



**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:	Announced
Date of inspection:	6 and 7 September 2022
Centre ID:	OSV-0008281
Fieldwork ID	MON-0037151

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 (Tusla). It provides a respite and support service for children and young people who have been identified as requiring additional support to help them to remain living at home with their foster carers or family. The service aims to provide an early intervention response and where possible prevent further need for alternative care. The centre supports children between five and seventeen years of age. Children younger than five years of age may also access the service with the agreement of the centre and senior regional managers. The centre has capacity to offer respite care to a maximum of four children each night.

The service aims to build on the strengths of young people and their families and carers and to provide a supportive, nurturing and holistic living environment that promotes children's wellbeing, safety, rights, education and community involvement. The model of care is based on Tusla's nationally adopted model of care for its residential care services.

The centre opened in April 2022 and at the time of the inspection was offering support to 27 children from across the region.

Number of children resident on the date of inspection:	1
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How we inspect

To prepare for this inspection the inspector reviewed all information about the centre since it opened in April 2022.

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 come to stay 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
06 September	10.00-17.30	Sue Talbot	Inspector
07 September	10.00-17.30	Sue Talbot	Inspector

What children told us and what inspectors observed

The centre provided respite care to children and young people living at home or in foster care. At the time of the inspection, the service was still evolving and building its capacity to respond to the growing need for respite care in the region. On the day of the on-site inspection visit, there was one young person staying a few nights and another was making an introductory visit. The inspector spoke with one young person and five young people completed questionnaires about their experience of the service.

The inspector observed that staff were welcoming and that the young person enjoyed an open and trusting relationship with staff. The young person told the inspector:

'Everyone is really nice and friendly. This is a calm place for me to come to. It gives me the chance to do the things I like to do. I get on well with all the staff.'

Children's feedback indicated they had been given relevant information about the respite service and that this had formed part of their wider care plan. They had been made aware of their rights and all said they felt safe and supported. Children and young people said they enjoyed the opportunities they had to have fun and participate in a range of activities. For some children, visiting the centre meant they could meet up with their brothers and sisters who were placed in different foster carer households. This meant a lot to them. Children's records demonstrated that children had enjoyed their stay and were looking forward to their next visit.

The inspector spoke to five foster carers who said they valued the break they had from caring, particularly over the summer holidays. They said the service enabled them to do other things they enjoyed which were not possible when the children were at home. All reported the children were very happy to stay and looked forward to their short breaks. Foster carers said that the development of the new service had meant that respite was now more regular, and some said they had been waiting a long time for the service. All said the centre staff had positively included them in discussions about children's needs and behaviours. Some foster carers had provided detailed information to help staff get to know the child, their individual needs and routines. They said they had advised staff about what they needed to do to keep the child safe in the building, grounds and when out in the community. They said they thought staff had given a lot of thought to ensuring children felt safe and happy. Their comments included:

'It is a fantastic service. Child is happy to go anytime.'

'We have not had the service long- its brilliant. It gives us a break and he enjoys it.'

'She is always happy to go with staff.'

'All staff are lovely and understanding- could not be nicer. They keep you up to date and are good at listening.'

'They are always happy coming back home and look forward to their next stay.'

The inspector also spoke with four social workers. They said they valued the back-up support provided to foster carers and the opportunities children had to meet and spend time with their siblings. They commended the range of activities available to help build children's strengths and interests. They saw the service as providing an important additional support in preventing breakdown of children's placements. They said:

'Staff are very accessible. They respond quickly to phone calls and emails.'

'The service has been very supportive in helping to maintain the child's placement.'

'The centre are taking children with a lot of different needs- but appear to be managing this well.'

'I am extremely happy with the service.'

Most social workers felt they had been kept well-informed about the dates children would be visiting and staying overnight at the centre. Some felt, however, that service availability outside of weekends and school holidays required further review. They also said the service could be clearer about the duration and frequency of visits and its capacity, including its provision of transport for children. They highlighted an area where joint working could be strengthened. This included ensuring regular feedback about children's needs, their behaviours and progress made. They felt this would in turn help them to have a better understanding of what children enjoyed doing and any emerging issues or risks to their development.

