



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

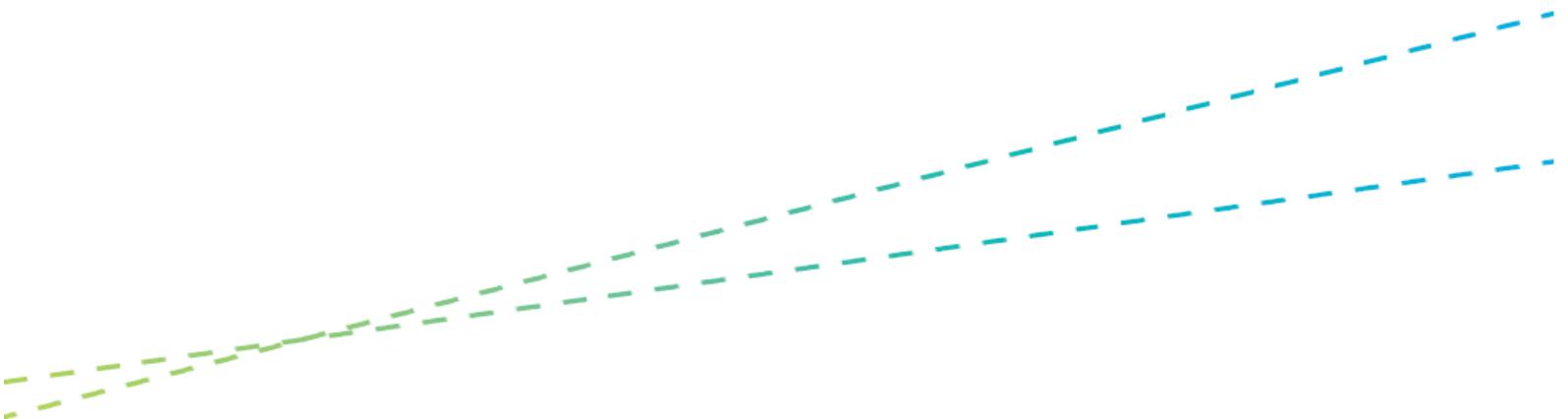
Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 133

Year: 2018

Lead inspector: Linda Mc Guinness

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Harmony Residential Care
Registered Capacity:	Two young people
Dates of Inspection:	9th and 10th October 2018
Registration Status:	Registered from the 8th December 2017 to the 8th December 2020
Inspection Team:	Linda Mc Guinness and Lorraine Egan
Date Report Issued:	10th December 2018

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 8th of December 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered from the 8th of December 2017 to the 8th of December 2020.

The centres purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre will accommodate a young person less than thirteen years of age if this is assessed as a suitable placement and derogation is in place. Their model of care was described as being informed by the principles of cognitive behaviour therapy and delivered through the use of the therapeutic relationship. The model of care focuses on a number of key themes, primarily the need to feel safe, building self-esteem and confidence, stabilising the young person's behaviour, developing appropriate coping skills and helping young people to address issues which may impede development. There was one young person living in the centre at the time of this inspection with another having been discharged in the weeks prior to the inspection.

This was a nine month announced inspection based on the revised inspection processes and took place on the 9th and 10th of October 2018. The inspectors examined aspects of standard, 2 'management and staffing' as a follow up to the recent three month inspection. Standard 4 'children's rights, standard 6 'care of young

people', and standard 7' safeguarding and child protection of the National Standards for Children's Residential Centres (2001) were also reviewed during this inspection.

