



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 198

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	FutureScape
Registered Capacity:	Single Occupancy
Type of Inspection:	Announced
Date of inspection:	04th, 05th & 06th October 2021
Registration Status:	Registered from 03rd August 2021 to 03rd August 2024
Inspection Team:	Sinead Tierney Linda McGuinness
Date Report Issued:	_18th January 2022_

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 03rd of August 2021. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 03rd of August 2021 to the 03rd of August 2024.

The centre was registered to provide care for one young person of both genders from age thirteen to seventeen years on admission. The model of care strived to meet young people '*where they are at*' and accepts that each young person was doing the very best they can, given the current resources (intrinsic and extrinsic) at their disposal. The approach was influenced by the principals of Gestalt Psychotherapy which offered a holistic view that people are intricately linked to and influenced by their environments and that all people strive toward growth and balance. Young people were provided with opportunities to develop relationships with caring adults who role model appropriate ways of dealing with emotions, life challenges and day to day lived experiences in a lived environment. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 2nd of November 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 17th of November 2021. The CAPA was reviewed and all non-compliance with regulatory matters identified in the report have now been addressed to the satisfaction of the inspectorate and the relevant regulations now deemed to be met.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 198 without attached conditions from the 03rd of August 2021 to the 03rd of August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection, there was one young person living in the centre. The young person had been in placement for five weeks. A child in care review meeting had been held and minutes of this review were on file. The young person chose not to attend the review and their social worker had updated them on decisions following the meeting. An updated care plan had not yet been received by the centre. The allocated social worker informed inspectors that they visited the centre on three occasions to meet with the young person. They informed inspectors that the young person was in a transition period and settling into the centre.

An up-to-date placement plan and a placement progress report for the previous month was in place. The plan outlined the young person's needs and supports required to ensure their needs were met. An aftercare plan had been developed and regular meetings had taken place between the young person, their aftercare workers and the staff team. Evidence of individual work completed by two key workers in areas relevant to the placement plan were on file. Four key workers attended weekly meetings facilitated by specialist support services. Minutes of these meetings reviewed by inspectors evidenced a focus on understanding the needs and behaviours of the young person and interventions in place to meet identified needs. While observations and daily log records demonstrated that staff engaged with the young person on day-to-day basis, there was a lack of placement plan goals being addressed by the wider team with the young person. The centre manager must ensure that all staff are engaged in addressing the needs of the young person and a record of this maintained.

A monthly schedule of goals to be worked on named broad areas. However, this record must detail more tangible, specific areas for development. For example, independent living skills is named as a goal however the particular skills to be developed during the month was not identified. The supervising social worker informed inspectors that they felt the young person had limited structure within their day.

The centre manager and key workers must ensure that the monthly schedule details specific, achievable goals and the support required to achieve these. During interview, the centre manager stated that they had met with the young person and involved them in the placement planning process. There were no records on file to support this. The centre manager was the named person within the placement plan who liaised with the family alongside the supervising social worker. No records of communication with the family were on file. The centre manager must ensure that records are kept that demonstrate the young person's involvement in placement planning and communications with the family. The centre had a procedure within their planning and care policy document that referred to placement plans verified by an independent consultant psychotherapist whose services were engaged by the organisation. Inspectors found no evidence of this practice. The registered provider must ensure that procedures outlined in the planning and care policy accurately reflect practice within the centre.

A range of specialist services supported the young person and the staff team. A member of a specialist service involved with the young person was interviewed by inspectors and spoke of effective communication to ensure that the young person was receiving all the supports they required. Significant ongoing training and clinical advice was provided to the staff team to support their work with the young person. Weekly multi-disciplinary meetings were held that focused on updating an active risk management plan. Minutes of these meetings were reviewed by inspectors and contained updated information and a record of decisions made. Communication structures were in place between the centre and the social work department regarding the care of the young person. The social worker informed inspectors that communication had improved having provided feedback during the initial stages of the placement.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all staff are engaged in addressing the needs of the young person and a record of this maintained.
- The centre manager and key workers must ensure that the monthly placement plan schedule details specific, achievable goals and the support required to achieve these.
- The centre manager must ensure that records are kept that demonstrate the young person's involvement in placement planning and any key communications with the family.
- The registered provider must ensure that procedures outlined in the planning and care policy accurately reflect practice within the centre.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager was the named person in charge with overall executive accountability and responsibility for delivery the service. They had worked with the organisation for eight months and had previous management experience. From May 2021 to August 2021, they were also the acting manager of another centre within the organisation. Both staff who were interviewed and the head of services expressed confidence in the manager and spoke of them being supportive and a good communicator. A service level agreement specific to the young person's placement was in place with Tusla, the Child and Family Agency.

