures; the current day to day operational difficulties in maintaining routines and targeting time for direct work with children impacted on their capacity to effectively promote positive behaviour with an increased use of restrictive interventions to contain behaviours.

Judgment: Non-complaint moderate

**Standard 4.1**

The health, wellbeing and development of each child is promoted, protected and improved.

Centre staff actively promoted the health and wellbeing of children.

Judgment: Compliant

**Standard 4.2**

Each child is supported to meet any identified health and development needs.

Children's health and development, including their emotional and mental health needs were recognised; with additional specialist support accessed when required.

Judgment: Compliant

**Standard 4.3**

Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Care plans actively sought to help children prepare for leaving care and supported them to achieve in relation to their future education, training and work choices.

However, one child had missed out on a substantial period of their schooling, and there was no alternative provision available.

Judgment: Substantially compliant

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<p><b>Standard 5.2</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Non-compliant moderate
<p><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<b>Quality and safety</b>	
<p><b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p>	Non-compliant moderate
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Non-compliant moderate
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Non-compliant moderate
<p><b>Standard 4.1</b> The health, wellbeing and development of each child is promoted, protected and improved.</p>	Compliant
<p><b>Standard 4.2</b> Each child is supported to meet any identified health and development needs.</p>	Compliant
<p><b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.</p>	Substantially compliant



# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0031115
<b>Provider's response to Inspection Report No:</b>	MON-0031115
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	South
<b>Date of inspection:</b>	17 and 18 November 2020
<b>Date of response:</b>	29 <sup>th</sup> December 2020

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<b>Capacity and capability</b>	
<b>Standard: 5.2</b>	<b>Judgment: Non-compliant Moderate</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b>                      The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <p>The Regional Manager will ensure that a long term Social Care Manager is appointed to the centre by March 31, 2021.</p> <p>The Deputy Regional Manager will convene a meeting in January 2021 with Centre Management to review the roles and responsibilities within the service and to ensure clear lines of accountability. This will be completed by January 31, 2021. This will include establishing weekly management meetings between the Social Care Manager and Social Care Deputy Manager which will record the division and delegation of duties. Additionally, this will include monthly meetings with the Social Care Leaders to ensure clarity of roles and accountability. Following the establishment of these meetings the roles and responsibilities of all staff within the service, including the organisational and service line management structure will be an agenda item at a staff meeting in January 2021.</p> <p>The Centre Manager has ensured that handovers and relevant recording have resumed from Monday December 7, 2020. A second Social Care Leader has recently been assigned supervision tasks and a third Social Care Leader has recently returned to work in the centre, both adding to the pool of available Supervisors. The Centre Manager has reviewed the allocation of Supervisors on December 18, 2020.</p> <p>The Centre Manager will complete a Supervision Audit by February 28, 2021 to ensure standards are being met in this regard.                      The Deputy Regional Manager will complete a Supervision Audit by May 31, 2021 to further ensure the supervision requirement is being met.</p> <p>The Centre Manager will conduct a review of the Centre’s Complaint’s Log by January 31, 2021 to ensure all complaints have been captured and dealt with as per the CRS South and Tusla Complaints Policy.</p> <p>The Deputy Regional Manager and Centre Management will review the Centre Risk Register by February 28, 2020 to include establishing when the register should be reviewed a schedule for regular review. This will ensure all organisational risks are recorded/reviewed and where appropriate, formally escalated to Regional Children’s Residential Services Management and Social Work management.</p>	

The regional rollout of the national suite of policies and procedures is due to commence with a training input for managers scheduled for January 12, 2021. This will be followed by rollout to the team with the expected completion date to be March 31, 2021.

## Quality and Safety

**Standard: 2.2**

**Judgment: Non-compliant Moderate**

**Outline how you are going to come into compliance with Standard 2.2:**

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

The Centre Manager will ensure that each young person has an up to date care plan. The Centre Manager will ensure that each young person has an up to date placement plan, action plan and placement support plan. The expectations re completion of same will be discussed at the next team meeting in January, 2021. The placement plan guidance document will be required reading for all members of staff. The Centre Manager will have oversight of placement plans, action plans and placement support plans on a monthly basis evidenced by initial and date. These actions to be implemented by January 31, 2021.

The Centre Manager will continue to ensure that young people receive individualised Therapeutic Input in consultation with Social Work, while also availing of the input from the CRS psychologist assigned to the service to support staff in the provision of care and support based on the young people's individual needs.

The Centre Manager has ensured that Welltree Keywork Sessions have resumed from December 14, 2020.

A Wellbeing Safety Plan is in place for each young person with particular emphasis on their daily individual needs in line with the six domains of wellbeing. This identifies what supports the young people require now to support them in their daily living. The Wellbeing Safety Plan will be reviewed by Centre Management on January 7, 2021.

The Centre Manager will ensure in line with wellbeing domains that culture and diversity is included in placement plans as appropriate with a view to promoting children's diverse racial and cultural backgrounds. Centre staff will be asked to complete online diversity training by March 31, 2021.

<b>Standard: 3.1</b>	<b>Judgment: Non-compliant Moderate</b>
<p><b>Outline how you are going to come into compliance with Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>The Deputy Regional Manager will provide an input to the staff team and management in January 2021 in relation to threshold for reporting Child Protection Concerns with particular reference to the adverse impact of children observing or being a part of multiple significant events.</p> <p>The Centre Manager will ensure that the centre Child Protection Policy, Safeguarding Policy and Protected Disclosures Policy are required reading for staff during January, 2021. Child protection will be an agenda item for staff supervision in the first quarter of 2021 to ensure a clear understanding of associated policy, thresholds and practice. Child Protection will be a standing item on the team meeting agenda with inputs by Centre Manager to occur bi-annually. Implementation of these actions to be completed by February 28, 2021.</p> <p>A plan is currently in place to review the support required by the young people following the difficulties in the centre since July 2020. This is being completed in consultation with the CRS Psychologist. Identified supports will be agreed with young people and their social workers and implemented immediately. Inputs with the young people will commence by January 18, 2021.</p>	
<b>Standard: 3.2</b>	<b>Judgment: Non-compliant Moderate</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.</p> <p>The day to day operational difficulties which Inspectors identified as having an adverse impact on the ability of staff to maintain routines and target time for direct work with children are no longer present since the planned discharge of one young person resulting in an improvement in the dynamic between the remaining young people and staff and the resumption of routines.</p> <p>The Centre Manager will conduct a training needs analysis and will prioritise training that needs to be provided to the team to ensure staff are confident in managing behaviour and have the skills to meet the needs of each young person. The training needs analysis will be completed by January 31, 2021.</p> <p>The Deputy Regional Manager will ensure that the CRS Regional Practice Development Lead will conduct an input in Post Crisis Response with staff as per the Therapeutic Crisis Intervention model by January 31, 2021 The Deputy Regional Manager will ensure that the CRS Psychologist conducts a de-briefing of staff by January 31, 2021.</p>	

The Centre Manager will ensure that a planned well-being initiative centred on staff and young people takes place during the month of December 2020. This will be reviewed by the management group to include CRS Psychology by January 31, 2021.

The Deputy Regional Manager will, in early January, convene two dates for placement review. One review to be completed with the staff team. A second bespoke review to be convened with the Senior Management Group to include Centre Management, CRS Psychology and Social Work. This will be completed by February 28, 2021.

The Social Care Manager will ensure that monthly reviews of Significant Events involving the Deputy Manager and/or Social Care Leaders are implemented. This will be implemented by February 28, 2021.