



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

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| Name of provider: | The Child and Family Agency |
| Tusla Region: | South East |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 October – 11 October 2023 |
| Centre ID: | OSV-0004190 |
| Fieldwork ID | MON-0041802 |

About the centre

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

The centre is managed by the Child and Family Agency and can accommodate up to four children or young people, both male and female, at any one time, aged between 13 and 17 years of age. The centre provides residential care to young people who require therapeutic interventions to address vulnerabilities and behaviours of concern. The aim of the residential centre is to provide a setting where children and young people can live, are cared for, supported and valued. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement. The staff team encourage positive attachments and build relationships to provide a therapeutic environment for young people in order that they can learn new skills to live successfully in the community. Staff and managers work with other professionals and have access to a psychologist.

The following information outlines some additional data of this centre.

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| Number of children on the date of inspection: | 3 |
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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:

| Date | Times of inspection | Inspector | Role |
|-------------|----------------------------|-----------------------|----------------------|
| 10/10/2023 | 09:00hrs – 17:00hrs | Hazel Hanrahan | Lead Inspector |
| 10/10/2023 | 09:00hrs – 15:30hrs | Bernadette Neville | Support Inspector |
| 11/10/2023 | 09:00hrs – 17:00hrs | Hazel Hanrahan | Lead Inspector |
| 12/10/2023 | 11:00hrs – 12:00hrs | Hazel Hanrahan | Lead Inspector |

What children told us and what inspectors observed

There were three young people living in the centre at the time of the inspection. The centre is a large bungalow located in a scenic area of the countryside. The centre is served by a main road that is within close proximity to a city centre and local towns that offer access to schools, community groups and a range of activities such as sports, library, cultural events, heritage sites, theatre and arts. The inspector spoke with one young person, and one parent and listened to their experiences of the service.

The foyer was the first space when entering the centre that connected the entrance of the premises to the rest of the centre. The layout of the premises beyond the foyer was poor. At the heart of the premises a square block unit was built that accommodated a number of different rooms. This stopped natural light from coming into the premises. One child described the premises as "*looks like a school prefab*". Although this design created space, it also limited space in the hallway that brought about a cold and dark feel to the premises. The staff and managers strived to be creative in making the most of the space in the centre by placing colourful paintings of animals, comic book themes and scenic landscapes throughout, with a scenic landscape hand painted onto the games room wall.

It was clear from the inspector's observations and speaking with staff, that managers had considered the positive impact a child's living environment can have on them, despite being restricted by the design of the house. The premises had a games room that had a snooker table, an art section and a television that catered to meet the children's needs through play. Additionally, there was another room with a television, a wall that was used as a blackboard for children to express themselves through drawings or words and a skylight that allowed for natural light to come into the room. The staff and managers were in the process of developing calming and relaxing spaces that catered for the different sensory needs of children to provide comfort and calm in times of distress. The centre also had a big outdoor space.

There were three children living in the centre at the time of the inspection and laughter and conversations were heard throughout the house after school. The inspectors were greeted by one child who wanted to say hello and to speak with the inspectors. The child told the inspectors about their day at school and their favourite subject. Inspectors spoke with one child who described the centre as:

- the layout "is very confusing" and that;
- at times were "scarred walking around" the premises because of it
- "can decorate my room".

The child described staff as:

- "nice" and that they were
- "happy enough as a person in care could be"
- "take me to horse riding and camogie"
- "bake biscuits with me"
- Have children meetings and that they are "sometimes useful if we want more access or something for our bedroom".

A child told inspectors that they knew what their rights were and that staff talked to them about it. The child told inspectors that they are involved in meal planning and that staff ask them what they would like. Maintaining family links for children was promoted by staff and managers through visits to the centre or staff bringing children to see their family. A child told inspectors that "*I can see my family*" and that their parent had visited the centre.

A child said to the inspector that they had a social worker but that they had only seen their social worker once since they came to live at the centre. The child said that they would "*like to see my social worker more*" and asked the inspector for support with this.

Staff and managers promoted children's right to access information held about them on their case file with one child stating that "*staff ask if I want to see my file*".

