



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 041

Year: 2021



Inspection Report

Year:	2021
Name of Organisation:	Misty Croft Ltd
Registered Capacity:	Six Young People
Type of Inspection:	Announced
Date of inspection:	16th and 17th February 2021
Registration Status:	12th May 2021 to 12th May 2024
Inspection Team:	Lorraine Egan Eileen Woods
Date Report Issued:	31st March 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 12th May 2009. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from the 12th May 2018 to the 12th May 2021.

The centre was registered to accommodate six separated children seeking asylum of both genders from age thirteen to seventeen years on admission, on an emergency, short, medium and respite basis. Their model of care was described as young person centred, using a needs led approach. The model was based on Maslow's hierarchy of needs, where physiological and safety needs are responded to and belonging and esteem needs are explored and personal development is encouraged and supported. There were four children living in the centre at the time of the inspection. One young person had moved on the day before the inspection and one young person was discharged during the inspection.

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
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 and 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. Due to the Covid-19 pandemic, communication with the centre manager and risk assessments took place and it was determined that this inspection be conducted remotely.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 9th March 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 23rd March 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: 041 without attached conditions from the 12th May 2021 to the 12th May 2024 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 15: Insurance

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 that formed part of an overall suite of policies which had been reviewed in January 2020. It reflected children's rights, the centre's statement of purpose and was aligned with regulations, relevant legislation and the National Standards for Children's Residential Centres, 2018 (HIQA).

Inspectors found that the admission's procedure reflected a very clear and comprehensive step by step guide on planned and unplanned admissions of young people to the centre. It outlined all of the stages of the process for each type of admission, the actions to be taken, the records to be completed and which professionals were responsible or required to be consulted.

Despite the majority of young people being admitted to the centre on an emergency basis, there was very strong evidence that centre management and the referring social work department ensured that the placement was suitable to meet the individual needs of each young person. The social workers were part of a dedicated team solely allocated to separated children seeking asylum. The staff team and the social workers collaborated very closely by sharing relevant information, discussing concerns, completing collective pre-admissions risk assessments and safety plans, conducting assessments of need and agreeing implementation plans. As part of this process, the social work department provided all available documentation about the young person as soon as possible. Social workers told inspectors that prior to admission, placement planning meetings took place with the centre and they were provided with information on the centre's statement of purpose and their model of care.

Risk assessments for new admissions took account of the impact on the current cohort of young people in the centre so that their welfare, rights and needs were

taken into consideration. In general, because of the limited information available about a new referral at the admission stage, safety plans were developed with the social work department so that any concerns identified could be assessed, monitored and managed so as to minimise any risks.

Through questionnaires and interviews, staff described how on admission, young people were shown to their rooms and also around the various areas of the house. They were supplied with essentials such as clothes, bedding and toiletries. The staff took account of the young person's preferences, likes, and wishes and the young people were introduced to the other peers and the staff team. The day to day running of the centre was also explained and the young people were provided with an information booklet along with access to an interpreter. A key worker was assigned to each young person at the early stages of their move-in. Through the questionnaires completed by young people for this inspection, they indicated that they were very happy living in the centre and indicated that there was nothing they would change about it. They also said they like talking to staff there.

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

A statutory care plan was in place for each young person living in the centre and child in care review meetings were booked with the social work department as soon as young people moved into the house. Where unplanned admissions took place, emergency care plans were completed promptly. From a review of records and interviews with the staff team and social workers, there was strong evidence of close working relationships between the referring social work department and the centre on areas such as, identification of goals, allocation of supports and resources and agreement on timeframes for receipt of documentation for the young people's files. The centre consistently worked in a multi-disciplinary way with allied professionals in the implementation of the young people's goals.

An up-to-date placement plan for each young person was developed by staff which reflected their care plan goals. Inspectors found these documents to be of a very high standard and were strongly inclusive of the young people's voice, their needs and their preferences so that best outcomes could be achieved. Actions and responses were clear and were linked to key working sessions, ancillary interventions and supports and aligned with absent management plans, risk assessments, safety plans and behaviour support plans. The development of progress reports formed part of the placement planning process and these were reviewed by the young person's key

worker every three weeks and shared with allocated social workers along with other records. Where possible, members of the young people's family were included in decision making that affected their care and welfare.

