



# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Unannounced
Date of inspection:	24 and 26 October 2023
Centre ID:	OSV_004193
Fieldwork ID	MON-0040616

## About the centre

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

The children's centre is based in a single-storey dwelling on a housing estate close to the town centre. There is good access to public transport and social and leisure facilities. The centre provides care for up to three children of mixed gender aged 13 to 17 years and offers short, medium or long-term placements. Referrals to the service are approved by the regional children's residential resource panel.

The aim of the service is to provide a therapeutic living environment which promotes the physical, psychological and emotional safety of children. The model of care provided is in line with Tusla's nationally adopted therapeutic approach. Intervention plans are tailored to meet children's individual needs and aim to reduce risks and build their resilience. The service is committed to promoting the involvement of children and their families and to working closely with other agencies at every stage of intervention.

Day-to-day service delivery is overseen by a manager and deputy centre manager, supported by four social care leaders. In addition, the service employs eight full-time equivalent social care workers and two part-time relief social care workers. A deputy regional manager together with a regional manager provide overall leadership and governance of the service.

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
24 October 2023	09.00 hrs – 17.00 hrs	Sue Talbot	Inspector
24 October 2023	09.00 hrs – 17.00 hrs	Bernadette Neville	Inspector
26 October 2023	09.00 hrs – 17.00 hrs	Sue Talbot	Inspector
26 October 2023	09.00 hrs – 17.00 hrs	Bernadette Neville	Inspector

## What children told us and what inspectors observed

Overall, inspectors found that the service was not able to safely or effectively meet children's individual needs. A crisis point had been reached a couple of months prior to the inspection where it had been identified that the continued placement of the three children together was inappropriate, and that for their safety, immediate action was needed to secure alternative placements. Staff reported that they were struggling to manage and reduce children's high risk behaviours. There had been an increase in the frequency of serious incidents and the levels of harm that the children were exposed to. All three children told inspectors they did not wish to live at the centre. Its small size and lack of space presented considerable challenges in maintaining a safe and child-centred environment.

Inspectors spoke to all three children, their social workers, team leaders and Guardians ad Litem<sup>1</sup> (GALs) about children's experience of the service and joint working arrangements. All said that current arrangements were not working, but there was a lack of agreement on the way forward.

Children told inspectors:

'I do not want to be here'.

'This place is so different to a normal house'.

'It's up to staff - not us'.

Children said they got on better with some staff than others but that the staff team was always changing. They thought there was enough staff and that staff respected them. However, they also told inspectors they did not feel listened to. Children described finding it difficult to settle at night and said that their sleep was regularly disturbed by the behaviours of others. They said they were aware of the house rules, but were not happy with some of them, including the number and frequency of night-time or room checks that were taking place. One child said they would like to have friends over, but were told this could not happen:

'I don't like the rules of the house'.

While children said they liked the location of the house, they felt the house was too small and that they had little or no privacy. Children told inspectors that they were able to do some of the things they enjoyed including playing football and chess, swimming, listening to music and trips out. They also liked having one paid leisure activity to look forward to at the weekend.

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<sup>1</sup> Court appointed social workers to represent the best interests of children in legal proceedings

Two children regularly attended school, but one child was not attending and expressed a preference for home schooling. Children said they valued the contact they had with their families and other people that were important to them and that staff had helped them in arranging their visits.

They were aware they could see their care records, and one child said they had looked at their file to see what staff had written about them following an incident. They said they had been told how to make a complaint, and although centre managers had sat down with them to discuss their concerns, they still felt these had not been properly sorted out. Complaints made included the behaviours of other children and not having specific foods.

Children spoke of having regular contact with their social worker and that they could tell them the things they were not happy about. However, they said that when the social worker spoke to the centre staff about the things they had raised, nothing had changed. They knew they could attend their child-in-care review and said they had received support from their keyworkers in writing up their report. Children told inspectors they were not sure why their previous placement had ended or how long they would have to stay at the centre. One child said: 'I don't know what the future plan is for me'.

Another child said:

'I have not seen my care plan.'

Social workers and team leaders together with the children's GALs said they were kept informed about the high and growing risks to the safety and wellbeing of the children. They expressed concerns about the lack of suitable alternative placements and the ongoing delays in finding the right service and support for each child. They said there were gaps in the levels of expertise and facilities locally available to effectively address children's different therapeutic needs. Together with senior managers and residential staff, they were working to try and maintain children's relationships and school placements while other care options were being explored. Although professionals meetings were regularly taking place at the time of the inspection, there remained a lack of shared agreement about the best interests and longer-term plans for the children.

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

Overall, inspectors found significant gaps in the service provider's recognition and response to risk. There was a lack of shared agreement on the way forward in partnership with other professionals that directly impacted on the day-to-day management of children's care and their safety and wellbeing. Centre staff and managers described their experience of delivering care as 'fire-fighting' given the increase in the frequency and nature of serious incidents. This included occasions where children were at significant risk of being harmed. Staff told inspectors they were worried about not being able to protect the children or prevent recurrence of serious incidents. Although the service had stable management with oversight by regional managers, the time it had taken from initial recognition that children were not safe living together to effectively intervening to separate them, was too long. Progress was hindered by the limits of the service setting as well as ongoing delays in agreeing placement changes. This had led to a marked deterioration in the quality and safety of the service.

The service had been previously inspected by HIQA in January 2022. At that time, the service was found to be compliant in seven standards and substantially compliant in two standards. Areas of substantial compliance related to its statement of purpose and the effectiveness of its arrangements in reducing the high level of missing from care incidents in relation to one child. This inspection found a significant deterioration in the capacity of the service to keep children safe and deliver the required standard of child-centred care. Of the nine standards assessed, eight were not compliant, and the service was found to be substantially compliant in one area.