The inspector spoke with one family member who was not happy with the service and described their experience of the service as:

- "don't feel listened to"
- "don't have enough staff"
- "very worried about [child's] care at the moment, do not feel [child] is safe".

The inspector spoke with three social workers who spoke positively about the staff and managers and the care and support provided to the children. They said;

- "welcoming to young people"
- "very friendly"

- “very helpful”
- “impressed by how warm the staff were and how they put the young person at ease”
- “good at communication”
- “respectful to young people”
- “able to identify concerns and are proactive in making contact”
- “staff help with life skills”
- “prepare young people for adulthood”
- “staff are excellent, they are in tuned with young people’s needs”
- “very good advocates”.

Capacity and capability

The inspection found that there was good management and oversight of some but not all aspects of the service. Communication on findings of audits and areas of good practice and or development was shared through different meetings with staff. A culture of learning was promoted within the service. However, further improvement was needed in the frequency of supervision. There were also gaps in staff knowledge and management oversight of the use of restrictive practices.¹ Where the service was experiencing challenges in not having a full staff team, measures were not introduced to mitigate against this to provide an effective and safe service. As a result, staff and managers could not safely manage risks if a fourth young person was admitted to the centre.

The service had an experienced centre manager who was supported by a deputy centre manager. The staff team was made up of social care leaders, social care workers, and agency staff were used when needed and if the managers were able to obtain them. The staff team and managers had experienced challenges since the last inspection due to vacancies in 2023. At the time of the inspection, the service was not operating with a full staff team. There were three vacancies, one for a social care leader and two for social care workers. The centre manager told the inspector that recruitment campaigns had been progressed and staff said that the existing team had worked extra hours to bridge the gap in the rota. In addition, one staff member was to return to their position after a leave of absence. It was clear that the team had experienced instability in staffing, and the deputy regional manager recognised when all options were exhausted, the service was "*stretched and didn't get more resources*" to combat the risks. The deputy regional

¹ Restrictive procedures refer to a practice that limits an individual’s movement, activity of function; interferes with an individual’s ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include physical and environmental restraint.

manager told the inspectors that the service "*could not safely manage risks*" if a fourth child was admitted to the centre. At the time of the inspection, managers were completing an assessment for a fourth child to be admitted to the centre. The service had introduced waking night staff to monitor the safety and well-being of young people during the night. However, there were no other measures in place to mitigate against the risks and gaps identified, to reflect staffing capacity, so that young people's continuity of care would not be disrupted. There was no clear leadership or direction from managers at all levels and the impact of this was staff told inspectors they were "*plugging holes*"; that the lack of staff resources was "*too much*" resulting in not being able to "*ensure a safe service*".

The centre manager was visible and accessible to staff and young people. A deputy regional manager had responsibility for the operational management of the overall service. There were effective management structures in place where roles and responsibilities and lines of reporting were clear. Staff and managers who spoke with the inspector were clear of their role in the delivery of the service. They were committed to creating opportunities to show and integrate young people in to their community through play and to provide a safe and nurturing environment.

From document review and interviews with managers and staff, the staff team showed resilience when faced with a challenging set of circumstances since the previous inspection. The staff and managers adapted to pressures in the workplace from a reduced staff team and they continued to instil a culture that was welcoming within the service. The managers worked together with staff to make improvements in the service and managers had introduced approaches that promoted staff well-being and increased staff engagement. During this time, joint working with a range of professionals involved in a child's life, continued to be implemented into practice by staff and managers. This ensured that different services continued to join together to offer effective care for young people.

The quality, safety and continuity of care provided to young people required improvement. Managers had good oversight of some aspects of the service through a range of audits that included service audits, young people's case files and complaints. Additionally, through staff supervision, management meetings and significant event regional review group (SERG) these provided further methods to monitor performance of the service. Findings from audits and SERG were communicated to staff through team and management meetings. This approach created a culture of learning for staff to reflect. Inspectors found that significant gaps were identified in the frequency of supervision. The impact was that there was a gap in the managers understanding of the strengths and weaknesses of their workforce and the needs and quality of the services being provided to young people to achieve positive outcomes. In addition, there were gaps in staff knowledge and management oversight of the use of restrictive practices. The

restrictive practice log was not fully operational and there was inconsistent practice in the use of and understanding of restrictive practice.