There was evidence that individual external supports identified at the care planning and placement planning stages were resourced for young people and facilitated by the staff team. Young people had access to therapeutic services, educational supports and other specialist care as required. Social workers told inspectors that communication between them and the centre staff team was excellent and they experienced a seamless approach in their provision of care and support for young people.

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

As a consequence of the Covid pandemic, inspectors were not onsite for the duration of the inspection. However, they had been in the premises on many previous occasions and found no issues regarding its suitability for young people. For this inspection, the manager was requested to submit images of the centre and they showed that the layout was suitably designed for providing safe and effective care for young people. Through questionnaires and interviews, the staff team, young people and social workers described the premises as homely, clean and nicely decorated and was maintained in good structural repair. Social workers said that centre management were very prompt at upgrading the facilities and it was well lit, heated and ventilated. From a review by inspectors of the maintenance record, a number of repairs that had been reported as needing attention remained outstanding at the time of the inspection. However, some of these could only be completed when Level 5 restrictions were lifted. Each young person had their own bedroom and had opportunities to have time alone and to decorate their rooms in a way that suited their own tastes and comfort. They could hang pictures and display personal items in various areas of the property.

The centre had adequate and secure storage facilities for personal belongings and had a sufficient number of bathrooms that afforded privacy for young people. The manager described the communal areas and said that they were designed for relaxation with enough space for young people to meet their friends and visitors and also respected their privacy. The centre had a policy on creating and maintaining a safe and homely environment.

The centre had written evidence that there was compliance with all statutory requirements regarding fire safety, building regulations and health and safety legislation. There was an up-to-date safety statement in place that was read and signed by the staff team and the health and safety officer. Daily, weekly and monthly fire safety records were completed and reflected in the centre's health and safety audits which were completed on a monthly basis. Fire safety training had been provided and where it needed to be refreshed for some members of the staff team, it had been scheduled to take place.

There were procedures operating in the centre for managing risks regarding the health and safety of young people, staff and visitors. Regular assessments of risks were taking place and control measures addressed any hazards that were identified. There was a policy in place for reporting accidents. From an evaluation of records regarding the centre's vehicles they were found to have been roadworthy, regularly serviced, taxed, insured, and being driven by staff who were legally licensed to drive. A vehicle safety check-list was completed daily and this included control measures regarding Covid-19.

The centre had developed a Covid-19 policy along with control measures and corresponding management plans for young people, the staff team and visitors. Regular meetings had taken place regarding compliance with the specific action plans. Young people and staff were being supported to manage and cope with the pandemic and the ongoing restrictions that affected their daily living.

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.

As part of the admissions process, the centre had guidance in place that outlined the documents required for each young person's file. Some of these included signed consent forms, statutory care plans, care orders, birth certs and recent photographs. Where these were not available at the time, the outstanding records were included on each young person's placement plan for request by the staff team.

Inspectors found that the files that were submitted as part of the inspection were well maintained. There was evidence to show that they were up-to-date and contained information that was compliant to specifications within the regulations. Files for each young person were stored confidentially and held in accordance with legislation and best practice requirements. The centre had policies and guidance in place on data protection, privacy and confidentiality. Password protection for documents was

provided to inspectors when submitting documentation for the offsite inspection and safety arrangements were agreed for any others provided. The staff team were informed of their obligations regarding compliance and how and who records were shared with.

The young people were made aware that records were maintained at the centre and they were included in opportunities to complete their care planning with key workers and to see any files maintained by staff about their daily living. There were arrangements in place to ensure that each young person's care record was returned to Tusla upon discharge.

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

Care records evidenced consistent working arrangements taking place between the centre manager, the staff team and external support services which young people benefited from and which improved their outcome overall. Referrals to agencies for health, wellbeing and emotional assistance was provided by centre staff and there was an understanding by the centre team of the impact of the trauma that some young people had experienced in their country of origin and in some cases, their journey to Ireland.

The staff team worked very closely with the young people's allocated social workers to ensure that goals outlined in their care plans were met in preparation for them leaving care. Staff indicated that the partnership arrangements with the dedicated social work department were very positive and social workers said that centre staff had an extremely good team-based approach to care provision and a very high standard of practice. Team meeting minutes and progress reports demonstrated regular joint agency contact and reviews of identified actions.

