



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	30 and 31 October 2024
Centre ID:	OSV-0008861
Fieldwork ID	MON-0044978

## About the centre

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

The centre provides care for young people aged between 13 and 17 years old that are in medium to long term residential care. The centre provides care for children aged 12 years and under only in exceptional circumstances and in accordance with the national policy in relation to the placement of children aged 12 years and under in the care or custody of the Health Service Executive.

The model of care operational in the centre adopts a wellbeing outcomes framework in order to improve overall wellbeing and achieve positive outcomes for each young person living in the centre.

The centre may also provide short term care to a young person who is pregnant or has a child under circumstances where it is agreed with all persons with a bona fide interest in the welfare of the young person that this arrangement is in the best interests of the young person and their child. These arrangements are subject to a risk assessment that takes account of the needs of the young person and also the needs of all the other young people living in the centre at that time.

The centre works in partnership with the young people, their families and carers, their social workers and all other people with a bona fide interest in the welfare of the young people in order to provide the best possible care for each young person.

The centre is committed to assisting the social work teams in obtaining and sustaining long term placements for the young people in their family home, with members of their extended families or in foster care. The centre also provides care to young people on a shared basis with any of the above when appropriate.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection</b>	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:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
30 October 2024	09:45 hrs to 17:30 hrs	Sharon Moore	Lead Inspector
30 October 2024	13:30 hrs to 21:00 hrs	Sabine Buschmann	Support Inspector
31 October 2024	08:00 hrs to 17:15hrs	Sharon Moore	Lead Inspector
31 October 2024	09:30 hrs to 16:45 hrs	Sabine Buschmann	Support Inspector

## What children told us and what inspectors observed

The centre is a new children's residential centre that opened in July 2024. There were three young people aged between 14 years old and 15 years old living in the centre at the time of the inspection. During the inspection the young people living at the centre were given the opportunity to share their views around their experience of living in residential care. Young people were invited to either meet in person with an inspector or complete a children's survey. Two young people met individually with an inspector and one young person exercised their right not to speak with an inspector or complete a survey. Inspectors also observed the interactions of the staff team with the young people and reviewed a sample of the individual young people's centre records. In addition inspectors spoke with two parents, three social workers and one Guardian ad Litem.

The centre was located in a large two storey detached house on its own grounds in a rural area with sufficient parking and onsite recreational facilities. The centre was observed to be warm, homely and comfortable with sufficient communal spaces where young people could relax and interact with each other and private spaces if they preferred time alone.

Inspectors had the opportunity to observe mealtimes in the centre. Young people and staff eating together was promoted. Young people were given choices around food, could cook for themselves outside scheduled meal times and a good variety of food was available. One young person said 'I do not go food shopping, not my thing, they ask what we want, don't always get it'. And another young person said 'if you want food outside those times (scheduled mealtimes) you have to cook yourself'.

The young people knew about their rights, how to make a complaint and felt comfortable speaking to staff about their needs. Some of the comments made by young people included;

'Staff are very nice, cool and they explain everything'

'I know about EPIC and my rights'.

'If I am unhappy I can talk to any staff but I have no complaints'

'Staff told me that I can read my file but I am not really interested'

Young people's meetings took place weekly and if a young person didn't attend these meetings other opportunities were provided for the young person to share their views. One young person also said that they didn't always feel that they were listened to by centre staff 'nobody here listens to me'. They described their experience in the centre as staff being always 'at me' and 'giving out'. They did

however also say that while they chose not to attend the young people's meetings they can and do talk individually to staff about what they want 'I do not attend but talk to staff about what I want'.

The young people described their days as busy with school and activities of their choice. They told inspectors that staff provided support to attend school, engage in activities outside the centre, meet with friends and see their family. They also said that they were offered support around their education, health and wellbeing. Comments made by the young people included;

'staff make sure and drive me to see my (previous carers) and my siblings'  
'I have my own doctor for a long time, I saw him yesterday for a check-up'  
' Staff take me to and collect me from school, school is ok'  
' I play a lot of sports, soccer, Gaelic, basketball and I enjoy fitness stuff'

Some of comments made by the young people about the centre included;

' Yes I do feel safe, no reason not to'  
' I picked my bedroom and picked some pictures and other stuff'  
' Staff took me shopping to get things'

The young people who spoke with inspectors had mixed views about their experience of coming to the centre and their involvement in the decisions about their care. They said they received information about the centre and had the opportunity to visit the centre a number of times including staying overnight before they came to live in the centre. They said;

'I came to visit the centre three times, then had an overnight. On the day I visited staff cooked my favourite dinner, lasagne'.

'I was taken to the house three times with another young person'.

'the social worker came around to (previous placement) and I was told I had to move'.

The young people were clear about the centre rules however told the inspector that they had more rules to follow in the centre than they had in previous placements. Young people said;

'lots of rules' one of which was they were 'not allowed to go into each other's rooms'.

'I think that the rules are ok, probably slightly more than at home, but they are ok'.

One young person told the inspector that they felt embarrassed that they had to call the centre staff to check in when they met friends ' Three times a week, three hours and have to check in half way through, it's embarrassing'.

The young people who spoke with the inspectors had mixed views with regard to how their privacy was respected by centre staff and were not clear about the restrictive practices in use or that could be used. Young people told inspectors;

'staff are very respectful, they always knock on your door first before they open your door'.

'When I go out staff are always going through my room, make my bed, and open curtains and whatever they do'.

'I did not know there was alarms on the bedroom door, but it doesn't really matter they are not using them'. 'I know about the CCTV that is not a bother'.

