



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 215

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Hata Homes
Registered Capacity:	Eight young people
Type of Inspection:	Announced
Date of inspection:	09th & 10th May 2023
Registration Status:	Registered from 03rd February 2023 to 31st March 2024
Inspection Team:	Lorraine Egan Lisa Tobin
Date Report Issued:	10th July 2023

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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 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 in operation prior to it becoming registered. It was granted its first registration on the 03rd February 2023. 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 03rd February 2023 to 31st March 2024.

This centre was established under the Temporary Protection Directive, (TPD), the directive provides a wide range of supports for persons seeking international protection which includes permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market. The directive will be in place for a minimum of one year but can be extended depending on the unfolding situation in the Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people.

This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the TPD. It provided multiple occupancy initially for ten young people and later decreased the registration number to eight young people of any gender aged 16-18 years on admission. The majority of the young people shared bedrooms up to and including three young people per room. The centre implemented the Welltree model of care for planning and outcomes and is trauma informed and therapeutic in approach. The goal is that all young people are respected, protected and fulfilled and their voices heard as well as supported to achieve the maximum of their potential now and in the future. There were eight 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	1.1, 1.4
5: Leadership, Governance and Management	5.2

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.

While young people did not meet directly with inspectors, they interacted with them at various times throughout the onsite visit. Young people were provided with the opportunity to complete questionnaires also. Inspectors interviewed the centre's manager, two staff, the service manager for the organisation along with one social worker who was allocated for all eight young people.

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 9th June 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 22nd June 2023. 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: 215 without attached conditions from the 03rd February 2023 to 31st March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The young people living in the centre had been displaced by the war in Ukraine and had arrived in Ireland as separated children. Measures introduced under the Temporary Protection Directive (TPD) provided certain rights to young people in these circumstances including protection and support with child safeguarding, accommodation, education, medical needs and access to the labour market. From a review of centre records, there was strong evidence that the staff team were actively promoting these unique rights as well as those incorporated under the United Nations (UN) Convention on the Rights of the Child. At interview staff were knowledgeable on this subject and described in practice how young people's rights had been integrated into their daily living experiences including support with appointments for GP, dental and optical care, access to local schools, assistance with applying for jobs and information sharing on various courses of study. Most young people were making progress in their placement and were either attending school, participating in further education online or working full time. Overall management and staff were providing very good quality child-centred care and inspectors saw warm interactions between members of the team and the young people during their visit onsite. The allocated social worker described how the staff team were very supportive to young people and wanted to do the best they could for each one.

Policies and procedures that reflected children's rights were in place. A dedicated folder containing information on topics and themes such as education and employment, international children's rights, how to make a complaint, daily routines, allowances, religious faith, rules of the house and local amenities were developed and placed in the common area of the centre for young people to access. These booklets

had recently been translated into the young people's first language as well as English and was provided to them close to their time of admission to the centre. Despite this, improvements were required in how this information was communicated to young people. The centre did not routinely request interpreter services for their use in the initial period of them moving in. Generally, staff relied on the use of 'google translate' and young people depended on each other to explain what was being relayed to them. It is important to ensure that there is no impediment for young people in understanding their rights and how to access them particularly around the time of admission. It should be delivered in a way that best suits them so that they can have all their questions and queries answered in their language of choice. In addition, there was not always written evidence on young people's files of the one-to-one sessions completed with staff in this regard.

There was a culture of respect within the team for young people's freedom of expression too. They had opportunities through placement planning to input into decisions being made about their care and they were working towards goals with the support of key workers and the social work department. Section 5 placement plans were on their files and these templates had recently been translated into Ukrainian by the social work department. The centre had developed their own user-friendly plans based on the centre's model of care also. Appropriate translation apps and tools were used to assist staff and young people of setting goals together and sessions were completed through individual case working. Staff told inspectors that this one-to-one approach was more beneficial for young people and they had a better understanding of what was being communicated if delivered in this way.

