



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 071

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Smyly Trust
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	29th & 30th of March 2023
Registration Status:	Registered 30th April 2023 to 30th April 2026 with a condition attached
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	26th June 2023

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support	
3.3 Theme 3: Safe Care and Support	
3.5 Theme 5: Leadership, Governance and Management	
4. Corrective and Preventative Actions	18

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 and Regulation 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 in 2002. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered with an attached condition from 30th April 2020 to the 30th April 2023. The condition being that the centre must fully implement the actions identified in the corrective and preventative action plan following the last inspection so the availability of members of the staff in the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

The centre was registered to provide a multi-occupancy service, for medium to long term care for up to four young people of both genders from age twelve to seventeen years on admission. Their model of care was described as providing residential childcare for young people using a therapeutic community approach to meet their emotional and developmental needs within a caring and stable structure. The model was based on five principles of attachment, containment, communication, citizenship and reflection. The goals were to be attained through individual work, group work, and family involvement. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4

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 people, 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 26th of April 2023. 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 10th of May 2023.

At the time of this inspection, the centre was registered with an attached condition stipulating that the centre must fully implement the actions identified in the corrective and preventative action plan from the previous inspection in September 2022. The purpose of this inspection was to ascertain the progress of the centre in implementing the identified actions named within that CAPA and to assess the centres adherence to other named standards. The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks however adherence to named standards and implementation of the previous CAPA and the CAPA in response to this inspection requires ongoing attention and work. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 071 with an attached condition from the 30th April 2023 to the 30th April 2026 pursuant to Part VIII, 1991 Child Care Act. The condition being:

- The centre must implement all aspects of the CAPA included in this final report. This condition will be reviewed before the end of December 2023.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors found evidence that the management and staff team at the centre endeavoured to convene forums within which each of the young people were encouraged and supported to exercise choice and participate in decisions related to their day-to-day care. The main opportunities where this occurred were community meetings that were offered daily as part of the therapeutic community that the centre operated and in 'one-to-one's' where a staff member engaged individually with a young person. These forums were clearly outlined in the young person's welcome booklet which was provided on admission to the centre. Recently the interim manager had introduced and commenced weekly young person's meetings as another forum to enable young people to contribute to daily life at the centre. The latter forum had been introduced as the manager noted that young people were increasingly unlikely to participate in the community meetings and it was felt that this type of meeting would be a different style and complementary of the community meetings. They reported better and more active participation in the newly introduced young people's meeting forum.

Based on the evidence gathered related to the various forums available to young people, inspectors recommend that improvements could be made to ensure a greater focus on the participation and progression of young people within the placement. For example, there needs to be a greater connection in some of the direct work with young people to the goals, task and aims within individual placement plans. These meetings should have a clear purpose with an evidenced outcome. The young people's meetings could be strengthened by being young person-led in terms of the agenda and the evidence of the feedback loop also needs to be strengthened. Inspectors were informed that young people were provided with feedback in response to matters they raised within the community and young person meetings however this was difficult to track in the records and inspectors noted that some issues continued to be raised by young people without a clear attempted or completed resolution for them.

Key workers were assigned to each young person and the interim manager had recently implemented a second support key worker person so that the delivery of the key work function and tasks could be supported and strengthened. The social workers interviewed for the purpose of this inspection were familiar with assigned key workers and most reported a consistent, stable, and positive relationship for each young person. Key workers were responsible for, amongst other tasks, the development of the individual placement plans and regular review of these. Inspectors found from their review of the placement plans that these were lengthy documents containing a lot of outdated and currently irrelevant information. The interim manager informed inspectors that young people had seen their placement plans however there was no evidence within these of how young people had contributed to their development or any goals named within them. Inspectors recommend that these documents be reviewed to reflect the young person's contribution, ensure that they are accurate, up to date and focused on achieving progression within the placement. Key working sessions and 'one-to-ones' should be targeted at achieving the goals and tasks identified within the placement plan and tracked accordingly for progress.

The young person's welcome booklet contained detail on the maintaining of records at the centre including daily journals for each young person in placement and how young people could access these records. The manager had encouraged staff to promote the opportunity for young people to read their daily logs but there had been no uptake on this by young people. The welcome booklet also contained information about the advocacy agency Empowering People in Care (EPIC) and how young people could access this advocacy service. Representatives from EPIC had visited the young people at the centre prior to the interim manager commencing in post in October 2022 and were scheduled to visit again in the weeks following the inspection.