While managers and some front-line staff had lengthy experience of working in the centre, the visibility of the management team to children and front-line staff and the on-call out-of-hours support overall was inadequate. The centre did not have sufficient space to host the management team on-site and management on-call out-of-hours was only available at the weekend. While managers made regular visits to the centre, most communication was undertaken virtually. These arrangements did not provide the levels of support and oversight that was required given the serious nature of risks to children and increasingly to staff.

Children's placements were at high risk of breakdown. The root causes included poor quality risk assessments and management, a lack of effective multi-agency safety planning and behaviour management strategies as well as, gaps in staff expertise to meet the complex needs of the children placed there. The inappropriate matching of children's diverse needs and the timing of their

placements had contributed to poor peer dynamics, with incidents of bullying and assault. Children did not have the levels of space and privacy they required.

Service operations continued to be in crisis, with upward management reporting in response to increased escalation of risks. This included use of Tusla's *'Need to Know'*<sup>2</sup> process to alert senior managers to the high and ongoing nature and level of concerns about harms to children. The centre manager had made *'Need to Know'* reports for all three children prior to the inspection. This included one forwarded to Tusla's National Office mid-September that highlighted a range of concerns that children remained exposed to significant harm while continuing to live together. The response by the National Office was to refer this matter back to regional managers to address. Other options had been explored by regional managers where vacancies existed within Tusla's other residential services but these had been rejected. This led to continuation of the crisis, and further impacted on the capacity of the service to deliver safe and effective care. HIQA found that the levels of intervention and support, including oversight and partnership working between the residential centre and social care teams was not adequate to address the presenting risks. Access to alternative specialist residential and or fostering provision for these children with high and complex needs was not available, despite increasing risks and significant efforts by the local management team.

Following the inspection, HIQA issued an urgent compliance plan given the significant risks inspectors found including deficits in its risk management and child protection arrangements. In response, the service provider progressed its plans to find an alternative placement on a temporary basis for one child, to address ongoing concerns about their safety while seeking to make longer-term plans for all the children.

The service provider's response, however, did not provide HIQA with sufficient assurance of the effectiveness of its risk management systems including safety planning, governance and management oversight of the service. In light of the decision to move one child to an alternative placement on a temporary basis, HIQA required assurances of the capacity of the service to deliver care from two different locations and of its leadership and management oversight of both settings going forward.

As a result, HIQA convened a cautionary meeting<sup>3</sup> with the provider seeking further assurances about its leadership and governance arrangements including partnership working, risk management and longer-term measures to improve the safety and quality of the service. A key priority was exploring actions being taken

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<sup>2</sup> Tusla's system for alerting senior managers to high risk incidents/serious concerns

<sup>3</sup> Part of HIQA's system of risk escalation processes



to ensure children's individual and specific needs were effectively addressed to enable them to experience a therapeutic environment and safe, child-centred care. Following this meeting, HIQA sought further written assurances from the provider about their priority actions to strengthen management accountabilities and oversight and ensure the delivery of child-centred, safe and effective care in line with organisational policies and procedures. Further improvements were needed in the quality of the home environment, child protection arrangements and supports for children with complex needs and behaviours. HIQA reviewed the provider's response and overall was satisfied that the leadership of the service and joint working with local social work teams had been strengthened. Relevant actions were being taken to address previous gaps in risk management, to enhance the skills and knowledge of the workforce, and ensure children had access to the specialist assessments and support they needed.

Measures to identify, assess and reduce risk had not been effective. Everyone inspectors spoke with recognised the situation was not sustainable and had adversely affected children's development and progress. The issue of poor peer dynamics had been added to the centre's risk register over a month prior to the inspection. Risks to all three children had been escalated to senior managers through Tusla's 'Need to Know' <sup>4</sup> process and had been raised with the local social work team. These reports reflected deepening concerns about the nature and frequency of serious incidents and the sustainability of the service, but Tusla's response and capacity to drive improvements overall had been ineffective. Systems for addressing organisational risk and poor quality care required greater urgency of response at a provider and wider partnership level.

The lack of safety for children within current arrangements was discussed within fortnightly professionals' meetings alongside daily reporting in some cases. Progress in finding a more appropriate placement was constrained by the lack of suitable local alternatives combined with disagreement between professionals about what was in the best interests of children. Managers in their response to HIQA advised of actions being taken to strengthen joint agency working arrangements and reviews of children's care going forward. Since the inspection, weekly professionals meetings were being held, chaired by the residential services regional manager, for the purpose of agreeing appropriate alternative arrangements to meet children's individual needs and ensure better outcomes for them.

Following the inspection, the deputy regional manager alongside the centre team advised they had undertaken a review of children's individual risk assessments and the centre risk register. This aimed to ensure the required levels of support,

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<sup>4</sup> System of risk escalation to senior managers about significant risks.

controls and ongoing monitoring were in place to keep children safe and address their specific needs. Additional training had been provided for the workforce in the identification, assessment and management of risk.

At the time of the inspection, fire safety in the building had been compromised. Fire extinguishers had been removed and were stored in the locked staff office for over two months prior to the inspection. This action had been included on the centre's risk register and was subject to monthly review. However, the management controls outlined were inadequate and over-relied on the vigilance of staff in ensuring risks were effectively managed. This was a fire safety risk as well as a breach of fire regulations and should have been identified by managers as such. Following the inspection, the provider sought guidance from its health and safety adviser and was working toward replacing the fire extinguishers in the approved areas in line with a reduction in children's high risk behaviours.

The centre team was fully staffed, though continued to be challenged by ongoing levels of staff turnover and the time taken to recruit and appoint staff, including agency staff. The need for additional training for the staff team had been recognised, but it had not always been possible to afford staff time off from their work in the centre to attend training, given the need to ensure the rota was fully covered. Front-line staff told inspectors the key aspects of team working including communication and staff handovers had not been working effectively which meant they were not always sufficiently informed about incidents or updates in relation to children's needs. Staff were increasingly being deployed to keep the children separate to help reduce conflict. They told inspectors they would benefit from team-building to help strengthen relationships and promote the inclusion of new staff. They recognised the need to improve communication and promote consistency of practice, as while boundaries and care approaches had been agreed, they were not being consistently followed.