Specific cultural values and beliefs were respected and these were integrated into young people's everyday living. For example, menu planning was discussed at the group meetings held every week so they could give their suggestions. Specific days were allocated for Ukrainian meals and the centre had employed a Ukrainian cook who was present in the centre a number of days per week and could provide nutrition of choice. Inspectors recommend that staff consider the way the group meetings are organised so that young people have the opportunity to set the agenda and at various times to chair meetings. Young people were supported to make complaints and to talk about their dissatisfactions and these were recorded on their files and responded to by the team. Staff listened to what young people had to say about living together and this helped to improve their experiences of sharing a space with a large number of peers.

The staff team encouraged choice and participation regarding religious beliefs and they strongly accommodated communication with young people's families and other important people in their lives so that they could maintain their sense of identity and belonging. While the centre was not directly in contact with families, the social work department communicated with them where they could and when it was appropriate to do so. Wi-Fi that was reliable and accessible for young people was made available in the centre and they had their own laptops and phones for staying in touch with family and friends and for attending their online college courses. Group activities and outings were also organised and young people had joined swimming classes, youth clubs and were partaking in extra English tuition. Staff were aware of the importance of positive relationships formed between peers within the centre.

Young people's right to certain privacies and safety inside the house was more challenging as they were required to share bedrooms and their use of alternative rooms was compromised because of the number of young people placed together in one centre. The sharing of bedrooms were based on an agreed arrangement commissioned by Tusla. Some young people stated in their questionnaires that they were not happy with the amount of space they had in the bedroom noting that it was difficult for them to sleep with others in the room and were concerned about keeping their personal items safe. However, the staff team were cognisant of these issues and risk assessments were in place along with rules for sharing and how to show mutual respect for each other. Inspectors recommend that consideration is given to enhancing young people's privacy by timetabling dedicated quiet areas at certain times of the day or week to support their need for privacy. The organisation had recently secured accommodation which they will be moving to in the near future. The new centre will be larger and more appropriate to meet the needs of eight young people living together.

Files were maintained containing information the centre had received from the dedicated social work department and of records that they had developed since the young people were admitted. Inspectors observed from the files that there was consistent advocacy by centre management and the staff team in relation to young people's own views on their education, development, health and welfare rights. This specifically related to seeking supports and appropriate psychological assessments for young people where they were experiencing trauma. In addition, concerns were escalated by the centre where a young person was to be moved on to an alternative placement which was far away from the school they were attending and the friends, peers and experiences they had now become familiar with and settled into. The centre and young person hoped that they could remain in their current placement.

The allocated social worker told inspectors that there had been a miscommunication about the young person's transition and that there was a plan from the outset that they would move on to a more appropriate placement based on their age range and needs. However, the centre management said that the young person was consistently informed of the planned move by the staff team. The care staff and management described how they regularly communicated this to the young person throughout the duration of their placement. This move had now taken place.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Because of the unique circumstances in which the young people were living in the centre, the majority of them required support with understanding English. The young people's first language was either Ukrainian or Russian and some used both to communicate with each other. A small number of young people had a level of English that they could use to chat and speak to staff. However, most required quite a lot of support to make informed decisions, share their wishes, give feedback on their experiences of living together and to be understood as part of routine living in and out of the centre.

As referred to previously, young people had been provided with information which also included rules and guidance for sharing bedrooms and common areas, how to become familiar with local amenities in their community, an introduction to weekly plans and their rights to allowances as well as summer and winter curfews and how to make a complaint. A copy of the National Standards for Children's Residential Centres, 2018 (HIQA) was also shared. While these details and others had recently been translated into their first languages, the centre predominantly used google translate or peers themselves to support each other to understand all the information provided. As stated in this report, this important first stage when young people move in and get settled should be supported by the use of appropriate translator services at the time of admission or soon after. Due to recent findings in a sister centre, alterations to the admission process had already taken place such as recording what information was shared with young people as well as requesting access to translators. The social worker told inspectors that this resource was available for use whenever needed. The requirement for this support may be recurrent during the duration of young people's time in the centre and will depend on the staff team's assessment of their individual language needs as well as their wishes.