The two parents who spoke with an inspector were happy with the service provided for young people and had regular communication with centre staff. One parent said 'it is a great place, staff are lovely and looking after the young person very well and they are very professional and keep in touch with us'. Other comments made by parents included ;

'they call me every Tuesday and Friday to discuss how the young person is getting on'

'the centre is keeping the young person safe at all times'

' Centre rings me if there are any medical issues need to be attended to'

'Centre discusses any issues in relation to education with us'

The social workers and Guardian ad Litem who spoke with an inspectors said that the centre was in regular communication with them and they were kept informed of any concerns.

## Capacity and capability

This report reflects the findings of an unannounced inspection of the children's residential centre. The centre was inspected against thirteen of the National Standards for Children's Residential Centres (2018).

In this inspection, HIQA found that, of the thirteen national children's residential standards examined:

- six standards were compliant,
- six standards were substantially compliant and
- one standard was not compliant.

The inspection found that there was effective leadership and management arrangements in place in the centre. Lines of accountability were clear and the management structure for the service was clearly defined. Staff spoken with were aware of their roles and responsibilities. The statement of purpose and function accurately reflected the service provided for young people.

However some governance arrangements in the centre needed to be strengthened to ensure effective oversight of the service. Risk was not always appropriately identified or assessed. Inspectors identified risks in relation to young people and the use of an electric vehicle that had not been placed on the centre's risk register. In one incident a significant event notification (SEN) was required and had not been made by the centre. In the three months since the service opened the centre had not yet been set up on the National Incident Management System (NIMS). The National Incident Management System (NIMS) is an external incident management system, operated by the state claims agency to record key decisions regarding incident management within Tusla.

At the time of the inspection there were eight incidents since August 2024 that had been notified by the service to the provider's national SENS team which had not been imputed on the NIMS. In addition, not all of the provider's operational policies and procedures were always effectively implemented in the service. Inspectors found that staff were not supervised in line with timeframes set out in the Tusla supervision policy. There was no formal framework in place for auditing centre records by managers, improvements were required in communication procedures in place and a review of the procedure for the use of the installed child protection alarms with staff was also needed.

The information governance arrangements in place ensured young people's personal information was protected and was shared appropriately with other



professionals involved in young person's care. However some improvements were required with regard to record keeping, some centre reports were of poor quality and young people's personal identifying information was found to be recorded on other young people's centre files.

## **Standard 5.2**

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

There was effective leadership and management arrangements in place in the centre. Lines of accountability were clear and the management structure for the service was clearly defined. However some governance arrangements in the centre needed to be strengthened to ensure effective oversight of the service. The operational policies and procedures in place for the service were the National Tusla Policies and Procedures for Mainstream Children's Residential Centres. The inspection found that not all of these operational policies and procedures were effectively implemented in the service.

During the course of the inspection, inspectors spoke with Tusla managers as well social care leaders and social care workers who were rostered over the three shifts periods when inspectors were in the centre. Staff spoken with were aware of their roles and responsibilities. There was a delegation of duties register in place for the service with clear delegations of duties for example for fire safety and first aid. The duties of each role were clear and there was a clear time frame for review and sign off by the social care manager. Policy discussions were included as a standing agenda item at team meetings and in staff supervision records.

The social care manager with responsibility for managing the centre was suitably qualified and experienced. They were supported by a deputy social care manager in the day to day operation of the centre. They reported to a deputy regional manager who in turn reported to the regional manager. Management oversight of the service outside of these hours at night and weekends was provided through an on-call arrangement. While there was good monitoring and oversight mechanisms in place to ensure there was safe and effective care provided to the young people living in the centre, improvements were required in risk identification and local quality assurance including auditing, at centre level.

The deputy regional manager, social care manager and deputy social care manager were interviewed as part of the inspection. From interviews with

managers and review of email communication it was evident that the deputy regional manager worked closely with the social care manager and the deputy social care manager to establish effective management systems in the service. The social care manager worked Monday to Friday 9-5pm and the deputy social care manager worked Monday to Friday 8-4 pm. The deputy social manager advised at interview that their working hours were planned to ensure that there was management oversight of the morning handover and practice support available in person to staff. This was good practice given that it was a new service with a significant number of staff new to working with the provider in this setting. The social care manager advised that as all the young people were in school this arrangement also provided important daily contact for managers with the young people in the centre. They advised that 'the deputy social care manager sees the young people in the morning and I see the young people on the other side of the shift' which was very important to support the building of positive relationships between managers and the young people. They also noted that it was important to be available to the young people so they could easily talk to a manager if they had any worries or concerns.

The centre had a risk management framework and supporting structures in place for the identification, assessment and management of risk in line with Tulsa's risk management policy.

The centre maintained a risk register and at the time of the inspection, there were five open recorded risks on the centre's risk register. Risks on the register were appropriately risk rated and reviewed. No risk had been escalated to the regional risk register. Where risks were identified, risk assessments had been completed which clearly outlined the potential impact of the risk, along with the risk mitigations and controls in place to manage the risk. However, not all identified risks had been included as part of the risk register as required. In the three month period prior to the inspection 70 significant event notifications (SENS) had been made by the service to the provider's significant event notification team. From a review of SENSs and a sample young people's records inspectors identified an incident where a SEN had not been made as required and risks to young people related to the use of electric cars by the centre which had not been included on the centre's risk register. Risk assessments were not completed for these incidents and the risks were not placed on the risk register.

During the inspection assurances were given by the deputy social care manager that the SEN and risk assessments would be completed and the risk would be placed on the risk register with regard to the electric car. Improvements were required to ensure that any potential risks to the health, safety and welfare of

the young people living in the centre are appropriately assessed and managed in line with the risk management policy and framework, and that timely actions were taken to address all risk.

