



# 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:	25 January – 26 January 2023
Centre ID:	OSV-004163
Fieldwork ID	MON-0038974

## About the centre

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

The aim is to provide a residential care placement for up to four young people in the care of Tusla aged 13 – 17 years on admission. Children under the age of 13 years will be considered and approval is by the area manager. It is a mixed centre with both male and female young people.

The model of care in the centre is one of attachment and trauma informed approach. The aim is to provide therapeutic living environment which promotes physical, psychological and emotional safety. The care of the young people is planned through intervention plans that are individual to the young people.

The ethos of the centre is to treat the young people with respect and positive regard, promote positive attachments, positive and fun experience, balance risk with wellbeing and development, promote safety, inclusive, promote young people reaching their potential and uphold their rights.

Number of children on the date of inspection:	3
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## How we inspect

To prepare for this inspection the inspectors reviewed all information HIQA holds about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

This section describes the care and support children receive and if it was of a good quality and ensured young people were safe. It includes information about the care and supports available for young 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
25 January 2023	09.00-18.45	Sheila Hynes	Lead Inspector (onsite)
25 January 2023	09.00-18.45	Sabine Buschmann	Inspector (onsite)
26 January 2023	09.00-17.00	Sheila Hynes	Lead Inspector (remote)
26 January 2023	09.00-17.00	Sabine Buschmann	Inspector (remote)

## What children told us and what inspectors observed

There were three young people living in the centre at the time of the inspection. The inspectors spoke with two young people.

From what young people said and what the inspector observed, the young people received largely good-quality care and support from the staff team. They were supported and encouraged to make positive life choices and supported in their areas of interest. The young people had individualised programmes that were based on the young people's needs and interests. Staff supported young people in attending sports, music and other recreational interests.

The young people told the inspector that they could not remember being given information on the centre before or when they moved in. They told the inspector that they had two visits to the centre before moving in and felt that this was enough. One young person described moving into the centre as *'very strange, didn't know the rules and the staff followed me when I went for a walk'*. It took time for the young person to understand the rules and staff helped them with this. Another young person spoke about the staff supporting them when moving into the centre and helping them to make good choices in life. The young person said *'right now, things are good'*.

The centre information booklet did not contain information on the young people's rights and how the centre upholds them. The inspectors spoke about some of the children's rights to help the young people understand what their rights were. The young people said that they were unsure how the staff team were supporting their rights but they did give some examples. The examples given were supporting them to go to school, taking care of them and supporting them to go to their child-in-care reviews. However, one young person said that they did not know that they could access their care files and other information.

The young people said that they generally felt safe and comfortable. However, they told inspectors that they raised concerns with the staff team and were not always happy about how these were resolved. They said that they could discuss their unhappiness with the staff team or other professionals. They described as having good relationships with most of the staff team. They said that they have not felt discriminated against while living in the centre. They complimented the staff team and how they supported their culture. One young person spoke positively about how their culture was promoted and supported by purchasing food to make meals that are part of their culture. This was part of their weekly plan and money was made available to support their cultural needs in relation to food.

The young people's right to access health care and express a preference was supported. The young people had access to a local general practitioner (GP). One young person continued to see their family GP. The young person said that this was important to them and their preference was facilitated by the staff team.

The inspectors spoke with the young people's families, social workers and Guardians ad Litem<sup>1</sup> about the care, support and service delivered to the young people living in the centre. Overall, they were complimentary of the staff team, they emphasised the high standard of keyworking, advocacy and efficient communication. They felt that the young people's rights were promoted and supported. They believe the young people are supported to be part of the decision making in child-in-care reviews and in other meeting that support their care.

Parents of the young people who spoke with the inspectors said that they had not received information about the centre before their child moved there. However, since the young people have moved to the centre the communication was described as '*very good*' and they had '*no complaints*'. They were informed of meetings and received minutes from meetings. They felt involved in the decisions about their child's care. They were informed of incidents and how they were managed by the staff. One parent felt that there were no consequence to negative behaviour and this did not help their child.