The centre manager reported to the head of services. There was evidence of leadership from the management team, social work department and specialist services in preparing the staff team and the young person for their admission, both emotionally and practically. The head of services visited the centre weekly to meet with the centre manager, staff team and young person.

During interview they demonstrated good knowledge of the needs of the young person and the goals of their placement. They informed inspectors that they reviewed the young person's care records however there was no written verifiable evidence of this. The head of services must ensure that their oversight of young people's care records is evident.

There was an internal management structure appropriate to the size and purpose of the centre. The centre manager was supported by an acting deputy manager. The acting deputy manager had four years previous experience working in children's residential centres. In the absence of the centre manager, the acting deputy took responsibility and authority for the delivery of service. A delegation record was in place however did not contain sufficient information. The centre manager must ensure that a written record is in place of when and to whom duties have been delegated and the key decisions made.

There was a strong focus on safety planning with the young person and staff interviewed demonstrated their understanding of the safety measures in place. Governance arrangements in place included weekly operational reports and weekly and monthly managers meeting. A review of these minutes highlighted discussion on care practices, staffing and policies. There was evidence of a review of notified significant events by the head of services and centre manager. During interview the allocated social worker informed inspectors that the young person was not satisfied with the outcome of a complaint they had made. Inspectors liaised with the centre manager on this post inspection and found a formal meeting had not taken place as planned as the staff involved were on unforeseen leave. Following this, the young person chose not to meet the staff, however an apology had been provided and the young person informed the centre manager they were satisfied with that and the assurance that the cause of the complaint would not re-occur.

Management meeting records highlighted that both the organisation and the centre were experiencing significant challenges due to insufficient numbers of staff. Inspectors reviewed records of this matter raised between the registered providers, social work department and management. Inspectors also reviewed an action plan developed by the registered providers to address the staffing crisis. This will be discussed further in standard 6.1.

The centre's governance and management policy detailed a quality assurance process, however inspectors found that a governance system to allow management to assess and report on the quality of care and compliance was not in place.

The head of services informed inspectors that an audit tool required to support this function was in development and they planned to commence audits during November 2021.

Given the inspection findings on areas of non-compliance, the registered provider must ensure that arrangements are in place to assess the safety and quality of care provided and the centre compliance with regulations and the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre had a risk management framework in place that consisted of a centre and young person's risk register and individual risk assessments relevant to the young person. Inspectors found that whilst individual risk assessments had been developed, the risk register in place was not up to date. On review of an Individual Crisis Support Plan (ICSP) for the young person, restraint was permitted however no restraints had been carried out. Inspectors found that not all safety concerns related to restraint had been adequately risk assessed based on the knowledge of the young person, their medical history and lack of appropriate training by staff. The centre manager and the head of service must review the ICSP and ensure that all contraindicators to restraint are identified. The centre manager and the head of services had completed a review of the risk framework prior to inspection and identified that there was no system in place to rate risks. As a result, the individual risk assessments were being amended to reflect if risks were high, medium, or low.