Overall management oversight systems needed improvement to ensure that identified actions to address concerns were progressed and reviewed. Findings from any audits were not formally documented and no tracker was in place to ensure that the actions required from these audits were implemented. The deputy regional manager had daily contact with the centre and visited the service most weeks. There was evidence the social care manager and deputy regional manager reviewed key children's residential care documents including admission, significant event notifications (SENS) and risk register. There was some limited evidence that auditing by the social care manager and the deputy regional manager had been undertaken. Both the social care manager and the deputy social care manager had shared information with regard to findings from the manager's reviews of young people's records with the staff team by email however there was no evidence the actions identified had been followed up and reviewed with staff.

At interview the deputy regional manager advised that they undertook regular service audits. They advised that they generally spoke with the social care manager and deputy social care manager about their findings and actions required. While some emails were sent from the deputy regional manager to the centre managers with regard to their findings there was however no evidence that the actions identified had been followed up and further reviewed. The deputy regional manager acknowledged the absence of audit tracker and gave assurances that they planned to implement a formal audit tracker by the end of November 2024 to record findings and ensure that actions were followed up and further reviewed.

**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 opened in July 2024 and was located in a recently renovated premises that was found to be suitable for the service and well maintained.

The centre's statement of purpose and function was implemented and signed in July 2024 by the regional manager, the deputy regional manager and social care manager. It clearly set out and described the service that the centre aimed to

provide for young people aged 13 to 17 years. The statement of purpose and function described the model of care as a strength's-based model of care, which focused on promoting the young persons' sense of well-being, while also managing the risks that may present using the Tusla nationally approved model of care. However the statement of purpose had not been effectively reviewed as part of the approval process, as it included the name of another service provider.

The statement of purpose and function was displayed in the centre and a young person's version was available. The staff who spoke with inspectors clearly understood the model of care, purpose and function of the centre. Young people's records indicated that a copy of the service statement of purpose and function and welcome booklet were given to each young person as part of their transition plan to the service.

**Judgment:** Substantially Compliant

### **Standard 6.1**

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

### **Regulation 6: Staffing**

The inspection found that the provider effectively planned, organised and managed the workforce to deliver child-centred safe and effective care and support. The staffing compliment of the service was 16 staff included two social care managers, four social care team leaders, eight social care staff and two relief care staff. At the time of the inspection all social care posts were filled and one relief staff member was in the process of taking up a post with the centre. The deputy social care manager also advised that a maternity leave cover for one social care worker post had been advertised.

Recruitment for the centre had taken place in advance of the service opening in July 2024. A number of staff who were recruited in advance of the service opening worked on a temporary basis in the some of the providers other established residential services. Managers noted that this provided centre staff with a valuable opportunity for induction on the provider's policies, procedures and systems in advance of working in the centre. These staff transferred when the centre opened. The planned opportunity for staff to work alongside experienced staff in an established centre was good practice.

The inspector reviewed a sample of the staff roster and found there were sufficient numbers of staff on shift to provide a safe service to children. On the

day shift service roster there were three social care staff in addition to the two managers on duty Monday to Friday. The service operated live nights with two social care staff on duty. There was an effective on call system in place, at weekends and overnights. The social care manager and deputy social care manager provided this on-call cover on a seven day, Friday to Friday rota. When a manager was on leave the other manager took responsibility for this cover. A record of calls from centre staff to the on-call manager was maintained by the centre.

Managers undertook regular workforce planning to mitigate against any disruption to the young people's continuity of care due to any reduction in staff team. The identified measures to mitigate against this risk included the use of relief staff and where needed agency staff. On the first day of the inspection the deputy social care manager worked from 9.00 a.m. to 21.30 p.m. At interview they advised that they had worked to provide staff cover as there was a staff member on sick leave.

**Judgment:** Compliant

### **Standard 6.3**

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff in the centre were aware of and understood their roles and responsibilities and the lines of accountability were clear. Staff demonstrated a commitment to providing a child-centred, safe and effective service to the young people in their care. Where there was a risk identified to staff safety, this had been risk assessed and appropriate measures were taken. The frequency of supervision of staff required improvement as it was not in line with the timeframes set out in Tusla national policy.

Inspectors reviewed a sample of supervision records of seven staff as part of the inspection including records of the social care manager and the deputy social care manager's formal supervision. Documented supervision and probation meetings for new staff were of good quality with clear actions. There was also a record of the induction completed by all staff on the files reviewed. Staff were advised in supervision of the additional supports available to them including the Employee Assistance Programme (EAP).

This review however found that supervision was not taking place in line with the timeframes set out in the Tusla national policy. The quality of supervision, where it had taken place, was good. Supervision created a forum for staff and managers

to exchange information on the challenges faced and actions devised to address these. Of the seven supervision files reviewed there was only one supervision record on five files reviewed and one had two supervision records in the 12 week period since opening. One staff member who had been in post over six weeks at the time of the inspection had not received any formal supervision. At interview the deputy regional manager, social care manager and deputy social care manager confirmed that supervision had not taken place in line with the Tusla national policy and gave assurances that a schedule had been put in place for supervision until the end of 2024.

It was clear from interviews with staff and review of centre records that a culture of learning was promoted in the service. The social care manager held a training file for staff with copies of the completed certified training. Inspectors reviewed a sample of these training records as part of the inspection. All staff had completed the provider's mandatory training including child protection training. Other training completed by staff included fire safety training, complaint training, VHA training and child sexual exploitation training. A review of a sample of supervision and probation records by inspectors showed that managers used these forums to consider gaps in staff knowledge and skills. Managers made plans with staff to address these gaps including attending training and practice support from other staff and managers. One example of this was the identified need for improved report writing on significant event notifications. The deputy social care manager was working with individual staff members to support them with this and planned to also address this at team meetings.

