An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 178

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Ashdale Care Ireland**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced**
Date of inspection:	**10th and 11th March 2021**
Registration Status:	**Registered from the 22nd September 2020 to the 22nd September 2023**
Inspection Team:	**Cora Kelly** **Catherine Hanly**
Date Report Issued:	**6th July 2021**

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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 22nd September 2020. 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 22nd September 2020 to the 22nd September 2023.

The centre was registered to provide specialist therapeutic care and accommodation on a medium to long term basis to two young people of both genders from age 12 to sixteen years on admission up to 18 years of age. Exceptions outside of this age range can be permitted in line with the derogation process governing same. At the time of this inspection one young person residing in the centre was under derogation. The model of care was described as attachment and trauma informed. There were two 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
3: Safe Care and Support	3.1, 3.2, 3.3
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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. Due to the emergence of Covid-19 this review inspection was carried out with a blend of an onsite visit and through a review of documentation and a number of online interviews.

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 27th April 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 12th May 2021. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

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: 178 without attached conditions from the 22nd of September 2020 to the 22nd of September 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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 child protection and safeguarding policy was last updated by the policy & procedures subcommittee in March 2021 to amalgamate previous guiding documents and strengthen procedures in place for responding to allegations made against members of staff. The policy was found to comply with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. Procedures for reporting disclosures and allegations, protected disclosures, lone working, anti-bullying, complaints and the staff professional code of behaviour were contained in the policy document in addition to the definitions of abuse being outlined. Policies and procedures relating to electronic communication and the internet and social media were also in place.

The centre had a child safeguarding statement that was approved by the Tusla Child Safeguarding Statement Compliance Unit and was on display in the staff office. The role of the designated liaison person (DLP) was held by the centre manager with the deputy centre manager holding the deputy DLP role. The centre manager had not been provided with the relevant DLP training. All staff had completed the Tusla E-Learning module: Introduction to Children First, 2017. Two staff members were scheduled to participate in children first training provided internally within the organisation. The remaining members of the staff team had completed this training. In interview and from the review of questionnaires the inspectors found deficits with respect to staff's understanding of certain safeguarding procedures namely those relating to mandated responsibilities and responding to child protection concerns and allegations.

The inspectors observed from their review of the centres child protection and welfare reports register that a number of child protection and welfare reports had been reported to Tusla through the online portal system. A total of five of the submitted reports were open at the time of the inspection. The inspectors found that the centre manager was actively consulting with the relevant social worker in seeking outcomes for these.

One young person had moved to the centre the week prior to this inspection with the second person having resided there since October 2020. On review of this young person's records in the centre it was evident to the inspectors that staff in the centre worked in partnership with their social worker to promote their safety and well-being. Through ongoing liaising with the social work department, input from the therapeutic team within the organisation, keyworking and staff support it was evident that the young person was being assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. It was found from keyworking reports they were encouraged and supported by management, staff and social workers to speak out if they were feeling unsafe or vulnerable. A young person reported through questionnaire that they felt safe in the centre and that they could talk to staff if they felt unsafe. They also reported that they are helped to keep safe outside of the centre. In interview a social worker spoke positively of the safeguarding work carried out by staff.

The inspectors found that the young people's vulnerabilities were identified through the centres pre-admission risk assessment process. Individual plans were developed in response to identified vulnerabilities. These included absence management plans and safety plans that were revised on a regular basis. Individual risk assessments were also completed when deemed required by staff and management. The pre-admission risk assessment process included impact risk assessments being completed. The inspectors observed these during their review of documentation.

Procedures in place for parents and or guardians to be informed of any incident or allegation of abuse was dependant on social work approval which was sought at the outset of young people's placements within the centre.

There was a policy and procedure on protected disclosures that staff were aware of in interview. There was evidence of the policy being discussed at team meetings.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

There were policies on supporting behaviour change, managing challenging behaviour, consequences and restrictive practices. In conjunction with the trauma and attachment informed model of care these policies guided staff in promoting a positive approach to managing challenging behaviour. Positive behaviour was recognised by staff with young people receiving positive consequences. Role-modelling was identified as an effective way of promoting positive behaviour in the

centre. The centres policy on supporting behaviour change was read and signed off by staff.