The manager maintained a complaints register for the service with 10 complaints having been received in the 12 months prior to the inspection. There were examples of good practice where complaints raised by young people were resolved in a quick manner by the centre manager. Good practice was seen where professionals involved in the young person's life were part of putting a plan in place to resolve complaints. The handling of complaints was child friendly with the young person being included in each step of the process. The concerns of young people were listened to and acted upon for example; safety plans put in place, meetings held with professionals, complaint discussed at team meetings. Children were also given feedback on the outcome of their complaint.

The service had a system in place to notify reportable events in line with Tusla national policy and procedures. Managers undertook risk assessments in the centre to identify and assess sources of potential harm and developed a plan for the management of these identified risks. These assessments were of good quality. The centre manager had completed Tusla's quality improvement framework assessment to identify gaps and deficits in the service to inform a quality improvement plan. The inspector sampled one of the assessments and found it to be detailed. Where there was an absence of a mechanism identified to review safety practices this was escalated to the regional manager. However, not all actions identified had a timeframe for completion and a person assigned to complete the task.

The centre had a statement of purpose and function in place that clearly outlined the service it aimed to provide and the age range for children it catered for. The statement of purpose and function was up to date and was reviewed in April 2023. From speaking with staff, the inspector found that they were familiar with the contents of the statement of purpose and were confident that it reflected the model of care provided to children. Staff told inspectors that the service could not operate at full capacity in line with the statement of purpose and function due to staff shortages. The inspector found that a child friendly version of the statement was available to children as part of their welcome pack to the centre.

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.

There were clear governance arrangements and structures that set out the lines of authority and accountability. Leadership was demonstrated and evidenced at all levels, alongside a strong culture of learning in the service. The centre was experiencing a reduced staff team for a prolonged period of time that was impacting negatively on the current staff resources to operate a service. There was no evidence that interim arrangements were put in place to mitigate against this risk of a reduced workforce to ensure the effective delivery of safe services for young people. Further improvement was required in the management oversight of practice in the use of and understanding of restrictive practice and the management of this risk.

Judgment: Not Compliant

Standard 5.3

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

There was a detailed statement of purpose and function which described the service and facilities provided to young people.

Judgment: 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.

The quality, safety and continuity of care provided to young people in the residential centre was regularly reviewed through audits and through Tusla service improvement framework. Information related to complaints, concerns and incidents was well managed and acted upon in a timely manner. The frequency in which supervision occurred required improvement to inform practice development.

Judgment: Substantially Compliant

Quality and safety

Managers and staff effectively implemented the admission process and made decisions based on all available information about the needs of young people moving to the centre, alongside the needs of those young people already living there. Further development was needed on the admission programme schedule to ensure that plans to support the transition of young people to the centre, with additional needs or a disability, were tailored to their specific circumstances. Young people received care that was individualised to their needs, and staff in the centre worked in the best interests of the young people. However, further improvement was needed in the quality of the behaviour support plans. Young people were supported to maintain regular contact with their families and friends. Young people's rights were promoted by staff and managers and young people were provided with opportunities to exercise these. Children meetings did not occur in a consistent manner and this needed to be improved for children to have an opportunity to have a say in matters that affect their life. Good practice was seen in the management of children missing from care and joint working with external professionals. Inspectors found that further improvement and development was needed in the identification, recording and review of restrictive practices. Staff were not trained or confident in their knowledge relating to the use of restrictive practices or ways to share any learning from practice.