External professionals felt that the centre promoted positive behaviour well and negative consequences were not used often. They believed that there was a focus on relationships, learning from choices and focus on what is going well. They felt that the young people were encouraged to get involved in positive activities as individuals and in groups. They felt that consequences for negative behaviour were managed well and young people were encouraged to make good choices.

The inspectors observed the young people's interaction with staff and found that the staff were respectful towards them. They observed supportive relationships that were thoughtful of the young people's needs. They observed staff involving the young people in their plans for the day.

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

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<sup>1</sup> Court appointed independent social workers who represented children in decisions about their care.

## Capacity and capability

Overall, the centre was well managed, but there were areas for improvement which would further strengthen the governance of the service. The roles and responsibilities of the staff team were clearly understood. There were clear lines of accountability to deliver child centred, safe and effective care and support. The staff team had varying levels of experience. There was one recent vacant social care leader post and there was one social care worker due to start their position. The vacant social care leader post will be filled through a rolling recruitment campaign. The service had identified and was working towards making improvements to the quality of the service and were in the early stages of service plan development.

The governance arrangements were tested when the centre manager was absent two to three days a week for approximately two months to support another Tusla children's residential centre during August and September 2022. The centre manager continued to have frequent contact with the deputy manager who was supported by the deputy regional manager. The centre manager's responsibilities were delegated to the deputy manager who continued the provision of the service. Nonetheless, the service was experiencing low levels of risk during that time which allowed the centre manager to delegate their responsibilities.

Since October 2022, the centre manager was working on a full time basis in the centre. There were systems established to monitor and audit practice, but these required further improvement. Also, the deputy regional manager maintained good oversight of the centre and was in regular communication with the centre manager and this supported service provision.

There were systems in place to ensure effective communication within the staff team. The staff team meetings were held on a regular basis and minutes were recorded on a template. The daily handover to staff coming on duty outlined the plan for the young people and other relevant information, such as family visits and documentation to be reviewed. A shift planner was used to assign tasks to the staff. The communication log detailed contact with external professionals and this was overseen by centre management.

The centre manager maintained a risk register that was reviewed and updated regularly. However, it did not identify all risks, for example it did not risk assess the impact of restrictive practices on the rights of all young people in the centre. The risk register described corporate, regional and local level risks and the control measures in place to mitigate against risk.

Some of the risks included were ICT infrastructure improvements and recruitment delays. There were no risks escalated as 'need to know'<sup>2</sup> at the time of the inspection.

Business agreements and contracts were in place for the provision of services, such as fire detection and alarm. The responsibility for the awarding, reviewing and evaluating the value for money of these contracts was outside of the responsibility of the centre manager. The centre manager held copies of centre insurance policies and contractors insurance.

There was a statement of purpose and function in place that was reviewed in May 2022, however, the young people's version of the statement of purpose did not fully reflect the statement of purpose. It was agreed and approved by the regional manager and deputy regional manager. The statement accurately reflected the aims and objectives, ethos, the model of care, programme of care, consultation with young people, contact with family and friends, religious and spiritual needs, health and safety, governance and organisational structure. The process for making a formal complaint was clearly outlined. The information booklet for young people was child-friendly and easy-to-read. However, it did not state that young people aged under 13 years sometimes live in the centre. It did not have a date that it was last reviewed, which would ensure that all details were up to date such as names of the staff team and any additional policies.

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

The centre manager had some systems in place to oversee the safety and quality of the service, however these systems did not identify all of the areas of improvement that were identified during this inspection. The centre management routinely read and signed the young people's daily records, significant events notifications, complaints, risk assessments and meeting minutes. A schedule of monthly audits were in place with duties delegated to the deputy manager. The audits included fire safety, risk register, supervision and staff training. There were audits completed on the young people's care files, but these audits did not identify shortcomings in the promotion of children's rights in the service. Action plan was developed from the findings of the audits. The action plan set out clear responsibilities, time line and evidence of implementation of identified areas of improvement. External bi-monthly review of some incidents occurred. Inspectors reviewed minutes of these meetings and it was clear that incidents were discussed and clarifications sought/follow up completed on individual incidences.