Inspectors noted that some progress had been made in the area of complaints since the last inspection in September 2022 following which actions had been identified. There was a greater focus on ensuring and evidencing a complete process by the interim manager. However further work in this area was necessary to ensure that the staff team clearly understand when issues cannot be resolved within the community meeting forum and know when a formal process that ensures complaints are heard and responded to is initiated. This must be possible without a young person having to formalise their complaint themselves. Rather, management can commence a process that ensures young people have been heard and appropriately responded to on matters of dissatisfaction that they raise. One young person had raised multiple issues of dissatisfaction with staff and their social worker. Although these matters had been responded to by the director speaking with the young person directly, this

matter had not been reviewed at the centres' internal significant event review forum (SERG). There was evidence, provided by the director of their auditing and review of complaints raised for the purpose of trend analysis. Inspectors recommend that centre management consider efforts to streamline the recording systems in place regarding complaints to clarify both the feedback and oversight mechanisms.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified
Compliance with standards	
Practices met the required standard	None identified.
Practices met the required standard in some respects only	Standard 1.3
Practices did not meet the required standard	None identified

Actions required

- Centre management must ensure that records evidence a feedback loop to young people where they raise issues of dissatisfaction or requests.
- Centre management must revise the placement plan document and ensure that it remains a current, goal-focused document.
- Centre management must ensure, through oversight the delivery of the key work and individual work by staff, that work is focused on the realisation of goals within individual placement plans.
- The care staff and management must ensure that they are taking issues of dissatisfaction through to a formal process of response where necessary.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had a child protection policy in place that was most recently reviewed in March 2022. The policy demonstrated compliance with Children First, 2017 and

relevant legislation. The next scheduled review was 2024. Additional policies and procedures named as being in place at the centre to protect young people from all forms of abuse and neglect included the Child Safeguarding Statement and policies on allegations of abuse against social care workers, emotional and specialist support, and risk assessment policy. The team had recently completed an internal training session on safeguarding at the centre utilising their own guiding policies and procedures. Despite this refresher, inspectors found through interview that staff did not demonstrate a familiarity with these child protection and safeguarding documents. The interim manager informed inspectors that discussions had been ongoing with the director of services to implement the centre's guiding policies in a live and meaningful way for the staff team. This work must be prioritised.

The centre utilised individual and group risk assessments as well as safety plans to guide daily practice in protecting and safeguarding young people. There were multiple safety plans in place for several of the young people based on live concerns for their safety and welfare. Inspectors found that some of these plans were imprecise in their guidance which left the potential for interpretation of practice. Inspectors found that there were inconsistencies evident in the understanding and delivery of supervision of the young people at the centre. There was also an onus on young people to take self-protective measures documented within safety plans and there was no evidence that staff members had undertaken the necessary work with the young people to develop the knowledge, self-awareness, understanding, and skills needed for self-care and protection. Safeguarding work with young people had been highlighted in the last inspection of this service as an area requiring action and inspectors found on this inspection that this work had not been realised in full at this time and there was no identified plan named as being in place. This matter must be addressed as a priority.

A child protection concern that arose some months prior to the inspection had resulted in a child protection and welfare report being made followed promptly by a multi-disciplinary meeting with centre management and the social work teams responsible for the young people involved. The guidance in the centre's child protection policy differed somewhat to the actions taken in this instance and this should be given careful consideration in the next review of that policy. Following this meeting, live nights were introduced into practice as a safeguarding measure. Alarms on bedroom doors had been in use prior to this. A determination had also been made to discharge one of the young people involved despite both young people denying the incident had occurred and no definitive proof to state otherwise. Inspectors found from a review of the information provided in relation to this matter, and consultation with the centre's own policy document, that this matter was reported from the perspective of one young person as opposed to two separate child protection reports

having been made, one for each young person. The matter remained open at the time of the inspection although there was no further investigatory work to be completed by the social work teams involved and safety planning had been discussed and agreed with all relevant parties. Centre management must pursue a conclusion to this matter from a child protection report perspective. Whilst the manager had conducted a critical debrief following this matter being reported, there was no internal formal review of safeguarding practices at the time to determine if any changes to practice was required or any future learning. This was not documented within the centres safeguarding policy documents but may be worthy of inclusion. For example, there was no detailed examination of why the bedroom alarms were not triggered by the movement of young people between bedrooms. Inspectors noted that there had been some discussion at staff level regarding the ongoing use of the door alarm system. There was no guiding document or policy for its use and inspectors recommend that one is developed or incorporated into the existing child protection policy to avoid any confusion regarding its use.