1.2 Methodology

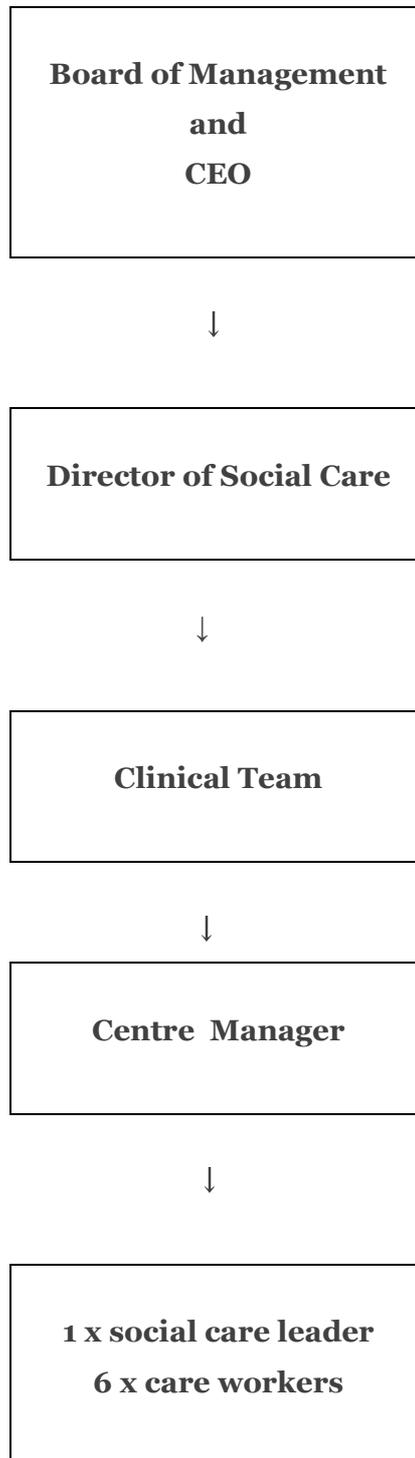
This report is based on a range of inspection techniques including:

- ◆ An examination of documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by the staff team.
- ◆ An examination of the centre's files and recording process including;
 - care files
 - policies and procedures
 - daily and weekly records
 - young person's booklet
 - child protection records
 - supervision records
 - handover records
 - team meeting minutes
 - management meetings minutes
 - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Three staff members
- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Attended handover meeting

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 14th November 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 30th November and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre without attached conditions, ID Number 133 from the 8th of December 2017 to the 8th of December 2020.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. Inspectors noted that the register had been reviewed and signed by the centre manager, and director of service to evidence their oversight. This was also reviewed during quality assurance audits.

Notification of Significant Events

The centre had policy in relation to risk assessments and significant events. There was a system in place to record and notify the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team in relation to what constituted a significant events and how to manage and report these.

Social workers who were interviewed confirmed that they were satisfied with the prompt notification and effective communication relating to significant events.

Supervision and Support

There was a policy in respect of professional supervision which indicated that supervision would take place with each staff member at intervals of no greater than four weeks. In general, inspectors found that the supervision being provided was of good quality and complied with the centre's policy. A quality assurance audit identified a gap for a particular staff member and was promptly addressed. There was evidence that the director of care had regular oversight of the supervision process. Supervision content generally pertained to practice issues, planning and professional development. While a number of the staff team were inexperienced, it

was evident from the review of their supervision records that there was a strong focus on the development of skills and a review of their implementation in practice.

3.2.2 Practices that met the required standard in some respect only

Management

There was a clear management structure in place within the organisation. The social care manager had a recognised qualification in social care, many years social care experience and had significant experience managing children's residential centres. They had responsibility for overseeing the day to day operation of the centre. Interviews with staff members and review of care and supervision records evidenced that they provided robust and supportive leadership and oversight in the centre.

A number of recommendations from the three month inspection were reviewed for implementation and to evidence good governance. The records of the supervision process had been improved to include goals and actions for both the planning and professional development aspects of supervision. Inspectors found that the supervision template had been amended and that this requirement was now met. All aspects of the staff induction process were now recorded on staff files as recommended however; the recommendation requiring that all the staff team have received training in the stated model of care was not yet met.

The director of care was the designated person in respect of child protection within the agency. They were the direct line manager to the centre manager, provided guidance in relation to policy development and implementation and had responsibility for MAPA training of the staff teams. There was evidence that they reviewed and had oversight of significant events, risk assessments, behaviour support plans, placement plans and the complaints process. This person also conducted audits to quality assure care practice and records in the centre. They also participated in strategy meetings to address issues of concern relating to a young person who was recently discharged to another centre within the organisation. They were in regular communication with the lead inspector for the service.

Inspectors found that in general there were mechanisms in place which were working effectively to provide good governance across most aspects of care provision and day to day operations. However, it was noted that there were significant improvements required in respect of understanding and implementation of the safeguarding and child protection policies and procedures. Management audits had covered many areas of staff practice but had not yet included child protection in any great detail with the exception of follow up to significant event notifications. This issue is

addressed in detail under standard 7 of this report and must be given consideration as a matter of priority.

As referenced in the previous inspection report conducted within three months of the centre opening, it was staffed by quite an inexperienced team. In light of that, it would be expected that training and staff development remain a priority alongside robust supervision. Inspectors noted that while supervision was both challenging and supportive, a comprehensive training programme has not been implemented and this requires attention at senior management level.

