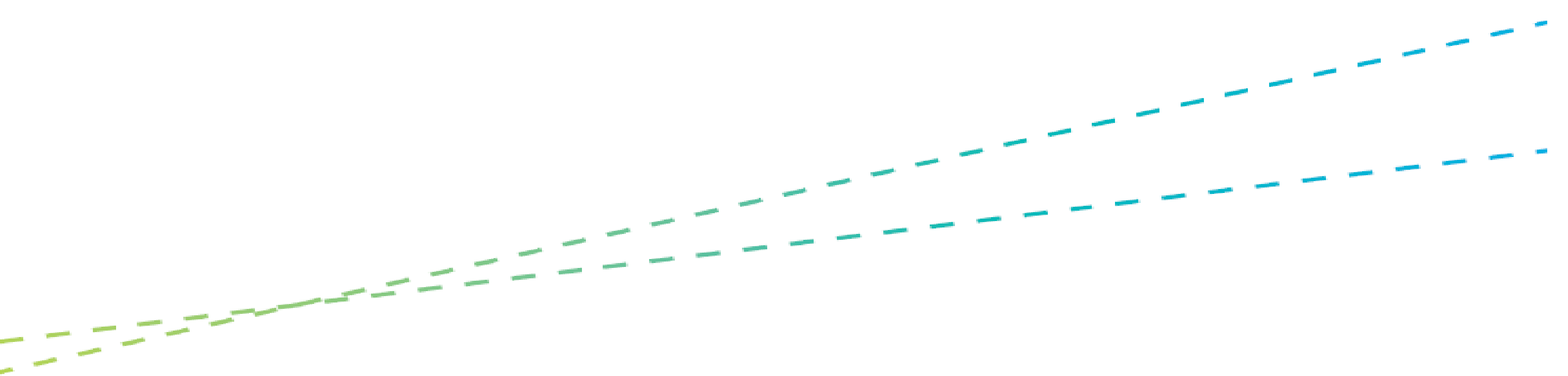
Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 065

Year: 2020



Inspection Report

Year:	**2020**
Name of Organisation:	**Curam Nua Ltd**
Registered Capacity:	**Two young people**
Type of Inspection:	**Announced themed inspection**
Date of inspection:	**16th, 17th, 18th & 21st September**
Registration Status:	**Registered from 30th April 2018 to 30th April 2021**
Inspection Team:	**Lorna Wogan** **Joanne Cogley**
Date Report Issued:	**16th December 2020**

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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

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

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 30th April 2015. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 30th April 2018 to the 30th April 2021.

The centre was registered to provide medium term residential care for two children of both genders from age twelve to seventeen years on admission. Their model of care was described as the provision of residential care for children and young people using a 'blended theoretical and best practice approach'. The model was underpinned by the theories and frameworks of a person-centred approach, attachment theory and attachment informed parenting, a resilience strengths-based approach and a trauma informed model of care. The engagement of children in outdoor pursuits was also a key component of the therapeutic programme of care in the centre. There was one child in placement at the time of the inspection. The centre was granted a derogation to accommodate this child as they were under-thirteen years of age on admission, which was outside of the centre's statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

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 via teleconference 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 providers/ centre manager on the 28th October and to the relevant social work departments on the 28th October. 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 16th November. The inspectors required further clarification in relation to the response to the required actions. The CAPA was reviewed and subsequently updated by the provider and returned to the inspectors on the 17th November. This CAPA 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: 065 without attached conditions from the 30th April 2018 to the 30th April 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Care Practices and Operational Policies
Regulation 8 Accommodation
Regulation 13 Fire Precautions
Regulation 14 Safety Precautions
Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

The centre had a written policy on admissions. The document outlined the admission process with an emphasis on planned admissions to the centre. The written policy detailed the required pre-placement information and that pre-placement risk assessments were completed. There was evidence on file of a placement proposal developed and submitted as part of the pre-admission process. There was evidence provided to the inspectors that appropriate risk assessments had been completed prior to admission.

