



**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:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	08 June – 09 June 2023
Centre ID:	OSV-0004177
Fieldwork ID	MON-0040048

## About the centre

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

The centre is a detached seven bedroomed house with a front and rear garden and it was located in a busy Dublin suburb. The aim of the centre is to provide medium to long term care for four children of mixed gender from the ages of 12 to 17 years at admission. The centre will consider referrals for young people with complex needs subject to the completion of a collective risk assessment prior to placement giving due consideration to the needs of the existing group of young people resident in the centre. In exceptional circumstances, we will give consideration to the admission of younger children having full regards to their individual needs and the need of the existing client group.

A trauma and risk informed model of care is implemented in the centre. The model is strengths based and focuses on managing risk while promoting a child's sense of wellbeing.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection:</b>	4
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## How we inspect

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 summarize 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:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
08 June 2023	09:20hrs -17:30hrs	Adekunle Oladejo	Lead Inspector
08 June 2023	09:20hrs -17:30hrs	Sheila Hynes	Support Inspector
09 June 2023	09.00hrs -17.00hrs	Adekunle Oladejo	Lead Inspector (Remote)
09 June 2023	09.00hrs -17.00hrs	Sheila Hynes	Support Inspector (Remote)

## What children told us and what inspectors observed

Inspectors carried out an unannounced routine monitoring inspection and found that the young people living in the centre received a rights based care and support from a committed staff team. At the time of the inspection, there were four young people living in the centre.

None of the young people chose to speak with the inspectors. However, two young people completed surveys and gave their views of the service they had received. Inspectors spoke with one parent and a family member, two social workers, two social worker team leaders and a guardian ad litem (A court appointed advocate to independently establish the wishes, feelings and interests of the child and to present these to the court with recommendations).

From the information provided in the survey, it was clear that the service provided to young people was person-centred and recognised the individual needs and strengths of each young person. Young people were given information about their rights in a child-friendly format at the time of their admission to the centre. A booklet was also provided to young people that outlined key information about the centre and the staff working there.

Both young people who completed the surveys reported that their views were taken into consideration in all matters affecting them and they could make choices around their day-to-day living. One young person said that they knew what their rights were and knew where to get information about their rights, the other young person indicated that they do not know what their rights were but felt that their rights were understood and respected by the service and staff. Young people noted that they knew who to talk to if they felt their rights were not being respected or upheld and were familiar with the complaint process if there was anything they were unhappy about. One young person noted that they had exercised this right and were satisfied with the outcome. Both young people stated that they felt safe and that they were aware of what to do if they felt unsafe.

Both young people reported that they were asked about their views on the service and aware of their care plan and other plans made to promote their safety and wellbeing. They attended meetings about their plan and they felt listened to and had their views included in their plans.

From review of care files, what the inspectors were told and what was observed, it was evident that young people's diversity, dignity and privacy were respected and promoted. The centre practice recognised the individuality of each young person's needs, this was reflected in the care planning process and the support provided by

staff and management which was tailored around meeting the complex needs of individual young person. A specially designed sensory room was provided in the centre. It was designed with soft lighting, disco balls and colour to provide sensory stimulation and relaxation in a therapeutic space for the young people in line with the centre's model of care.

Two of the four young people living in the centre had an allocated social worker, and a social worker team leader had oversight of the other two young people's cases. One of the two young people that completed a survey reported that they had a social worker assigned to them and spoke positively about their social worker's involvement in their life. The other young person said that they did not have a social worker but that a social worker team leader was managing their case, this young person expressed a mixed view about their experience of the social work service.

Young people reported that they had the opportunity to visit and familiarise themselves with the service, staff, other young people and the day-to-day living arrangements in the centre prior to their placement.

A parent and a family member that spoke with inspectors said that the centre had made a positive improvement in the life of the young people. They described the staff team as "lovely", "great and very caring". Overall, the parent and family member said that their experience of the service was positive noting that the staff and management had developed good relationships with the young people.

Professionals that spoke with inspectors also reported that the centre practice was child-centred which respected and promoted young people's rights. The staff team was described as very "committed" to the care and support needs of the young people. They described the service provided to young people as "unconditional care" that encouraged positive risk-taking and promoted learning for young people in the centre. They also said that information sharing was very effective and that they worked collaboratively with the centre staff and management to promote positive outcomes for the young people.

The next two sections of this report outline the findings of this inspection on aspects of management and governance of the centre and how this impacted on the quality and safety of care provided to young people.

## Capacity and capability

Governance and management systems were in place in the centre, however the service had experienced significant changes in the management team in the week prior to this inspection which had impacted on their oversight and monitoring of the service.