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<sup>2</sup> Tusla's system for informing senior managers about significant risks to the safety and welfare of children



The provider had completed an overview of the quality and safety of the service in May 2022 and at the time of the inspection the report had not been issued. The overview completed in January 2022 recommended that a local service review would be completed in conjunction with the deputy regional manager. The centre management conducted a service review in February 2022 of the previous twelve months and this was reviewed by the deputy regional manager. The challenges, achievements and areas of development were outlined. The centre management had a planning meeting in April 2022. However, the agreed actions outlined in this meeting would have benefited from greater analysis, actionable steps and a timeline for completion. This would have allowed for greater analysis, tracking of progress and the promotion of improvements in the service.

### **Standard 5.2**

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

The service was well managed, but there were areas for improvement which would further strengthen the governance of the service. The approval of the use of alarms on young people's bedroom doors as a control measure to manage risk needs future consideration of how this impacts the delivery of child-centred, safe and effective care and support.

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 was up to date and accurately described the service that was provided. The aims, objectives, ethos, model and programme of care were clearly outlined. The information booklet for young people outlines the purpose and function of the centre. However, it did not state that young people aged under 13 years sometimes live in the centre. It did not have a date that it was last reviewed, which would ensure that all details were up to date such as names of the staff team and any additional policies.

Judgment: Substantially Compliant

### **Standard 5.4**

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Improvements were required in the systems in place to monitor, audit and evaluate the safety and quality of the service provided. There was an audit

programme in place that was ongoing and this may achieve improvements in quality and safety.

Judgment: Substantially compliant

## Quality and safety

Overall, inspectors found the service delivered to the young people was a good standard. The keyworking and one to one sessions with the young people were of a high standard. It was evident that the young people had formed good relationships with the staff and felt that they could talk with them about any problems that they had. The young people's individual needs were met by a programme of care that was reflective of their care plan, needs and interests. The care records showed good adherence to Tusla's policies and procedures. The young people's contact with their family and friends was supported and promoted. They were supported to join local clubs such as local sports clubs and youth clubs. The care provided to the young people recognised their cultural diversity, backgrounds, interests, religious and spiritual beliefs.

Some improvements were required in ensuring that all young people experienced care and support which respected and protected their rights on an ongoing basis. While, staff promoted many of the rights of young people such as their participation in care planning, promoting their education, there were gaps in the information that young people were provided about their rights. Young people's meetings did not occur as scheduled and consideration of all children's rights in decision making about restrictive practices was not evident. The staff needed to support the young people's understanding and exercising of their rights on an ongoing basis.

Formal complaints were managed effectively and in line with policy. The young people expressed satisfaction with the outcome of these complaints. The procedure on how to make a complaint was outlined in the young people's information booklet. The Tusla *Tell Us* complaints process was also available for the young people and there was a poster on one of the walls explaining the process. There were four formal complaints made in 2022 and no formal complaints made in 2023 at the time of this inspection. Three of these were resolved and one compliant was withdrawn. The centre manager managed all complaints. However, it was unclear how informal complaints that young people raised were managed by the service.

The young person's right to dignity and privacy was respected. They had their own bedrooms and shared two bathrooms. The young people personal space was respected and staff told inspectors that they knocked on their bedroom doors before entering. Any limits on their privacy was risk assessed appropriately with

consultation with their social workers and team leader social workers. Any limits were reviewed on a regular basis. The staff team completed one to one work with young people regarding any limits to their privacy. The young people could keep their personal belonging in their bedroom.

The young people's confidential information and care records were held securely in the staff office in a filing cabinet. All young people had contact with external professionals and could speak with them privately or spend time with them outside of the centre. Young people could spend time by themselves. Free time was agreed based on a number of factors such as the young person's age, familiarity with the area and friendships.

The admission of the young people to the centre was well managed. There was an admission policy for the centre that was adhered to. All referrals were made through the regional referral committee or as directed by a regional manager. A comprehensive needs assessment was completed for the young people to ensure that the centre was a suitable placement. Once a young person met the criteria and the centre had a vacancy to meet the young person's needs, a placement offer was made. The young people visited the centre and were shown around the local area before admission. They had an opportunity to meet the other young people living in the centre during these visits. The young people decided how they wished to decorate their bedrooms and purchased items with staff such curtains and sheets. The other young people living in the house created a 'care box' with staff that would be given to the young person on admission. This included books, slippers and other items that they felt would help the young person to settle in. There was good understanding by the staff team that moving into the centre was a challenging time for young people.