Managers and staff effectively implemented the admission process upon receiving a referral for a young person to reside in the residential centre. Managers and staff held pre-placement planning meetings with the social worker and other professionals who were involved in the young person's life to gather essential information to inform their placement planning. This included gathering information on care plans, family contact, absence management plan and therapeutic interventions. Managers and staff completed collective risk assessments for all young people prior to them coming to live in the centre. The collective risk assessments were detailed and took into account all available information from the social worker and where feasible, information from a young person's previous placement. This assessment documented information about the young person, their vulnerabilities, significant events in their life and their behaviours. This provided staff with information about risk factors that had been identified either within the community or in a care setting. Additionally, the assessment took into consideration the impact and possible risk the new young person being admitted to the centre would have on the needs of those already living there and or, the risks presented to the young person being admitted into the centre. Staff and managers followed up on any outstanding documentation and information required from the pre-placement planning meetings with the social worker.

Prior to the agreed admission date for a young person, staff and managers planned an admission programme schedule with the young person and their social worker. This introduction took place over a period of time and included organising visits by the young person to the centre with their social worker and family members to view the centre, their bedroom and to meet with staff. This afforded young people and their families the opportunity to ask any questions and have any queries or concerns answered in relation to family contact. Additionally, overnights were organised so that young people could be afforded the opportunity to meet with others living in the centre, helping to build relationships between young people. This helped to make the moving experience as positive as possible for each young person to support them to understand their new environment and to lessen the likelihood of becoming overwhelmed. For a young person who presented with additional needs and or a disability the admission programme schedule was not tailored to meet their individual needs. This process required improvement to take into account the young person's communication and cognitive abilities in order to support their processing of changes in their daily routines, schedules and living environments when transitioning to the centre.

Inspectors found that the managers and staff had a good understanding of each young person, and effectively assessed how different relationships in a young person's life, both within the centre as well as outside influences, may affect a young person's behaviour due to their individual vulnerabilities.

Staff and managers had a good understanding and knowledge of children's rights and how these rights were promoted in the service. Children were made aware of their rights from the beginning of the admission process, where they were provided with a welcome pack. Additionally, a children's advocacy agency was scheduled to visit the centre each time a young person was admitted. This provided a space for young people to talk to an independent advocate to support them to have their say. Young people were supported by staff to access information about them. From document review and interviews, it was evident that staff supported young people through regular keywork sessions where key pieces of activities and information sessions were completed with them either formally or informally. For example; how to stay safe in the community and in using their mobile phone, as well as, work around building healthy relationships.

Staff and managers had different opportunities available for children to exercise their rights. For example; children could be involved in deciding the menu, joining activities and attending children's meetings. However, further improvement was required in the frequency of children's meetings held. While a young person and staff told inspectors that children's meeting occurred, these were not regular or recorded. The impact of this was that children were not meaningfully supported to express their views and wishes on issues that directly affected them.

Young people were supported to maintain relationships with their family and friends, as agreed in their care plan, by staff bringing young people to and from visits. Additionally, opportunities were provided to children to socialise and pursue their interests through sports activities and by developing links in the local community. From a review of keywork sessions, team meetings and interviews it was found that staff encouraged and supported young people to develop new skills that supported building their confidence and integration into the community. This gave young people experience of different activities, ideas, perspectives and understanding of life that would otherwise not be available to them.

Staff and managers promoted each young person's privacy through the number of available rooms in the centre for young people to meet privately with their social worker, family or other relevant professionals. Furthermore, each young person had their own bedroom. Young people had plenty of storage space in their bedrooms to store their personal belongings.

Child protection concerns were reported to Tusla, in a timely manner and in line with Children First. The centre manager held a log of child protection concerns, including status and outcomes of referrals. All staff had up-to-date training in *Children First: National Guidance of the Protection and Welfare of Children (2017)*. There was good communication from staff with social workers and schools. Records reviewed showed regular contact through email and phone. Where there were concerns in relation to specific risks, social workers and staff told the inspectors that professional meetings were held to manage these risks however, records of these meetings were not kept on young people's files. Where difficulties were being experienced in school, there was good joint working between the school and staff at the centre.