Staff who inspectors spoke with presented as very committed to the children and sought to deliver the highest possible standards of care. However, some staff told inspectors they felt they were failing the children and felt powerless to change things. This had impacted on their morale and pride in their work. Pressures on the staff team were steadily increasing, and had been recorded within the fortnightly team meeting records over recent months. Concerns raised included their limited capacity to undertake therapeutic work with the children and to keep their risk assessments, placement plans and daily records up to date. Capacity to supervise front-line staff, which largely fell to social care leaders, was also impacted, with a lapse of several months in some supervision records.

Regional managers had recognised the pressures on frontline staff and in turn increased their involvement in service operations and levels of support for centre

managers. They played an active role in team meetings and increasingly in meetings with other professionals, but despite this, little had changed to reduce the pressure on staff at the time of the inspection. Staff were encouraged to access external debriefing including the employee assistance service for support. Additional staffing had been made available to assist at times of greatest risk.

While the centre's statement of purpose (SoP) adequately described the model of service provision, service delivery was not in line with the expected standards of care practice given the daily challenges staff experienced in responding to crises. Managers and staff were hindered in their commitment to ensure a culture of safety and quality in the centre, where learning was promoted. The size of the centre and its facilities was not suitable to meet the needs of three children. Following the inspection, the regional manager took the decision to restrict the number of children the centre could safely accommodate, to two.

Since the last inspection CCTV had been installed to monitor the grounds of the care setting. Its use was clearly indicated with signs on the outside of the building. However, managers had not developed a local standard operating procedure for its use and relied on the overview of requirements set out within Tusla's mainstream policy and procedures. The rationale for its use should be included within the centre SoP so that children, families and partner agencies understood how it was being used.

The SoP would also benefit from further review of the nature and level of support the staff team was equipped to provide in relation to children's emotional, behavioural and mental health needs. The SoP had not been reviewed and updated to take account of the management decision to admit a younger child in line with Tusla's procedures for children 12 years and younger. Staff were aware of the SoP and were committed to achieving its aims. Key information about the service had been provided to children in information booklets.

There were very limited opportunities for learning due to the persistent and increasing risks in the centre at the time of inspection. Children's needs and their voices did not actively inform practice. Learning from serious incidents and or audits was not effectively identified. Management actions had not been effective in enabling the shift that was urgently needed to move the service from a position of crisis to one that was sufficiently stable and capable of supporting continual improvement.

Overall, there was little evidence of learning from incidents. The management of significant events required strengthening to promote shared understanding of the root causes of children's behaviours and of the effectiveness of care interventions and management strategies to reduce their occurrence. There had been over 200

significant event notifications (SENs) with respect to the three children in less than six months. Inspectors sampled a range of these that had been signed off by managers and shared with the children's social workers and GALs. Inspectors also checked the minutes of the regional monthly SEN review meetings. While it was evident that service managers were seeking to strengthen practice in the identification, management and recording of risks to children, insufficient attention had been paid to learning from review of previous similar incidents. Work to strengthen the management of child protection notifications, complaints and restrictive practice were also priority areas for improvement.

Inspectors also reviewed a management report of SEN trends for the centre for the period April to October 2023. The data under-represented the actual number of incidents when compared to the significant events log for each child. This was acknowledged by the service provider and inspectors were assured this would be rectified. The number of serious incidents overall had continued to escalate from the time children were placed. Measures to reduce or minimise harms had not been effective in addressing the high number of missing from care incidents, self-harming behaviours or recent incidents of bullying or assault. Regional managers advised HIQA following the inspection they planned to undertake a review of SENs that had been reported over the previous three months to strengthen their analysis of trends and address priority areas for learning.

Although monthly audits had been carried out by the centre manager and deputy, and on occasion by a social care leader, these were largely a tick box exercise and did not provide a full review of service quality nor of the effectiveness of its current systems in improving outcomes for children. Action plans following the identification of service deficits were not sufficiently clear. There was a need to ensure the findings of audits were also regularly shared within the wider team to enable a collaborative approach to service improvement.

The audit of the centre governance and management arrangements in June 2023 indicated there were challenges in ensuring staff received supervision in line with Tusla's supervision policy due to shortfalls in the capacity of the management and staff team. Inspector review of the supervision register indicated cancellations of supervision had increased over the past four months. This is a significant risk that was not flagged on the centre's risk register and meant front-line staff were not receiving the levels of support and or development they required at a challenging time. Some staff told inspectors they did not have levels of support they knew they needed.

Fortnightly team meetings were held chaired by the centre manager or deputy. They had agreed agendas, with generally a consistently good level of attendance. Children's placement support plans, activities, risk, and safety and absent

management plans were discussed, but there was limited recorded evidence of staff feedback about the effectiveness of positive behaviour support strategies or incentives, sanctions or restrictive practices. In response to concerns raised by staff about children's privacy, the regional manager had approved the use of 'thumb locks' on children's bedroom doors two months prior to the inspection visit. This action was completed a few days following the inspection. Team meetings records, however, did not provide updates on the progress of child protection notifications nor of the outcomes of these.

The staff team had access to regular consultation from the service psychologist and also received additional guidance from an external consultant in the management of children's complex needs. Access to specialist advice for staff in the management of children's complex needs was strengthened following the inspection. While the training needs of staff were discussed, with additional training delivered on attachment and trauma and self-harming behaviours, a gap analysis of additional training required by staff had not been completed. Managers had recognised the need for additional training in cultural diversity. Following the inspection, the service provider outlined a programme of additional training to be provided to centre staff in the prevention and management of children's behaviours of concern.

Feedback from children about their experience of the service, including complaints was not clearly recorded in team meeting minutes, and as seen in the earlier section of the report, children told inspectors they did not feel their voice had been heard. The service reported it had received just three complaints from children in the past five months. Management of complaints required a timely response and follow up to ensure children understood the agreed outcome and any follow up actions being taken. Following the inspection, regional managers advised that all children's complaints had been dealt with and were closed and that the complaints log had been subsequently updated.