The respite centre was based on the ground floor of a three-storey building on a hospital campus. Other large buildings surrounded it, some were used as offices and others were dis-used. The setting detracted from the quality of the service offered and some children expressed concerns about the location. The centre had been re-decorated with some new fixtures since its re-opening, and a new sensory room had been developed. Care was arranged along two corridors, one largely comprised children's bedrooms with en-suite facilities and staff offices. Rooms for social and leisure activities, a kitchen and dining area and staff office were located along the other corridor. The service base was intended to be temporary until such time as another of Tusla's residential services could be refurbished.

Overall, most children said they enjoyed the activities the centre provided and had started to form good relationships with the staff team. Foster carers and professionals valued the development of the new service and that the regular short breaks provided was making a difference in promoting the stability of placements.

The next two sections of the report provide the findings of this inspection on aspects of management and governance and the quality and safety of the service.

Capacity and capability

This was the first inspection of the new residential respite service. The inspection findings reflect the centre's early stage of operations and highlight some areas to strengthen in the delivery of Tusla's residential respite services.

The inspection found that while the centre management and frontline team overall were suitably experienced in residential care, however, for most, their knowledge and experience of caring for younger children was limited or not up-to-date. Some staff were unclear about how best to support children with additional needs, for example in the provision of personal care. This was an important issue to be addressed, given the growing numbers of children being referred under 12 years of age. There were also gaps in Tusla's policies, procedures and guidance for the provision of respite, with staff relying on mainstream policies which were not always appropriate. Staff members and their managers told the inspector they would welcome additional training, guidance and systems to support their transition to a respite model of residential care. Staff were open to new ways of working and opportunities for closer joint working with foster carers and parents, but would welcome further discussion about their role, fit and accountability in working together to improve outcomes for children.

Although the location of the new respite service was expected to be temporary, it did not meet the expected homeliness standards or community links. The service was located in a former residential children's centre that had been assessed as not fit-for-purpose in HIQA's previous inspection reports. Some children had given negative feedback about its location, but that once inside the building, they said they felt more comfortable. Managers advised there had not been a risk assessment of the premises prior to the opening of the service to reflect the new statement of purpose, but that there had been maintenance of the building in the period it had been closed.

The inspector found some areas of immediate risk concerning the management, safety and quality of the service that required urgent action by the service provider. These particularly related to fire safety and systems of support for younger children and those with additional needs.

Following the inspection, centre managers provided assurances to HIQA that the premises were compliant with fire safety regulations. They were aware that the fire panel system was old and outdated and that it was increasingly difficult to find replacement parts. A new system was being procured, but this had taken some time, with a full re-fit due to be completed by the end of 2022. Managers had also taken action following the inspection to complete individual fire evacuation plans for each child. Refresher training for staff on fire safety procedures was being addressed.

In addition, inspectors found that the individual crisis management plan for one child with high and complex needs was inadequate and incomplete despite the number of visits they had already made to the service. Following the inspection, managers provided assurances that gaps in the child's risk assessment and management plan had been addressed.

The centre's statement of purpose (SoP) had been developed to coincide with the opening of the service in April 2022. It was also available in a child-friendly format '*Be our Guest*'. Some children's records indicated that the SoP had been discussed with them and their foster carers. The service aim and ethos was clear and managers and staff were working to adapt the service offer to their new respite role and accountabilities. The service spanned a broad age range from five to 17 years; with a significant number of children being admitted to the service who were under the age of 12 years. Younger children could be admitted at the discretion of the centre and regional manager. At the time of the inspection, the youngest child staying overnight was four years of age.

Tusla's current policy for the admission of children under 12 years of age to residential care, expects that this is undertaken in exceptional circumstances only, when there is no alternative, and it is in the best interests of children. It also suggests that children under 12 years should not be placed on their own. It was not clear from reviewing children's records that such considerations informed decisions about the suitability of placements. There was evidence that the mix and matching of children was taken into account by managers when arranging children's stays; but this required further review. Further consideration needed to be given to the suitability of the current premises for very young children and those with additional needs.