Communications systems in the place for the staff to support safe and effective care required improvement. Team meetings were scheduled every week and inspectors reviewed a sample of minutes of these meetings as part of the inspection. The minutes of team meetings reviewed were found to be of good quality and there were standing agenda items that included child protection and welfare concerns, risk assessments, review of significant events and health and safety concerns. In addition, detailed discussions were had in relation to each young person's care planning needs and progress. This included educational needs, healthcare, restrictive practices in place, mental health needs and family relationships. Team meetings focused on the sharing of key information, the identification of key risks and how to address difficulties experienced by the team.

Daily communication arrangements for staff coming on shift were in place. There were daily shift handover meetings in the morning and at night during which shifts were planned, individual young people discussed and tasks allocated to individual team members. The deputy social care manager attended the morning shift handover at 8 a.m. and the social care manager attended the 10 a.m. shift

planning meetings Monday to Friday. The centre had a staff communication book however this was not routinely used.

There were no formal management meetings for the centre in place at the time of the inspection to discuss and review specific team leadership responsibilities with regard to the care and support of the young people living in the centre and generally to support day to day management of the service. The deputy regional manager, social care manager and deputy social care manager all noted at interview that there was regular informal contact between managers however no formal meetings. There was a delegation of duties system in place with limited formal oversight of this by the social care manager. While there was evidence that social care manager did monitor and sign off on the duties carried out by the delegated officer such as fire alarm tests, coaching and mentoring to ensure that the delegated officers were clear on the requirements of their role was not taking place.

**Judgment:** Substantially Compliant

## **Standard 8.2**

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

### **Regulation 21: Maintenance of Register**

There were effective governance arrangements in place for the retention of records and a children's register was in place. The provider had required policies and procedures in place including a data protection policy, a records management policy and a procedure for people to access their records. Staff were trained in general data protection regulation.

Inspectors reviewed the centre's register and found that it was of good quality and up to date. The register was a hard covered book that detailed all the relevant information in respect of each young person who resided in the centre. This included their care status, date of birth, gender, social workers name and reason for being in care. Inspectors found that all information, including information held on each young who resided in the centre, was handled securely and safely in line with legislation.

The centre was part of the providers regional information technology system pilot project where young people daily records and handover meetings were being maintained in a shared digital file which all staff had access to, with their own log-ins and passwords. At time of the inspection the centre continued to print and

maintain a hard copy of all the young people's documents and records. All centre records and reports including handover meetings were also printed and filed in the centre. A review of centre records showed that some improvement was required to ensure that all required documents were placed on file in a timely manner.

Young people had been informed of their right to review their records and understood how they could access a copy of their personal information. Inspectors reviewed a sample of the records maintained for young people in the centre and found they were generally of good quality and were up-to-date. While most young people's records were well written and provided a clear account of the care provided to young people, some improvements were required. While records were up to date, copies of some young people's documents had not been placed on their file. Inspectors also noted that in some SENs recorded on individual young people's records, they contained identifying information about other young people living in the centre.

Significant events, incidents and accidents were recorded and reported using the Significant Event Notification (SEN) process as required under. At the time of the inspection the service was not set up on by the provider on the National Incident Management System (NIMS). At interview the social care manager advised that they did not know the reason why service has not been set up on the national NIMS system and the provider's national significant event notification team had NIMS pending for the centre that had not been placed on the system

Parents and social workers who spoke with inspectors confirmed that all appropriate information about the young people was shared with them either through email and telephone calls. This meant that the people involved in the young person's care communicated with each other in the best interests of the young person.

**Judgment:** Substantially Compliant



## Quality and safety

Overall, inspectors found that the service was child-centred and young people living in the centre received good quality, safe care. Young people were treated with dignity and respect and staff actively promoted their rights. The centre operated in line with in Children First: National Guidance for the Protection and Welfare of Children (2017). Staff were aware of their responsibility to keep young people safe and safeguarding concerns were reported to the social work department as required. However the safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate.

The centre building was clean, warm and decorated to a high standard. The layout was open and allowed sufficient space for individual and social activities including for mealtimes. On the day of the inspection an issue was identified with the closing mechanism on a fire door that presented a fire safety risk. In addition the provider needed to address maintenance issues in the centre in a timelier manner.

Young people were observed to be relaxed, comfortable in the centre and have a good rapport with staff. The staff team sought to provide a safe, supportive environment where young people could have fun while also being supported to positively manage their feelings and emotions. The care and support provided by the service to each young person was based on their individual identified needs and placement plans in place for young people were based on the young person's up to date statutory care plan. All admissions to the centre were considered and assessed against the centres statement of purpose and were executed in line with the providers admission policy.

Young people received care and support in the centre that facilitated their development and supported their wellbeing. Young people's health needs were met and healthy life choices were supported on a daily basis. The provider had a medication management policy in place and staff were trained in medication management. All young people were in school at time of the inspection and had individual education plans in place that included provision of additional educational support where needed. A positive approach was taken to managing behaviours that were challenging. Restrictive practices were in place and only used when there was a risk to safety of the young person and others. However not all young people had a clear understanding about the restrictive practices in use in the centre or restrictive practices that could be used such as, room searches and child protection alarms. While child protection alarms were not in use at the time of the inspection, there was no local procedure available to staff and clear direction had not been given to staff with regard to their use.

**Standard 1.1**

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

**Regulation 10: Religion****Regulation 4: Welfare of child**

Staff who spoke to inspectors clearly understood their roles and responsibilities for keeping young people safe, supporting their individual needs and promoting young people's rights. Young people were informed of their rights and were supported to exercise and understand their rights in a manner that was appropriate to their age, ability and stage of development.