At the time of the inspection, the deputy centre manager had just assumed the role of acting centre manager, and a plan was progressing to promote a part-time social care leader to the position of acting deputy centre manager. Inspectors were informed that a recruitment campaign was underway to fill the centre manager post and two upcoming social care leader vacancies had gone to the recruitment panel to appoint candidates for these posts. Due to the ongoing changes in the management structure at the time of the inspection, the effectiveness of the leadership and governance arrangements was unclear. The acting centre manager told inspectors that they were working to ensure the roles and responsibilities for the centre's management team would be clarified once all vacant posts had been filled and would be embedded in the centre's operational processes.

Staff that spoke with inspectors expressed concern about the impact of the management changes on the centre's capacity to deliver safe and quality care to the young people that aligned to the centre's model of care. For example, staff told the inspector that while the centre managers provided guidance and support to enable them to understand and implement the model of care they queried the sustainability of the support and guidance due to these changes.

The centre was staffed by seven social care workers and three social care leaders. There was one staff vacancy in the centre at the time of this inspection which was being filled by a regular agency staff to promote consistency of care and provide a sense of familiarity for the young people. There were also a number of new staff on the team. The lines of authority and accountability were clear. The centre manager had overall responsibility for the day-to-day practice within the centre and reported to a regional deputy manager and the deputy centre manager reported to the centre manager. Social care leaders reported to the both managers and provided case management supervision and support to the social care workers.

The staff team was committed to the provision of a quality service and had developed supportive relationships with the young people living in the centre. Staff worked effectively with young people and promoted positive outcomes for them.

There were systems in place to identify and manage risks. Risks that could not be managed within the centre were escalated to the relevant person as appropriate. The

centre manager maintained a risk register which was reviewed and updated on a regular basis. Examples of identified risks included staffing levels, violence and aggression from young people and risks pertaining to the use of restrictive practices. Individual risk assessments were completed for specific risks related to the young people in the centre as required, these were appropriately identified and assessed with adequate control measures implemented. While recorded risks were found to be assessed appropriately with adequate controls in place to mitigate the risk, not all restrictive practices were documented on the risk register. Therefore the risk underpinning the implementation of these measures was unclear and had not been subject to review to ensure that they were appropriate and proportional. There were systems in place to escalate concerns and incidents in order to promote learning and improve outcomes for the young people. There were two 'Need to Know'<sup>1</sup> (NTK) incidents notified by the centre in recent months. These incidents related to concerns regarding two young people. These were acted upon swiftly and plans were made to address these concerns.

Incidents were effectively managed and records were brought to the regional significant event review group (SERG) meeting for discussion on a quarterly basis. Learning from these reviews were fed back to the team. The centre manager and another nominated member of the centre's management team also completed audits of the incidents involving young people. The most recent audit completed was dated February 2023. A sample of these audits reviewed by the inspector were found to be of good quality, and supported management in establishing trends to reflect on the outcomes, to promote learning and improve the quality and safety of the service.

The provider had arrangements in place to assess the quality and safety of care provided against the National Standards for Children's Residential Centres. Tusla's Practice Assurance and Services Monitoring Team (PASM) completed a monitoring inspection of the centre in October 2022 and issued a final report in November 2022. This report indicated that the centre was assessed to be at a level of "substantial assurance", which indicated that the centre was providing good quality care to the young people.

The deputy regional manager in consultation with centre manager conducted a review of the centre's compliance with its objectives, and had developed a service improvement plan dated February 2023. Inspectors reviewed this service improvement plan which set out the plan to drive continuous improvement in the quality and safety of the service and covered areas such as workforce planning, premises, training, finance, sensory integration and audits of young people's care files.

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<sup>1</sup> Tusla's system for informing senior managers about significant risks to the safety and welfare of children.

In addition, management had internal arrangements in place to review practice within the centre to support best practice. For example, key tasks regarding an audit of safety and quality of the practice were delegated to a number of staff. These areas included medication audit, training audit, risk register audit and health and safety audit. Any deficits identified from these audits were brought to the attention of the acting centre manager for review and appropriately followed up.

There were systems in place to facilitate effective communication within the staff team. Team meetings were consistently held on a weekly basis and these were well attended. Minutes of these meetings were sampled by inspectors and they reflected a set agenda with good discussion about the current issues for the individual young people. Team meetings also covered the assignment of specific tasks to staff for completion. In addition, the meetings were used as a medium for reflection and learning whereby practice issues were brought up for discussion.