On the day prior to the inspection, one young person had been discharged and one was concluding the process. Final placement planning for the young people moving to a different service for long term care had been completed and goals had been reviewed and were in accordance with their needs. Helping the second young person leave the centre for adulthood and supported accommodation had been a primary focus for the staff team. Through key working and general daily living routines, they were actively assisted to budget, develop skills in home management, regulate free time and access ancillary support services and education in their local community. Robust liaison and co-ordination had been taking place between the centre and the

young people's social workers with regard to both of these transitions. Where appropriate, family members were consulted with in their country of origin to help map and partake in the young person's future plans. The staff team also supported young people through the social work department with the family reunification and family tracing process. Young people were encouraged to be involved at every step of the moving-on plans and where there was difficulty with language, interpreters were resourced to assist young people to partake in decision making about their move and provide them with sufficient information about where they were transitioning to. The centre had a discharge policy and a planning for leaving care procedure in place. End of placement reports were developed by the centre and were found to be of a very high standard when reviewed by inspectors.

Young people gave written feedback about their placement through exit interviews for the purposes of informing improvements in the quality of the centre. The feedback from the samples submitted to inspectors for review were very positive and comments included "I wouldn't recommend any changes to the house", "I learned to cook and self-discipline" and "I was happy in the house and I felt safe".

All relevant information relating to each young person was transferred following their discharge from the centre and it was in line with regulatory requirements. The centre had a policy in place which outlined this process. Young people's meetings were taking place regularly and provided opportunities for them to give feedback on their experiences of how care was being provided in the centre. This was also observed in a very effective way in placement planning reviews, where the young person's input to the plan was consistently reflected in the goals that were being evaluated.

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

Planned transitions for young people living in the centre were reflected through identified goals in the care plans and placement plans depending on need. For some young people, aftercare workers were already in place and staff were working alongside them and the allocated social workers to secure accommodation, source various supports such as educational courses, medical assistance and involvement in activities and hobbies in the geographical area they were moving to.

Key working sessions were reflective of the development of skills for independent living including shopping, using public transport, help with managing finances, promoting positive peer relationships and conversations about leaving care and

options available. There was strong evidence of consultation and consideration of the young people’s opinions on their preferences and wishes for their transition. For one young person this included the sourcing of housing with extended family members and significant people in their lives. Where there was difficulty in securing accommodation for young people, centre management sought to extend their length of stay in the centre for a short period of time from once they reached the age of eighteen and until adequate supports in line with care plans were in place.

Young people were made aware that they had a right to access and review their own records and decide who they wanted their information shared with.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

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

Actions required

- None identified.

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 co-ordination of workforce planning for the centre was the responsibility of internal and external management. Inspectors found that the service responded very well to the needs of young people by ensuring that staff had the skills and competencies to provide safe and effective care to the young people living there. Discussions and planning with regard to the service's workforce took place at team meetings, senior management meetings, during supervision and included areas such as sick leave, training and development, on-call arrangements, maternity leave, rotas and team leader responsibilities and recruitment.

The staff team consisted of the centre manager, one social care leader, nine social care workers including two members who were part-time. Two regular relief staff were available to support the staff team and covered the various types of leave. Staffing levels were found to have been sufficient for the very busy centre and for the completion of all of the actions and tasks associated with child-centred, safe and effective care provision for young people. This included facilitating access with extended family where appropriate, supporting education needs including extra language assistance, providing independent living skills programmes, fostering friendships and encouragement to join activities and hobbies along with general day-to-day duties and responsibilities. The team were in general very experienced and the majority of staff had been working in the centre for many years so that young people benefited from stability and continuity of care. Social workers said that the mix of skills and competencies that centre staff had, positively impacted the outcomes for young people including their acute awareness of the effects of trauma on the specific cohort of young people they were caring for.

The centre had arrangements in place to promote staff retention which included supervision, ongoing staff training, provision of a wellbeing service through an external organisation, a staff handbook and promotional opportunities. There was an on-call policy and system in place which contained formalised procedures for support to the team at evenings and weekends. There were standard operating procedures

along with an emergency on-call process to ensure that staff had access to assistance and advice outside of working hours.

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

A recruitment, selection and vetting policy was implemented in the centre and procedures for employing personnel safely was in line with Irish and European legislation. Practices in place included the establishment of an interview panel, a candidate selection process, obtaining full Garda vetting, three verifiable references and holding a qualification required for the post that was confirmed by the organisation.

