



**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 Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	21 March – 22 March 2023
Centre ID:	OSV-0004167
Fieldwork ID	MON-0039427

About the centre

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

The centre has capacity to care for five young people aged between 13 and 17 years of age upon admission. The aim of the centre is to provide a safe, caring environment characterised by the quality of the relationships they develop with the young people in their care, in which they can address the issues that are preventing them from living at home with a view to facilitating their earliest possible return. Where this is not possible, staff will work to prepare each young person for a successful transition to an agreed placement of choice to be determined by their age, need or development whereby circumstances are such that it becomes more feasible for them to live independently, initially with the support of our aftercare services. Staff work to ensure that our care practice is always young person centred and that we maintain a needs led, multidisciplinary approach to looking after the young people in their care

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	5
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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
21 March 2023	09:00hrs -17:45hrs	Caroline Browne	Inspector
21 March 2023	09:40hrs -17:45hrs	Adekunle Oladejo	Inspector
22 March 2023	09.00hrs -17.00hrs	Caroline Browne	Inspector (Remote)
22 March 2023	09.00hrs -17.00hrs	Adekunle Oladejo	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 an experienced and committed staff team. At the time of the inspection, there were five young people living in the centre.

Inspectors met and spoke with three young people in person, one young person exercised their right not to engage with the inspection process and another young person was unavailable at the time of inspection.

All young people that spoke with inspectors stated that they were aware of their rights. They stated that they were told about their rights or given written information about it.

Young people's diversity was respected through centre practices. They were supported in making choices around day-to-day routines such as food, activities and hobbies. Each young person living in the centre had their own bedroom and took pride in decorating it to their personal taste. One young person chose to show inspectors their bedroom, which was decorated with posters, photographs, personal memorabilia and certificates of achievement, which were proudly on full display.

All the young people spoken with knew how to make a complaint. They explained that if they needed to make a complaint they would speak to the centre manager, any member of staff team or their keyworkers. One young person spoke about talking to an external advocacy service if they had any complaint and noted that they had been given information about this service.

Inspectors observed comfortable, warm and friendly conversations between the staff and the young person present at the time of the inspection. A member of the staff team was observed planning their shift in a manner that suited the individual needs of the young person's routine.

Staff and management were respectful of the privacy of the young people living in the centre. For example when staff wanted to talk to a young person who was in their bedroom, they knocked on their bedroom door and waited until they received a response from the young person.

Two of the three young people that inspectors spoke with reported that they felt safe and comfortable within the centre, one young person remarked "I am safe and comfortable here, I am grateful for what I have". The third young person said that they "do not always feel safe" and "it's not a nice environment". However, on the day of

inspection, the young person said they were safe and knew who to talk to about any problem or concern they might have.

Inspectors spoke with two social workers, a social work team leader and three parents as part of the inspection. All professionals and parents described their experience of the service as very positive noting that the staff and management had developed good and trusting relationships with the young people in their care. All except one parent reported that there was good communication and joint working with the centre; however this parent also said that they do not have any cause for concern and felt that the centre effectively met their child's needs. Social workers and parents, described staff and management as "committed" and "experienced" and that the centre was a "well-managed" service that was "child-centred in their practice".

All professionals spoke positively about the admissions process for the young people and how this was individualised to the young person's needs and circumstances. Two parents were happy with how their children's admission into the centre was managed, and a third parent said that they did not know about their child's admission to the centre until after they had been placed there. Social workers also reported that they were confident that the centre's statement of purpose was consistent with the service it delivered to the young people in placement.

Young people that spoke with the inspectors stated that they were aware of the centre's statement of purpose and the service it offered. Comments made by young people in relation to their understanding of the statement of purpose included:
"to help and support children"
"to make us feel safe and encourage us to get a job, support us to do that".

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

Capacity and capability

Overall there was a defined governance structure and clear lines of accountability. Systems were in place in order to oversee the management of the centre's care practices, policies and procedures to ensure consistent quality of care. However, some monitoring and oversight mechanisms required improvement in order to ensure the delivery of care was safe and effective.