The provider's capacity to deliver its strategic priorities overall was inadequate. The service had not carried out an annual review of compliance with its objectives in line with the *National Standards for Children's Residential Services* (2018). Its previous target to achieve this by the end of December 2022 had not been achieved. The small size of the centre and its lack of facilities to effectively meet the needs of three children and host the management team had long been recognised as an organisational risk. The service had been prioritised in *Tusla's Strategic Plan for Residential Care Services for Children and Young People 2022-2025*. However, the provider had not yet secured alternative accommodation to replace the service setting which had been planned for completion by the end of 2023.

The service was subject to internal monitoring by Tusla's Practice Assurance and Service Monitoring (PASM) team. The team had visited the centre in September 2023 at the invitation of the regional manager. The previous report in August 2022 gave a rating of 'reasonable assurance' in relation to its governance and oversight, risk management and accountability systems. HIQA reviewed the draft report and found the service had recently been given a rating of 'limited assurance' in relation to its governance. While the report highlighted similar areas for improvement as found in the HIQA inspection, it did not sufficiently challenge the gaps in risk management or delays in the delivery of its organisational improvement programme.

### **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.

Management arrangements did not provide the levels of oversight and support that was required given the serious nature of risks to children and increasingly to staff. Managers of the service had not ensured a timely and effective response to the identification and management of risk. The lack of shared agreement on the way forward in partnership with other professionals led to delays in agreeing placement changes that had severely impacted on the quality and safety of the service.

Judgment: Not compliant

### **Standard 5.3**

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

The centre's size and facilities were inadequate to meet the needs of three children. The statement of purpose had not been reviewed and updated to take account of the additional safeguards required when placing a children 12 years and younger in line with Tusla's procedures.

Judgment: Not 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 gaps in the service provider's management systems and in its capacity to effect change in a timely manner to secure better outcomes for children. This included the prevention and management of serious incidents and

the use made of audits to promote learning. Work was required to strengthen its systems for monitoring and review of children's needs and their voice within service operations.

Judgment: Not compliant

## Quality and safety

Overall, inspectors found the service was not providing the quality of care and support children needed to keep them safe. Arrangements for the admission of children were not adequately assessed or reviewed in a timely manner to prevent escalation of serious incidents. The quality of care provided was not sufficiently child-centred nor effectively meeting their individual needs. Risk assessments and behaviour management strategies to address children's diverse and complex needs on an individual and group basis had been largely ineffective. At the time of inspection the centre was not a suitable care environment for the numbers of children placed and the peer dynamic was unsafe. This in turn impacted on work to progress children's future plans and the achievement of better outcomes. Only one child had a bespoke safety plan despite there being child protection concerns for all three children.

While efforts were made by the staff team to respect the diverse backgrounds of the children and to keep their personal information confidential, active promotion of their rights was not consistently evidenced in day-to-day service delivery. Support for their right to participate in decision-making was seen in the preparation and guidance for children attending their child-in-care reviews, but the overall sense of their influence and feeling heard in relation to the running of their home was limited. Following the inspection, managers advised HIQA they had consulted with young people in relation to plans for re-designation of the third bedroom to help improve the social space and facilities the centre offered.

Good attention had been paid to promoting children's relationships with their families and significant others in their lives, and to ensuring children regularly attended school and were able to enjoy a range of social and leisure activities. However, one child had a lengthy school absence and plans for their return had not been achieved. Staff encouraged children to celebrate important religious festivals, but there was a need to improve recognition of their preferred identity, cultural and faith needs including provision of specific foods. Training for staff on culture and diversity had not been captured in the centre's training plan, nor did the management audit of religion and ethnicity indicate how many staff required training in this area.

The small size and layout of the centre meant that individual and group living space was very limited which had impacted on the ability of staff to undertake direct work with children in the home. There had been delays in therapeutic work being offered to children given the lack of private space for meetings. This had been recognised as a concern by service managers and alternative options were being pursued. Children's room sizes varied and there was not always sufficient space for their personal belongings. There were also limits to the space available for play and leisure equipment as the garage contained the home's laundry facilities. At the time of the inspection, given the high level of incidents, children's privacy and their personal possessions could not be safeguarded. In one child's case, the frequency of checks on their safety was very high and had impacted on their privacy. The care approach was in line with clinical advice and reflected in their placement plan, but required further review in the context of the levels of expertise available in the centre to meet children's specific needs in line with its statement of purpose and function.

Overall, there were fundamental weaknesses in the approach of the service to the admission of children. Inspectors reviewed the collective risk assessments which had been undertaken by the centre manager and the children's social workers at the point of referral. This assessment tool aimed to inform the suitability of a child's placement and the compatibility of their needs with other children already placed. Inspectors found all three collective risk assessments highlighted a number of areas for improvement. This included accuracy in one case, as the risks attributed to one child were in relation to another child's needs and behaviours. None of the areas of risk identified for any of the children were rated as high, yet shortly after their admission significant event notifications were made and patterns of risky behaviour continued. Insufficient management attention had been given to the differences in ages, stages of development and vulnerability of each child in relation to the care environment. Actions to manage risks were not consistently well-completed or specific in recognising the complexity and diversity of children's individual and joint needs. There was a lack of timely review of the effectiveness of the matching arrangements.

Children's records contained a copy of their pre-admission meeting which included what was known at the time about their therapeutic needs and child protection risks. These meetings involved children's social workers and GALs as well as provider management and staff representatives. Copies of children's information, including their care plans and legal status were shared and discussed. This included decisions about future arrangements for meeting children's education and health needs. Multi-disciplinary assessments, where available, were also shared but some of these were out of date at the time of their admission.



Children had the opportunity to visit the centre, meet the other children and staff and sleep overnight before they were formally admitted to the centre. They were advised they could personalise their bedrooms. Children had been asked the name they wished to be known by and the food they enjoyed. They were encouraged to talk about their interests, and staff had purchased additional items that matched their leisure choices. Plans for access were agreed to enable children to see their family and friends.