The centre had a good range of facilities, with each child having their own bedroom and en-suite bathroom. There were plenty of living and sitting rooms and games rooms all located along one corridor. New toys and equipment had been purchased to reflect the younger ages of children using the service. A sensory room had also been developed as an additional resource within the centre close to children's bedrooms. The centre had three vehicles available to take children out, given the location was not well-served by public transport.

The criteria for admission was broad and targeted to maintaining children's primary foster care or family placement. Although the SoP highlighted referrals would not be considered for emergencies or where children's needs were 'beyond service capacity', any restrictions or exclusions were not clearly set out to explain what this meant. The centre had accommodated children who required single occupancy, children with additional needs, including autism, and younger children with complex emotional and behavioural needs.

The SoP was also not sufficiently clear about the limits of children's stays including the expected maximum duration of stays and frequency. While the centre had been able to be flexible and responsive to individual needs in the start-up phase, social workers and foster carers said they would welcome further discussion on what to expect going forward.

The SoP indicated there would be regular review of the child's placement plan through monthly team meetings or every 12 weeks alternating between professionals meetings and child-in-care reviews as required. It was expected that there would be review of children's respite every eight weeks, if they were 12 years or younger, to ensure that the service was meeting their needs and continued to be required. The system of regular reviews was not yet operational at the time of the inspection. It was also not clear from children's records how placements for children under 12 years were being monitored and reviewed by senior managers in line with Tusla's policy for the placement of children under 12 years in residential care.

The centre was managed by a centre manager and a deputy manager. The staffing establishment comprised four social care leaders, eight full-time care workers and two full-time equivalent social care workers. At the time of the inspection there was a social care leader vacancy. There were two staff awake at night when children were staying. The provider had processes in place for ensuring there was sufficient cover and that the service was responsive to changes in occupancy levels. Agency staff covered gaps in the rota when required.

Management and frontline staff had appropriate qualifications in child care, and most had extensive experience of working in residential care settings; but for many, their knowledge and recent experience of working with young children was limited. Most had experience in working with adolescents rather than young children and those with additional specialist needs. Staff told the inspector that although it was still early days for them in adapting to their new role and responsibilities, they enjoyed working with younger-aged children. They said they would welcome additional training and updating of their knowledge and skills to enable them to feel more confident in caring for younger children and those with specialist needs.

Standard 5.3

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

The centre had a publicly available statement of purpose that set out a clear service aim and ethos. It would benefit from further review in relation to the evolving service model and its capacity to effectively care for children across a broad age range and diversity of needs.

Judgment: Substantially compliant

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support

The centre had sufficient staff available and used agency staff to address any gaps in the rota, including waking night cover. Social care staff highlighted the need for refresh and updating of their knowledge and skills in working with younger children and those with additional or specialist needs.

Judgment: Substantially compliant

Quality and Safety

Centre staff demonstrated a strong sense of a shared commitment to helping maintain children's placements and their relationships with the people that mattered most to them. Most children enjoyed their stays at the residential respite centre and were happy to return. Staff worked hard at building relationships with and getting to know the children and their foster carers/parents. They encouraged children to be active, have fun and engage in a range of preferred and new activities appropriate to their ages and interests. However, the location and setting of the centre continued to impact on the overall quality of the service. Weaknesses in fire safety management found at the time of the inspection were of concern as highlighted in the earlier section of this report. Recording of health and safety checks overall needed improvement. Approaches to the delivery of care and risk management required further development for younger children and those with high and complex needs.

Introductions to the centre were carefully planned and organised in line with the wishes and pace of children. This included children and their foster carers/parents visiting the centre, staff undertaking outreach visits to get to know them better in their homes and communities, with shorter visits building up to overnight stays. Arrangements ensured siblings placed in different foster carer households could visit at the same time. Take-up of the service had steadily grown, with increased usage over the summer months. As children returned to school, mid-week visits were more difficult to fit in with school routines given the distance some children lived from the centre.