There were clearly defined governance arrangements and structures that set out lines of authority and accountability. The centre was managed by a qualified and experienced centre manager and deputy centre manager. The centre manager reported

to the deputy regional manager, who in turn reported to the regional manager. Both the centre manager and deputy centre manager were present in the centre during the day and were available to staff and young people. The centre manager delegated some duties to appropriately qualified staff members and records in relation to delegated duties and key decisions made were provided. The deputy centre manager was available when the centre manager was absent. Both the centre manager and the deputy centre manager operated an out-of-hours on call roster to ensure management were always available to the staff team when required.

The centre was staffed by 12 social care workers and four social care leaders. Staff spoken to were qualified and experienced and were aware of their roles and responsibilities. There was a vacant staff post in the centre and the service was in the process of filling this vacancy through a rolling recruitment campaign. The centre manager told inspectors that the role of the social care leader had not been fully developed and this was to be actioned this year. All operational policies and procedures for the residential centre were developed on a national basis in 2021 in line with regulatory requirements. Staff demonstrated their knowledge of policies and procedures which guided them in their practice in the centre.

There were systems in place to ensure effective communication within the staff team. Staff meetings were scheduled on a weekly basis through a mixture of both online and in person in order to promote optimal attendance. However, the centre manager advised that these meetings were not always held weekly as required due to staff's availability. On review of the minutes of team meetings, inspectors found that there were good discussions with respect to young people in the centre, however further improvement was required in order to ensure this forum was utilised to promote learning and quality improvement. In addition, it was not clear how all actions agreed at these meetings were monitored for implementation. There was daily handover of information to staff coming on duty which outlined the plan for young people for the remainder of the day. A shift planner was used to assign tasks to individual staff. There was also a communication diary held to highlight appointments and activities in place for young people.

There was a risk management framework and supporting structures in place for the identification, assessment and management of risk. A risk management policy was in place to guide the staff team in the management of risk. A regional risk register provided detail with respect to risks in the region and a centre specific risk register were in place. Risk registers were revised and updated on a quarterly basis. At the time of the inspection, the identified recorded risks included, young people's health and safety in the locality, risk of harm due to challenging behaviour and staff shortages. Five risks had recently been closed as they had been managed effectively and no longer remained a risk for the service. The centre manager advised that no risks in the centre required formal escalation to the management team.

Individual risk assessments were completed as required for specific risks identified for young people in the centre. However, the staff team told inspectors that some risk assessments in place for young people did not capture the risk effectively or identify appropriate measures to control all risks. The staff team also highlighted this risk to the management team.

There was a statement of purpose and function in the centre which clearly described the model of service provision delivered by the centre. The statement of purpose and function reflected the day-to-day operation of the centre and it was reviewed in January 2023 in line with statutory requirements. Staff spoken with were aware of the model of care and the centre's overall aims and outcomes it sought to achieve for young people. However, centre practice was not regularly evaluated in order to provide assurance that the service was being delivered in line with the statement of purpose and function. Staff spoke to young people on admission to the centre and gave them information with respect to the day-to-day operations, key working, placement planning, rights and the complaints procedures.

The statement of purpose and function was available in a child-friendly format and was provided to young people and parents on admission to the centre. The young person's version outlined the complaints procedure, rights, planning and programmes.

There was a register of young people living in the centre which contained all of the required information.

There were systems in place to oversee the safety and quality of the service, however these systems did not identify all areas of improvement that were identified on this inspection. In addition, some oversight mechanisms such as staff supervision required improvement. There were weekly staff team meetings in which the progress and staff observations of children's plans were regularly discussed. The centre manager reviewed and signed all significant event notifications, young people's daily records and risk assessments. The centre manager's review and analysis of significant events was discussed at team meetings and provided guidance for the staff team on any further actions to take for the young person. There was also an external review group which reviewed significant events in the centre, sought clarifications and provided feedback to the centre team when required.

The deputy centre manager completed audits which included areas of practice that were aligned to the child care regulations and covered topics such as children's files relating to health, education and positive behavioural support. Any gaps identified were highlighted through a centre action plan with dates agreed for completion. Some actions agreed, such as an audit of staff supervision had not been implemented to date. Inspectors also identified deficits in care practices which had not been identified through the management's monitoring mechanisms. While the deputy centre manager

identified any actions to be completed with individual staff members, records of learning from quality assurance mechanisms were not always shared at team meetings to inform quality improvements among the staff team.