Given the level of environmental risk that was identified, HIQA added a further standard to its inspection of the quality and safety of the service. The lack of space for children and staff, and breach of fire regulations were of significant concern and added to the challenges of providing safe and effective care. The home environment was not child-centred and homely, with insufficient space and facilities to accommodate the number and needs of children placed there. The garden was small and offered little privacy or space for children. The communal rooms and corridors required re-decoration and there was some property damage to be addressed. Fire extinguishers had been removed and were stored in the locked staff office for over two months prior to the inspection as highlighted in the earlier section of this report. Following the inspection, managers requested that the health and safety adviser review the centre's health and safety statement to ensure this was in line with national policy and planned for the replacement of the fire extinguishers in the near future when it was safe to do so.

Staff that inspectors spoke with were aware of their accountabilities for protecting children and for promoting their safety and welfare. Staff had received training in *Children First: National Guidance for the Protection and Welfare of Children (2017)*, although training records reviewed by inspectors highlighted two staff required updates. Staff told inspectors they were aware of how to make a protected disclosure. Over the past five months, there had been 11 child protection notifications which covered a range of different child safety risks. Not all serious incidents that included children assaulting or being assaulted by their peers had led to a child protection notification. In one case, where a child had been assaulted and who wished the matter to be reported to the Gardaí, this had not taken place almost two months later. HIQA raised this as a matter of concern to the provider.

The cumulative impact of the range of issues highlighted in earlier sections of this report, meant that service managers were not able to ensure a culture of quality and safety was embedded in care delivery. There were wider organisational issues to be addressed in order to promote a consistent standard of practice and recognition of children's need for space and privacy to assist with diversion and de-escalation, and enable therapeutic work to be undertaken. There was inadequate use made and review of safety planning as a tool to engage children and monitor risk and progress. At the time of the inspection, relationships within the peer group

had significantly deteriorated, with a high level of serious incidents, including bullying, missing from care episodes, and on occasion, peer assaults. Appropriate action had been taken to ensure children were medically examined when they were hurt.

The service continued to have a very high number of missing from care episodes resulting in a lack of awareness of children's safety and whereabouts while in the company of unknown people in the community. This included in excess of 52 recorded instances of missing from care in less than five months for one child. This did not include a further 16 occasions where they had been absent without permission. Although each child had an absent management plan, which was regularly reviewed, overall these were ineffective. Staff followed Tusla's procedures in notifying An Garda Síochána of unauthorised absences and reported these as significant events to managers. Inspectors found absence management plans were not adequately informed by a shared understanding of children's vulnerabilities or exposure to harms, including risks of exploitation. Missing from care risks had been noted as an area for service improvement in HIQA's previous inspection in January 2022.

There remained gaps in the availability of specialist assessments to inform a comprehensive picture of children's complex needs in areas such as sensory processing, risks of exploitation, self-harming and sexual behaviours. A number of additional assessments had been requested by the centre manager and children's social workers to inform risk and safety planning.

Inspectors found the service was not effectively engaging children and supporting their participation following significant events in line with Tusla's policy for helping children debrief and reflect on their experiences. A programme of work was urgently needed to build children's awareness and understanding of the risks they posed to themselves or others. Following the inspection, regional managers advised of actions they were taking to strengthen individual work with children on their personal safety. This included ensuring they understood the provider's policies for the management and prevention of bullying and harassment. Support from other professionals was being sought to jointly work with the staff team and children's social workers to help strengthen the focus on children's safety.

Staff had received training, and more was planned, in crisis intervention and the use of approved techniques for handling incidents of violence and aggression. Managers had identified from a recent SEN that not all staff on duty were trained in Tusla's approved behaviour management technique including physical restraint. Individual crisis management plans overall provided a basic overview of children's behaviours and risks. The effectiveness of behavioural management approaches used required further review.

The centre manager had implemented a restrictive practice register which included both specific and ongoing restrictions to children's rights or their access to certain items. Restrictive practices were intended for the promotion of children's safety, including preventing their access to sharp objects, room searches and use of social media. However, inspectors found that not all relevant restrictions had been logged for all the children. Although some restrictions had been put in place five months previously, they had only been recently reviewed. There was limited evidence on children's case records of the impact this had on children's rights and how all such actions fitted within wider safety planning for the children. Managers had set the expectation within a recent audit that the use of restrictive practice would be considered at each team meeting. However, there was limited evidence that this was happening. Room searches were undertaken on occasion in the presence of the child, and on other occasions the young person was later informed of the search.

Night-time routines had been recognised as a point of particular escalation and stress for all the children, with incidents sometimes occurring over a number of hours. The decision to involve the Gardaí was largely left to the discretion of frontline staff on duty as out-of-hours on-call management support was only available at weekends. Centre staff relied on seeking additional assistance from the Gardaí when children were beyond their control in the centre or in the community.

Following the inspection managers advised HIQA they had commenced a review of serious incidents, with further training to be provided to staff on the management of children's emotional and behavioural needs. Going forward, the provider intended to strengthen practice links between children's individual risk assessments and its use of sanctions and restrictive measures, with fortnightly review of its impact. The staff team would also continue to receive consultation support from specialist advisers.

### **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**

Children told inspectors they felt respected by the staff team. While efforts had been made to recognise and promote children's faith and cultural diversity, the focus on children's specific dietary needs required strengthening as did their right to participate in decision-making about the day-to-day running of the service.

Judgment: Substantially compliant

### **Standard 1.2**

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

While the service made efforts to ensure children's dignity and privacy was respected, the size and layout of the centre did not provide sufficient personal space for children or for staff. This impacted on the levels of personal space available for children for private meetings including with other professionals and for the safety of their possessions.

