An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 058

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Positive Care**
Registered Capacity:	**Four Young People**
Type of Inspection:	**Announced**
Date of inspection:	**08th, 09th & 10th June 2021**
Registration Status:	**Registered from 24th May 2020 to 24th May 2023**
Inspection Team:	**Joanne Cogley** **Anne McEvoy**
Date Report Issued:	**19th August 2021**

Contents

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 24th May 2014. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 24th May 2020 to the 24th May 2023.

The centre was registered to provide medium to long term care for up to four young people of both genders from age thirteen to seventeen years on admission. The centre operated under a care framework which outlined the principles of therapeutic approaches and models which should underpin placements and overall therapeutic care. The care framework was relationship based and had four pillars: entry; stabilise and plan; support and relationship building; and exit. This model included work on trauma and family relationships while setting meaningful life goals for the young person. There was an emphasis on understanding the young person's behaviour and helping them to learn healthy alternatives. There were two young people in residence at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.2, 3.3
5: Leadership, Governance and Management	5.2, 5.4
6: Responsive Workforce	6.1, 6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. 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 on the 22nd July 2021 and to the relevant social work departments on the 22nd July 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 5th August 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: 058 without attached conditions from the 24th May 2020 to the 24th May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

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

At the time of inspection there were two young people residing in the centre. One young person's care plan was dated November 2020 and a review had occurred on the 4th June, the week prior to inspection. The centre was awaiting an up to date care plan following this review meeting. Minutes of this meeting were evident on file and the social worker confirmed the care plan was being prepared and would be with the centre in the coming days. The second young person did not have an up to date care plan on file. Their last care plan was from June 2020. A review had occurred in March 2021 however the centre was still awaiting an up to date care plan and minutes from this review. There was evidence on file to show the centre manager had made attempts to secure this care plan. The regional manager had also escalated this to the social work team leader and inspectors were informed this would be escalated to the principal social worker by the end of June 2021 if there was still no satisfactory outcome.

Inspectors saw evidence on file of young people being encouraged to attend their review meetings and where they chose not to, work was done with them in advance to ensure their views were represented at the meeting and their voices heard. Feedback was provided to them after the meeting.

Each young person had a placement plan on file that was prepared by the centre manager and updated by the key worker. These placement plans incorporated goals from the care plan and were drafted on a quarterly basis. In the case of the young person who did not have an up to date care plan, the centre incorporated goals from their copy of the review meeting minutes and incorporated goals from their own analysis of the young person's presenting needs. There was also evidence of individual work records being completed with young people that focused on the goals they wished to achieve for the month ahead and this was then incorporated into the placement plan. There was evidence of attempts made by the centre for professional and family input into placement plans. Inspectors offered to speak with all young people but only one young person chose to do so. This young person confirmed they

had input into their placement and felt the team were supporting them to meet their goals.

Inspectors found each of the young people had access to the appropriate specialist services they required. There was evidence that young people were facilitated to attend specialist supportive services such as equine therapy, occupational therapy and CAMHS. The centre had a psychologist and a behavioural support analyst attached to the service. Inspectors found limited evidence to show the psychologist's involvement in the centre. Initially the psychologist was requested to develop a therapeutic plan for one young person in January 2021, this request appeared to roll over a number of team meetings before it was decided to put the therapeutic plan on hold and enlist the organisations behaviour support analyst to provide support to both the young people and the team.

Following the review of care files and questionnaires, Inspectors found that there was effective communication between the centre and one young person's social work team. This was confirmed by the social worker who held the centre manager in high regard and stated communication was excellent and this was one of the better centres they had worked with over the years.

In the second case inspectors reviewed on-site documentation, staff questionnaires, spoke with the centre manager, staff members, young person, allocated social worker and allocated guardian ad litem. From this review inspectors found communication to be poor from the social work department. The centre had made attempts to escalate matters, a number of meetings had been requested by the centre manager and the guardian ad litem but at the time of inspection there was no date confirmed. There was no up to date care plan on file along with delays in confirming access arrangements and responding to issues around challenging behaviours. The young person was also working with an EPIC advocate and utilising the Tusla 'Tell Us' complaints programme in relation to issues they had around the service being provided by social work. This lack of communication was found to impact on the provision of care to this young person. Inspectors wrote to the principal social worker in relation to this issue following inspection.