The inspectors observed verified references and qualifications in the sample of staff files reviewed however, three of the staff team required their Garda vetting to be renewed as it had recently expired. The centre manager had made inspectors aware of this deficit prior to the inspection and confirmed that the application for renewal had begun. Evidence of renewal was submitted for the three team members prior to the completion of the draft report. Centre and external management must ensure that Garda vetting for all of the staff team is renewed in a timely way and in line with the centre's recruitment, selection and vetting procedures. There must be ongoing oversight of personnel files so that audits conducted by internal and external management identify any deficits in the vetting processes.

The staff team had either a recognised or relevant qualification and had strong skills and competencies appropriate to their role. Social workers interviewed, said that staff went beyond their required duties to support the young people in their care. The centre manager had a relevant qualification and had completed a course in project management and was trained in supervision. In interview and from questionnaires, the centre manager was described as providing excellent leadership and was accessible and very supportive and the organisation was described as one that cared for the staff team.

From a review of a sample of personnel files, inspectors observed job descriptions and contracts of employment. They were found to have been up-to-date, accurate and securely held in line with regulatory requirements. A written code of conduct was in place and staff in interviews had good knowledge and awareness of the policy's requirements.

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.

The staff team through interviews and questionnaires showed a very keen understanding of their roles and responsibilities in how they provided care to young people in the centre. Staff gave robust descriptions and responses on the questionnaires of their duties and obligations when working with young people. This showed an excellent knowledge base for the model of care, key working, planning, policy and communication, young people's rights and supervision. Staff had a good awareness of the governance arrangements within the centre and the wider organisation.

Inspectors observed strong evidence across the centre files of the staff team's use of their own professional judgement. Their skill set, competencies and experience was observed in their discussions about young people's care needs at team meetings, handovers, recording on daily logs and placement planning. The centre manager supported a culture of collective accountability through the use of a team based approach when responding to the individual needs of each young person. There were very good examples of this noted on the joint work relating to placement planning with allocated social workers and other allied professionals. There was evidence to suggest a culture and environment within the centre of reflection, learning from each other and being supported to provide the best care possible to young people living there. There were opportunities for the staff team to access training and further development of their skill set where required. There was good oversight by the centre manager noted at the various internal meetings.

Staff were protected in the minimising of risk to their own safety and centre policy reflected how this was identified and managed. Mechanisms in place included health and safety procedures, risk assessments, debriefing, on call systems, training and supervision.

All of the staff team received supervision solely delivered by the centre manager who was trained. Inspectors recommend that some of the supervision duties are delegated to the social care leader to support the centre manager with this function. While in general, supervision was in line with centre policy, records were difficult to read and discussions were not detailed. Agenda items were not consistently brought forward for review. As a consequence, it was difficult to track the completion and follow-on of specific actions decided at each session. Any performance related issues that emerged

regarding the staff team were being addressed and managed through structured plans implemented by the centre manager. Centre management must ensure that supervision records are detailed and legible, items for discussion should be reviewed at each session so that the completion of tasks can be easily tracked.

The service director provided supervision for the centre manager. The template in use did not contain agenda items and there was a lack of clarity on assignment of tasks, completion of actions and timeframes. Discussions on some records highlighted certain stresses along with team issues regarding communication and anxieties experienced by staff as a result of the Covid-19 restrictions. Both the centre manager and service director stated that these issues were no longer relevant and had been addressed, however how they were resolved was not reflected in the supervision records. The service director must ensure that supervision records contain consistent agenda items, actions with stated timeframes for completion and a clear reflection of how resolutions on specific issues were reached or remain outstanding.

Inspectors observed records relating to the centre's probation and regular appraisal system for management and staff. There was an employee handbook in place and the staff team had access to wellbeing services through the employee assistance programme. They conveyed through interviews and questionnaires that they were supported to manage any impacts of working in the centre which included the challenges that the Covid pandemic brought to their work.

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

Through interviews and questionnaires, centre staff told inspectors that they had regular opportunities to attend training to update their skills and knowledge. From a review of personnel files and the training audit, internal mandatory training provided by the service included fire safety training, behaviour management, child safeguarding and Tusla's Children First E-Learning Programme, first aid and safe administration of medication. Additional training consisted of supervision, risk assessment, trauma, suicide awareness, anti-human trafficking and Spiritan Asylum Services Initiative training (Spirasi). Inspectors found that while in general core training was in date for most staff, some gaps existed in areas such as the model of care refresher training, which was not included on the schedule but had been completed previously by the staff team. Centre management must ensure that where there are gaps in renewal of core training for staff, including the model of care, this

must be updated in line with the centre’s statement of purpose and operational policies and procedures.