In compliance with policy staff had been trained in a recognised model of behaviour management and were provided with regular refresher training. Staff were aware of the changes in terminology used in the behaviour management programme. However, the terminology was not updated in the policy. Through discussions at daily handovers and team meetings, reflective practice and the ongoing implementation of the organisations training awareness programme staff discussed underlying causes of young people's behaviours. Young people were supported to manage their behaviour with life space interviews and keyworking being utilised in this regard. It was observed from the inspector's review of staff questionnaires and in interview that staff were clear on the procedures for managing behaviours that challenged. Individual crisis support plans were regularly updated and were forwarded to professionals with monitoring responsibilities within the organisation. Effective risk management plans were also in place. Clinical input was available to the staff team to support their behaviour management work with young people.

The centre's approach to managing challenging behaviour had not been audited to date by the quality assurance personnel. The registered provider must ensure that processes for auditing the centres approach for managing behaviour that challenges, based on the National Standards for Children's Residential Centres, 2018 (HIQA) occur.

In line with policy the centre had a restrictive practices register. Staff, through questionnaires had a good understanding of what constituted a restrictive practice. It was found that environmental restrictions were reviewed and were either continued or closed when no longer deemed necessary. Physical restraints had not been carried out for the young people presently residing in the centre. However, the inspectors identified concerns with regard to two physical restraints that were implemented unsuccessfully for one young person who previously resided in the centre for a very short period of time. It was entered on the restrictive practice register retrospectively. Only one of the physical interventions was outlined in their individual crisis support plan. The second non routine intervention was not. In interview the inspectors were informed of the reasons why the restraints employed were unsuccessful. It was evident to the inspectors that there were clear signs that the physical intervention named in the young person's individual crisis support plan would not have been an effective intervention and should not have been included in their crisis management plan. Centre management must reassess risk assessment

processes to ensure that effective and appropriate measures are in place so that restraints can be carried out as effectively as possible.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

It was clear to the inspectors from their review of centre records and questionnaires that the centre manager was committed to promoting a culture where young people and staff could raise concerns and report incidents. Staff were aware of the whistleblowing policy that was discussed at team meetings and during supervision. Through the keyworking system and weekly young people's meetings the voices of the young people were heard. The latter could be improved on to record accurately whether young people engaged or not in the meetings. Information on how to make a complaint was contained in the young person's information booklet in addition to support services available for example Empowering People in Care (EPIC). The inspectors found no evidence of any complaints made by young people. Documents were in place to allow parents or social worker to provide feedback and identify areas for improvement.

There was policies and procedures in place for the notification, management and review of incidents in line with regulations and national policy and that were connected to other relevant policies for example risk assessment, unauthorised absences and child protection. Inspectors found that incidents were reported in a timely manner. Social workers confirmed this finding in interview. The centre manager reviewed all incidents with further internal review mechanisms including discussions at handovers, team meetings and during supervision. Externally, incidents were discussed at senior management meetings, governance meetings and dual review mechanisms were in place; a significant event team and a significant event review group with both having responsibility for providing feedback and guidance to centre management and staff team. Staff were vaguely familiar with the learning fed back to them from these forums. Following the review of centre documentation and interviews conducted with staff and centre management the inspectors were not clear on the purpose and function of the significant event group and significant event review group and further how learning was purposefully communicated to centre management and the staff team. The registered provider must review their external processes for reviewing incidents to ensure that each group has clear responsibilities in reviewing incidents, ensuring that learning is effectively communicated back to the centre and that staff are aware of these processes.