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

Compliance with standards	
Practices met the required standard	**Standard 2.2**
Practices met the required standard in some respects only	**Not all aspects of this standard were reviewed.**
Practices did not meet the required standard	**Not all aspects of this standard were reviewed.**

Actions required

- No action required

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

Inspectors reviewed centre records and spoke with staff members and found there to be a positive approach towards behaviour management within the centre. All staff members interviewed were aware of the centres policy on the approach to behaviour management. There was evidence of rewards systems in place along with a system of natural consequences. It was noted by inspectors that despite these systems being in place, the recording of same was limited. This was identified in a recent audit conducted by the organisation's quality assurance department and it formed part of the centre's action plan. In the case of one young person, there was limited evidence of sanctions being implemented despite high risk challenging behaviour being displayed. It was the opinion of the centre manager, social worker and guardian ad litem that implementing sanctions would see the young person and staff engaged in the conflict cycle. Instead the staff focused on life space interviews with the young person and natural consequences as a result of their behaviours. Inspectors found that while conversations were appropriate and with a reparative focus, they appeared to have minimal impact on changing the young person's behaviours.

Evidence was available to show that each child was supported to develop their understanding of behaviour that challenges. This was completed through life space interviews (LSI's) after incidents of challenging behaviour. In the case of one young person displaying challenging behaviour, in addition to LSI's being completed, key working was completed after an incident to determine if there were other issues impacting on their behaviours. This was linked to anger management support techniques. In the case of the second young person, there was little evidence of recorded key working in relation to the impact of their behaviours and the impact on them of the other young person's behaviours. The centre manager must ensure all key working conversations occur and are recorded in individual work records.

Inspectors saw evidence of management and senior management responding appropriately to significant incidents and providing oversight, together with on-going significant event review group meetings in relation to the young person's behaviour. Triggers and trends were identified and changes were made to rosters and ways of working in response to this. The organisation's behaviour support analyst was working with the team to support them working with the young people. They had attended team meetings and drawn up behaviour support plans and staff identified this as a positive support for the team.

The centre had a number of auditing systems in place which included a review of behaviour management in the centre. Inspectors reviewed a sample of these audits and were satisfied that there were appropriate internal and external mechanisms in place to ensure there was sufficient oversight of the centre's approach to managing behaviour.

All staff were trained in a recognised model of behaviour management. Refresher training had been provided throughout the Covid-19 pandemic, however only in the theory aspects of this training. The refresher in the physical aspect of this training had recommenced since March and all staff were trained. Each young person had an Individual Crisis Management Plan (ICMP) on file which recorded current behaviours, triggers, high risk behaviours and safety concerns along with de-escalation strategies. The centre had an anti-bullying policy in place that staff were familiar with. Inspectors saw evidence that young person's meetings discussed expectations, house rules and how to treat each other within the centre. The social workers for young people and the guardian ad litem confirmed there were no concerns in relation to bullying within the centre.

The centre had a written policy on the use of restrictive procedures. At the time of inspection, room searches were being conducted where required however, these had

not been identified and risk assessed as a restrictive practise and the centre manager must ensure same. While management and staff in interview were aware of the restrictive practises in place and were able to communicate the review process, there was little written evidence to support risk assessments and reviews occurring. This was raised with the regional manager at the time of inspection who identified it as an issue and had incorporated it into the weekly management agenda moving forward to ensure documented discussions and reviews.

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

Inspectors were satisfied that an open culture was promoted in the centre. Inspectors found that young people's meetings were held regularly and the young people were supported by staff and managers to raise concerns, express their views and have their voices heard. Inspectors spoke with one young person and reviewed two young people's questionnaires and found they could identify members of staff that they could speak with if they had an issue or concern. They reported that they were aware of the centre's complaints process and had received responses to complaints raised. Staff in interview stated there was an open culture in the centre and expressed confidence in centre management.

There was evidence across a range of records including care plans and placement plans that the centre consulted and sought feedback from parents, social workers and other relevant professionals to determine their views on the quality of care being provided. The centre maintained appropriate contact with families through telephone contact and facilitated family visits. Social workers interviewed stated that the centre management liaised with them regularly and they were satisfied with the progress the young people had made in their placements. The regional manager stated that an online survey link had recently been sent to all social workers and the organisation intended to collate the feedback from these surveys and use them to inform improvements in the service in the second half of 2021.