Daily planning took place which reflected good discussion about the care and support needs of individual young people. Tasks were clearly assigned and it was evident that these were monitored for completion. The centre's model of care was integrated into the daily plan for the young people and it reflected their views.

There were arrangements in place for out-of-hours support. This ensured that staff had access to immediate support and guidance in relation to any issues or concerns that arose during periods outside of the standard working hours. This support was provided on a rotational basis by the centre manager, deputy manager and social care leaders.

The centre's statement of purpose was reviewed in April 2023. It described the aims and objectives of the centre, the model of care, and the care and support needs it intended to meet. Information booklets were provided to the young people and their families which outlined the purpose of the centre and provided sufficient information about how the centre operated. The statement of purpose was publicly displayed in the centre. However, the required information in relation to management and staff was not provided in the centre's statement of purpose.

The centre maintained a register of young people living in the centre which contained all required information.

## Standard 5.2

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

The centre was undergoing significant changes to its management structure at the time of inspection. An acting centre manager was in place and a plan was underway to appoint staff in acting positions as a result of the management changes and to fill upcoming social care leader posts. There were gaps in the management structure and oversight capacity of the management team as a result of these changes.

Judgment: Substantially Compliant

## 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 clearly outlined the centre's model of care, the aims and objectives, and the care and support needs it intended to meet. This information was shared with young people and their parents. The centre's statement of purpose did not contain all required information.

Judgment: Substantially Compliant

## 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.

There were systems in place to monitor and evaluate the safety and quality of care provided in order to achieve better outcomes for the young people. Completed audits were of good quality, supported management to reflect on the outcomes, to promote learning and improve the quality and safety of the service.

Judgment: Compliant

## Quality and safety

Overall, the care provided to young people in the centre was of good quality and took into account the individual needs of each young person. The centre provided young people with a safe, comfortable and welcoming home. There was a culture of respect for young people's diversity, participation rights and freedom of expression. Young people were able to exercise their rights and these were reflected in the daily activities of the centre.

Young people's right to dignity and privacy was respected and promoted by centre practice. Each young person had their own bedroom, and they were facilitated to decorate and furnish their bedroom to their individual taste and preference. Young people's photos and certificates of achievement were in prominent display in the living room. Staff told inspectors that young people were involved in the decoration of the centre and some of their artwork was used as part of the décor to bring a warmer and homely feeling to the centre.

Young people's confidential information was held securely in the staff office. The centre had adequate space to accommodate young people's visits from their social worker, family and friends which promoted their privacy.

Young people were informed of their rights and were provided with appropriate information about their rights, the centre's complaint process and external advocacy services. External advocates had visited the centre and spoke with the young people about their rights. One young person had an advocate assigned to them to further assist in amplifying their voice and to ensure that the young person's rights were protected and promoted.

Young people participated in decision-making on matters affecting them and contributed to their care planning process. They were supported in making choices around day-to-day living such as food and activities and were facilitated to maintain contact with their families, friends and significant others as appropriate.

Complaints were addressed in a timely manner. There was one complaint made by a young person in the period covering the scope of this inspection. This was clearly recorded and appropriate actions were taken to ensure that the young person was satisfied with the outcome.

There was a robust admissions procedure in place which considered the rights of the young person, the statement of purpose and function of the centre and the requirements of the national standards. The centre's management and staff worked with the relevant professionals and family members as appropriate to ensure that the placement was suitable to meet the young person's identified needs. A collective risk assessment was completed that outlined key risks associated with a young person's placement in the centre and how these could be effectively managed by the service. A collective risk assessment reviewed by inspectors was comprehensive and of good quality. It outlined, among other areas, the impact of the identified risks on the existing young people already living in the centre and measures such as behaviour support plans required to manage these risks.

Young people's admissions were generally well managed. Transition plans included a combination of day visits and an overnight stay that provided young people with the opportunities to become familiar with the day-to-day living arrangements in the centre, to meet the young people living in the centre and the staff team. While there was a clear planned approach to young people's admission to the centre, there were instances when young people did not fully engage in the planned transition. In these instances, the centre was flexible and adaptable, and worked collaboratively with relevant professionals to support and implement the transition plans.

Where young people were transferred to a different alternative care placement due to their vulnerabilities and the complexities of their needs, staff provided continuous support to the young people and worked collaboratively in a coordinated manner with other professionals to facilitate successful transition of young people back to the centre.

The centre had a safeguarding statement and all staff had an up-to-date training in Children First. Staff and managers demonstrated a good knowledge of their obligations as a mandated person under *Children First: National Guidance on the Protection and Welfare of Children 2017*. Staff and managers had a clear understanding of Tusla's policy on protected disclosures.