Young people were treated with dignity and respect and equality was promoted. The young people's diverse needs in relation to their family, identity, disability and religious beliefs were respected and supported. Each young person had access to information, provided in an accessible format that took into account of their communication needs. The daily logs for each young person were reviewed as part of the inspection and found to be well maintained. They provided a clear picture of each young person's needs and clearly documented areas where they required additional support.

Staff encouraged and supported young people to pursue their goals and achieve their full potential. A review of young people's records showed that their individual vulnerabilities, as well as, the likely impact of any previous adverse childhood experiences were recognised. Staff who spoke with inspectors were attuned to the trauma a young person may have experienced prior to coming to live in residential care. Young people were supported with their daily routines based on their individual needs. They were also provided with a weekly allowance to enable them to buy their own personal items and clothes.

Staff supported young people to foster their identity by maintaining links with the community and to have regular and planned contact with family. Special occasions such as birthdays were celebrated. Young people's friendships were encouraged and supported. This included support to meet friends for planned activities, where appropriate, free time with friends in the local town, and planned overnights. One young person had been supported to attend a disco in a town one hours and 30 minutes from the centre to socialise with friends. Staff drove the young person to the disco, waited in that town for the young person and then returned them home to the centre. Young people were actively involved in social and leisure activities

as part of the local community. On the day of the inspection young people were facilitated by the centre to participate in Halloween activities in the local town

Key worker relationships were in place with a strong focus on the recognition and protection of the young person's rights. Young people were also actively supported to participate in making informed decisions about their care. Young people's meetings were taking place and a review of these meetings showed that young people were listened to and given choices about their care. Young people's views were taken into account in planning the daily activities of the centre. Young people were also encouraged to access external supports and the national young person's advocacy service had attended the centre to meet with young people.

Observations by inspectors, interviews with young people and a review of young people's records demonstrated ongoing efforts were made by centre staff to engage young people and to hear their voice.

Staff recognised that not all young people living in the centre wanted to participate in these meetings and at the time of the inspection the centre had developed consultation books for each young person. Staff told inspectors that they hoped that this would ensure that the views of all young people were heard and listened to. It was planned that key workers would go through this with each individual young person each week. Young people's rights were discussed at team meetings and issues that may impact young people's rights were raised and addressed. Complaints were well managed by the centre. Managers were available in the centre to meet young people and a review of records showed that the social care manager had met with a young person who had a complaint about their care.

**Judgment:** Compliant

### **Standard 2.1**

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

The inspection found that each young person's needs had informed their placement in the centre. All admissions to the centre were considered and assessed against the centres statement of purpose and were in line with the providers admission policy. Young people placed in the centre had up to date care plans in place and their residential placement plan was informed by their identified needs and considered any risks that may be present. Young people spoken with spoke positively about their transition to the centre.

A review of files showed that each young person was given an opportunity to visit the centre, meet the other young people living in the centre and staff that would

be responsible for their care before coming to live in the centre. There was individual transition plan put in place for each young person which included day and overnight stays in the centre. These transition plans provided the young person with opportunities to also become familiar with the centre living arrangements, get to know both the centre staff and build relationships with the other young people living in the centre. The visits also focused on the centre staff getting to know each young person and their likes and dislikes.

Admission checklists and collective risk assessments were completed for all young people and placed on their records. A review of these young people's records showed that staff worked closely with social worker prior to admission of the young person to ensure that the service was suitable to meet their needs. Staff also worked closely with staff in the young people's previous placements to ensure that transition to the service was positive and that all identified needs could be met. All young people had an up to date child in care plan on file. Inspectors found that each young person's residential placement plan was informed by their identified needs and considered any risks that may be present. The collective risk assessments completed for all young people living in the centre were reviewed as part of this inspection and were found to be comprehensive. Consideration was given to the impact of meeting the needs of each individual young person including health, wellbeing, faith and cultural needs on the needs and rights of all young people living in the centre.

**Judgment:** Compliant

**Standard 2.3**

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

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

The residential centre was child centred and homely, and the environment promoted the safety and wellbeing of each young person. The centre building was clean, warm and decorated to a high standard. The layout and design of the centre was suitable for providing care for up to four young people in line with the centre's statement of purpose and function. The centre was a large two storey detached house on its own grounds located in a rural area. Centre transport was required for the young people to attend school and other activities. There was a driveway and parking area to the front and side of the house. The garden was large and fenced on all sides. It had lawn areas around the house suitable for ball games and contained a swing set. At the back of the house was a wooden potting shed where young people had started to grow their own vegetables. To the side was a detached building with a games room and separate garage. Prior to the centre opening in July 2024 renovations were undertaken to enhance the living and working environment.

The inspector was shown around the house by the deputy centre manager. The centre was observed to be warm, homely, bright, comfortable and well decorated. The centre was clean and efforts had been made to create a homely atmosphere with comfortable furnishings and soft lighting. At the time of the inspection the centre has been decorated for Halloween. The centre had sufficient communal spaces where young people could relax and interact with each other and private spaces if they preferred to take quiet time alone. There were four children's bedrooms, each with a private bathroom. Each young person had their own bedroom and could decorate their rooms to their individual taste. There was adequate space and storage for personal belongings. There was ample staff office space and a sensory room. There was also a main bathroom in which a bath had been installed for young people to use should they prefer this to the shower in their own bathroom.

The centre had relevant health and safety statements, policies and procedures in place, with regular review and oversight by the centre managers. Fire prevention and implementation and review of safety policies and procedures was prioritised by managers. All young people had a personal evacuation plan (PEEP) in place that recognised areas where they may require additional support. This formed part

of their induction to the centre. Centre records indicated that staff had fire safety training, and understood their accountabilities. The health and safety records indicated good levels of compliance with the required daily, weekly and quarterly checks including emergency lighting, fire-fighting equipment and system testing.