The complaints policy and information relating to how to make a complaint was made available to children and parents on admission to the centre. The complaints register had one complaint recorded in the previous 12 months. On review of the register, the outcome of the complaint was unclear. Staff told inspectors that any learning from complaints were discussed at team meetings. On the day of the inspection, staff were assisting a young person to progress a complaint in relation to an incident unrelated to the centre with the relevant external organisation.

Arrangements were in place to assess the quality and safety and quality 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 in November 2022 and the finalised report was issued after this inspection was completed. Inspectors were provided with a copy of the finalised report following the inspection. The purpose of the monitoring inspection was to assess the progress made with respect to actions required in recent HIQA inspections, to connect with young people to capture their voices and experiences of their placement, to review staffing capacity and to support best practice and service improvement. Overall, the PASM report identified that the centre was providing good quality care to young people with an overall rating of substantial assurance. Three recommendations were made which related to the centre's care practices, staff supervision and the upgrade of accommodation and actions and timelines for completion had been agreed.

A centre review was completed in January 2023 by the deputy regional manager and the centre manager that noted the centre's progress in areas such as COVID-19 measures, refurbishment, staffing, financial review, participation of young people and medication practices in the centre. However, there was no annual review of the centre's compliance with the centre's objectives.

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.

Governance and management arrangements provided clear lines of accountability. Staff demonstrated their understanding of relevant legislation, policies and standards for the care and welfare of young people. Monitoring and oversight arrangements required improvement in order to ensure safe and effective care was provided.

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 and function accurately described the aims, objectives and services provided. It was publicly available and was provided to young people and their families on admission to the centre.

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.

There were systems in place to monitor the safety and quality of care provided to children. However, some systems of monitoring and oversight required improvement in order to ensure care provided was safe and effective. There was no annual review of the centres objectives in order to promote improvements in work practices to achieve better outcomes for young people.

Judgment: Non-Compliant

Quality and safety

Four of the five standards relating to quality and safety were deemed compliant, however there were deficits identified in safeguarding practices in order to ensure young people's welfare was respected and promoted. The staff team ensured young people were informed of their rights and they encouraged young people to participate in decisions made about their care and the day-to-day running of the centre. Admissions were managed in line with policy and the centre's statement of purpose and function. There was a positive approach to behaviours that challenged, however, there was a rise in the number of incidents relating to these behaviours. Specific risks relating to young people's behaviours were recorded in their behaviour management plans to support and guide staff in the management of behaviour that challenged. At the time of

the inspection, further supports were being sought to support the young people in the management of their behaviours.

Young people experienced care and support which respected their diversity and promoted their rights. They were spoken with and given an information pack about their rights and the centre's complaints procedure. Young people were informed of advocacy services and external advocates had visited the centre on two occasions to meet with the young people. One young person had a Guardian Ad Litem¹ (GAL) who was advocating on their behalf.

Staff sought to ensure that young people's diversity was respected and they supported young people to make choices and express their preferences with respect to day-to-day routines and activities in the centre. For example, staff were aware of young people's dietary requirements, cultural beliefs and values and their preferences were facilitated in the centre. Young people's contact with family and friends was supported and staff understood the importance of family relationships. Staff facilitated and supported young people to develop and maintain relationships with family.

Young people's right to participate in decision-making and freedom of expression was also respected and promoted in the centre. Young people were encouraged and supported to exercise choice and had opportunities to contribute to decisions made about their care and support. The staff team spoke of the importance of young people attending their child-in-care reviews and to participate in decisions made about their care. For example, one young person who attended their child-in-care review requested a review of restrictive practices in place. There were also monthly young people's meetings held in which they could participate in decisions made in the centre. Topics discussed included pocket money, holidays, activities and respectful behaviours. Staff told inspectors that the discussed topics were added to the agenda of staff team meetings and feedback was provided to the young people individually. However, records did not enable effective oversight as they did not indicate the progress of decisions made or actions agreed.