Management kept a log of child protection concerns that clearly recorded the status and outcome of the concern. The centre had a local process for establishing thresholds to guide staff in reporting certain incidences in relation to the presenting complex behaviours of young people. Some were reported as child protection and welfare concerns, however, a sample demonstrated that some should have been reported only as significant event notifications. Child protection and welfare concerns were reported through the Tusla portal, and the young person's social worker was also informed. There were 39 child protection and welfare concerns made in the 12 months prior to this inspection. Nine of these related to a young person who no longer resided in the centre. The remaining concerns related to the four young people currently living in the centre. A sample of these records reviewed by inspectors showed that the concerns were reported in a timely manner, effectively managed and appropriate safety planning was in place.

There were policies and procedures in place to guide staff's practice in relation to the management of behaviours that challenged. Staff and management took a proactive approach to managing behaviours that focused on developing positive relationships with the young people. This supported the young people to reflect on their behaviour and develop effective coping strategies for the future. With the exception of one, all staff were trained in the approved behaviour management model, and a training date was scheduled for the staff member to complete outstanding training. Young people had individual behaviour support plans which included details of their baseline or general presentation. The plans outlined the behaviours the young people engaged in when heightened, together with the approved intervention strategies to support them during this period to enable them to safely return to a baseline presentation. Each young person also had an absence management plan in place that clearly outlined their curfew time and measures to be taken by staff if a young person did not return home.

There were three instances of unapproved physical intervention and restraint being used in the centre within the timeframe covering the scope of this inspection. Young people and staff involved were debriefed following this. Any required support were offered and provided to the affected parties.

One-to-one key work sessions completed with young people were of good quality and addressed issues relevant to their personal circumstances and their presenting needs. Young people that required additional support were linked with appropriate services in accordance with their care plans in order to promote their overall wellbeing.

The centre had a number of restrictive practices in place which were intended to ensure that young people were safe and their wellbeing was promoted and protected.

These included room searches when concerns arose about the safety and wellbeing of the young people and others. Consequences were also implemented to manage concerns pertaining to the young people's behaviour. The centre maintained a restrictive practice log and a consequence log which outlined the rationale for the measures and risk assessment that underpinned the need for the use of such measures. In some cases, these practices were reviewed to ensure that their use were effective and relevant to the young person. However, inspectors found that the use of an alarm on bedroom doors to alert staff to young people's activity outside of their bedroom after bedtime was not recorded in the restrictive practice log and had not been subjected to review. It was unclear if its use was relevant to the presenting needs of all the young people living in the centre. There were no risk assessments that underpinned the identification of risk in relation to the need for bedroom door alarms for all young people.

Inspectors also found that the use of consequences were not always in line with the centre's policy. They were not consistently proportional to the identified risk, meaning that the least restrictive measure had not been considered and this could lead to an even greater negative risk-taking behaviour by young people relative to the concern that the consequences were intended to prevent.

### Standard 1.1

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

**Regulation 10: Religion**

**Regulation 4: Welfare of Child**

Young people experienced care and support which respected their diversity and protected their rights. Young people were supported in exercising their rights to participation, decision-making and freedom of expression. Young people's views were taken into account and reflected in the daily activities of the centre.

Judgment: Compliant

### Standard 1.2

Each child's dignity and privacy is respected and promoted

Young people's dignity and privacy was respected and promoted in the centre. Each young person had their own bedroom and they were facilitated to decorate their bedroom to their personal liking. The centre had ample space to accommodate young people's visits from their social worker, family and friends. Young people's confidential information was held securely in the staff office.

Judgement: Compliant

## Standard 2.1

Each child's identified needs informs their placement in the residential centre.

Admissions to the centre were carefully planned and well managed. Young people's placements in the centre were informed by their identified needs. Comprehensive collective risk assessments were completed prior to the admission of a new young person. Transition plans were implemented which provided young people with the opportunity to become familiar with the centre's day-to-day living arrangements prior to their admission.

Judgment: Compliant

## Standard 3.1

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

There were appropriate arrangements in place in the centre to safeguard young people from abuse and neglect. Staff were trained in Children First and had a good understanding of their obligations. Some incidences were reported appropriately as child protection and welfare concerns, however, a sample demonstrated that some should have been reported only as significant event notifications.

Judgment: Substantially Compliant

## Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff were trained in the approved behaviour management model. Individual crisis support plans and other relevant safety plans were in place for all young people. Consequences implemented to manage young people's behaviour were not always proportionate to the assessed risks. The use of alarms on all of the young people's bedroom doors was considered a restrictive practice, however, this was not recorded or reviewed to establish the appropriateness of this measure to individual young person based on their assessed needs.