The organisations policies and procedures document had been updated in April 2021 in planning for the centre's registration. They took account of legislative requirements and the National Standards for Children's Residential Centre, 2018 (HIQA). On review of policies relevant to the inspection, inspectors found that some practices named were not in place. These included practices related to a consultant psychotherapist and supervision of staff. The head of services informed inspectors that a generic lone working document had been circulated to staff separately. The head of services must ensure that policies and procedures are relevant to practices within the centre and a centre specific lone working policy be embedded with the overall policy document. A review of supervision records and team meetings minutes evidenced discussion on policies and procedures and staff interviewed demonstrated their understanding. Inspectors recommend that policies and procedures continue to be discussed in relevant forums to ensure their applicability to the care of young people.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The head of services must ensure that their oversight of young people's care records is evident.
- The centre manager must ensure that a written record is in place of when and to whom duties have been delegated and the key decisions made.
- The registered provider must ensure that arrangements are in place to assess the safety and quality of care provided and the centre compliance with regulations and the National Standards for Children's Residential Centres, 2018 (HIQA).
- The centre manager must ensure that the risk register is up to date.
- The centre manager and the head of service must review the ICSP and ensure that all contraindicators to restraint are identified.
- The head of services must ensure that policies and procedures are relevant to practices within the centre and insert a specific lone working worked within the policy document.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found that workforce planning did not build in sufficient contingency planning to ensure the centre was fully staffed. Upon application for registration in 2021 information was provided to the alternative care inspection and monitoring service outlining the staff complement. The centre was subsequently registered to operate with a centre manager, deputy social care manager, and eight social care staff all working to a maximum of 48 hours per week.

At the time of inspection, the centre had been operating for five weeks and within three weeks were reduced to the centre manager, acting deputy and six social care staff. At the time of inspection due to a staff member on unforeseen leave, five social care staff were available to the centre plus the acting deputy manager who was working as part of the roster. An agency worker had also been recruited due to insufficient numbers of staff. The centre had no relief staff in place. The insufficient numbers of staff coupled with no relief staff resulted in staff members and management working in excess of their contracted hours. A review of the roster by inspectors for the period 30/08/21 – 10/10/21 highlighted

- One staff member working 76.5 hours in four days including back-to-back sleep over shifts
- One staff member working 95 hours in seven days
- One staff member working 68 hours in five days
- Six staff members working sleep over shifts into day shifts totalling a 36-hour shift
- Agency staff required for 75 hours in one week

Staff interviewed including specialist support services did not name any specific known impact of the staffing shortages on the young person. The allocated social worker expressed concern to inspectors that the initial team planned to work with the young person had changed considerably. They further felt that building relationships with the young person was of key importance and the changing of staff may become a barrier to this.

The centre manager informed inspectors that they were unable to attend multi-disciplinary meetings on two occasions as they were working as part of the roster. The social worker discussed the impact of this as at one aftercare planning meeting there was no representative from the centre. The social worker had escalated this as unsatisfactory to the registered providers. All training, including mandatory training had been suspended in mid-September as team members could not be made available for this. The head of services informed inspectors that the centre aimed to re-commence training in mid-October.

Both the centre manager and the head of services acknowledged to inspectors that the appropriate numbers of staff were not in place. The registered provider had convened an emergency meeting in mid-September to discuss the staffing difficulties within the wider organisation and developed an action plan which was reviewed by inspectors. The focus of the plan was the recruitment of additional staff which had commenced. The head of services informed inspectors that two social care workers had potentially been identified from the recent recruitment process. It is the finding of inspectors that the centre is not in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7. The registered provider must provide a centre specific staffing action plan that ensures appropriate numbers of staff (including relief staff) are employed in the centre.

At the time of inspection, seven team members out of a total of 8 were qualified in social care with the majority newly appointed during 2021. At the time of registration, the alternative care inspection and monitoring service (ACIMS) were informed of the qualifications of all staff. The qualification of one staff member was accepted in error as a relevant qualification. This staff members qualification is not recognised as a related field as per the requirements of the ACIMS staffing memo, 2020. The registered provider must ensure that unqualified staff are provided with a development plan to achieve a social care or relevant qualification.

The team had a mix of staff with previous residential care experience and some with limited experience. The social worker acknowledged the lack of experience within the team as a whole and supplementary training was provided prior to the young person's admission. The centre had also provided self-care and wellness sessions with a psychotherapist to the staff team. A review of supervision records and team meetings minutes did not reflect discussions of the impact on individuals or the team in terms of managing the young person's complex needs or the staffing issues. From

interviews with staff, management and a specialist support worker, it was felt that such sessions would benefit the team on an ongoing basis.