The provision of some mandatory training had been impacted by the pandemic, however, where this was the case, for example with Therapeutic Crisis Intervention refresher training (TCI), it was currently being facilitated as part of an online programme. A training needs analysis was in place and regular auditing of training was occurring so that programmes were updated when required. There was evidence to show that where some certification was approaching expiry, staff were scheduled on the next available dates to attend. Records of continuing professional development and training completed by staff was kept by centre management.

A staff induction booklet had been developed by the service and this included the centre’s suite of policies and procedures that was required to be read and signed by the new staff during induction training. This record was stored on staff files.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

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

Actions required

- Centre and external management must ensure that Garda vetting for all of the staff team is renewed in a timely way and in line with the centre’s recruitment, selection and vetting procedures. There must be ongoing oversight of personnel files so that audits conducted by internal and external management identify any deficits in the vetting processes.
- Centre management must ensure that supervision records are detailed and legible, items for discussion should be reviewed at each session so that the completion of tasks can be easily tracked.

- The service director must ensure that supervision records contain consistent agenda items, actions with stated timeframes for completion and a clear reflection of how resolutions on specific issues were reached or remain outstanding.
- Centre management must ensure that where there are gaps in renewal of core training for staff, including the model of care, this must be updated in line with the centre's statement of purpose and operational policies and procedures.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None identified.		
6	<p>Centre and external management must ensure that Garda vetting for all of the staff team is renewed in a timely way and in line with the centre's recruitment, selection and vetting procedures. There must be ongoing oversight of personnel files so that audits conducted by internal and external management identify any deficits in the vetting processes.</p> <p>Centre management must ensure that supervision records are detailed and legible, items for discussion should be</p>	<p>In general, employee Garda vetting is checked 2 months in advance of renewal dates and discussed in a house management meeting to ensure any vetting needs are identified in advance and actioned.</p> <p>A general audit on personnel files was conducted upon inspection notification, which identified the issue of vetting lapsing. Every effort was made to rectify this issue with immediate effect. All vetting requirements were in place for the team before the end of the inspection in February 2021.</p> <p>The social care manager acknowledges the supervision process and recording of minutes was hampered during the year, as</p>	<p>From March 2021, a standing item, regarding vetting has been incorporated into the routine social care manager monthly audit, which is in turn reported to senior management on a monthly basis.</p> <p>From March 2021, the company's on-line human resource platform is being utilised, to notify the social care manager and social care team leader, as to when vetting is required to be renewed.</p> <p>A detailed annual vetting plan will be developed by the social care team leader in March each year.</p> <p>From March 2021, the social care manager will review supervision minutes regularly to ensure minutes of supervision records are detailed and legible, items for</p>

	<p>reviewed at each session so that the completion of tasks can be easily tracked.</p> <p>The service director must ensure that supervision records contain consistent agenda items, actions with stated timeframes for completion and a clear reflection of how resolutions on specific issues were reached or remain outstanding.</p>	<p>it needed to be completed remotely for much of the past year.</p> <p>A new process has been devised and this will involve current supervision minutes (including action points and task setting) creating the basis to begin subsequent supervision sessions.</p> <p>There will be a greater emphasis on detailing task completion and reflection pieces.</p> <p>The supervision minutes' template has been updated to reflect the above. The above points will be in effect from April 2021</p> <p>The director of service has taken on board the advice of the inspectorate and with the social care manager, has altered the supervision form to incorporate clearer roles, plans, recording mechanisms, timeframes etc. This will be implemented in April's supervision and should make resolutions and processes clearer on how decisions were reached or remain outstanding.</p>	<p>discussion are reviewed at each session and the completion of tasks are easily tracked.</p> <p>From April, supervision records will be reviewed regularly by the director of service to ensure compliance as stated.</p>
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	<p>Centre management must ensure that where there are gaps in renewal of core training for staff, including the model of care, this must be updated in line with the centre's statement of purpose and operational policies and procedures.</p>	<p>The booking and organisation of core training is high on the organisational planning agenda. Once practical aspect of current training programmes recommence, any outstanding training schedules will be completed.</p> <p>Model of Care training will be incorporated into induction going forward from April 2021</p>	<p>Training audits will continue to be completed by the social care team leader quarterly, and any needs identified will be brought to monthly management meetings where plans can be made to ensure there are no training gaps.</p>
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