All the staff team were named as mandated persons and were aware of their individual responsibilities in this regard. Staff interviewed were familiar with the formal reporting procedure and confirmed they were set up on the portal system to make any child protection reports if necessary. There was a child safeguarding statement on display at the centre which had been reviewed recently. Inspectors reviewed a sample of child protection reports (CPWRF) that had been submitted and the corresponding significant event notification reports (SENs) and the centre child protection register. They also spoke with social workers about some of these reports. Inspectors noted that SENs contained the same detail and information as the CPWRF, and this should be addressed going forward so that the sensitive information contained within the CPWRF is not duplicated and shared unnecessarily in the SEN. Some CPWRFs did not contain the full details known to centre management and staff and it is important that such reports contain the full detail known. Subsequent information that came to the attention of the staff team was not added to the initial CPWRF made in relation to one incident at the centre and should have been.

Social workers were complimentary of the management and staff team and their work to support and advocate for young people. There was also evidence to indicate that there were good working relationships with family members and child protection matters and complaints were made known to them where relevant. One social worker referenced the collaboration between their office and the centre in monitoring and supporting the young person in an ongoing concerning child welfare matter. One recent report made as a CPWRF was disputed as unnecessary by the relevant social worker. There is ongoing work in terms of learning, recording, and reporting, and

tracking of child protection and welfare matters at this centre that must be addressed as a priority.

The centre utilise the Tusla protected disclosure guidance document and there was training in making protected disclosures scheduled for the weeks following the inspection.

Compliance with Regulation	
Regulation met /not met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	None identified.
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- The centre management must ensure that there is thorough understanding of and familiarity with all relevant guiding policies in safeguarding and child protection.
- The delivery of ongoing safeguarding work and education in terms of vulnerabilities and self-care and protection must be implemented and overseen.
- Centre management must ensure that the necessary training and development takes place to ensure clarity in terms of child protection practice and recording.
- Centre management must ensure that a detailed review of the child protection policy document is undertaken and is inclusive of the findings of this inspection.
- Centre management must pursue a conclusion to the open child protection matter pertaining to the two young people in this centre.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were multiple forums and mechanisms in place at the centre and operational within the organisation that contributed to ongoing review of the quality, safety and continuity of care provided to young people in the centre. These included weekly team meetings, regular formal staff supervision, managers meetings, significant event review group convened regularly, health and safety meetings, education development meetings and policy review group meetings. Inspectors found that aspects of these forums required improvement to optimise the achievement of better outcomes for young people in this service. The team meeting records for example did not adequately reflect the review of young peoples' placements and progress therein. These records combined with lengthy and not fully updated placement plans, made it difficult to ascertain the current presentation and progress of each young person. The format of both should be reviewed with this focus in mind.

Inspectors reviewed records relating to significant event reviews (SERG) and noted that frequently there were multiple records relating to individual meetings. This made it difficult to track the actual outcome of the review of the significant events and the learning generated from same. The team meeting minutes did not consistently record the learning gained from these meetings, a matter that was identified for action in the last inspection of this centre in September 2022.

The Director of Services had completed a themed audit covering Theme 2 of the National Standards at the centre in February 2023 and in October 2022, an external professional had conducted an audit of the centre's policy and practices against Theme 3 of the National Standards. The findings of both audits resulted in an action plan being identified with dates set for implementation. Inspectors found that improvements were required to ensure that these audits were effectively assessing the safety and quality of care in the centre. Details absent from the audit included the source and type of evidence gathered to inform the audit, incomplete sections of the audit, incomplete dates for action, and the absence of identifying a date and named person responsible for review of implementation of actions.

Inspectors found that improvements in practice related to the recording of significant events had occurred since the last inspection. This had been led by the direction and guidance of the interim manager since coming into post in late November 2022 after the last inspection of the centre and was evidenced in team meeting minutes in particular. Inspectors noted however that continued improvement was required in this area of practice. Inspectors reviewed records that were variously incomplete, unsigned, and not inclusive of management commentary/signature. Additionally, the information detailed in the SEN register was lacking and required further description that would contribute to greater oversight and meaningful review. One other aspect that needs to be corrected, referenced earlier in this report, is the unnecessary duplication of information in SENs and child protection reports made. As referenced earlier, the learning from significant event reviews (SERG) must be consistently shared at team meetings to promote improvements in practice. The minutes from the SERG forum did not demonstrate the identification of any trends or patterns emerging from incidents.