Good work with young people was evident on file in relation to accessing ancillary English classes. While some chose not to attend extra tuition for various reasons, others were receiving it at the school they were attending. Inspectors recommend that consideration is given to the use of tutors within the centre as an option for young people to avail of. The centre had organised an EPIC worker (Empowering People In Care) to visit young people so that they could become familiar with external supports available to them. A translator was organised to attend this session and help with questions and queries the young people had.

Where young people required extra supports and services in areas such as mental health and wellbeing, centre management and staff were swift to respond to their individual therapeutic and assessment needs. Links had already been established with a private therapeutic service where clinical psychologists were available for young people to access. Additionally a counselling service that offered therapy through Ukrainian was provided and who had experience working with refugee and displaced children. Centre management were currently sourcing mental health training for the staff to assist young people where these needs arose. The centre management and staff were careful to gather a background medical history from young people with the assistance of the social work department so that treatment for any pre-existing conditions could be re assessed or continued.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 11 Regulation 12 Regulation 16 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.1 Standard 1.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- Centre and senior management must ensure they secure consistent access to appropriate interpreters to support young people with the sharing of information.
- The centre management and staff must ensure that they record all the information shared with young people regarding their rights.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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

There was strong and effective leadership demonstrated by the centre manager on the day-to-day operation of the centre. The current manager had been in their position for the past eight months and was present in the centre from Monday to Friday. They were the named person in charge and had full authority in the delivery of the service. They attended weekly team meetings, senior management and hand over meetings. While supervision was being provided by the manager to staff, the centre manager told inspectors that these sessions needed to be increased so that timelines were shorter between each one. Good direction and guidance was observed on meeting minutes for the team and it showed clear accountability on decisions being made by the centre manager.

There was evidence too on centre files and on team minutes of the introduction of new improved systems being developed and implemented to enhance care practices and safety with young people. Learning from past and current incidents with young people was reflected and discussed at senior management meetings and was shared with staff. Any changes that were required to procedures and practices with young people as a result of this learning was taking place. This was observed on individual risk assessments, absent management plans and on monthly case worker reports. The centre had operational policies and procedures in place which were reviewed and updated regularly.

At interview, staff described their roles and were aware of their responsibilities. They said they felt supported by the centre manager and they spoke about how recent amendments and developments were well received by the team and gave examples of how this had impacted positively on the delivery of the service to young people. They noted how the 'On Call' system was important to them and accessible when they needed it while on shift. However, this was a very busy centre and at the time of the inspection it was operating with six full time and one half time staff on the roster and the centre must increase their staffing numbers to ensure they can maintain double cover at all times. This may need to be increased depending on the needs and numbers of young people. In addition, there was no waking night cover provided in the centre although this was a requirement under the organisation's service level agreement with Tusla which was in place. It states that the centre must provide waking night cover based on the numbers of young people living together as well as the necessity that they share bedrooms due to the volume of young people requiring a place of safety.

Inspectors found that the internal management structure was not appropriate to the size and purpose of the centre. While there was no deputy manager post required for this type of service there was an absence of social care leaders on the team. Inspectors were informed that three personnel with social care leader experience were onboarding and one was identified for the position in a supportive capacity to the centre manager.

There was evidence that the service manager had oversight of the centre but they had not routinely visited onsite. They told inspectors that they were in communication with the manager on a regular basis by phone. More direct assistance must be provided to the centre manager by the service manager in the interim period until the social care leader takes up their role. One audit had been completed by the service manager for January to March 2023 with a plan of completing a full audit on an annual basis. Self-audits were also being conducted by the centre manager.