Inspectors examined the centre's management of children missing from care and found that staff and managers practiced good joint working with external professionals. When young people experienced a high number of missing in care incidents in 2023, inspectors found effective joint working between professionals to keep young people safe. The centre had recording practices in place and protocols were clear. Staff and managers had an awareness and understanding of these. The centre had up-to-date risk management plans in place for each young person. Inspectors found that missing from care incidents were reported to the relevant organisation in a timely manner, in line with the national protocol, *Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services*. The centre also followed protocols for the social worker and family to be notified. Inspectors found that the manager had knowledge of the vulnerabilities of children missing from care and staff carried out follow up keywork sessions to explore with young people the reasons for the missing episodes and how to stay safe.

Staff and managers promoted building trusting and respectful relationships with young people through keywork sessions and daily interactions. This work was underpinned by an approved model of care that identified key areas of development to meet the ongoing needs of each young person. Each young person's placement support plan was informed by the model of care and young people were allocated a keyworker who completed direct work with them. The inspector reviewed two young people's files and found that both young people had a placement support plan in place. The placement support plans were detailed and of good quality. They identified the daily needs of each young person and how their needs would be met to promote their development and well-being.

The staff were trained in an approved method of managing behaviour. It was found that this was not reflected in all of the behaviour support plans. Of the two behaviour support plans reviewed both were not completed. Guidance for staff to understand and address the factors that impact the young person's behaviour, and to effect positive behaviour change was absent. Without an up-to-date behaviour support plan this may impact on staffs ability to understand the young person's behaviour and their ability to then develop supports that help the young person recover after an incidents.

Since the previous inspection, the layout of the premises continued to present as an area of concern as it restricted staff capacity to manage incidents and risks presented by challenging behaviour. The design of the premises is discussed in a previous section of the report. Staff told inspectors that the design of the premises was an added factor to incidents occurring and presented as a difficulty in the management of these. In addition, a child told inspectors that the design of the premises made them feel at times "*scared*". It was found that the plans for the construction of a new premises onsite for 2023 was no longer possible and was stopped. However, Tusla had no firm plan in place to mitigate against the issues that the current premises presented in the delivery of a safe and effective service for young people in care.

Inspectors found that there was no effective mechanism in place that identified, recorded and reviewed the use of restrictive practice in the service. Although the service had a restrictive practice log in place this was not being completed. From interviews and document review there was a gap in staff and managers knowledge of the identification and management of restrictive practice. This had been recognised by the centre manager and deputy regional manager and actions were being progressed in terms of the training needs of all staff and in developing an effective monitoring system. It was found that there was one restrictive practice in place that limited a child's access to a mobile phone that had not been identified. Where the manager of the centre and the social worker had identified the practice as necessary, the staff had consulted the young person throughout the decision-making process. Staff told inspectors that restricting a young person's use of a

mobile phone was practiced within the centre after every effort was made to alleviate the cause of the young person's behaviour. However, staff said there was a lack of consistency in practice being applied in terms of the duration of restrictive practice and this was not monitored or reviewed. The inspector found that there were no restrictive practice guidance document in place that supported staff on how to manage and or reduce the practice.

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

Staff and managers had a good knowledge of young people's rights and this was promoted with young people from the point of their admission to the centre. Staff and managers scheduled an independent advocacy agency to meet each new young person who came to live at the centre in order for them to better understand their rights.

Judgment: Compliant

Standard 1.2

Each child's dignity and privacy is respected and promoted.

The dignity and privacy of each young person was respected by staff and managers. Each young person had their own bedroom that provided privacy and space for their belongings. Keywork sessions provided young people with information on their right to access information the centre held about them and they were provided with opportunities to view these records.

Judgment: Compliant

Standard 2.1

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

Staff and managers effectively implemented the admission process and worked jointly with a range of professionals involved in each young person's life. Pre-admission meetings were held with professionals that promoted information sharing to inform the young person's care planning. Staff and managers undertook collective risk assessments that were detailed and assessed each young person's vulnerabilities and behaviours, as well as steps to take to mitigate against these. This process helped to determine the appropriateness of the placement that took into account the impact on young people already living in the centre.