The young person's right to privacy and dignity was respected and promoted in the centre. In some instances, when a young person's privacy was limited, this was in line with their assessed needs and associated risks as part of their care plan. Each young person had their own bedroom and there were three bathrooms to cater for the five young people placed in the centre. Personal space was respected and inspectors observed staff knocking on young people's bedroom and bathroom doors on the day of inspection. There was ample space in the centre to cater for time alone or 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. Young people

¹ A court appointed advocate to independently establish the wishes, feelings and interests of the child and to present these to the court with recommendations.

stored their personal belongings in their bedrooms and staff spoke of the importance of keeping these items safe. Staff encouraged and assisted young people to decorate their rooms as they wished when they were first placed in the centre. A young person showed inspectors their bedroom which was decorated with posters, photographs and personal memorabilia.

Admissions were well managed and in line with the centre's statement of purpose and function. There was a written policy on admissions which took into account the rights of the child, the statement of purpose and function and the requirements of the national standards. All referrals were made through the central referrals committee. When young people were referred for admission, the centre manager worked closely with the deputy regional manager and the allocated social worker to ensure that the centre was suitable to meet the young person's needs. Collective risk assessments were completed for young people prior to their admission to the centre which considered the potential impact of the admission on young people already placed in the centre. In some circumstances, where it was determined there was a potential impact on another young person placed, control measures such as behaviour support plans and adequate staffing levels were identified to reduce this risk.

While there was a clear planned approach to young people's admission to the centre, some young people did not fully engage in the planned transition period agreed prior to being placed in the centre. Once the admission was approved, the young person met with their social worker and the centre manager and opportunities were provided for the young person to become familiar with the centre. In most cases, young people visited the centre a number of times over a two week period in order to become familiar with the centre, the staff and other young people. However, not all young people chose to fully participate in a transition period, despite efforts made by the staff team.

There were policies and procedures in place to protect young people from all forms of abuse and neglect in line with Children First (2017). All staff received appropriate training and staff spoken with were aware of their mandated role to report child protection concerns in line with Children First. However, not all staff had access to an electronic information system in the centre and as a result they relied on centre management's assistance in order to ensure child protection and welfare forms were submitted electronically to Tusla. There was a policy on protected disclosures and staff were aware of the policy which was also available in the centre for their review.

There were some delays in the identification and reporting of child protection concerns in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)* (Children First). On review of the centre's child protection register, there was one child protection concern reported in the previous 12 months. Inspectors found that while this concern was brought to the attention of the relevant social work department through the centre's significant event notification system, there was a delay in reporting the concerns to the duty social work team in line with Children First. While a social worker visited the centre in order to meet with the young person involved, and it was clear that the matter had been resolved, there was no formal social work outcome recorded on the child's case records. Furthermore, inspectors reviewed case records which indicated a separate incident which required the mandatory reporting of a child protection concern. While the staff team reported this concern to An Garda Síochána (police), a mandated child protection report form had not been submitted in line with Children First. Inspectors requested and received assurances from the centre manager that this incident would be reported in line with Children First without delay.

Young people were assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection. Staff completed individual work with young people in line with their assessed needs and their placement plans. For example, one to one sessions included discussions with young people about the risks presenting in the locality and safety measures in place to keep them safe, appropriate use of social media and building healthy relationships. Individual areas of vulnerability were identified and safeguards were put in place for young people.

Not all young people had an allocated social worker. Three of the five young people were unallocated and as a result, were on a social work duty system in which a social worker or a social care worker on a rotational basis managed any concerns relating to the young person and visited them in the centre. Some young people identified that they had different social workers every week and they had to "repeat themselves every time to new social workers". Inspectors found that the centre manager and staff team were proactive in advocating for young people and seeking support from the duty social worker team as required.

A positive approach to management of behaviour was promoted in the centre. There were policies and procedures which staff were familiar with to respond to and manage behaviours that challenged. All staff were trained in positive behaviour management and young people had individual behaviour management plans and absence management plans which guided staff. Inspectors reviewed one of five incidents of children missing from care which was managed in line with policy. Both young people and the staff team had access to external professional advice and support in order to help them understand and manage young people's behaviours. Staff completed one-to-one sessions with young people to help them understand and manage their own behaviours. In some circumstances, the centre staff along with the young person's allocated social worker spoke to the young people about these behaviours in an effort to support their understanding and development.

In recent weeks, the number of incidents relating to behaviour that challenged had increased in the centre. Staff reflected upon this in staff team meetings and had highlighted risks associated with these behaviours with the centre management team. The management team were in the process of seeking additional supports in order to support staff and young people to manage these behaviours.