Contracts were in place with approved contractors and agencies which helped ensure good maintenance of the building and centre's vehicles. The records for the maintenance of the centre were reviewed as part of the inspection. Maintenance issues were recorded by staff however were not always resolved in a timely manner by the provider. Since opening there had been ongoing plumbing issues which continued to be an issue and had not been resolved. At time of the inspection the toilet in the bathroom downstairs was blocked and could not be used over the two day's that inspectors were on site. The only other toilet available was upstairs which meant that staff and all visitors to the centre had to go upstairs potentially impacting on the privacy of the young people living in the centre.

During the inspection the inspector requested a test of the fire alarm systems. When activated the fire closing of one of the doors into the kitchen and dining area was very slow and was not an adequate fire barrier. The deputy centre manager took action immediately to address the identified concerns. There was another fire exit from this room and the door that was not closing was locked. The deputy social care manager gave the inspector assurances that this door would remain locked and not be used while awaiting repair. They also gave assurances that the fire system maintenance contractor had been contacted immediately after the test. It was a concern for inspectors that this door had been tested by the independent contractor less than a week prior to inspection.

**Judgment:** Substantially Compliant

### **Standard 3.1**

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

Child protection concerns were reported to Tusla in a timely manner and in line Children First: National Guidance for the Protection and Welfare of Children (2017). The provider had a child safeguarding policy in place and the centre held a log of all child protection concerns, including status and outcomes of referrals. All staff had up-to-date training in Children First.

A review of a sample of young people's records showed that child protection concerns were appropriately reported and followed up with the social work department by centre staff. Managers and staff were aware of their responsibility with regard to reporting child safeguarding concerns to the social work department. Inspectors reviewed the register of child protection and welfare concerns and found there were 10 child protection notifications made by centre staff in the three month period since the centre opened. At the time of the inspection only one had been closed and nine were open child protection concerns. It was noted on the register in October 2024 that emails had been sent from centre staff to each young person's social worker seeking an update with regard to each of the open notifications.

Records showed that staff had to have good communication with social workers, parents, Gardaí and schools. There was regular contact through in person meetings, online, meetings, phone calls and emails. Where young people were experiencing difficulties there was good child-centred joint working between the staff at the centre and the social work team. Absent management plans were in place for all young people. There had been two incidents of missing from care in the period since the centre opened. A review of young people's records showed that these had been appropriately managed by staff and Gardaí had been notified. Individual risk assessments were on young people records, social workers had been informed and SENS had been made in line with the provider's policy and procedures. However, the risks relating to children going missing from care was not included as part of the centre risk register.

The safeguarding procedures in place to confirm the identity of visitors and agency staff on arrival to the centre were not adequate. While there was a visitors log it was not possible for inspectors to track who had visited the centre, the purpose of their visit or whom they had seen. Relevant information in relation to visits by social workers, contractors or senior managers were not captured. The log did not include a record of staff undertaking identity checks with all visitors.

**Judgment:** Substantially compliant

### Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff and management took a positive approach to the management of behaviours that challenged and staff were trained in Tusla's approved behaviour management approach. Staff had been provided with additional onsite training to manage violence, harassment and aggression in the October 2024.

All relevant risks were appropriately identified assessed, managed and recorded in young people's individual crisis management plans. Behavioural risks or potential sources of conflict were also outlined within young people's individual plans and the required support for young people was provided.

A review of the restrictive practice log in the centre showed children's rights were only restricted when there was a risk to their own safety and safety of other's. There was no use of physical restraint in the centre. One of the restrictive practices in place at the time of the inspection was the review of young people's phone use by staff. A review of centre records showed that this measure was introduced in response to identified and ongoing safeguarding concerns for some young people related to their inappropriate mobile phone use and online internet access. Managers and staff were working closely with the young people and social work department to address the concerns. Both staff and young people had been provided with clear information and instruction on this restrictive practice including details on actions that would be taken by staff in reviewing mobile phone use.

Another restrictive practice in place in the centre was the practice of room searches. Inspectors found that not all young people had clear information around this restrictive practice or a clear understanding of why their room may be searched. One young person who spoke with an inspector said that staff went into their room every time they left the centre and they were unclear why. This was relayed to the centre manager by the inspector, who agreed to discuss the practice of room searches with all young people.

While recorded in the restrictive practices log as not in use at the time of the inspection, child protection alarm had been installed on the bedroom doors of all young people, at the time of the inspection the provider had not reviewed the procedure in place for their use with staff and no direction had been given to staff. Not all young people living in the centre had been informed that there were child protection alarms on the bedroom doors or when they could be used.

**Judgment:** Substantially Compliant



**Standard 4.1**

The health, wellbeing and development of each child is promoted, protected and improved.

**Regulation 11: Provision of food and cooking facilities**

The health, wellbeing and development of each young person living in the centre was promoted and young people were supported to develop healthier lifestyles. Young people's individual needs and risks to their health, wellbeing and ongoing development were effectively identified and managed.

Inspectors observed plentiful supply of healthy food and drinks available to young people living in the centre. Mealtimes, observed as part of the inspection were positive and considered an important relationship building opportunity for young people and staff. Young people were involved in meal planning in the centre and spoke positively about having choices around the meals provided. Young people were also given the opportunity to help with the centre food shopping and with meal preparation.

A review of both young people's records and centre records found that young people were supported to make positive daily life choices. Young people's individual health, wellbeing and development needs and how the centre could support them around their needs was outlined in their placement plans. This work was reflected in the day-to-day care provided to the young people. Young people's needs are reviewed daily at staff handover and any concerns noted.

Young people were also supported to maintain and further develop skills for independent living including cooking for themselves. Young people were encouraged to take responsibility for managing their own pocket money and shopping for their clothes. Young people were also supported to engage in activities to support their health and wellbeing outside the centre. This included team sports and local youth club activities.