The written policy on admission submitted to inspectors did not reference the collective impact risk assessments undertaken prior to admission or how the social workers of young people currently in placement were consulted about potential admissions. The written policy did not take account of the National Standards for Children's Residential Centres, 2018 (HIQA) and legislation referenced was not up-to-date. The inspectors found the policy on admissions did not accurately reflect the current practice in relation to processing referrals and admissions through Tusla's national private placement team. The centre manager must ensure the written policy on admission is updated to reflect current practice, legislation and is in line with the requirements of the national standards.

There was evidence of good communication with social workers and other relevant professionals prior to admission to ensure insofar as possible the admissions were suitable to meet the needs of the young people. Records of pre-admission meetings evidenced that staff met with referring social workers to gather additional information on the young person and undertake an assessment of the young person's needs on coming to live in the centre. The placement proposals evidenced how the centre would address the presenting needs of the young person and the age range,

presenting behaviour and case history were considered prior to accepting the referral. The social work team with responsibility for the young person in placement was consulted and informed about the young person considered for admission and information in relation to potential impact was shared with relevant professionals.

Inspectors found that the centre manager and deputy manager assessed and considered all referrals in the context of their statement of purpose. Staff interviewed were clear on the blended model of care incorporating the person-centred approach, attachment, resilience and trauma informed approach. The managers were clear on the type of young person they could not cater for. There was evidence that the centre manager undertook careful and considered gatekeeping of all referrals to the centre prior to considering a referral as suitable. This was evidenced through the strong values and ethos around protecting the current resident in placement. The pre-admission and impact risk assessments also considered how each young person's needs could be met with clear safeguards in place to manage risks and potential concerns. The development of the initial individual development plan was based on information from referral documents and the most recent care plans that assisted the centre to identify the young person's needs and how they would be met.

There was evidence that the centre manager was mindful to ensure the progress made by the resident in placement was not, insofar as possible, negatively impacted by a new admission. When negative impact of a new resident was identified the centre manager took appropriate steps to work collaboratively with the social workers to resolve this issue based on a comprehensive assessment of the needs of both young people.

The young person in placement was involved in pre-admission meetings and information was shared in a sensitive and careful manner. The young person was provided with the opportunity to ask questions, clarify information and understand the goals of their placement. There was an emphasis on helping the young person understand how they would be supported by staff. The young person and relevant parties signed a living agreement that outlined these supports and expectations. Planned key work also evidenced how this information was revisited with the young person to ensure they fully understood the care and routines. The young person's booklet provided good information on rights, purpose and function, accessing files, keeping safe, routines and what young people can expect when living in the centre in terms of care and support. However, the inspectors found the information booklet had not been updated in recent years and must be reviewed by the centre manager to ensure it accurately reflects current points of contact for young people and current

practices, for example the practice of locking communal spaces at night time and the provision of a house vehicle.

Transition plans ensured that young people met key staff, other residents, spent an overnight in the centre and were consulted about how they would like to personalize their room prior to admission. Inspectors found that the needs and rights of the young person already living in the centre were considered when placing a new resident in the centre through the collective impact risk assessments. Actions were taken to address any emerging difficulties of the placement mix and the centre manager worked collaboratively with the social work teams and the national private placement team to ensure the safety and welfare of young people.

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

There was evidence that the young person was subject to a monthly statutory review up to July 2020 in line with the National Policy in relation to Placement of Children aged 12 years and under in the Care or Custody of the Health Service Executive. Due to a change in social work allocation there was no child in care review meeting in August 2020. A new social worker was allocated at the time of the inspection and had scheduled a visit to the centre in the coming week. There was evidence that the care plan was updated following the monthly reviews with the exception of the June care plan meeting where the updated care plan was not on file. There was evidence through interviews that senior staff followed up with the social workers to ensure up-to-date care plans were on file for the young people. The centre manager should ensure this correspondence is recorded on the care files. There was evidence that the young person's views were recorded on care plans. Inspectors noted that the care plans contained a narrative of what was going on for the young person with very few actions and goals identified. The newly appointed social worker acknowledged this and stated they would ensure the specific decisions and goals following the care plan review would be set out on the care plan going forward.