The Director of Services provided inspectors with a statement of financial compliance which is required as part of their service level agreement with Tusla. In addition, the director provided inspectors with yearly audit reports, centre managers' governance reports, and their own service reports which demonstrated their ongoing review of compliance with the centre's objectives. It may be of benefit to coordinate these varied mechanisms into an overarching and concise document.

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

Compliance with standards	
Practices met the required standard	None identified.
Practices met the required standard in some respects only	Standard 5.4
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that team meetings accurately record all relevant discussion related to progress of young people and any relevant learning resulting from reviews of significant events.

- The Director of Services must undertake a review of the audit template and ensure that these reports are a completed document.
- The centre manager must ensure that ongoing attention to and oversight of the recording of significant events happens to ensure these records are appropriately and accurately detailed and completed.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must ensure that records evidence a feedback loop to young people where they raise issues of dissatisfaction or requests.</p> <p>Centre management must revise the placement plan document and ensure that it remains a current, goal-focused document.</p>	<p>Meeting moved to Monday to allow for a shorter timeframe between feedback and the meeting. This is commencing 8th May 2023. The template for the young person's meeting has been amended to reflect the feedback section and it is noted on same times each y/p received feedback if they are not getting feedback as a group. This is commencing May 9th.</p> <p>Will review placement plan with director of service by 19th May 2023. Changes will be made accordingly so that it meets the requirements of the care plan goals.</p>	<p>CM will oversee the meeting minutes and ensure the feedback is given to the y/p and it is evidenced on the document.</p> <p>Person responsible to give the feedback after the staff meeting is named in the team meeting & noted in the minutes. If/ where feedback has not been given after the staff team meeting, centre manager will address with the staff member assigned to the task.</p> <p>In the interim centre manager has reviewed placement plans and has identified the goals. Following consultation with the staff team, identified members of the team have been identified and dates given to address aspects of the action plan this commenced May 2nd 2023.</p>

	<p>Centre management must ensure, through oversight the delivery of the key work and individual work by staff, that work is focused on the realisation of goals within individual placement plans.</p> <p>The care staff and management must ensure that they are taking issues of dissatisfaction through to a formal process of response where necessary.</p>	<p>Weekly keywork sessions are now in the team meeting agenda, identified sessions, dates and named staff to complete same are logged on that. Planned work is outlined in the diary following on from the meeting.</p> <p>Inhouse trainer had briefed the staff team on the process of complaints on Feb 28th 2023. A further briefing will be held on May 9th 2023 by centre manager. All staff have reviewed the complaints training.</p>	<p>Centre manager will ensure that oversight of all one-to-one sessions completed by keyworkers and staff if not centre manager will address with the individual staff member.</p> <p>Centre manager reviews all documents if a complaint is missed in absence of the staff involved in incident centre manager will address the matter in the complaints process, this will also be addressed with the staff member involved to ensure they have a good understanding of the complaints process.</p>
3	<p>The centre management must ensure that there is thorough understanding of and familiarity with all relevant guiding policies in safeguarding and child protection.</p>	<p>All team are trained in children's first and recognising children's first, they have been briefed on safeguarding again, May 9th 2023. Policies pertaining to same will be added to the team agenda and different policies will be reviewed and discussed at the team meeting. This is now on the team meeting template.</p>	<p>Policies will be discussed in supervisions. It is hoped we will have reviewed all policies with the team by end of July 2023. Childrens 1st, recognising children's 1st and safeguarding will be reviewed by whole team in supervision by end of June 2023. Briefing on how we implement safeguarding will be completed on May 16th 2023.</p>