A risk management framework was in place in the centre with supporting structures to identify, assess and manage risk including an on-call system that could be used out of general hours and in emergencies. There were risk assessments in place including one for young people sharing bedrooms. Absence management plans were on young people's files and case working was completed with them to reduce risk and help mitigate against vulnerabilities, incidents and issues that arose. The allocated social worker told inspectors that the joint Tusla and Garda protocol for missing child from care will now apply for these services where young people fail to return to the centre

after their agreed curfew, the centres policy will need to represent this change. While there was photographic identification on the young people's records, the copy of the photo on file was not always distinct and inspectors recommend that this is reviewed to ensure that all young people's faces are clearly visible in their ID. The centre's operational policies require further review to ensure that any changes to procedures within the centre are reflected in the policy document and that they are fully in line with regulatory requirements and national standards and guidelines. A risk register was also maintained by the centre. While there was no oversight by external management visible on the log, risk was regularly discussed at senior management meetings.

There was no formal arrangement in place for when the centre manager was absent. The centre manager told inspectors that generally, a manager or a social care leader from another service would oversee the running of the centre when they were on annual leave. This function must be transferred to a social care leader or appropriate other when they are appointed. There was no written record in place of duties and responsibilities delegated to members of the staff team and this must be put in place. A quality improvement plan was in development for the centre.

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

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

Actions required:

- The registered provider must increase their staffing numbers to ensure they can maintain double cover at all times.
- The registered proprietor and management team must initiate a roster inclusive of waking night staff.

- The registered provider must ensure that the centre has a management structure that is appropriate to its size and purpose.
- The registered provider must ensure that more direct assistance is provided to the centre manager by the service manager in the interim period until the social care leader takes up their role.
- The registered provider must update the centre's policy to reflect the joint Tusla and Garda protocol for missing child from care.
- The registered provider must ensure that the centre's operational policies are reviewed to ensure that any changes to procedures within the centre are reflected in the policy document and that they are fully in line with regulatory requirements and national standards and guidelines.
- The registered provider must ensure that alternative management arrangements are consistently in place for when the person in charge is absent.
- The centre manager must ensure that there is a written record in place of duties and responsibilities delegated to members of the staff team.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre and senior management must ensure they secure consistent access to appropriate interpreters to support young people with the sharing of information.	<p>Service Manager made contact with Social Worker Team Leader 10th May seeking clarity on booking procedures for translators. Numbers have been provided to book translators directly.</p> <p>Translators to be booked upon admissions to support the young people in receiving the correct information regarding the centre, their rights and responsibilities. Discussed at team meeting 17.05.23 regarding provision of interpretation services.</p> <p>Young People informed at YP meeting on 24.05.23, that interpretation services are available where needed, and YP can request same from centre staff or management. Young people to be reminded again at YP meeting on</p>	<p>Admission policy has been reviewed and updated to reflect the changes.</p> <p>Training on the updated policies and procedures will take place in July 2023</p> <p>The centre manager will complete a monthly audit on the translation booking templates prior to submitting them to the social work department.</p> <p>The service manager will review the translation templates annually.</p> <p>Translators incorporated into the new admissions policy.</p> <p>Centre manager to continue to review young person's meeting minutes and provide feedback and guidance to staff</p>

		<p>23.06.23.</p> <p>Meeting with SWTL 06.06.2023 to clarify procedures for booking interpretation services. Interpreters will be booked as a standard and has been incorporated into the centres admissions policy with interpreters to be booked within 48 hours of new admissions. The Social work department will send the SCSIP numbers as part of the admission documentation to the centre so translators can be accessed.</p> <p>A translator booking log has been implemented and will be submitted to the social work department monthly.</p> <p>When young people have completed the admission process inclusive of information on their rights, this is recorded by the staff team as a 1:1 session.</p> <p>An admission checklist is now in place following any new admissions.</p>	<p>around booking interpretation services.</p> <p>A log has been implemented to record when translators are booked, the purpose of the log is to record bookings, the purpose of the booking and the dates. This will be overseen by the centre manager through their audits.</p> <p>Admissions policy will be reviewed and updated annually.</p>
	The centre management and staff must ensure that they record all the information shared with young people		