The centre manager monitored the provision of positive behavioural support in the centre. Any incidents of behaviours that challenged were recorded and reported through a significant event notification reporting form. These significant events were also reported to relevant persons which included the allocated social worker, the Tusla monitoring officers and the significant events notification group. The centre manager reviewed these records and provided some initial feedback regarding the way the incident was managed and when required, gave direction to staff on next steps to take in the management of behaviour. The centre manager and staff team reflected on young people's behaviour management at the staff team meetings. There was also an external auditing group which monitored and reviewed significant events notifications. Staff from the centre attended significant event notification group meetings in order to promote learning and development in the management of significant event including behaviours that challenge.

A restrictive practice was in place for one young person in the centre which limited the young person's right to privacy. This restrictive practice was in line with the assessed need to safeguard the young person. There was a clear rationale for its use which was clearly explained to the young person. Inspectors found that this restrictive practice was appropriately risk assessed and was subject to regular review in order to ensure it was the least restrictive measure in line with policy. This had resulted in a reduced need to have it in place in recent weeks. The use of this restrictive practice did not impact other young people placed in the centre.

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 were supported to exercise rights and were able to make informed decisions about the management of their care. Young people were consulted and participated in the day-to-day running of the centre and in decisions made about their care. Staff members treated young people with dignity and respect and young people were encouraged to maintain their own dignity and respect.

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. Any limits to privacy were appropriately risk assessed and reviewed and a clear rationale was recorded in their placement plans. Information about young people was held securely and was safeguarded.

Judgment: Compliant

Standard 2.1

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

Admissions to the centre were carefully planned and informed by young people's identified needs. All proposed admissions to the centre were considered against the centre's statement of purpose to ensure the centre could meet the young people's needs. The needs and rights of young people already placed in the centre were also considered prior to any new admission. Young people were provided with the opportunity to become familiar with the centre's day-to-day living arrangements prior to admission.

Standard 3.1

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

Not all child protection concerns were reported in line with Children First (2017).

Judgment: Non-Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

There was a positive approach to the management of behaviour that challenged. Staff were trained in approved behaviour management techniques and were aware of young people's behavioural support needs. While restrictive practices were in place, they were regularly reviewed to ensure they were the least restrictive for the shortest duration necessary in line with policy.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
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>	Substantially 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>	Non-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>	Non-Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	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-0039427
Provider's response to Inspection Report No:	MON-0039427
Centre Type:	Children's Residential Centre
Service Area:	CFA Dublin Mid Leinster
Date of inspection:	21-22 March 2023
Date of response:	17 May 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 : 5.2	Judgment: Substantially compliant
<p>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.</p> <ul style="list-style-type: none"> - 3 Social Care Leaders are now trained to carry out supervision since May 5th 2023. - A Supervision schedule has been drawn up to ensure that supervision takes place in line with the supervision policy. - All Social Care Staff can now report Child Protection Concerns directly onto the Tusla Portal. As the Designated Child Protection Officer the Centre Manager is informed of all CPC concerns as they arise. The Child Protection Log will be reviewed Monthly to make sure that all CPC are managed in a timely fashion. 	
Proposed timescale: Completed	Person responsible: Person in Charge

Standard : 5.4	Judgment: Non-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> <ul style="list-style-type: none"> - The Person in Charge reviewed the annual review of the centre objectives in order to promote improvements in work practices to achieve better outcomes for young people. - The Tusla self assessment guidelines is used to assess the quality of a Well led service, Child centred service and a Safe service. This is reviewed and updated annually in the Centre in order to monitor and evaluate how the service is meeting the needs of the Young people. 	
Proposed timescale: Completed	Person responsible: Person in Charge

Quality and Safety

Standard : 3.1	Judgment: Non-Compliant
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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.

- A briefing for Children’s First National Guidance for the protection and welfare for children was conducted with the staff team on 03/05/2023.
- The Person in Charge will ensure that all child protection concerns are reported in line with children’s First (2017).
- All Social Care Staff can now report Child Protection Concerns directly onto the Tusla Portal. As the Designated Child Protection Officer the Centre Manager is informed of all CPC concerns as they arise. The Child Protection Log will be reviewed Monthly to make sure that all CPC are managed in a timely fashion.

Proposed timescale: Completed	Person responsible: Person in Charge
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