Relevant details about children were shared by foster carers through the use of 'need to know' pen pictures that outlined their individual strengths, challenges and routines to help them feel safe and secure. Children's social workers provided additional information about children's assessments and care plans, including details of any other professionals involved in their care. The care records of some older children reflected direct work in encouraging them to make lists of the food and activities they liked or did not like. This practice could be further built on through the use of words and pictures with younger children or those with additional learning needs.

The location and layout of the centre was not homely. However, staff continued to work hard to overcome the challenges of the service setting. Staff encouraged children to express their wishes and choices in the selection of their bedding and room use, for example. Bedrooms were clean and adequately decorated recognising their use over time by different children. Children were encouraged to bring special toys and things that were important to them when they came for overnight stays.

Records did not consistently outline the specific care and support needs of children. Out of the 11 care records reviewed by the inspector, six were for children under 12 years of age. Some of the younger children continued to need direct assistance or high levels of supervision for personal care and dressing, and when out in the community. The support and care requirements of each child was not always clearly recorded in daily logs or placement plans, or whether there was a need for any gender specific considerations in the delivery of care. Training in identifying and meeting the needs of younger children was originally planned for prior to the centre opening, but this had not yet taken place. All staff said they would welcome further guidance in this area.

Review of centre records indicated there had been a few instances where communication with foster carers, parents or social workers had not been consistently well-managed. This was promptly addressed by managers within staff meetings. The daily planner system sought to reinforce messages about the importance of recording and handing over key pieces of information about booking and travel arrangements, and the times children were expected to arrive and leave.

As staff got to know children better, they were working to implement Tusla's nationally adopted therapeutic approach for children in residential centres. Managers and staff recognised the need to adapt their practice to reflect the short-term nature of their work and its fit with children's wider care arrangements. Priority was given to the promotion of active lifestyles and ensuring children were safe and protected from harm. Further workforce training was planned for later in the year to help provide a clearer structure and approach in building relationships with each child and working with their presenting needs, within a respite context.

Weekly staff meetings provided clear direction about service development priorities, with regular updates about children at different points in their use of the service. Meetings provided the opportunity for staff to feedback their views on how well the service was meeting children's needs and any changes required.

Staff meetings also included discussion of health and safety issues that had been addressed and those reported but had yet to be resolved. Team meeting records indicated new staff and children had been included in monthly fire drills and provided important reminders to staff of potential hazards in the centre environment to small children.

Improvements were required in relation to fire safety. The inspector reviewed the centre's health and safety and fire records and found there were some gaps in the weekly recording of the testing of emergency lights. While daily fire checks were generally completed and fire safety faults highlighted, the recording of faults needed to be more specific to allow for effective ongoing monitoring of risk.

Review of fire records indicated ongoing issues in relation to one fire door, which while fire compliant, required a written agreed approach for staff to follow in the event of a fire. Review of records also indicated not every child had a personal evacuation plan in line with Tusla's procedures to reflect the additional support young children and those with sensory needs required to help them feel safe in the event of an emergency. Managers advised these shortfalls against the expected standards of practice would be addressed in their response to HIQA's urgent compliance plan.

The centre had three vehicles which were used for trips out or to transport children to and from the centre. Following a significant event notification, the centre had tightened up its procedures for transporting children. Staff were advised on the importance of use of child locks and booster seats when transporting small children. Although managers advised checks were made to ensure vehicles were roadworthy, there were no written records that demonstrated checks were regularly made and any issues promptly addressed. This was raised with the centre manager on the day of the inspection who advised checks had been undertaken; but acknowledged they had not been formally recorded in line with Tusla's procedures.