**Judgment:** Compliant

**Standard 4.2**

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

**Regulation 9: Health care****Regulation 20: Medical examination**

Young people were supported by the service around any identified health, wellbeing and development need. Young people's experience of trauma and loss were recognised by the service. All young people had access to a general practitioner and every effort was made to facilitate the young people to continue attending their family doctor. Staff worked closely with both social workers and relevant health professionals to ensure that any additional health needs the young people had were met. Young people were supported by the staff team to attend medical appointments. This included support to attend any specialist appointments such as the Child and Adolescent Mental Health Service (CAMHS) and occupational therapy support. Young people's health needs, medication and support for health appointments were reviewed and discussed as part of shift handover meetings.

The provider had a medication management policy in place and staff were trained in medication management. Medication was appropriately stored in a locked cabinet, a daily count of medication was undertaken at staff handover and medication sheet was signed by staff. Each individual young person's medication was stored in a separate box with their photograph. Inspectors were provided with two examples of medication audits which had been completed by the centre manager. These audits demonstrated good oversight by the centre manager including the identification of a medication error. Appropriate action was taken both to address risks associated with the error as well as to identify and address the cause of the medication error.

**Judgment:** Compliant

**Standard 4.3**

Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Each young person was provided with educational supports that were appropriate to their needs and in line with their child in care plan. All young people were enrolled in school at the time of the inspection and staff supported and facilitated their attendance. The importance of consistency in education placements for young people was recognised when the young people moved to the centre. Where it was in the young person's best interests they were supported to continue to

attend the school they were enrolled in prior to coming to the centre. While one young person had changed school this was in line with their child in care plan. Young people were transported to school and collected by staff from school each day.

All three young people were being supported by the centre to complete state exams next year. A review of young people's records showed that the staff team worked closely with young people and their social workers in relation to their educational needs. Staff maintained regular phone contact with schools and attended meetings to maximise educational opportunities for the young people.

School attendance was regularly tracked by staff and the young person's social worker was informed of any educational concerns. Concerns were found to be comprehensively reviewed to ensure that each young person's school placement, individual educational support plan and other learning opportunities were appropriate to meeting their current identified needs. Staff were proactive in seeking meetings with each young person's social worker and their school to identify any additional supports the young person needed. At the time of the inspection additional supports were being provided for young people living in the centre both by the school and external agencies, this included access to a school completion programme and one to one tuition.

A review of team meetings showed that staff had identified the need for additional centre based support for the young people around their school homework. Staff had considered each young person needs and planned how they could effectively support each individual young person. This included staff setting up a daily homework and study plan for all young people living in the centre. This plan took account of the needs of each of the young people with dedicated area of the building to study that would be best suit their individual needs. A staff member was assigned to support each young person with homework. The plan also took account that plans for social activities and outing's needed to be considered alongside educational plan.

**Judgment:** Compliant

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

Capacity and capability	
Standard Title	Judgment
<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.	Substantially Compliant
<b>Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
<b>Standard 6.3:</b> The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Substantially Compliant
<b>Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially compliant
Quality and safety	
<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.	Compliant
<b>Standard 2.1:</b> Each child's identified needs informs their placement in the residential centre.	Compliant
<b>Standard 2.3:</b> The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant

<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant
<b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.	Substantially Compliant
<b>Standard 4.1:</b> The health, wellbeing and development of each child is promoted, protected and improved	Compliant
<b>Standard 4.2:</b> Each child is supported to meet any identified health and development needs.	Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	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-0044978
<b>Provider's response to Inspection Report No:</b>	MON-0044978
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin North East
<b>Date of inspection:</b>	30 and 31 October 2024
<b>Date of response:</b>	17/01/2025

## 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:

<b>Capacity and Capability: Leadership, Governance and Management</b>
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<b>Standard : 5.2</b>	<b>Judgment: Not compliant</b>
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**Outline how you are going to come into compliance with Standard 5.2:**

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

- A suite of 14 audits tools is now in place against the 29 National Standards. These audits include audits of medication, young people's files and supervision files. These audits will be completed to ensure that every standard is covered across a 12-month period. Each individual audit will occur approximately every 8 weeks. A SMART action plan is completed on each audit and the Deputy Regional Manager will sign off on the audit and action plans as part of monthly review meetings.
- A management folder is now in place to log communication and meetings between the Deputy Regional Manager and centre manager, this record includes a record of any actions agreed and will be signed off and reviewed at each meeting.
- A monthly file audit review will be carried out by the young people's keyworkers to ensure that all documents are on file and filed correctly. The centre manager will have oversight of these audits and will ensure all actions are implemented in a timely manner.

<ul style="list-style-type: none"> <li>- In relation to the incident with the electric vehicle, a Significant Event Notification was completed and submitted on the 01/11/2024 and this issue was placed on the centre's risk register on the same day.</li> <li>- Daily checks on the electric vehicle will continue to ensure that it is fully charged before leaving the centre. This risk will remain on the centre risk register given the durability of the car battery and the geographical location of the house.</li> <li>-</li> <li>- The centre risks register will be reviewed by the centre manager and Deputy Regional manager at a minimum of every quarter. The next review is scheduled for 31/03/2025.</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible</b>
<b>31/03/2025</b>	<b>Deputy Regional Manager</b>

<b>Standard : 5.3</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 5.3:</b>	
<p>The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <p>-The Statement of Purpose of Function has been reviewed and amended.</p>	
<b>Proposed timescale:</b>	<b>Person responsible</b>
<b>Complete</b>	<b>Regional Manager CRS</b>