3.2.3 Practices that did not meet the required standard

Training and development

There is a policy in respect of the stated model of care which is underpinned and informed by Cognitive Behaviour Therapy (CBT) and Applied Behavioural Analysis (ABA) approached. The policy states that all staff will receive training on the CBT Model of Care, ensuring an understanding of the concepts involved in its application. During the recent three month inspection there were some deficits in respect of this aspect of staff training. Inspectors could not find evidence across staff personnel files that this had since been addressed satisfactorily. Only one staff file showed a training module in CBT and ABA and this was an online programme. Some of the training in relation to the model of care was general training which staff accessed on line. Centre management must ensure that there is adequate training provided by the organisation in the stated model of care which is linked to care practice, policies and procedures and that all staff understand its application within the service.

The policy stated that staff members are provided with mandatory training to include 'Children First National Guidance for the Protection of Children', Management of Actual and Potential Harm (MAPA), Occupational First Aid.

Inspectors' found that staff members had all received training in Tusla's Children First E-Learning Programme in February 2018 but management must ensure that this is supplementary to a comprehensive child protection training programme which is linked to revised and updated organisational child safeguarding policies and procedures.

A training audit/schedule was provided to inspectors and this included the provision of supplementary training to support the team in their work with the young people. The social care manager indicated that this training schedule had been provided via the director of service and that a social care manager was responsible for staff

training across the organisation. This has not been implemented in practice and inspectors noted that much of the training identified on the schedule had not taken place. Senior management must ensure that there is an effective on going staff development and training programme for the care and education of staff. This must be prioritised in consideration of the fact that many of the staff team whilst committed to the work, are quite inexperienced in the field of social care in a residential setting. It would be beneficial if training needs analysis was conducted with the staff team to assess core training needs and specific skills requirements associated with the care of the young people. The training schedule provided was basic and of a standard that did not facilitate effective planning and care of young people. Inspectors recommend the development of a training strategy including how training is assessed, delivered, evaluated and audited. There should also be an identified person responsible for its oversight and a data base to facilitate tracking of training requirements. There was evidence that the skills development was a key focus in the supervision process.

3.2.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies***

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.***

Required Actions

- Senior management must ensure that all staff receive training on the CBT Model of Care, ensuring an understanding of the concepts involved in its application. This must be evident on staff files
- Senior management must ensure that there is an effective on going staff development and training programme for the care and education of staff.
- Senior management must ensure that all policies across the organisation are fully reflective of the most up to date legislation and national guidance.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

There was a policy in place in relation to consultation with children and young people. It stressed that consultation with children was a fundamental element in the creation and maintenance of a safe living and working environment.

The policy stated that 'Children are informed of their rights and responsibilities on admission to the centre and are assisted to understand them'. This was evident in the initial keyworking records held on young people's files. It further stated that staff will actively seek the views and opinions of children and ensure that children are afforded the opportunity to express their views in relation to all aspects of their care.

Young people were encouraged where appropriate to attend their child in care review meetings, participate in children's meetings and have choices of food and involvement in shopping. A decision had been made in consultation with the social worker for the current young person resident that attendance at their review meeting would not be beneficial at this time. Nonetheless, inspectors found that there was evidence that the young person's views and opinions were brought to that forum. From a review of care files, inspectors found that young people's views were sought on decisions that affected their daily lives and their care in the centre. There had been regular young peoples' meetings since the centre opened. These were generally attended by both young people if they were in the centre. The current resident had recently disengaged from these meetings. As there was only one young person resident at this time, group meetings were not working as effectively. This was picked up in a recent quality assurance audit and recommendations were given from the director of care to the team to encourage creative methods of consultation. This was taken on board and evident in other records such as daily logs and keyworking. Group meetings should be revisited when there is a new admission.

There was evidence that topics such as house and room decor, group living and respect, activities, positive feedback to young people, new admissions and menu planning, were discussed amongst others. Young people's meetings and feedback to young people following discussion, was evident on the records of staff meeting minutes.

Key working records reviewed during inspection also evidenced ongoing consultation and young people were supported to have their views heard in advance of their child in care reviews and other meetings related to their care. This was confirmed by the two social workers who were interviewed during the inspection process. The young person currently living in the centre was not directly involved in their planning processes but this was a decision made in consultation with social work and was related to their capacity to understand and participate in formal meetings. The team used individual work, keyworking and activity based work to ascertain their views which were subsequently brought forward to planning meetings. The young person currently residing in the centre was unwell at the time of inspection and did not meet with inspectors however they completed and returned a questionnaire. Review of this document confirmed that the young person felt very involved in decisions relating to their care.