Case file reviews had been requested when patterns of serious significant incidences occurred. Clear learning for both centre management and the organisation was identified from these reviews.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 3.1** **Standard 3.2** **Standard 3.3**
Practices did not meet the required standard	**None identified**

Actions required

- Senior management must satisfy themselves that all staff in the centre are fully aware of the procedures contained with the child protection policy and that the centre manager is provided with training relevant to their role as designated liaison person for the centre as soon as possible.
- The registered provider must ensure that processes for auditing the centres approach for managing behaviour that challenges, based on the National Standards for Children's Residential Centres, 2018 (HIQA) occur.
- Centre management must reassess risk assessment processes to ensure that effective and appropriate measures are in place so that restraints can be carried out as successfully as possible.
- The registered provider must review their external processes for reviewing incidents to ensure that each group has clear responsibilities in reviewing incidents, ensuring that learning is effectively communicated back to the centre and that staff are aware of these processes.

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.

The inspectors found that workforce planning for the centre took place at both organisational level and in the centre. Externally, discussions on workforce planning were held at the organisations weekly senior management meetings where the HR Director was in attendance. At this forum the numbers of staff, recruitment, qualifications and experience for the whole company were discussed. Internally, workforce planning responsibilities held by centre management included the development of the monthly staff rota based on having an appropriate mix of skilled, experienced and competent staff on shift daily and ensuring continuous training and professional development opportunities were available to staff.

In terms of staff stability and providing a continuity of care to young people it was evident that a consistent staff team had been employed since the admission of the first young person in September 2020. There was a good level of social care experience by those holding internal management roles. The appropriately qualified and experienced centre manager who had previous experience of working in the organisation was in their first management role within the organisation. They were supported by a deputy manager who was successful at interview and promoted to the position in October 2020. The remaining person that formed the centres internal management structure included a recently promoted senior practitioner. The remaining members of the staff team included eight social care workers seven who were newly recruited to the organisation and centre at the time of the centre opening. There was some level of social care experience amongst these social care workers.

Regarding the staff rota centre management worked towards having the desired level of skills, experience and competencies of staff on shift daily and took into account the various types of leave required. The inspectors were not clear of the members of staff that were part of the centres relief panel. From their review of the rota's regular relief staff was not observed. The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover all types of leave.

The inspectors were advised in interview that the role of the deputy manager had changed in recent months to accommodate staffing needs in the centre and to allow for greater governance in the centre managers absence. The roles of the deputy managers had been altered to now consisting of administrative duties and shift work. In interview staff were aware of the policy led formal on-call system in place.

The organisations four-part retention strategy was outlined in the newly developed staff retention policy. Elements of the strategy included engagement, benefits, training and employee support and assistance. The retention policy was connected to staff recruitment, induction and professional development related policies.

Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.

The recruitment and selection policy formed part of the child protection section of the centres policies and procedures. The policy covered safe recruitment processes including Garda vetting, obtaining three references, a selection process and interview panel of two. The inspectors found from the review of a sample of staff personnel files that Garda vetting was in line with the National Vetting Bureau (Children's and Vulnerable Person's Act 2012 – 2016) and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994 and with centre policy. Additional police vetting documents was also secured where required.

Staff in the centre indicated through questionnaires and at interview of having up-to-date written job descriptions and a copy of their terms and conditions of employment. The inspectors were able to corroborate this during their review of sample of contracts provided. Staff personnel files were well organised, contained up-to-date information and were securely maintained. The inspectors observed evidence of the centre manager's oversight of the personnel files.

The written code of conduct was placed within the centres policy on child protection and safeguarding. There was evidence of staff signing the code of conduct at the early stage of employment within the centre. In interview staff were able to name the requirements contained within the policy. Deficits arose however with respect to staff's knowledge on reporting code of conduct beaches to centre management. Following an incident where the code of conduct was breached a staff member failed to disclose it to centre management. An external professional had advised centre

management of the incident that was followed up appropriately internally during one to one and supplementary supervision and at a team meeting. However, given the time period between when the staff member signed the code of conduct and when the breach occurred centre management must reassess their systems in place to ensure that newly recruited staff are fully aware of the behaviour that is expected of them at all times and of reporting breaches to centre management.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

There were systems in place to ensure that centre management and staff were delivering child centred, safe and effective care and support. The inspectors identified that improvements are required in some areas namely those relating to safeguarding, supervision and staff appraisals. It was evident that for the most part staff had good knowledge of the policies and procedures guiding their practice and were aware of their roles and responsibilities. Following the induction period where policies and procedures were discussed staff were encouraged to familiarise themselves with the guiding document on an ongoing basis. As mentioned previously in this report the inspectors found that centre management addressed deficits found in practice with staff individually, during supervision and at team meetings.