The young person interviewed by inspectors expressed their frustration about the number of changes in social workers they had since their admission to the centre and this issue was reiterated by the parent interviewed by inspectors. The young person had been allocated four social workers since their admission two years ago. There was evidence that the centre manager liaised regularly with the young person's social work team including the social work team leader and provided monthly progress reports that outlined the implementation of the individual development plan

(placement plan) and key work undertaken. Other external specialists confirmed that the centre worked collaboratively and effectively with them.

There was an individual development plan on file for the child in placement. Inspectors found there were individual specific and achievable goals developed in consultation with the child following admission and set out in the plan. The individual development plan was supplemented by a behaviour strategy document. The inspectors found that the behaviour support strategy was a dynamic working document that guided staff on a daily basis in terms of managing the child and this document was comprehensive, updated and reviewed on a daily basis by staff coming on and off duty. The inspectors however found that the individual development plan was not maintained up to date and there was no evidence it was reviewed since October 2019 by the team or keyworkers or following child in care reviews despite significant changes for the young person. These included a new admission to the centre, Covid-19, changes in family dynamics and a return to education in September 2020. There was evidence however that individual key work was linked to the specific goals of the individual development plan and this plan was linked to the over-arching goals of the young person's care plan.

There was evidence in the supervision files made available to the inspectors that the individual development plan and specific key work was discussed in supervision. Inspectors also found that the team meeting records were not sufficiently detailed to evidence decisions taken following discussion of the young person's individual development plan. The inspectors found that staff interviewed were not clear on the purpose of the care plan in relation to the placement plan in terms of planning, the persons responsible for their development and how each of the documents were reviewed. Staff must be made aware of the regulatory status of each of these documents and their importance in relation to care and placement planning.

There was evidence that the child was facilitated to participate in placement planning. From admission the children are informed of the aims and objectives of the placement and throughout the placement at key work meetings, going over goals identified with staff and open discussions about agreed goals and how staff will support behaviours that challenge. There was evidence the young person was invited to child in care review meetings and was prepared for these meetings by the staff. The young person and their parent confirmed their participation in review meetings. The parent of the young person in placement confirmed that staff informed them of the goals of the placement and kept them up to date on their child's progress.

There was evidence that centre manager was a strong advocate to ensure the young person had required supports. The young person had access to the required specialist supports and there was evidence that staff supported the child to engage in these supports. This was confirmed by the external specialist currently working with the young person and the staff team. There was evidence that the staff team used the specialist support to guide their work with the young person.

The social workers received a copy of the individual development plan and monthly placement progress reports that evidenced how the centre continued to meet, or not, the assessed needs of the young person as the placement progressed. There was evidence of regular telephone and email correspondence with the social workers and with the social work team leader during periods were there were changes in the social work allocation. As previously outlined the number of changes in social work allocation impacted on continuity of social work support for the team, the young person and their parent.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The premises were suitable to provide safe and effective care for the number of children in the centre. The premises were comfortable, clean, well maintained and in a good state of repair. The centre was adequately heated, lit and ventilated. Bathroom facilities were sufficient in number and ensured privacy. The young person had their own bedroom that was personalised with adequate storage facilities for their personal belongings. The location of the centre and the specific skills of members of the team in outdoor pursuits provided the young person with ample outdoor recreational opportunities. The centre manager informed the inspectors they planned to extend the accommodation later in the year. This was to provide an additional living space to allow for privacy separate from the communal sitting room area. There were age appropriate board games and toys available in the centre.

The centre had a fire safety certificate from the local county council and had a written report from a qualified engineer that confirmed the building was in compliance with fire safety and building regulations. Fire fighting equipment was in place, and appropriate checks were carried out on a set basis. Service reports on the fire register evidenced that the fire alarm, fire-fighting equipment, smoke detectors and emergency lights were subject to annual maintenance checks by appropriately qualified persons. There was an inventory of all fire-fighting equipment on the fire register and fire evacuation plans were displayed in the centre. There was evidence of

daily fire safety checks and the fire safety template facilitated the recording of any defects and was signed by staff undertaking checks.