As noted, the majority of the team commenced employment this year; however, no probation records were on file. The head of services acknowledged that probation meetings had not taken place in line with the centre's recruitment policy. As mentioned above, inspectors found that mandatory training had not been completed for all staff. All staff had completed child protection training however only the centre manager and two social care staff had completed training in the centre's behaviour management system and fire safety. One staff member had completed child protection training with no other trainings made available to them. The registered provider must ensure that mandatory training takes place in line with policy and that all staff complete mandatory trainings as soon as possible.

In line with the organisation's recruitment and supervision policy, a personnel file was maintained on all staff members. On review of all personnel files, inspectors found that a number of deficits in place and files did not allow of ease of access for monitoring and inspection purposes. Several files were found to have no contracts, job descriptions or interview notes which were required in line with the centre's recruitment procedure. One staff member had a police vetting from outside the country; however, this vetting did not cover the entire duration they had lived in that country. A second staff member had a Garda vetting that pre-dated their employment. The head of services must ensure that new applications for these vetting's are submitted immediately and take action to address non-adherence to the obligations under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016. A reference for one staff member who had worked in a children's residential centre was not on file, yet the centre had sought references from non-social care employers. The centre manager must ensure that the relevant reference is sought for this staff member.

The registered provider must ensure that the centre's recruitment procedures are adhered to and that personnel files allow for ease of access for monitoring purposes. The registered provider must ensure that a full audit of personnel files is completed and obtain all outstanding documents.

The centre had arrangements in place to promote staff retention. Supports available to staff included access to a consultant psychotherapist, a wellness retreat and learning and development opportunities. A policy led on-call system that included procedures for on-call at evenings and weekends was in place.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must provide a centre specific staffing action plan that ensures appropriate numbers of staff (including relief staff) are employed in the centre.
- The registered provider must ensure that unqualified staff are provided with a development plan to achieve a social care or relevant qualification.
- The registered provider must ensure that mandatory training takes place in line with policy and that all staff complete mandatory trainings as soon as possible.
- The head of services must ensure that new applications for garda vetting, and police vetting are submitted immediately and take action to address non-adherence to obligations under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.
- The centre manager must ensure that a relevant reference is sought for a staff member.
- The registered provider must ensure that the centres recruitment procedures are adhered to and that personnel files allow for ease of access for monitoring purposes.
- The registered provider must ensure that a full audit of personnel files is completed and obtain all outstanding documents.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that all staff are engaged in addressing the needs of the young person and a record of this maintained.	The staff team have been informed through team meetings and handovers that they are required to record all significant conversions in the individual work and schedule format provided.	The centre manager to address this regularly in handover, team meetings and supervision. Placement plan and key-working plan to be monitored by centre manager on a weekly basis.
	The centre manager and key workers must ensure that the monthly placement plan schedule details specific, achievable goals and the support required to achieve these.	There is a monthly placement plan in place and the key-working plan is developed based off this with identified staff in place to complete same. The goals are broken down into realistic achievable goals.	An aftercare skills assessment is on file, completed by the Aftercare Department. The placement plan and individual work plans to be reviewed by the head of services at the end of each month and to form part of the auditing of the centre.
	The centre manager must ensure that records are kept that demonstrate the young person's involvement in placement planning and any key communications with the family.	Contact records and a contact register are now in place. The centre manager will record all pertinent conversations and key consultations with the young person on individual work form.	The head of services will review this work practice in the centre managers supervision and monitor individual work forms as part of centre audit to ensure these records are completed.