	<p>The delivery of ongoing safeguarding work and education in terms of vulnerabilities and self-care and protection must be implemented and overseen.</p>	<p>Work has been completed following absences although it has been noted as SEN follow up. A briefing on the importance of more in depth work will be had on the 9th May 2023 and following on from same the action plan will be completed as per our plan to action the care plan.</p>	<p>Care plan action plan is clearly outlined in diary and discussed at the team meeting; this is also noted in the minutes of same. Placement plan goals for self-care and addressing vulnerabilities are included in this process.</p>
	<p>Centre management must ensure that the necessary training and development takes place to ensure clarity in terms of child protection practice and recording.</p>	<p>In 2023 the following policy has been addressed 24.01.2023 Childrens First, 28.02.2023 Complaints training, 28.03.2023 safeguarding, SEN training 24.01.2023, Driving for the organisation 28.02.2023, supervision training 4.04.2023, Food Hygiene training 28.02.2023. Briefing re: policies is reviewed at the team meeting; template has been changed support this. Policies are also reviewed by staff and presented to the team, this is commencing May 9th 2023.</p>	<p>Centre manager will continue to oversee the training and ensure staff are familiar with same.</p> <p>Centre manager will bring policy review to supervision and ensure the discussions around same are detailed and noted in minutes. All staff are reminded if they have any questions or need support with same, we are here to assist them in developing their understanding of same.</p>
	<p>Centre management must ensure that a detailed review of the child protection</p>	<p>Review of this policy will take place on May 12th 2023. Amendments will be taken</p>	<p>Centre manager will inform team of the review, notes for same will be available to</p>

	<p>policy document is undertaken and is inclusive of the findings of this inspection.</p> <p>Centre management must pursue a conclusion to the open child protection matter pertaining to the two young people in this centre.</p>	<p>into consideration and implemented where necessary to reflect the findings of this inspection.</p> <p>Both have been closed.</p>	<p>them in the policy review group minutes. A briefing will be given to the team in the team meeting noting the changes by the end of June 2023.</p> <p>Moving forward when a CPC has been issued centre manager will invite the social work department to link with the young person to discuss the matter. Centre manager will then liaise with the social work department regarding same. If no conclusion has been made within a six-week timeframe from time the social work department were made aware centre manager will continue to engage with the social work department to try bring the matter to a conclusion. If this process is not complete within three months centre manager will report same to the director of services who will escalate the matter to the principal social worker.</p>
5	<p>The centre manager must ensure that team meetings accurately record all relevant discussion related to progress of young people and any relevant</p>	<p>Person assigned to taking the team meeting minutes will be reminded to ensure it is a detailed account of all discussions.</p>	<p>This action will be implemented by May 9th 2023. Centre manage will continue to oversee and review same moving forward prior to being submitted to the team for</p>

	<p>learning resulting from reviews of significant events.</p> <p>The Director of Services must undertake a review of the audit template and ensure that these reports are a completed document.</p> <p>The centre manager must ensure that ongoing attention to and oversight of the recording of significant events happens to ensure these records are appropriately and accurately detailed and completed.</p>	<p>This will then be reviewed by centre manager to oversee the minutes accurately reflect the discussion had and the details are correct. Centre manager will then submit the finalised meeting minutes to the staff team for review and</p> <p>DOS has amended this document.</p> <p>Expected content of SEN's discussed at team meeting 24.01.2023, this will be briefed again on May 9th 2023. Reviews of SENS will commence at team meetings from 9th May 2023 and notes on same will be reflected in the minutes of same. Discussions, learning and actions if needed will be a part of this process for further development of the process. Centre manager notes improvements have been made in this process and this is an ongoing piece of work. The steps we now follow are:</p>	<p>review.</p> <p>DOS will oversee the template is being utilised in the correct manner and are completed appropriately.</p> <p>This is implemented as a matter of urgency, May 9TH 2023; anything not recorded accurately will be addressed with the staff member. Centre manager oversees this process, makes appropriate comments & signs prior to them being sent to the MDT, where possible.</p>
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		<p>1 sen is written and signed by centre staff</p> <p>2 sen is left for managements comments and signature</p> <p>3 the sen is scanned up with handwritten notes and signatures to the desktop prior to being sent via an encrypted email & through the portal.</p> <p>4 the completed sens are noted on the reviewed sen template</p> <p>5 sent sens are noted on the shift handover</p> <p>6 Sens are left for centre manager from mon to fri, these are usually signed and commented on the day after the event pending on time of event. Sens from fri to Sunday are left for centre manager on Monday morning.</p> <p>Should centre manager not be available the deputy social care manager will sign same, in both managers absence the sen will be submitted through the portal with a note that centre managers comments will be submitted at a later date.</p>	
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