Complaints

There was a policy in place which outlined what constituted a complaint, how young people could make a complaint, the procedures to be followed and an appeals process. The current policy distinguished between formal and informal complaints which is now not in line with the Tusla 'Tell Us' policy and management should review the policy to bring it in line with the Child and Family Agency's policy. Under the organisation's policy, four formal complaints were made by young people in the centre since it opened in December 2017. There was evidence that these were all investigated and closed off with feedback given to the young person. Social workers were informed throughout the process. There was evidence of oversight by internal and external management.

Inspectors reviewed the register of informal complaints held in the centre. There were a total of nineteen complaints on file which included young people raising issues relating to free time, access to the office, and interactions between young people. There was a system in place whereby a formal complaint would be processed if a pattern emerged over three informal complaints. Inspectors found that this procedure was not always followed and that some of the informal complaints did not have a recorded outcome and it was not clear how the issue was resolved. Streamlining the complaints system in line with the 'Tell Us' policy should resolve this issue. Informal complaints were addressed in team meetings, young people's meetings and in weekly reports to management.

All complaints were subject to the formal auditing process by the regional manager and there was evidence that some recommendations were made to the team following

audits. The auditing process included interviewing staff members about the complaints policy and procedures.

In the review of the young person's questionnaire, inspectors saw evidence that complaints were discussed with them as part of the agenda at the young people's meetings and that they were informed of how to make a complaint.

Access to information

There was a policy in relation to access to information as required and young people were informed of their rights to access their records and assisted to understand the process in line with their age and level of understanding. The policy reminded staff members to be mindful of the young person's right to access the information and to apply an accessible/transparent style when recording on centre files. It stated that special efforts would be made to deliberately focus on positive behaviour, improvements, achievements and celebrations.

Young people were provided with an information booklet on admission to the centre and access to information was discussed with young people to ensure they understood this right. Both young people in the centre had contributed to their records. One had subsequently made a complaint about the content of some of the records and this was followed up appropriately by the director of care in line with the complaints policy.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The young people who responded to the inspection questionnaire said they were 50% happy living in the centre however this was in the context of wanting to be at home. They were able to describe things they liked about living there. They said they had people to talk to and were able to make choices about things such as their clothes, appearance and activities. They said they could talk to their keyworker and would tell staff if they were being bullied. The staff team used tools and worksheets to address the issue of personal hygiene in a sensitive way with the current young person. Each of the young people were appointed a key worker on admission and there was evidence that individual work and keyworking was being carried out on a regular basis. Review of these records showed that despite some inexperience the team was acutely aware of the emotional needs of the young people. There were daily and weekly planners in place and young people had opportunities to engage in leisure and recreational activities similar to those of their peers such as football, dancing, swimming and playing pool. They could bring friends to visit if they so wished. The achievements of young people were celebrated and special occasions were marked.

Both social workers interviewed commented positively on the care provided to young people.

Provision of food and cooking facilities

Inspectors observed that there was an ample supply of nutritious food in the centre. Young people were encouraged to share meals with staff members as a social experience. Young people's preferences were taken into account in menu planning however the current young person had a particular preference for non-nutritious food. There was evidence that this issue was being addressed and slowly changing with new foods being introduced and a gradual introduction to healthy eating built

into the plan. A food diary was in place and being reviewed regularly. They were encouraged to go shopping with the staff team.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity which all staff were familiar with and this was built into placement plans and keyworking as appropriate. The centre had facilitated communication with a young person's family through an interpreter when required. The young person's mother had requested that they participate in a religious milestone and this was being facilitated by the centre.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

Within the centres policies and procedures there were a number of policies relating to the management of behaviour. There was a policy on behaviour support which outlined when a young person might be referred to the clinical team for example should there be a serious risk of harm, if existing strategies had not been effective or if behaviour was preventing other significant needs being met. The referral to the clinical team had a very specific focus in terms of assessment and analysis leading to the development of appropriate interventions through a behaviour support plan. This policy referenced consultation with young people and keyworkers and regular review of the plan.