The centre had a fire safety policy that was updated in 2019. However, the policy was not signed by staff to indicate they had read and understood the policy. The policy indicated that fire drills would be undertaken on a monthly basis however the inspectors found that there were no fire drills undertaken in 2020 despite new staff recruited to work in the centre and a new resident admitted. Staff indicated that there were occasions in the past where young people refused to participate in fire drills however this was not recorded on the fire drill report or risk assessed by the centre. The centre manager and the fire safety representative must ensure fire drills are undertaken in compliance with the requirements of the Department of Housing, Planning and Local Government Code of Practice for Fire Safety in Community Dwelling Houses, 2017 to include a fire drill at night at least once annually.

Fire safety training was scheduled every two years and fire training for staff was scheduled for October 2020. This was scheduled to occur remotely due to Covid-19, however, once face-to-face training can resume the centre manager must ensure fire training takes place on-site in compliance with the aforementioned code of practice for fire safety in community dwellings.

The centre had a health and safety statement dated 2017 however this statement was not reviewed since this date. The health and safety statement was not signed by staff members to indicate they had read it. The inspectors found that the safety document was overarching for the organisation and not site specific. The centre manager must ensure the health and safety statement is reviewed on an annual basis, is centre specific and signed by all staff working in the centre. Staff completed monthly health and safety audits that were comprehensive and site specific and these audits were maintained on file. The audit in March 2020 indicated that the apartment alongside the main house was purpose altered to provide isolation accommodation should it be required due to Covid-19. The centre had a maintenance logbook that recorded all required maintenance issues. Staff interviewed confirmed that maintenance issues were dealt with in a timely manner however the date of completion of maintenance issues was not identified on the logbook therefore the inspectors could not verify if maintenance issues were responded to in a timely manner. There was no evidence of oversight or monitoring of the health and safety audits or of the maintenance logbook by the centre manager or persons external to the centre. First aid boxes were located in the staff room and a mobile first aid box was available for staff travelling with the young people.

First aid was up to date for all staff and crisis intervention behaviour management training was scheduled for later in August. One new staff member had not undertaken crisis intervention training and the inspectors found this was not risk assessed by the centre manager.

Staff indicated that health and safety risks posed by the recent pandemic associated with Covid-19 were comprehensively responded to by management. The centre had developed a Covid-19 policy that was reviewed and updated in accordance with government and public health guidelines. Cleaning schedules were in line with public health guidance and continued to be adhered to. Contingency plans were in place in the event that staff or young people contracted Covid-19. Staff confirmed they were provided with ample supplies of PPE, hygiene products and hand sanitizers. Appropriate risk assessments were undertaken to ensure one of the young people has access to their family as each phase of the government restrictions on travel were lifted.

The centre had an incident and accident register and there was evidence on the individual care file that the social worker for the young person in placement was notified of accidents and incidents. Staff interviewed were aware of procedures for reporting accidents and significant incidents through the significant event notification procedure, daily logs and accident and incident register. The inspectors noted on the young person's care file that a number of incidents were recorded as minor incident reports when they clearly met the threshold for significant event notification, however this practice was previously identified and rectified by the centre manager. The social worker and other relevant parties were notified of these incidents and provided with the written reports detailing the events.

There are no centre specific vehicles to transport the young people and staff use their own private vehicles in the course of their work. A sample of six personnel files were inspected and five of the six files did not contain a copy of valid insurance details, one file did not contain a valid driving license or NCT certificate. The centre manager subsequently provided a copy of all the outstanding documents to the inspectors that confirmed valid insurance and driving license. Where NCT certification is outstanding due to issues within the national testing system the inspectors advised that the NCT deferral notification is evidenced on file. The centre manager must have a robust system in place to audit staff files to ensure copies of car insurance, driving license, car tax and NCT are up to date and on file for all staff working in the centre.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Individual care files and centre records were stored confidentially in the staff office in secure cabinets. All regulatory information was evident on the individual care files such as birth certificates, care orders, social history and care plans. However, the care file inspected was not up to date or organised in a manner that facilitated ease of access to information. Key work records and the impact risk assessment were stored electronically however not placed on the care file. There was no evidence of oversight of the care file by the centre manager. The centre manager must put systems in place to ensure there is robust oversight of care files, that they are regularly audited and maintained in line with best practice requirements.