Staff in interview stated that they were supported to exercise their professional judgement during daily handovers, supervision and at team meetings. It was evident that reflective practice was promoted and utilised at the aforementioned forums. There was good attendance at the regularly held team meetings. The inspectors recommend that the content of the meeting minutes is reviewed as it was found that there was a lot of repetition regarding discussions held and that were recorded across a sample of minutes reviewed.

As detailed in the centre's guiding policies and procedures and in the organisation's employee handbook procedures were in place to protect staff and minimise the risk to their safety. These included training in a recognised behaviour management programme, on-call system, supervision, risk assessments and individual behaviour management plans in place for young people.

The centre manager and deputy manager held supervision responsibilities for all staff and had been appropriately trained to conduct professional supervision. As part of the induction process staff had been provided with supervision training. The inspectors found from their review of a sample of supervision records that

supervision was taking place in line with policy. Newly recruited staff members had been provided with fortnightly supervision for the first three months of employment with more experienced staff members being provided with monthly supervision. Supervision agreements were in place and supervision records were signed by both parties. The quality of discussions recorded during supervision was mixed with some records accurately reflecting care and operational practices and others not. The inspectors identified that issues relating to staffing or young people's placements were not discussed or addressed during supervision. Senior management must review their supervision system to ensure that staff related issues or practices and young people's placements are discussed and recorded during supervision.

Systems were in place to ensure that probations reviews were completed at three and six month stages of employment. However, a formal system for conducting annual performance appraisals for management and staff was not in place due to a delay within the organisation. The registered provider must ensure that an annual staff appraisal system is implemented.

In line with policy staff named in interview the support systems that they had access to. Externally, these included the organisation's employee support and assistance programme, clinical team support and training with supervision, debriefing and reflective practice named as internal support mechanisms. Discussions and decisions relating to self-care were observed across a review of a sample of supervision records.

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

It was evident to the inspectors that core training and development opportunities were available to staff and that they were appropriate to their role and responsibilities. Training dates were scheduled on the staff monthly rota. The organisations training co-ordinator maintained a training needs analysis for the centre and individual staff members to ensure that staff at all levels maintained competence in relevant training areas. Mandatory training for staff included children first, fire safety, first aid, training in a recognised model of behaviour management and ongoing model of care training through the training awareness programme (TAP). Due to the Covid-19 pandemic, deficits were identified with respect to model of care, first aid and onsite fire safety training. Additionally, the inspectors recommend that training on child sexual exploitation would benefit the team in response to the presenting needs in the centre. Child protection training certificates

were held on a sample of staff files and a date had been scheduled for a full day training for those requiring full children first training. Dates had also been scheduled for staff to complete model of care training. Fire safety training had been completed online which is not adequate. Fire training must be completed onsite in the centre. The centre manager must ensure that all deficits in core training are addressed without delay.

In response to an inspection of a sister centre the organisation had developed an induction policy. Upon review of the policy it was found to have been comprehensive and detailed the three-week induction programme staff undertake prior to commencing duties in the centre. The policy included how the induction programme would be completed during the Covid-19 pandemic and restrictions in place. A sample of the induction records reviewed by the inspectors were found to have been completed in full and signed.

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

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 6.1** **Standard 6.2** **Standard 6.3** **Standard 6.4**
Practices did not meet the required standard	**None identified**

Actions required

- The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover all types of leave.
- Centre management must reassess their systems in place to ensure that newly recruited staff are fully aware of the behaviour that is expected of them at all times and of reporting breaches to centre management.
- Senior management must review their supervision system to ensure that staff related issues or practices and young people's placements are discussed and recorded during supervision.