The staff team appropriately identified and reported child protection concerns in line with Children First National Guidance for the Protection and Welfare of Children (Children First) (2017). Children First training was up to date for all staff. Inspectors found that staff took steps to safeguard young people such as safety plans which were regularly reviewed with the young people's social worker and others as required. Staff that the inspectors spoke with understood the policy and procedure on protected disclosures. Although, two of the young people did not have a social worker, they were safeguarded by alternative professionals with oversight of their care and protection.

The young people were supported to develop their skills and knowledge to keep themselves safe. For example, one to one sessions were carried out with young people to understand risks online and in the community. The model of care allowed the staff team and the young people track their progress and had focused one to one sessions on reducing risk taking behaviour. The young people's placement

support plans were communicated to the young people in one to one sessions. External therapeutic support were accessed or referrals made when appropriate. The service was experiencing challenges at the time of the inspection and there was an increase in incidences of challenging behaviour by young people. The staff team were trained to respond to behaviour that challenges and there were policies and procedures in place to support good quality practice. All young people had individual crisis management plans. Incentives were put in place to encourage young people to make positive choices. The young people had one to one sessions to discuss alternative ways to manage their feelings and behaviour. Incidents were discussed in the team meetings, however, it was not evident from all team meetings that reflection and learning was taken from these incidents to improve practice. In light of this, recent incidents would have benefited from greater reflective practice, learning in team meetings resulting in improvements in behaviour management.

Improvements were required in the use of restrictive practices. The service used a range of restrictive practices such as room searches and high levels of supervision of young people. The majority of these were in place on the basis of a risk assessment, were recorded in the centre's restrictive practices log and were regularly reviewed. The practice of installing alarms on young people's bedroom doors was not viewed as a restrictive practice for all young people living in the centre. As a result all young people were subjected to this restrictive practice, even where there was no evidence of risk, and consultation was not sought with the young person's social worker. The inspectors found that the policy on restrictive practice in place, did not provide sufficient guidance on the use of this restrictive practice and its impact for individual young people.

**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**

The service provided the young people with care and support that recognised their cultural diversity, backgrounds, and interests, religious and spiritual beliefs. However, the young people's awareness of their rights required greater emphasis and staff's promotion of their rights required improvement.

Judgment: Substantially Compliant

**Standard 1.2**

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

The young people's right to dignity and privacy was respected and protected. The young people's information was stored securely. Any limits to the young people's privacy was risk assessed with a clear rationale.

Judgment: Compliant

**Standard 2.1**

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

The young people's admission to the centre was appropriately needs and risk assessed. Risk assessments were carried out to identify potential risk and ensure the placement could meet the young people's needs.

Judgment: Compliant

**Standard 3.1**

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

The centre promoted the safety and the welfare of the young people in their care. Policies were followed and safeguarding concerns were reported. Staff that the inspectors spoke with understood their responsibility to safeguard young people from abuse. The young people were supported to develop skills and understanding for their self-care and protection.

Judgment: Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

The service ensured that the staff were trained in the approved behaviour management techniques. Individual crisis management plans and placement support plans were in place for all young people. The use of alarms on all the young people's bedroom doors was a restrictive practice to manage young people's behaviour. This restrictive practice was in place for all young people regardless of risk or behaviour. Inspectors found that not all young people's social workers were informed of the restrictive practice and risk assessment not completed. This restrictive practice was put in place in the absence of live night staff cover.

Judgment: Non-compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<p><b>Standard 5.2</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Substantially compliant
<p><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Substantially compliant
<p><b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p>	Substantially compliant
<b>Quality and safety</b>	
<p><b>Standard 1.1</b> Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Substantially compliant
<p><b>Standard 1.2</b> Each child's dignity and privacy is respected and promoted.</p>	Compliant
<p><b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.</p>	Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Non-compliant

# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0038974
<b>Provider's response to Inspection Report No:</b>	MON-0038974
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	25 January – 26 January 2023
<b>Date of response:</b>	4 <sup>th</sup> April 2023

## Introduction and instruction

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.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

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.