Judgment: Not compliant

### **Standard 2.1**

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

There were significant gaps in the arrangements for children admitted to the centre. The collective risks assessments were poorly completed and did not provide a clear picture to inform the suitability of a child's placement and the compatibility of their needs with other children already placed. Insufficient attention had been given to the difference in ages, stages of development and vulnerability of each child in relation to the care environment. There was a lack of timely review of the effectiveness of matching arrangements.

Judgment: Not compliant

### **Standard 2.3**

The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The general home environment was not child-centred and homely, with a lack of space and facilities to accommodate the number and needs of children placed there.

Judgment: Not compliant

### **Standard 3.1**

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

There were wider organisational issues to be addressed in order to promote a culture of quality and safety in the home to help build relationships of trust to enable therapeutic work to be undertaken with the children. At the time of the inspection, relationships within the peer group had significantly deteriorated, with recent serious incidents containing child protection matters. There was inadequate

use made and review of safety planning as a tool to engage children and monitor risk and progress.
Judgment: Not compliant
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.
The effectiveness of behavioural approaches required comprehensive review. The oversight of the use of restrictive procedures required strengthening and assessment for impact, with wider discussion of the balance of safety and children's rights.
Judgment: Not compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<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.	Not compliant
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Not compliant
<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.	Not compliant
<b>Quality and safety</b>	
<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.	Substantially compliant
<b>Standard 1.2</b> Each child's dignity and privacy is respected and promoted.	Not compliant
<b>Standard 2.1</b>	Not compliant

Each child's identified needs informs their placement in the residential centre.	
<b>Standard 2.3</b> The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child	Not compliant
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.	Not compliant

# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0040616
<b>Provider's response to Inspection Report No:</b>	MON-0040616
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South
<b>Date of inspection:</b>	24 and 26 October 2023
<b>Date of response:</b>	8 January 2024

## 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.

### Compliance plan provider's response:

Capacity and Capability	
<b>Standard: 5.2</b>	<b>Judgment: Not 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>1. Leadership &amp; Mgt.</p> <p><b>Actions Complete</b>            The Regional Manager continues to chair an in-person staff meeting monthly, which commenced on 27<sup>th</sup> Oct 2023. This will be reviewed at end Q1 2023.</p> <p>A bi-monthly Governance Review Meeting has been introduced with centre management and will be undertaken by the regional manager on a bi-monthly basis commencing on 18<sup>th</sup> Jan 2024.</p> <p>Intra-agency meetings with all professionals working with all 3 young people commenced on Thursday 2<sup>nd</sup> November, and chaired by the Regional Manager. Meetings took place on a weekly basis from Nov 2023 and have been moved to a bi-weekly sitting since Jan 2024. Regular meetings have occurred and will continue to be scheduled until an alternative placement is secured for two of the young people.</p>	



A review of the Centre Risk Register has been undertaken by Regional Management. The Deputy regional manager reviewed all PSPs and Risk Assessments (RA's) in place with the staff team and made necessary amendments prior to 01 December 2023. RA's will now feature as a standing item for all team meetings.

The Health and Safety Advisor reviewed the Health and Safety Statement to ensure it is in line with policy.

The National QRSI Manager met with the centre team on 16<sup>th</sup> November 2023 with the centre team in relation to risk assessment completion and the need to review regularly.

1. Interviews for a Regional QRSI Post are scheduled for end Jan 2024.
2. A further review will now be conducted by the DRM to assure compliance with the necessary risk management procedures.
3. The Centre Manager and Deputy Regional Manager will develop a further service improvement plan. The plan will detail identified deficits and areas for improvement with associated actions, timeframes for completion and persons responsible.
4. As part of the service improvement plan, supervision will be prioritised in line with policy. The Centre Manager will review the provision of supervision monthly to ensure gaps are identified quickly and arrangements for re scheduling supervision are prioritised. A monthly meeting with the staff team will continue on a monthly basis, which will be chaired by the regional manager. This will be reviewed at end Q1 2024.
5. The DRM will chair a meeting with centre management in the first instance and thereafter with SCLs on 10<sup>th</sup> Jan 2024 to review the allocation of roles and responsibilities in respect of governance and oversight tasks within the service.
6. There is an out of hours support system in place in this service which is provided on a rotational basis by social care management. A review has been undertaken of "On call arrangements" on a national level and is at an advanced stage of engagement with the representative associations on proposing a national on call arrangement. It is expected this arrangement will be agreed by Q2 2024.

<b>Proposed timescale:</b> <b>30/06/24</b>	<b>Person responsible:</b> <b>Regional Manager</b>
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<b>Standard: 5.3</b>	<b>Judgment: Not compliant</b>
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**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.

1. The statement of purpose and function in place in the service has been reviewed and amended to ensure it includes provision for children 12 or under within its admission criteria.
2. On securing an alternative placement for one YP, a further edit will be made to the Statement of Purpose and Function to reduce the occupancy of this service due to the size limitations of the building.

<b>Proposed timescale:</b> <b>31/01/2024</b>	<b>Person responsible:</b> <b>Centre Manager</b>
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<b>Standard: 5.4</b>	<b>Judgment: Not compliant</b>
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**Outline how you are going to come into compliance with Standard :**

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 Regional Manager will continue to chair an in-person staff meeting monthly, which commenced on 27<sup>th</sup> Oct 2023. This will be reviewed at end Q1 2024.

All young people's Placement Support Plans are being reviewed and updated which commenced 16<sup>th</sup> November 2023 to be fully completed by 01<sup>st</sup> December 2023.

**Action Complete 01/12/2023**

SEN's will continue to be reviewed with individual staff in supervision and any learning will continue to be brought to staff meetings.

Action complete 05/01/2024

All complaints have been dealt with and are currently closed. The complaints log has been updated.