The staff were aware of the requirements around confidentiality which formed part of their induction process. The inspectors advised that further training in data protection would enhance staff's knowledge in the area of recording and maintaining personal data in accordance with data protection regulations.

There was a written policy and procedure in place to return care files to the placing social work authority on the young person's discharge from the centre. This practice was evidenced on the centre register.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

The centre had a written policy in place that outlined the process for planned and unplanned discharges. The centre had recently discharged and transferred a young person to another centre within their organisation. Interviews with the staff, managers and external professionals evidenced that the young person was consulted and involved in the decision to transfer to another centre that was assessed as more suitable to their needs. The inspectors found that the planning and management of this move was undertaken in consultation and collaboration with the social work managers, the guardian ad litem, Tusla's national private placement team and the alternative care inspection and monitoring service. Regular meeting processes were in place to plan the discharge and ensure all the required supports were identified. There was good communication with aftercare workers and good collaborative work was evidenced on file. The centre manager confirmed that the care file and relevant centre records relating to the young person discharged were transferred to their new placement.

There was evidence on file through key work sessions that the discharge of the young person was explained to the current child in placement and they were helped to understand the reasons for this move.

There was evidence through interviews with managers and staff that the team undertook reviews of past placements for the purpose of evaluation and learning. However, at the time of the inspection a process to 'look back' on the learning outcomes for the centre associated with the young person's discharge had not yet taken place. End of placement reports were completed and forwarded to the social workers when young people were discharged from the centre.

The centre did not have formal systems in place to seek feedback from young people prior to their discharge in terms of evaluating the effectiveness of their services and interventions.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

This standard did not relate to the current child in placement however there was evidence the staff assisted the young person who was recently discharged from the centre to engage in life skills programmes within the centre and with the Tusla leaving and after care service.

The centre had a written policy on aftercare preparation and staff interviewed outlined how they supported and assisted young people to move into aftercare. The inspectors advised that the policy is updated to ensure it was fully in line with current practice in the centre. Staff interviewed were familiar with Tusla's National Aftercare Policy, 2017 and there was a copy of this policy in the staff office. The centre manager had a good working knowledge of the policy including the referral process, allocation of aftercare workers, the needs assessment and aftercare planning process.

There was evidence that the staff team assisted the young people to develop a range of life skills in preparation for adulthood while living in the centre. Care records demonstrated that direct work or mentoring was undertaken with each young person to achieve their goals in relation to life skills and independence living skills appropriate to their age and stage of development. The centre manager and staff team had established a range of contacts and support networks within the community that could support young people as they moved into aftercare. Staff were strong advocates for the young people to ensure they received the appropriate leaving and aftercare services. There was evidence from staff interviews that the staff had

established good communication with the Tusla aftercare worker assigned to the young person recently transferred from the centre.

The centre manager informed inspectors that important documents such as birth certificates, medical records, education records and passport were returned to the allocated social worker on discharge from the centre or given to the young person as they transitioned into adulthood in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 17**
Regulation not met	**Regulation 14**

Compliance with standards	
Practices met the required standard	**Standard 2.6**
Practices met the required standard in some respects only	**Standard 2.1** **Standard 2.2** **Standard 2.3** **Standard 2.4** **Standard 2.5**
Practices did not meet the required standard	**None**

Actions required

- The registered proprietor/centre manager must ensure the written policy on admission to the residential centre reflects current practice, legislation and is aligned to the requirements of the national standards for children's residential centres, 2018 (HIQA).
- The centre manager must ensure the young person's booklet is updated to ensure it reflects the current operations and practices within the centre.
- The centre manager must ensure there is an up to date placement plan on file and that the placement plan is regularly reviewed and updated. Staff must be made aware of the regulatory status of the care plan and the placement plan documents and how they guide the overall care planning process.
- The centre manager and the fire safety representative must ensure fire drills and fire safety practices are undertaken in compliance with the requirements

of the Department of Housing, Planning and Local Government Code of Practice for Fire Safety in Community Dwelling Houses, 2017 to include a fire drill at night at least once annually.