Section 1

**Compliance plan provider’s response:**

<b>Capacity and capability</b>	
<b>Standard: 5.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b>            The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <p>The Centre Manager recently completed a planning day with the team 22<sup>nd</sup> February 2023. A clear plan containing actions and timeframes has been established. This plan is actionable across 2023 and will be reviewed quarterly for effectiveness. This plan has been approved by the Deputy Regional Manager on 10<sup>th</sup> March, this will be reviewed quarterly for effectiveness.</p> <p>The Centre Manager has reviewed the risk register and updated the relevant risk assessment which includes the impact of the restrictive practice of alarms on bedrooms of all young people in the centre on 10<sup>th</sup> March. There is a further review with relevant Social Work Departments scheduled for 23<sup>rd</sup> March. The Centre Manager will ensure that any restrictive practice that needs to be implemented in the future will consider and assess the impact of all young people in the Centre.</p>	
<b>Standard: 5.3</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.3:</b>            The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	



The young person's booklet has been amended to contain the review date within the document and contains a statement identifying that under thirteens may at times need to live in the Centre. This was completed on the 10<sup>th</sup> March 2023.

**Standard: 5.4**

**Judgment: Substantially Compliant**

**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.

The Centre Manager and the Deputy Regional Manager has reviewed the auditing process within the Centre to ensure it captures both governance and the impact of the restrictive practice on all young person's rights, this was completed on 10<sup>th</sup> March 2023. The Centre audit tool has been amended to reflect the impact of restrictive practice on a young person's rights. This will be reviewed for effectiveness by the Centre Manager and Deputy Regional Manager by the 28<sup>th</sup> April 2023.

The Centre was inspected by the quality and regulation directorate team on the 3<sup>rd</sup> May 2022, it is anticipated the Centre will be inspected again prior to the end of May 2023.

**Quality and Safety**

**Standard: 1:1**

**Judgment: Substantially Compliant**

**Outline how you are going to come into compliance with 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.

The Centre staff keyworkers will complete one to one sessions with each of their key children and will review the new young person policy booklet. The Centre staff will follow up with all of the young people through young people's meeting to collectively discuss young people rights. This will be completed by the 7<sup>th</sup> April 2023. The Centre staff will devote two young peoples meeting per year to discuss and promote young people's rights, which will be scheduled in advance.

**Standard: 3.2**

**Judgment: Non-compliant**

**Outline how you are going to come into compliance with Standard 3.2:**

Each child experiences care and support that promotes positive behaviour.

The restrictive practice of door alarms on all the young people's bedrooms has been reviewed and has been removed from the door of the young person where no or low risk presents, this was completed on 9<sup>th</sup> March. Door alarms remain on the doors of two young people due to the level of risk identified. This restrictive practice was last reviewed by the Centre Management team in consultation with the Deputy Regional Manager and the respective Social Work teams on the 2<sup>nd</sup> March 2023, this will be reviewed again on the 23<sup>rd</sup> March or sooner if required.

## Section 2

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
<b>5.2</b>	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially Compliant	Yellow	10 <sup>th</sup> March, to be reviewed quarterly thereafter
<b>5.3</b>	The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially Compliant	Yellow	10 <sup>th</sup> March 2023

<b>5.4</b>	The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Substantially-compliant	Yellow	Audit tool amended 13 <sup>th</sup> March to ensure capturing the impact of all restrictive practices on all the young people in the centre. Audits reviewed quarterly to monitor actions completed or outstanding. Centre manager to review this process on 28 <sup>th</sup> April.
<b>1.1</b>	Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Substantially Compliant	Yellow	7 <sup>th</sup> April 2023
<b>3.2</b>	Each child experiences care and support that promotes positive behaviour	Non-compliant	Orange	23 <sup>rd</sup> March 2023