Judgment: Compliant

Standard 3.1

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

Staff and managers responded appropriately to incidents of child protection concerns in line with Children First. Staff received regular training and demonstrated knowledge on how to manage child protection concerns and how to report if they occurred. Good practice was found in the management of children missing from care and were reported to the relevant organisation in a timely manner in line with the joint protocol.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

There was no effective mechanism in place that monitored, recorded and reviewed the use of restrictive practice in the service. Knowledge of restrictive practice across the centre required improvement. The design of the premises continued to present as an area of concern that restricted staff ability to manage incidents and risks presented by challenging behaviour. Behaviour support plans were not in place. Records of professionals meetings were not appropriately maintained.

Judgment: Not compliant

Appendix 1 - Full list of standards considered under each dimension

| Standard Title | Judgment |
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| Capacity and capability | |
| <p>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.</p> | Not Compliant |
| <p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> | Compliant |
| <p>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.</p> | Substantially Compliant |
| Quality and safety | |
| <p>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.</p> | Compliant |
| <p>Standard 1.2 Each child's dignity and privacy is respected and promoted.</p> | Compliant |
| <p>Standard 2.1 Each child's identified needs informs their placement in the residential centre.</p> | Compliant |
| <p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> | Compliant |
| <p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p> | Not 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.

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| Compliance Plan ID: | MON-0041802 |
| Provider's response to Inspection Report No: | MON-0041802 |
| Centre Type: | Children's Residential Centre |
| Service Area: | South East |
| Date of inspection: | 10–11 October 2023 |
| Date of response: | 14 th December 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

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| Standard : 5.2 | Judgment: Not Compliant |
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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.

1. There is approval in place for 2 x temporary Social Care Workers and 1 x.5 permanent social care leader. Agency staff will be appointed to cover these current vacancies until they are filled. The regional manager has escalated the staffing challenges to National HR and the national director to include a request for supplementary staffing over the recommended compliment due to the level of staff movement. A process for covering staffing shortfalls remains in place and includes the existing staff providing extra cover as they are available, overtime payments being offered, access to agency cover and any vacancies being approved by the EMG.
2. Restrictive practice – an input was completed with the regional team on 06.06.2023. The deputy regional manager did an input with the Managers on the 6th of October and by request of the Manager with the Managers and social care leaders on the 11th October. The deputy regional manager is due to attend the next full staff meeting to deliver an input to the team. A more detailed restrictive practice log has been implemented in the centre.

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| Proposed timescale: | Person responsible: |
| End June 2024 | Centre Manager |

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| Standard : 5.4 | Judgment: Substantially Compliant |
| <p>Outline how you are going to come into compliance with 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.</p> <ol style="list-style-type: none"> 1. A supervision audit will be completed by the centre manager with any learning communicated to the management team and an action plan put in place. 2. Newly appointed social care leaders will attend the next supervision training. 3. Supervision will be conducted in line with policy and the frequency will be captured in the revised regional audit tool to ensure policy compliance. | |
| Proposed timescale: | Person responsible: |
| End June 2024 | Centre Manager |

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| Quality and Safety |
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| Standard : 3.2 | Judgment: Not Compliant |
| <p>Outline how you are going to come into compliance with Standard 3.1: Each child experiences care and support that promotes positive behaviour.</p> <ol style="list-style-type: none"> 1. Restrictive practice – an input was completed with the Regional Management Team on 6th June 2023. The DRM did an input with the managers on the 6th of October 2023 and by request of the Manager with the managers and social care leaders on the 11th October 2023. The deputy regional manager is due to attend the next full staff meeting to deliver an input to the team. A more detailed restrictive practice log has been implemented in the centre and this will be subject to monthly review by the centre manager. Restrictive practice is a standing agenda item for the staff team meetings. A check for this will also be captured in the regional audit tool which is completed by the Manager bi-annually. 2. The design of the centre: Funding has been made available for a new fitted kitchen and bootroom in advance of further proposed works in 2024. | |

3. The placement support plan's have been reviewed by the centre manager and the deputy regional manager to ensure they are fully completed and relevant to the young person's individual needs.
4. In future a record of all professionals meetings will be maintained.

Proposed timescale:

End Sept 2024

Person responsible:

Centre Manager