Managers and staff clearly recognised their responsibilities for safeguarding children from abuse and reporting incidents and concerns in line with Children First and Tusla policies and procedures. Team meeting records ensured staff were kept up-to-date about their responsibilities for reporting child protection concerns. However, staff highlighted they would welcome further discussion about 'safe touch' when caring for younger children when they were upset, and need for the presence of additional staff when undertaking care tasks with children. Tusla's policies did not adequately reflect these issues and the centre did not have in place clear support plans that recognised the need to safeguard children and the roles of staff in these circumstances.

Centre staff were mindful of the need to ensure children felt safe and secure. They acknowledged that for some younger children and that those with complex needs, adjusting to night time routines in an unfamiliar place may be difficult. They recognised the emotional needs of younger children, and the impact for some children in staying away from home, and provided regular reassurance to children about who was minding them. The youngest children and those who required high levels of support in settling or during the night were placed close to the office used by waking night staff. Staff checked children's understanding of respite care, confirming the length of their stay and when they would be going home. Staff were equally vigilant to the vulnerability and support needs of older children and any risks they may be exposed to, including in their use of social media.

Staff had received attachment and trauma training, but told the inspector they would welcome further training and guidance to help them understand its presentation in younger children. They also sought to improve their awareness and skills in supporting children with additional needs, such as autism.

There was insufficient guidance in place to ensure staff consistently responded to children's behaviour. Children's records contained a brief one page individual crisis management plan relevant to their specific needs and high risk behaviours. The inspector found that one child's record was incomplete and did not provide clear direction about key interventions to ensure a consistent approach in addressing their complex needs. Following the inspection, the centre manager provided assurance that gaps in risk management and strategies for managing high risks behaviours were addressed.

Centre records demonstrated multidisciplinary consultation with other professionals in exploring approaches to caring for children with high and complex needs. In one case, a professionals meeting had been held when it had become increasingly clear that the service was not effectively meeting a child's needs nor was it in their best interests. Further consideration needed to be given to the distance children had to travel to access the service and whether some children with high and complex needs were more appropriately supported in another way.

A system of reportable events was in place for reporting incidents to senior managers. The inspector reviewed these records and found that there had been appropriate analysis of areas where the management of risks to children required strengthening. They demonstrated managers had sought additional advice from specialist professionals in developing safe routines. New systems had been introduced and learning was discussed in team meetings to help build a shared awareness of triggers and stresses experienced by children.

Children's records contained key information about whether they had a developmental delay or sensory needs such as autism. Care records included the range of health and other professionals involved in the assessment or management of children's emotional, behavioural and mental health needs. The importance of respecting children's privacy and dignity was clearly understood by all staff.

Centre staff were up-to-date with First Aid training. Managers had also strengthened their medicines management arrangements. Relevant checks were in place for children who required assistance or where medication was managed by young people themselves. Logs were in place to ensure the timing and oversight of administration of the medication was recorded. The daily planner system provided prompts about children's medication and the need for reconciliation with remaining medication.

Standard 1.5

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

Regulation 8: Access arrangements

Centre staff actively promoted and supported children's relationships, and ensured their care practice was informed by shared knowledge of children's strengths, the challenges they faced and their individual routines.

Judgment: Compliant

Standard 2.2

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

Regulation 23: Care Plan**Regulation 24: Supervision and visiting of children****Regulation 25: Review of cases****Regulation 26: Special review**

Centre staff offered a range of activities to maximise children's wellbeing and development. However, further work was needed to adapt the therapeutic care model to the residential respite care context and strengthen care approaches and reviews of support for younger children and those additional needs.

Judgment: Substantially compliant

Standard 2.3

The children's residential centre is homely, and promotes the safety and wellbeing of each child

Regulation 7: Accommodation**Regulation 12: Fire precautions****Regulation 13: Safety precautions****Regulation 14: Insurance**

The centre's location and layout was not homely or situated in an appropriate setting. Although the centre complied with fire safety legislation, the fire safety system was obsolete. Further guidance and training was required to ensure effective management and monitoring of fire risks that recognised the vulnerability and support needs of younger children and those with additional needs. Fire and car maintenance records needed improvement.