Judgment: Non-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>	Substantially Compliant
<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>	Substantially Compliant
<p><b>Standard 5.4</b> 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.</p>	Compliant
<b>Quality and safety</b>	
<p><b>Standard 1.1</b> Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Compliant
<p><b>Standard 1.2</b> Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p><b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Substantially Compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Non-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-0040048
<b>Provider's response to Inspection Report No:</b>	MON-0040048
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA Dublin North East
<b>Date of inspection:</b>	08 – 09 June 2023
<b>Date of response:</b>	18 <sup>th</sup> July 2023

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:**

**Capacity and Capability**

<b>Standard : 5.2</b>	<b>Judgment: Substantially Compliant</b>
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**Outline how you are going to come into compliance with Standard 5.2:**  
 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

- The positions of both Interim Deputy Social Care Manager and Interim Social Care Manager will be regularised by way of Skills Match Interview to ensure a stable and identifiable management team within the centre.
- As the Interim Deputy Social Care Manager is currently a 0.5 WTE, and expression of interest will be circulated for the remaining 0.5 WTE to ensure the centre has full Deputy Social Care Manager support going forward.
- Deputy Regional Manager will meet with the centre management weekly to provide oversight, governance and guidance to the management team.
- Regular contact will additionally be maintained via phone calls and emails daily to ensure appropriate guidance.
- Deputy Regional Manager will complete a review of management audits within the centre to ensure compliance with all management responsibilities within the centre.

<b>Proposed timescale:</b> <b>31<sup>st</sup> August 2023</b>	<b>Person responsible:</b> <b>Deputy Regional Manager</b>
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<b>Standard : 5.3</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.3:</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <ul style="list-style-type: none"> <li>• The Social Care Manager in conjunction with the Deputy Regional Manager will review and update the Statement of Purpose.</li> </ul>	
<b>Proposed timescale:</b> <b>31<sup>st</sup> July 2023</b>	<b>Person responsible:</b> <b>Deputy Regional Manager</b>

## Quality and Safety

<b>Standard : 3.1</b>	<b>Judgment: Substantially Compliant</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> <ul style="list-style-type: none"> <li>• The national Children’s Residential Services (CRS) Quality Risk &amp; Service Improvement (QRSI) Manager will deliver a briefing with the staff team in relation to the appropriate identifying, reporting and management of child protection concerns. This workshop will be delivered by 31<sup>st</sup> August 2023</li> <li>• The Deputy Regional Manager in conjunction with the CRS Dublin North East QRSI Manager will review all Significant Event Notifications (SENs) in 2023, to ensure compliance with Tusla policy on the management of SENs within the centre.</li> <li>• The Deputy Regional Manager in conjunction with the CRS DNE QRSI Manager will review all child protection concerns in 2023, to ensure accurate reporting of child protection concerns.</li> <li>• A sample of child protection concerns as they relate to Significant Event Notifications will be forwarded to the Area Significant Event Review Group (SERG) for further review and input. Any subsequent related recommendations will be brought to the staff team for feedback and input by end August 2023.</li> </ul>	

<ul style="list-style-type: none"> <li>The reporting of child protection concerns will be reviewed in-house at the Centre SERG meetings, with additional review at Area SERG if required. The centre manager will retain oversight for the review of child protection concerns within the centre, with additional guidance provided by the Deputy Regional Manager</li> </ul>	
<b>Proposed timescale:</b> <b>31<sup>st</sup> August 2023</b>	<b>Person responsible:</b> <b>Deputy Regional Manager</b>

<b>Standard : 3.2</b>	<b>Judgment: Non-compliant</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 behavior.</p> <ul style="list-style-type: none"> <li>The centre manager will review the implementation of the Supporting Positive Behaviour Policy at the staff meeting, with follow-up at upcoming supervision sessions to ensure a consistent approach.</li> <li>The centre manager will consult with the team and young people to ensure a collaborative approach to implement consequences to manage behaviours.</li> <li>The Centre Manager will ensure that any future restrictive practices are only applied to those young people identified to be at risk. Where such a risk assessment indicates the use of a restrictive practice, the risk assessment will be conducted in a manner to ensure that the practice is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon the admittance or discharge of a young person.</li> </ul>	
<b>Proposed timescale:</b> <b>4<sup>th</sup> August 2023</b>	<b>Person responsible:</b> <b>Social Care Manager</b>