Action Complete 18/12/2023

1. Therapeutic input will continue to be offered to all young people residing in the service. The centre has a Senior clinical psychologist available to support young people residing in the service in addition to access to additional specialist services to include private OT, Area Based Therapy Team (ABTT), ACTS, CAMHS and any other specialised services required.
2. A number of case consultations with the Welltree consultation have taken place and will continue to be available to YP and staff as required.
3. A bi-monthly Governance Review Meeting has been introduced with centre management and will be undertaken by the regional manager on a bi-monthly basis commencing on 18<sup>th</sup> Jan 2024.
4. A SEN review of several high-risk incidents scheduled for 11 Dec 2023 was deferred to end Jan 2024 with the Centre team. The DRM will undertake this review with representatives of the team and Social Work Dept and reflect on the regional Crisis Management Flowchart. The findings of this review will be discussed at the Feb 2024 Team meeting with the Regional Manager. This review is scheduled for 25<sup>th</sup> Jan 2024.
5. When a suitable placement has been sourced for 1 resident, capacity will be reduced to a maximum of two young people at the centre.
6. An offer has been made on an alternative property in the Tralee Area as a replacement property option for the centre. Concurrently additional properties remain under consideration.
7. A schedule has been put in place to ensure management make themselves available to residents with daily onsite presence in the service. This will be relayed to all young people at next young person meetings scheduled 10/01/2024.

**Proposed timescale:**  
**30/06/24**

**Person responsible:**  
**Regional Manager**

<b>Quality and Safety</b>	
<b>Standard: 1.1</b>	<b>Judgment: Substantially compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 1.1:</b>  Each child receives 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> <p>Following a decision to temporarily move one young person to another location, the young person reports that they feel safe and happy. Significant events have decreased, and this young person is responding well to the new environment.</p> <p>An alternative placement application has been submitted by the social work department for one young person has been prioritised for an onward placement through the National Private Placement Team.</p> <p>Alternative placement plans relating to the other residents remain on the bi-weekly professionals meeting agenda, with options currently being explored for potential foster placements.</p> <p>All Staff will have undertaken diversity training as part of their professional development.</p> <p>To ensure that young people’s cultural needs are met, in addition to the provision of favoured foods, diverse and culturally significant meal planning will continue to be sourced for the young people.</p> <p>Significant cultural events will be celebrated with the young people to ensure they maintain their cultural identities. This is supported through out work within the model of care.</p>	
<b>Proposed timescale:</b> <b>31/03/2024</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Standard: 1.2</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 1.2</b> Each child's dignity and privacy is respected and promoted.</p> <p>The placing of thumb locks on all bedrooms ensures that each young person can protect their personal space. <b>Action completed 10/11/2023</b></p> <ol style="list-style-type: none"> <li>1. The format for young people's meetings minutes will be adhered altered to include a section on feedback from previous requests made by young people. Meeting minutes now note the staff member responsible for giving the feedback to young people and the associated timeframe.</li> <li>2. Following consultation with the two young people they advised that a breakout room would really help. Plans to change one bedroom into a games room are underway.</li> <li>3. Any action taken that result in children's rights being restricted will be subject to risk assessment in consultation with Social Work that identifies the basis for the restriction and a date for review. Risk assessments will be maintained on the young person's main file and recorded in the centre's restrictive practice log.</li> <li>4. All incidents of restrictive practices will be reviewed by centre management and Restrictive practice will be a standing item on team meeting agendas.</li> </ol>	
<b>Proposed timescale:</b> <b>31/03/2024</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Standard: 2.1</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 2.2:</b> Each child's identified needs informs their placement in the residential centre.</p> <p>The service operates under the Welltree model of care. Case consultations have taken place with the Welltree consultant to informs practice with regard to tailoring individual work based on the needs of each young person in their own right.</p>	

Action complete 08/11/2023

Direct work with the CRS Senior Psychologist is underway with one young person. The other residents have elected not to engage with this service. The Psychologist will continue to engage with key workers on direct work with the young people.

Action complete 08/11/2023

Referrals have been made with ACTS team in relation to the one resident, work has commenced with this young person in November 2023.

Action complete 30/11/2023

Currently all three young people do not reside at the same location. Occupancy levels at the centre will be reduced to two residents until an alternative property is identified.

Action complete 30/11/2023

Each young person has an individual placement plan in operation, which identifies specific aims and objectives in place.

Action complete 01/12/2023

Young People's Placement Support Plans have been reviewed and updated which commenced 16th November 2023 to be fully completed by 01st December 2023.

Action complete 01/12/23

1. Each prospective referral will undergo a collective risk assessment to determine suitability of admission to the service. This will be completed by the centre manager and relevant social worker. Consideration will be given to residents in situ, their needs and potential impact on/from referred young person. Should the service be deemed unable to safely manage the risks associated with individual young people, placement will not be progressed. There will be a clear appeals process for instances where agreement cannot be reached on the suitability of prospective residents.
2. A workshop will be undertaken on the completion of the Collective Risk Assessment (CRS) Process with Centre Management.
3. Escalation and professionals meetings will be called at an earlier stage to ensure dynamic issues and matching arrangements are managed promptly and effectively.

4. The introduction of the national referral pathway with defined criteria for referrals and suitability selection will further support the service in offering appropriate placements to future residents. This currently planned for commencement in April 2024.	
<b>Proposed timescale:</b>  <b>30/06/2024</b>	<b>Person responsible:</b>  <b>Regional Manager</b>

<b>Standard : 2.3</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 2.3:</b>  The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.</p> <p>Centre manager is to ensure that actions undertaken in response to placing of Fire extinguishers in locked rooms are risk assessed accordingly.  <b>Action completed 05/01/2024</b></p> <p>The relay of information pertaining to the locking away of fire extinguishers should be noted on the daily planner between staff.  <b>Action complete 05/01/2024</b></p> <p>Location of locked fire extinguishers should be noted in the daily fire register and signed by management on a weekly basis.  <b>Action complete 05/01/2024</b></p> <ol style="list-style-type: none"> <li>1. Following consultation with the young people they advised that another break out room would really help. Plans to change one bedroom into a games room is underway.</li> <li>2. Due to ongoing incidents of property damage to appliances, replacement and installation of these is continuing. Centre manager will work closely with the Estates department to ensure that all repairs are completed in a timely manner.</li> <li>3. A site visit is planned for 08/01/2024 with Estates and to review repairs and replacement of the living environment to make it more homely for the young people. Quotes for the upgrading furniture will be sourced by 31/01/2024 and forwarded for approval.</li> </ol>	