There was also a policy on managing behaviour that stated the centre staff would use a range of approaches and techniques to assist children develop positive ways of dealing with their experience of everyday life. There was a focus on promoting the use of natural consequences as a way of reinforcing positive behaviour. This policy references using SMART goals with young people and MAPA techniques. There was a third policy on the management of challenging behaviour which refers to a behaviour support plan which 'is a plan that offers a current analysis of the child's potential behaviour during a crisis and outlines the strategy for responding to this behaviour'. This policy defines a behaviour support plan which references patterns of behaviour, triggers, interventions and whether a physical intervention can be used if required. Inspectors noted that there appeared to be conflicting information within these varied policies about the purpose of a behaviour support plan, one being led by the clinical team and one to be used in a period of crisis. Inspectors recommend that the policies are reviewed and revised to ensure clarity.

Inspectors found evidence that the team were using risk assessment processes and risk management plans to support the management of challenging behaviour. There

were 19 risk assessments on file, some of which related to verbal and physical aggression, activities, targeting specific staff members, sexualised behaviour travelling in the car and the possible negative impact of other young people. There was a clear risk matrix in place which facilitated categorisation and effective risk management planning.

There was also a policy on bullying to promote a safe environment and a policy on sanctions which had a focus on achieving a therapeutic or learning outcome. All sanctions were recorded separately reviewed and subject to oversight by the social care manager and by the director of care who made recommendations following a centre audit when small deficits were noted.

All significant events were reviewed within the centre by the social care manager and the team. There was evidence of reflective practice, modeling, direction and feedback to the team. The organisation was in the process of establishing a significant event review group (SERG) to review certain 'higher end' or serious significant events.

Absence without authority

There had been a large number of unauthorised absences from the centre for the young person who had recently moved on. There was a policy to guide staff practice in relation to absences and notifying to relevant people. There was evidence that *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012* was being implemented and that threshold and strategy meetings took place. Each of the young people living in the centre had an absence management plan devised upon admission in consultation with the allocated social worker, however these were not being reviewed monthly as required under the protocol.

3.6.3 Practices that did not meet the required standard

None Identified.

3.6.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Actions

- Organisational management must ensure that the behaviour management policies are reviewed and revised to ensure clarity
- Centre management must ensure that individual absence management plans are reviewed in line with *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services*

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

None identified

3.7.2 Practices that met the required standard in some respect only

There were a number of policies in relation to safeguarding children which came under the child protection and safe practice policy. These included safe practice and working alone, recruitment, training, supervision, complaints and grievances, bullying and harassment, disclosures or allegations of abuse, and a general policy regarding child protection. There were also policies on children's rights and consultation which came under the umbrella of child protection and a policy in respect of whistleblowing which came under the staff's code of practice. Inspectors found the policies to be over complicated and that they would not facilitate absolute clarity to guide staff practice regarding safeguarding and child protection. Inspectors recommend that all policies and procedures pertaining to child safeguarding are consolidated under one child protection policy so as to assist with ease of access and clear guidance.

Young people could make calls in private and made aware of empowering people in care (EPIC) but had yet to be invited to visit the current young person and this should happen as soon as possible.

Child Protection

3.7.3 Practices that did not meet the required standard

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

Inspectors noted that the child protection policy which was reviewed during inspection has not been updated and refers to Children First - National Guidance for the Protection and Welfare of Children 1999. It referenced previous reporting procedures and there was no reference to mandatory reporting in line with new legislation. It had no reference to the updated version of Children First – National Guidance for the Protection and welfare of Children 2017. This was evidenced in interview with staff members who were uncertain and unable to describe to inspectors the role of the mandated person and revised reporting procedures. The policy had not yet been updated to include the submission of child protection and welfare report forms through Tusla’s web portal. As such, staff members had completed referrals which were not in line with recent changes. Centre management must ensure that staff members are clear on their statutory responsibilities under Children First legislation and on the organisation’s policy and procedures in line with these requirements. Inspectors found that this was not the case during this inspection.

All staff members had completed the Tusla Children First E- Learning Programme in respect of their responsibilities under Children First: National Guidance for the Protection and Welfare of Children 2017 and some staff had received the organisation’s child protection training. Despite this, some of those interviewed were unable to properly describe the responsibilities of the designated liaison person and mandated persons and the appropriate child protection reporting procedures. Furthermore, some were not able to explain the purpose and content of the whistleblowing policy. Inspectors recommend that the child safeguarding policies and procedures are updated in line with national policy and legislation as a matter of urgency and that all staff receive child protection and safeguarding training thereafter.