<b>Standard : 6.3</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 6.3:</b>	
<p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>- A plan has been implemented to improve effective communication within the centre and between management. A management folder has been put in place that will track communication and any agreed actions from the deputy regional manager to centre management.</li> <li>- A reviewed and updated schedule of supervision is now in place to take into account the requirement for increased supervision for new staff.</li> </ul>	



<ul style="list-style-type: none"> <li>- Centre Manager will conduct a supervision audit every quarter as part of the suite of audits. The next audit will be completed by 28/2/2025. A SMART action plan will be used to address and track all identified actions.</li> <li>- At each supervision session each supervisor will go through their specific delegated roles during supervision. These delegated roles will be discussed and included in all staff's Professional Development Plans.</li> </ul>	
<b>Proposed timescale:</b>  <b>28/02/2025</b>	<b>Person responsible:</b>  <b>Centre Manager</b>

<b>Standard : 8.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> <li>- As of 15/01/2025 each young person now has a unique identifier in place of a name on another young person's file. This will ensure that no other young person is identifiable in documents on another young person's file.</li> <li>- A monthly file audit review will be carried out by the young people's keyworkers to ensure that all documents are on file and filed correctly. The centre manager will have oversight of these audits and will ensure all actions are implemented in a timely manner.</li> </ul> <p>Clarification has been received from the Children's Residential Services Quality Risk and Service Improvement Manager that the centre was registered on the National Information Management System (NIMS), however the centre was listed under the original name of the centre not the current name of the centre. This matter has now been rectified. All outstanding NIMS reports are now on the NIMS system and a NIMS reference number for each report is now provided to the centre.</p>	
<b>Proposed timescale:</b>  <b>Completed</b>	<b>Person responsible:</b>  <b>Regional Manager</b>

<b>Quality and Safety: Child-centred Care and Support</b>
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<b>Standard : 2.3</b>	<b>Judgment: Substantially Compliant</b>
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<b>Standard : 2.3</b>	<b>Judgment: Substantially Compliant</b>
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<b>Outline how you are going to come into compliance with Standard 2.3</b>	
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The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.	
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| <ul style="list-style-type: none"> <li>- A plan has been implemented in the centre to ensure effective follow up on maintenance matters. The centre manager will ensure that when there is a delay in maintenance contractor's visiting the premises for any more than 2 days then this will be escalated to the deputy regional manager. Since the inspection, the issue relating to the toilet has been resolved</li> <li>- The fire door has been repaired and is now closing at the same rate of timing as the other doors in the centre.</li> </ul> |  |
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<b>Proposed timescale:</b>	<b>Person responsible:</b>
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<b>Proposed timescale:</b>	<b>Person responsible:</b>
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<b>Completed</b>	<b>Centre Manager</b>
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<b>Completed</b>	<b>Centre Manager</b>
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<b>Standard : 3.1</b>	<b>Judgment: Substantially Compliant</b>
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<b>Standard : 3.1</b>	<b>Judgment: Substantially Compliant</b>
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<b>Outline how you are going to come into compliance with Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	
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| <ul style="list-style-type: none"> <li>- A new visitor's book has been introduced into the centre that ensures all visitors entering the centre provide their name and identification, the purpose of their visit or whom they are visiting. All staff are made aware of the requirement to check identification of visitors when they arrive to the service.</li> </ul> |  |
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<b>Proposed timescale:</b>	<b>Person responsible:</b>
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<b>Proposed timescale:</b>	<b>Person responsible:</b>
----------------------------	----------------------------

<b>Completed</b>	<b>Centre Manager</b>
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<b>Completed</b>	<b>Centre Manager</b>
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<b>Standard : 3.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.</p> <ul style="list-style-type: none"> <li>- All young people as part of their induction plan are made aware of possible room searches and room searches are included in the young person's booklet on admission to the centre. In order to ensure that young people have a full understanding of this matter, key working in relation to the rationale for room searches has been completed with the young people currently in the centre. Moving forward this will be a key working topic for all young people in the centre.</li> <li>- A written procedure, in relation to the use of the child protection alarms in the centre, will be developed by the centre manager, this procedure will include clear examples of when the child protection alarms can be activated. The procedure will ensure that all staff are aware that the alarms cannot be activated without approval from the centre manager or on-call manager. This procedure will be completed by the 31<sup>st</sup> of January 2025. The procedure will be reviewed with the staff team on or before 14<sup>th</sup> February 2025.</li> <li>- Young people have been informed of the presence of child protection alarms on their doors. Any new admission to the centre will also be informed of these alarms as part of their induction plan. Key working will be carried out with young people, as to the reasons why a decision would be made to turn on the child protection alarms, these key working sessions will be completed by the 31<sup>st</sup> of January 2025.</li> <li>- The centre manager has ensured that all staff are aware of how to activate the child protection alarms and the procedures to be carried out following the risk assessment. This was discussed in the team meeting on the 5<sup>th</sup> November 2024 and will be part of the induction plan for any new staff commencing in the centre. This matter will be discussed every 6 months at a staff meeting.</li> </ul>	
<p><b>Proposed timescale:</b> <b>14<sup>th</sup> February 2025</b></p>	<p><b>Person responsible:</b> <b>Centre Manager</b></p>

## 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).

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.	Not Compliant	Orange	<b>31/03/2025</b>
<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	<b>Complete</b>
<b>6.3</b>	The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and	Substantially Compliant	Yellow	<b>28/02/2025</b>

	effective care and support.			
<b>8.2</b>	Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially Compliant	Yellow	<b>Completed</b>
<b>2.3</b>	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially Compliant	Yellow	<b>Completed</b>
<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant	Yellow	<b>Completed</b>
<b>3.2</b>	Each child experiences care and support that promotes positive behaviour.	Substantially Compliant	Yellow	<b>14<sup>th</sup> February 2025</b>

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