- The registered provider must ensure that an annual staff appraisal system is implemented.
- The centre manager must ensure that all deficits in core training are addressed without delay.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	Senior management must satisfy themselves that all staff in the centre are fully aware of the procedures contained with the child protection policy and that the centre manager is provided with training relevant to their role as designated liaison person for the centre as soon as possible.	Child protection training is completed at the outset via induction and Children First training. Thereafter, management teams will ensure that child protection related areas are discussed via team meetings and supervision. The DLP will be provided with training during July/August 2021.	The organisations training team will review the schedule for mandatory training and ensure that any deficits or delays are flagged to the governance committee and rectified.
	The registered provider must ensure that processes for auditing the centres approach for managing behaviour that challenges, based on the National Standards for Children's Residential Centres, 2018 (HIQA) occur.	The compliance officer will complete this audit by October 2021. In the interim other ongoing mechanisms that will audit the management of challenging behaviour will include: internal self-audits, monitoring by the SEN team, internal risk assessments and communication via handover.	The organisation is recruiting an additional auditor to join the team by September 2021, due to current expansion. Home management teams will continue to produce internal audits and regional management will ensure completion of same.
	Centre management must reassess risk assessment processes to ensure that	Risk assessments have been updated to highlight if staff are able to carry out their	The centre manager will ensure that the centres behaviour management instructor

	effective and appropriate measures are in place so that restraints can be carried out as successfully as possible. The registered provider must review their external processes for reviewing incidents to ensure that each group has clear responsibilities in reviewing incidents, ensuring that learning is effectively communicated back to the centre and that staff are aware of these processes.	duties in respect of restraint, which will be recorded on the risk assessment and shared with all members of the team. Centre management have reviewed ICSP's and discussed same with their team via a team meeting. The organisation has developed a working group to review incidents, also more robust mechanisms will be in place for tracking incidents as well as sharing information from incidents to the team for additional learning. To be in place by end of August 2021. In the interim we are ensuring better communication between or SEN team/regional manager and home management teams in respect of learning being fedback to the team.	will oversee ICSP's and risk assessments in relation to restraint. Communication between centre management and senior management will also improve to ensure that clear handover is given in respect of information regarding restraints. Regional management/SEN team alongside home management will ensure that following the review of incidents that there will be a robust system in place to ensure that learning is fedback to teams.
6	The registered provider must ensure that regular qualified and experienced relief staff are available to support the staff team and cover all types of leave.	The organisation has a pool of qualified and experienced bank staff members which this home can avail of to cover leave etc.	The director of care & quality, HR department alongside the regional management team meet monthly as part of workforce planning to review staffing levels and decide allocation of staffing to each home.

	Centre management must reassess their systems in place to ensure that newly recruited staff are fully aware of the behaviour that is expected of them at all times and of reporting breaches to centre management.	Staff behaviour/expectations will again be further highlighted during the induction process. Centre management will also address the matter with new staff via supervision and via team meetings. Centre management will highlight to all staff via supervision and team meetings the whistleblowing policy, so all staff are aware of what is expected of them in their role if they note issues with a colleague and their practice for example.	The training co-ordinator will regularly review the induction content. The centre manager will regularly review professional code of conduct through team meetings and supervision.
	Senior management must review their supervision system to ensure that staff related issues or practices and young people's placements are discussed and recorded during supervision.	Once feedback has been received from all recent inspections, regional management alongside the director of care & quality will review all recommendations pertaining to updating templates and ensure implementation with immediate effect. To be completed by end of August 2021.	Regional management will conduct unannounced audits 4 times per year on staff supervision files to ensure that staff related practices and young people's placements are discussed. Regional management will place this as a permanent agenda item on their monthly managers meeting.
	The registered provider must ensure that an annual staff appraisal system is implemented.	A new appraisal system has been formulated and will be in place from the 17.7.2021 to allow for time to train all home management teams.	The director of HR will oversee the implementation of the annual appraisal system.

	The centre manager must ensure that all deficits in core training are addressed without delay.	With immediate effect. The home manager has updated the training co-ordinator in relation to the areas of core training that are outstanding.	Due to Covid 19 this has had an impact on face-to-face training. The training team will continue to monitor any deficits in core training and will inform the governance committee if there are issues arising in gaining access to training, so that this can be included in the risk register.