Required Action

- Centre management must ensure that all child protection policies and procedures are updated to ensure they are relevant to the regulations and

updated Children First National Guidance for the protection and Welfare of Children 2017.

- Organisational management must ensure that the staff team are fully aware of their child protection and safeguarding responsibilities through a structured training programme.

4 Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Senior management must ensure that all staff receive training on the CBT Model of Care, ensuring an understanding of the concepts involved in its application. This must be evident on staff files.</p> <p>Senior management must ensure that there is an effective on-going staff development and training programme for the care and education of staff.</p>	<p>All staff had received training in CBT Model of Care facilitated by our Clinical Team however certification was not placed on staff files and have since been provided. Certificates for CBT and ABA are attached. All staff will receive refresher training to strengthen their understanding of the concepts involved in the application of our CBT Model of Care.</p> <p>There is a new electronic continued professional development (CPD) system to record and monitor all sessions. This is also a standing agenda item on management meetings.</p>	<p>To ensure issues do not arise again, the organisation has updated the staff personnel file audit sheet which prompts CBT/ABA training certs to be filed.</p> <p>There has been liaison with the clinical team around applying more of a theory to practice element of the training to assist the staff team in strengthening their understanding of the concepts.</p> <p>Management have developed a template management meeting record. A standing item on the agenda is staff CPD to ensure that there is effective on-going staff development.</p>

	Senior management must ensure that all policies across the organisation are fully reflective of the most up to date legislation and national guidance.	All organisation policies and procedures have been updated and submitted with this action plan.	A management meeting template has been developed. This has a standing agenda item of policy and procedure review to be discussed at each monthly management meeting. Each centre policy and procedure file also contains a policy review document to demonstrate when policies require an update. This document has also been backdated to illustrate previous policy reviews. A policy review group has also been established.
3.6	<p>Senior management must ensure that the behaviour management policies are reviewed and revised to ensure clarity.</p> <p>Centre management must ensure that individual absence management plans are reviewed in line with <i>Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services</i>.</p>	<p>Behaviour Management Policies have been reviewed and now reflect more clarity. The Policies now clearly identify the difference between a Behaviour Support Plan (BSP) and the BIP – Behaviour Intervention Plan which requires clinical input for targeted behaviours.</p> <p>The Individual Absent Management Plan template now has a monthly review date added which provides evidence that this has been reviewed by Keyworkers and management on a monthly basis or as when required. A keyworker monthly audit form to</p>	<p>Policy and procedure review has been completed and will be incorporated into induction and ongoing staff training</p> <p>Centre Manager has put in place systems to ensure this issue does not arise again</p> <ul style="list-style-type: none"> • A review date has been added to the template to ensure that the document is reviewed as per the protocol • A management signing off In- tray has

		<p>ensure same has been completed and implemented.</p> <p>Absent management plan will be emailed to the placing social worker on a monthly basis or when changes are made to sign off on this.</p>	<p>been put in place for all documents to be reviewed and signed off by Centre Manager before filing, this will improve on the governance and evidence all core documents are being reviewed and revised.</p> <ul style="list-style-type: none"> • Implementation of a keyworker monthly audit form as submitted with this action plan.
3.7	<p>Senior management must ensure that all child protection policies and procedures are updated to ensure they are relevant to the regulations and updated Children First National Guidance for the protection and Welfare of Children 2017.</p> <p>Senior management must ensure that the staff team are fully aware of their child protection and safeguarding responsibilities through a structured training programme.</p>	<p>Child Protection policies and procedures and Child Safeguarding Statement have been updated and are now relevant to updated Children First National Guidance for the protection and Welfare of children 2017.</p> <p>CPD session completed with all staff on the roles and responsibilities of a mandated person. Supporting documentation has been developed to prompt CPD sessions and continued development of CPD sessions. The Organisations Full training in Child</p>	<p>Monthly management meetings with standing agenda developed to include the review of child safeguarding from the newly identified management oversight group. A Management File has been developed in relation to child safeguarding which includes; training analysis and mandated person list. Additional supporting documentation has been sent with this action plan.</p> <p>A mandatory training schedule will be discussed and planned for at the next management meeting and will be implemented in early 2019. As noted above, CPD sessions will be reviewed at management meetings monthly to ensure</p>

		Protection is being revised at present and all staff will attend same.	that all staff receive additional regular training in Child Protection and Safeguarding.
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