- The centre manager must ensure the health and safety statement is up-to-date, centre specific and signed by all staff working in the centre. The centre manager must also ensure there is oversight and monitoring of the health and safety audits and health and safety practices within the centre.
- The centre manager must have a robust system in place to audit staff files to ensure copies of car insurance, driving license, car tax and NCT are up to date and on file for all staff working in the centre.
- The centre manager must put systems in place to ensure there is robust oversight of care files, that they are regularly audited and maintained in line with best practice requirements.
- The centre manager must ensure the effectiveness of children’s experience of integrated care is regularly evaluated, including through seeking feedback from each child in placement.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered proprietor/centre manager must ensure the written policy on admission to the residential centre reflects current practice, legislation and is aligned to the requirements of the national standards for children's residential centres, 2018 (HIQA).	The organisation's Admissions/Discharge policy is under review and will be amended and updated to required standards. (Completion date 31/01/2021)	As part of the organisations development a new post has been agreed. The current centre manager will transition into a 'Director of Services' post from the 01/12/2020. This role will include oversight and governance of the all the organisations services. A checklist will be devised and utilised to ensure all policy documents are relevant and reviewed every 6 months in line with National Standards 2018 (HIQA). A new centre manager has been appointed and will begin the role in December 2020 with a transition period of one month.
	The centre manager must ensure the young person's booklet is updated to ensure it reflects the current operations and practices within the centre.	The organisation's young person's booklet is under review and will be amended and updates to required standards. (Completion date 31/01/2021)	As above the Director of Services will have responsibility to ensure all organisation policies, procedures and written information about the centre and the organisation is up to date.

	The centre manager must ensure there is an up to date placement plan on file and that the placement plan is regularly reviewed and updated. Staff must be made aware of the regulatory status of the care plan and the placement plan documents and how they guide the overall care planning process. The centre manager and the fire safety representative must ensure fire drills and fire safety practices are undertaken in compliance with the requirements of the Department of Housing, Planning and Local Government Code of Practice for Fire Safety in Community Dwelling Houses, 2017 to include a fire drill at night at least once annually. The centre manager must ensure the health and safety statement is up-to-date, centre specific and signed by all staff working in the centre. The centre	This required action has been addressed the former individual development plan has been re-named the placement plan. The placement plan for the current young person has been reviewed and updated. Placement plans are developed prior to admission by the organisation management team and will be reviewed and updated every 3 months between centre manager and key worker. This required action was addressed and the individual responsible for fire safety was given clear roles and responsibilities. All drills are recorded and logged. (Fire drills completed on the 29/09/20 and 28/10/20) The organisation's health and safety statement is under review and will be amended and updated to required standards. (Completion date 31/01/2021)	All placement plans are now reviewed in the monthly management and team meeting settings. Review of the placement plans are also a standing item on the agenda at team meetings and incorporated in the supervision process between key worker and centre manager. The fire safety representative reviews fire safety as part of their supervision. Fire safety measures are also now checked and discussed at team meetings. The new Director of Service role will include oversight and governance of the all the organisations policies and practices. A checklist will be devised and utilised to

	manager must also ensure there is oversight and monitoring of the health and safety audits and health and safety practices within the centre.		ensure all policy documents are relevant and reviewed every 6 months in line with National Standards 2018 (HIQA).
	The centre manager must have a robust system in place to audit staff files to ensure copies of car insurance, driving license, car tax and NCT are up to date and on file for all staff working in the centre.	The organisation now has a contract with a HR company. The HR company has a system that ensures all staff documentations are up to date and on file. (On-going and for completion by 31/12/2020)	The HR system has reminder feature on expiry of essential documents. Staff will receive updates and management are notified if/when outstanding/updated documents are due.
	The centre manager must put systems in place to ensure there is robust oversight of care files, that they are regularly audited and maintained in line with best practice requirements.	Director of services will oversee all care files and audit same bi-monthly. (01/12/2020)	The director of services role will address this as part of a bi-monthly audit process.
	The centre manager must ensure the effectiveness of children's experience of integrated care is regularly evaluated, including through seeking feedback from each child in placement.	An evaluation form document has been devised and will be completed on all future discharge or transitions. (Completed)	This has been added to the organisations admissions/discharge policy.