4. Engagement with Tusla estates department will assist the service finance and deliver identified redecoration and refurbishment needs while procuring an alternative premises.
5. The service is currently subject to review in terms of location, building size and service provision in the context of national and regional residential provision. There are plans to procure and move the service to a larger more appropriate building for residential service provision in the region.
6. The current system in place to carry out monthly health and safety walk through which are the responsibility of the Centre health and safety representative, and Centre Manager will be conducted between the centres manager and deputy regional manager. This will ensure that maintenance issues that less urgent maintenance issues are identified, risk assessed, and plans put in place for repair/replacement and repairs will be identified actioned.
7. Plans to reduce occupancy levels of the centre will provide scope to create more social space and provide a safer environment for the young people living there.
8. In consultation with Tusla Fire Health and Safety Officer the Centre Manager will ensure fire extinguisher risk assessments that are open are reviewed at team meetings. Fire safety and health and safety will be a standing item on all future team meeting agendas.

**Proposed timescale:**

**30.06.2024**

**Person responsible:**

**Regional Manager**

**Standard: 3.1**

**Judgment: Not compliant**

**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.

All staff in the service are trained in Children First, they are also required to update this qualification every 2 years. The centre manager maintains a record of staff completion dates, this log along with system reminders ensure that staff remain compliant with training with standard 3.1.

**Action complete 01/12/2023**



All staff are mandated persons and can submit child protection and welfare reports as required. The centre maintains a log of all child protection concerns, they liaise with relevant social work departments to ensure that concerns are investigated, and closure notifications are received for centre records.

Action complete 01/12/2023

The Welltree consultant has provided 6 sessions with the staff team in respect of each young person. The focus of these consultations was to provide staff with support in enabling the residents to develop self-awareness and understanding for self-care and protection. Consideration was given to the age, ability, personal history, and stage of development for each young person. Social Workers for the residents were also invited to attend with two GAL attending.

Action complete 21/12/2023

1. All staff have completed VHA training online. Further training will be provided to staff on Tuesday 12<sup>th</sup> December from 11:00-13:00 by the newly appointed Programme Lead on VHA. Further input is to be scheduled with the team in January 2024.
2. Staff will continue to work with young people individually in respect of safety in the centre and respecting each other and their own personal spaces. This will be completed through direct work, keywork and young peoples meetings. An agenda will be determined for young people's meetings to include bullying and harassment, complaints and respect and privacy for all young people. Young people's voices will be represented by ensuring access to their Social Worker, GAL's and through inviting representatives from the national advocacy organisation for children in care to the centre.
3. Work on the topic of bullying and harassment will be undertaken on an individual basis with each young person. This will be guided by policies and procedures and Welltree resources and discussed through team meetings and young peoples meetings. Input will be sought from the CRS Psychologist on how best to support the team in possible individual or group work.
4. All young people's Placement Support Plans will be reviewed and updated as required. Review of these documents will continue to be undertaken monthly as part of the team meeting by centre management and the staff team.

<b>Proposed timescale:</b>  <b>31/03/2024</b>	<b>Person responsible:</b>  <b>Regional Manager</b>
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<b>Standard: 3.2</b>	<b>Judgment: Not compliant</b>
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**Outline how you are going to come into compliance with Standard 3.2:**

Each child experiences care and support that promotes positive behaviour.

1. All staff are trained in TCI and will continue to attend two refreshers every year. A staff member has been selected as a TCI trainer which will assist in improving and supporting training and practice within the service. This course commences 29/01/2024.
2. Training input took place with the Programme Lead on VHA with the team on 12<sup>th</sup> December 2023. The team are identifying what specifically they need additional assistance with and a further input will be provided by the Programme Lead.
3. Tailored individual keywork will be undertaken supported by consultation with the Welltree consultant and CRS Senior Psychologist for the service. This will assist staff to promote positive behaviour from the young people. Engagement and input from the young people will steer the work so they become active stakeholders in their own plans. Placement support plans will provide guidance to staff on the routine and behaviour support required to best meet each individual young persons needs.
4. Consultation with residents will take place regarding centre routines to allow them to participate in their placement planning. This will include house rules and any issues or challenges that may be presenting for the young people. This will occur through keyworking, young people's meetings and the young person's charter in line with the model of care. The outcome of this consultation will subsequently be reviewed with the centre management and the staff team by the DRM.
5. Any restrictive measures put in place will firstly have a risk assessment in place to indicate why a measure is being undertaken. All restrictive practice will be reviewed by the manager and the team at the bi-weekly staff meetings and will be a standing item. Restrictive practices are recorded in the centre restrictive practice log. Both the risk assessments and the restrictive practice log will be reviewed at each team meeting.

<b>Proposed timescale:</b>  <b>31/03/2024</b>	<b>Person responsible:</b>  <b>Regional Manager</b>
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## Section 2:

### Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

<b>Standard</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
<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.	Not compliant	Red	27/10/2023
<b>5.3</b>	The residential centre has a publicly available statement of purpose that	Not compliant	Orange	

	accurately and clearly describes the services provided.			
<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.	Not compliant	Orange	
<b>1.1</b>	Each child receives 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	
<b>1.2</b>	Each child's dignity and privacy is respected and promoted.	Not compliant	Orange	
<b>2.1</b>	Each child's identified needs informs their placement in the residential centre.	Not compliant	Orange	
<b>2.3</b>	The residential centre is child-	Not compliant	Orange	

	centred and homely, and the environment promotes the safety and wellbeing of each child.			
<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not compliant	Red	27/10/2023
<b>3.2</b>	Each child experiences care and support that promotes positive behaviour.	Not compliant	Orange	