	regarding their rights.		<p>Centre manager will continue to oversee and sign young person's weekly meeting minutes.</p> <p>Service Manager will implement a system wherein young people are requested to give feedback on their care. This will be provided in Eng/UKR/Rus languages.</p> <p>Feedback forms to be provided to young people on a quarterly basis with the first forms being sent in June 2023.</p>
5	The registered provider must increase their staffing numbers to ensure they can maintain double cover at all times.	<p>The service manager has been recruiting rigorously and continues to interview suitable candidates for care and team leader positions.</p> <p>Two onboarding staff members, social care qualified, have been allocated to the centre pending receipt of Garda vetting disclosures. All other documents for onboarding have been received and it is anticipated the vetting will be received imminently.</p> <p>One staff commenced employment 03.05.2023.</p>	<p>Staffing, recruitment, and retention is discussed as a rolling agenda item on the weekly senior management meetings.</p> <p>The centre manager will continue to complete a quarterly audit which analyses current staffing and staffing trends and report the finding to the service manager and the service director.</p> <p>Recruitment will continue to remain a priority for senior management.</p>

	<p>The registered proprietor and management team must initiate a roster inclusive of waking night staff.</p>	<p>6 recruits onboarding have accepted relief positions in the organisation and will be available to provide support for shift cover pending receipt of Garda vetting.</p> <p>Senior management meeting 18.05.2023- task of drafting multiple rosters incorporating live nights was delegated between the managers and the service manager.</p> <p>23.05.2023- Follow up meeting to review the rosters held.</p> <p>29.05.2023- Senior management meeting to sign off on 2 rosters.</p> <p>2 rosters will be presented to the teams 30.05.2023. Staff requested to return their choice of roster by close of business 02.06.2023.</p> <p>New roster to be implemented at the end of the current roster.</p> <p>19.06.2023- meeting held with the staff</p>	<p>New Roster to be implemented at the end of the current roster.</p> <p>Centre Manager to continue to draft the rosters using the new live night template selected by the staff team.</p> <p>Staffing to be discussed at senior management level including rostering, provision of live nights etc.</p> <p>EAP available to staff team regarding maintaining wellness and self-care whilst working nights.</p> <p>Staff to be re-trained in the policies and procedures document July 2023.</p>
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	<p>The registered provider must ensure that the centre has a management structure that is appropriate to its size and purpose.</p>	<p>team to finalise the planning for W/N. Follow up meeting planned for 25.06.2023.</p> <p>June 2023- staff to be offered a preliminary wellness appointment to determine their fitness to do live nights. This is optional for staff however will be strongly encouraged by the centre managers.</p> <p>Policy on Live Nights drafted 29.05.2023 and added to the main policy document.</p> <p>Senior management are actively recruiting for team leader grade staff members to provide support to the centre manager.</p> <p>The senior management team will be trialling an internal organisation Team Leader Training program to commence 03.07.2023. Staff members with the requisite experience and qualifications will be invited to participate in the program which will provide training, upskilling, direct weekly supervision by the centre</p>	<p>Review of the pilot Team Leader Training Program 03.08.2023.</p> <p>Professional Development Plans for staff successful in the Team Leader Training program to be implemented and updated every 3 months during the first year in the role.</p> <p>Staffing, recruitment, retention, and performance to continue to be discussed as a rolling, weekly senior management meeting agenda item.</p>
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	<p>managers, fortnightly group supervision by the service manager, and performance measures. As part of the training, they will provide support to the centre managers in the overall running of the centre.</p> <p>A 3-month Supervision Schedule for the manager has been implemented with dates in place for the next 3 supervision sessions.</p> <p>The service manager will increase visitation to the centre from once per month to 3 times per month in the interim.</p> <p>Meeting with SWTL 06.06.2023 held to clarify the Joint Tusla and Garda Protocol for missing children from care. Outcome was that centres within the organisation have access to the protocol, this has been</p>	<p>A Team Leader will be appointed to the centre as soon as possible.</p> <p>Team Leaders appointed following the pilot Team Leader training program will be provided with an increased supervision plan, professional development planning reviewed every 3-months for the first year in post and training in supervision.</p> <p>The centre manager will implement a delegation list for the centres management team to ensure equitable division of tasks.</p> <p>Policy to be reviewed and updated annually as part of regularly scheduled review, or as required throughout the calendar year. AMP's reviewed monthly by case workers and centre managers to oversee that these are updated every three months.</p>
	<p>The registered provider must ensure that more direct assistance is provided to the centre manager by the service manager in the interim period until the social care leader takes up their role.</p> <p>The registered provider must update the centre's policy to reflect the joint Tusla and Garda protocol for missing child from care.</p>	