Judgment: Not compliant

Standard 3.1

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

Centre staff recognised their responsibilities for safeguarding children in line with Children First and worked closely with foster carers, parents and others to promote the safety and wellbeing of children. However, further guidance was required to enable staff understand their roles and accountabilities for the safe management of personal care and physical contact with younger children.

Judgment: Substantially compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour

Centre staff were mindful of the emotional needs of children and used play and activities well to build positive relationships with them. However, interventions to support younger children and those with additional needs who displayed high risk behaviours required further development.

Judgment: Substantially compliant

Standard 4.2

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

Regulation 9: Health care

Regulation 20: Medical examination

Centre staff prioritised the promotion of active lifestyles and the health and development of children, with appropriate arrangements in place for children who required additional support in managing their medication.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially compliant
Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Substantially compliant
Quality and safety	
Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Substantially compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Not compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant
Standard 3.2 Each child experiences care and support that promotes positive behaviour.	Substantially compliant
Standard 4.1 The health, wellbeing and development of each child is promoted protected and improved.	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.

Compliance Plan ID:	MON-0037151
Provider's response to Inspection Report No:	MON-0037151
Centre Type:	Children's Residential Centre
Service Area:	South Region
Date of inspection:	6-7 September 2022
Date of response:	16 January 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	
Standard: 5.3	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <p>The Statement of Purpose will be amended to include the maximum duration of stays and frequency. The Statement will also clearly state when reviews for young people will happen and outline the review timeframes for children under 12 using the service in line with current policy.</p> <p>Person Responsible: Centre Manager Timeframe for completion: 13th January 2023</p>	
Standard: 6.1	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 6.1: The registered provider plans, organises and manages the workforce to deliver children-centred, safe and effective care and support.</p> <p>Additional training has been identified for the staff team. A training session has been completed with the Welltree consultant in relation to working the model of care with younger children using the respite service.</p> <p>Person Responsible: Centre Manager Timeframe for completion: 31st January 2023</p>	

Quality and Safety	
Standard: 2.2	Judgment: Substantially compliant
<p>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 personal wellbeing and development.</p> <p>Training has been completed with the staff team with the Welltree Consultant in relation to using the model of care with younger children using the respite centre. Reviews will be completed for all young people using the respite centre by end of January 2023 and any children under the age of 12 will be reviewed in line with current policy to evaluate the care approaches and ensure all supports are in place for under 12's using the service and those with additional needs.</p> <p>Person Responsible: Centre Manager Timeframe for completion: 31st January 2023</p>	
Standard: 2.3	Judgment: Not compliant
<p>Outline how you are going to come into compliance with Standard 2.3: The children's residential centre is homely, and promotes the safety and wellbeing of each child.</p> <p>The Fire Safety System has been fully replaced since date of inspection. Regular Fire drills are completed with young people using the service. A PEEPS has been completed for all young people and staff are fully aware of the requirements needed by all young people. The centre manager audits the fire checks in line with the requirements and a new system has been put in place in relation to the car maintenance logs.</p> <p>Person Responsible: Centre Manager Timescale for completion: Completed and ongoing.</p>	
Standard: 3.1	Judgment: Substantially compliant
<p>Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <p>A Psychologist attached to the service will provide some training for the team in relation to the safe management of personal care and the physical contact with younger children.</p> <p>Person Responsible: Centre Manager Timeframe for Completion: 30th April 2023</p>	

Standard: 3.2	Judgment: Substantially compliant
Outline how you are going to come into compliance with Standard 3.2: Each child receives care and support that promotes positive behaviour.	
<p>A Psychologist attached to the service will provide some training for the team in relation to the safe management of personal care and the physical contact with younger children. Reviews will be completed for all young people using the respite centre by end of January 2023 and any children under the age of 12 will be reviewed in line with current policy to evaluate the care approaches and ensure all supports are in place for under 12's using the service and those with additional needs.</p>	
Person Responsible: Centre Manager Timeframe for Completion: 30th April 2023	