	The registered provider must ensure that procedures outlined in the planning and care policy accurately reflect practice within the centre.	The Planning and Care policy to be reviewed in a management meeting in December 2021. Any discrepancies in practice / policy to be revised and action plan put in place to monitor.	The head of services centre visits to focus on planning and care policy with a planning and care policy audit to be implemented by end of December 2021. This will then form part of the auditing schedule for 2022.
5	<p>The head of services must ensure that their oversight of young people's care records is evident.</p> <p>The centre manager must ensure that a written record is in place of when and to whom duties have been delegated and the key decisions made.</p> <p>The registered provider must ensure that arrangements are in place to assess the safety and quality of care provided and the centre compliance with regulations and the National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>The head of services to continue to review daily records online and sign off on logs on a weekly basis when visiting the centre.</p> <p>A delegation log has been developed and implemented, this will be reviewed by head of services monthly and in supervisions.</p> <p>The audit tool is in development with the first audit being completed by the end of November.</p>	<p>To be included in the audits completed by head of services.</p> <p>The delegation log will be reviewed in supervision each month and tasks rotated on a monthly basis.</p> <p>An auditing schedule to be in place and to form part of key performance indicators.</p>

	<p>The centre manager must ensure that the risk register is up to date.</p> <p>The centre manager and the head of service must review the ICSP and ensure that all contraindicators to restraint are identified.</p> <p>The head of services must ensure that policies and procedures are relevant to practices within the centre and insert a specific lone working worked within the policy document.</p>	<p>The risk register to be updated following compilation or update of an identified risk and overseen by centre manager.</p> <p>The ICSP was reviewed and updated affectively immediately.</p> <p>The lone working policy has been implemented and is now operational. Training completed with staff during team meeting in November.</p>	<p>The risk register to be reviewed weekly by centre manager.</p> <p>Review in centre manager monthly supervision.</p> <p>To be reviewed regularly by the management team.</p>
6	<p>The registered provider must provide a centre specific staffing action plan that ensures appropriate numbers of staff (including relief staff) are employed in the centre.</p>	<p>A centre specific action place has been developed. Recent recruitment and migration of organisational staff members make up a full staff team.</p>	<p>Senior management meet on a weekly basis to review work force development and the centre specific action plan.</p>

	<p>The registered provider must ensure that unqualified staff are provided with a development plan to achieve a social care or relevant qualification.</p> <p>The registered provider must ensure that mandatory training takes place in line with policy and that all staff complete mandatory trainings as soon as possible.</p> <p>The head of services must ensure that new applications for garda vetting, and police vetting are submitted immediately and take action to address non-adherence to obligations under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.</p>	<p>A development plan to be completed with this identified staff member by 01.12.21 to include a plan for them to achieve a social care or relevant qualification.</p> <p>A training schedule for mandatory training has been put in place.</p> <p>All outstanding garda vetting has been applied for.</p>	<p>The qualification accepted as an equivalence by the organisation will not be accepted as an equivalence going forward regardless of whether candidates have experience in registered residential services.</p> <p>A yearly mandatory training schedule has been devised and implemented to form part of the key performance indicators for the organisation going forward. These are reviewed monthly by the Board of Directors.</p> <p>A staff file audit system and audit of garda vetting is in place to monitor and review staff files. These audits will be reviewed by the Head of Services.</p>
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	<p>The centre manager must ensure that a relevant reference is sought for a staff member.</p>	<p>This reference is currently being sought for the staff member.</p>	<p>A staff file audit system has been implemented and put in place to ensure only staff with fully compliant files can commence work. This system will ensure the centre manager has overview of all staff files prior to commencement and on a schedule following employment.</p>
	<p>The registered provider must ensure that the centres recruitment procedures are adhered to and that personnel files allow for ease of access for monitoring purposes.</p>	<p>The organisations recruitment procedures have been reviewed and a weekly workforce development meeting put in place to monitor and review centre specific recruitment action plans. The personnel files have been updated with indexes and sectional tabs for ease of access for monitoring purposes.</p>	<p>The workforce development action plans form part of the monthly review of key performance indicators provided to the Board of Directors and will capture advance planning and real time work force development / recruitment on a monthly basis with targets outlined in advance.</p>
	<p>The registered provider must ensure that a full audit of personnel files is completed and obtain all outstanding documents.</p>	<p>A full audit of personnel files has been completed and all outstanding documents have been sought.</p>	<p>A staff file audit system has been implemented and only staff with complete files can commence employment. This system will ensure the centre manager and head of services has overview of all staff files as part of the schedule.</p>