		<p>implemented.</p> <p>The policy on Missing Persons has been reviewed and updated 12.06.2023 to include the above updates.</p> <p>Management have been provided with the documents to submit to the Gardai upon reporting a young person as missing. In upcoming team meeting on 27.06.23, centre manager to discuss the Joint Protocol and MCFC process to the staff team and provide learning on how to complete these forms.</p> <p>It was agreed in the senior management meeting on 22.06.23 that on-call will give additional support with completing these forms where the missing person's policy must be followed.</p>	<p>AMPs to be sent to the SW link person and SWTL for sign off.</p> <p>Policies to be reviewed at team meetings.</p>
	<p>The registered provider must ensure that the centre's operational policies are reviewed to ensure that any changes to procedures within the centre are reflected in the policy document and</p>	<p>The main policies and procedures document annual review was completed in May 2023. New policies added to this were the following:</p> <ul style="list-style-type: none"> • Policy on Admissions 	<p>Updated policy documented sent to centre managers.</p> <p>Staff to be retrained in the updated policies and procedures July 2023</p>

	<p>that they are fully in line with regulatory requirements and national standards and guidelines.</p>	<ul style="list-style-type: none"> • Policy on Room Sharing • Policy on Incidents and Incident Reporting (including warning procedures) • Policy for On-Call • Policy on Missing Young People • Update to Missing Person Policy • Policy on Waking Nights • Young person's AMPs were updated on 06.06.23 on a meeting with SWTL. 	<p>A selection of policies will be reviewed at staff team meetings.</p>
	<p>The registered provider must ensure that alternative management arrangements are consistently in place for when the person in charge is absent.</p>	<p>An amendment to the On-call policy was implemented in May 2023, wherein escalation to the service director can be enacted if needed.</p> <p>A system of management cross cover has been implemented in May 2023. The other two managers within the organisation will share management oversight duties in the absence/leave of the allocated manager. Support will be provided daily through email, phone and in-person means.</p>	<p>Annual Leave of managers and cross cover arrangements to be discussed and agreed at the weekly senior management meeting a minimum of 2 weeks prior to managers taking 5 or more leave days.</p> <p>A written timetable of cross cover supports is to be completed with specific details around tasks, meetings, trainings, supervisions and any other duties identified as requiring cover and reviewed daily by the covering manager(s) and service manager during the leave period.</p> <p>A cross cover log will be implemented to be</p>

	<p>The centre manager must ensure that there is a written record in place of duties and responsibilities delegated to members of the staff team.</p>	<p>A template was drafted 08.05.2023 and implemented in the centre 13.05.2023. The template tracks the following information:</p> <ul style="list-style-type: none"> • Planning for the week • Staff on duty • On call • Tasks to be completed by staff on duty. • Potential issues that may arise • Young person's meetings • Activities 	<p>completed by the covering manager(s) and signed off by the service manager.</p> <p>The system will be reviewed in 3 months at senior management level (21.09.2023)</p> <p>The centre manager reviews the template every Monday and provides feedback to the staff team.</p> <p>The use of the delegation template will be reviewed in 1 month (21.07.2023) to analyse its efficacy and make any amendments if needed.</p>
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