The centre had a policy on the notification, management and review of incidents and inspectors were informed by social workers and guardian ad litem that all incidents were reported in a prompt manner both via phone and e-mail. There was evidence of oversight by the manager and regional manager who reviewed and commented on the management of all incidents. Due to the recent cyber attack on Tusla IT systems, the centre was notifying the external significant event team of reports via registered post. They were informing the social worker verbally and were not sending reports. Social workers had not received any written paperwork since the 13th May thus

minimising their ability to have oversight. The centre manager must ensure an interim process is implemented for sending paperwork to social workers during the cyber attack. Incidents were discussed at team meetings and in staff supervision and learning was communicated to the staff team. Inspectors saw evidence of significant event review group (SERG) reviews where approaches were reviewed, risk was discussed and alternative supports implemented for young people and staff.

Compliance with Regulation	
Regulation met /not met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Not all aspects of this standard were reviewed.**
Practices met the required standard in some respects only	**Standard 3.3** **Standard 3.2**
Practices did not meet the required standard	**Not all aspects of this standard were reviewed.**

Actions required

- The centre manager must ensure all key working conversations occur and are recorded in individual work records.
- The centre manager must ensure all restrictive practices are identified and risk assessed.
- The centre manager must ensure an interim process is implemented for sending paperwork to social workers during the cyber- attack.

Regulation 5: Care Practice s 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.

The management structure within the centre comprised of a centre manager, deputy manager and social care leader. This management structure was appropriate to the size and purpose and function of the centre. The centre manager was appointed to their role in February 2020 and worked within the centre for three years prior to

commencing this role. The deputy manager had worked within the organisation for over three years and was appointed to their current role in September 2020. All members of management held appropriate qualifications. During the course of the inspection it was evident that leadership was demonstrated by the centre manager. This was supported through interview with staff members who stated that the centre manager was approachable and supportive. Inspectors found evidence of leadership on reviewing documents within the centre, where centre manager comments were clear, challenging of practice and supportive of staff efforts. The centre manager informed inspectors they had tendered their resignation to the organisation to step down from their post and return to a deputy manager post. They were committed to remaining in post until a suitable candidate was appointed.

There were clearly defined governance arrangements and structures within the centre. All staff interviewed were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. All staff members interviewed confirmed they had received job descriptions and contracts. There was a record of designated task lists advising of duties appropriately delegated to staff members within the centre. During periods of annual leave the centre manager left a clear delegation record to those covering in their absence with evident follow up upon return. The centre manager held the overall executive accountability for the delivery of service and it was evident from audits and documents examined that they had oversight on all areas of practice.

The centres policies and procedures were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). There was evidence of an on-going review of policies and procedures by both the organisation and by external consultants. Staff members had received refresher training in the centre's policies and procedures in March 2021. The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on-call system. The regional manager confirmed there were appropriate service level agreements in place and that annual reports were provided to the funding body.

The centre had a risk management framework in place for the identification assessment and management of risk. The centre maintained a risk management folder in which specific risks were identified and assessed. The organisation's policy on risk management categorised risk into three areas, corporate, centre and young people risks. The centre risk register was attached to the statement of purpose for the centre. From review of this risk register, risks identified and assessed were generic risks and were not centre specific. There was no record of risks in relation to

lack of care plans on file which didn't allow for adequate planning for a young person, communication difficulties with social workers, staff turnover or the tendered resignation of the centre manager.

Inspectors spoke with the centre manager and staff in relation to the on-going Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. Staff members confirmed they had full access to personal protective equipment, cleaning materials and sanitiser as required. On one occasion two staff members were redeployed to another centre within the organisation in January 2021 to support that staff team in managing an outbreak of Covid-19. As a result these staff members also contracted covid-19 which resulted in them not being able to fulfil their shifts on this centre's rota until all public health advice had been followed. This did not appear to be adequately risk assessed as inspectors saw no risk assessments relating to same. The centre manager must ensure that risk assessments address risks specific to the centre and not just generic risks.

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

Compliance with standards	
Practices met the required standard	**Not all aspects of this standard were reviewed.**
Practices met the required standard in some respects only	**Standard 5.2**
Practices did not meet the required standard	**Not all aspects of this standard were reviewed.**

Actions required

- The centre manager must ensure that risk assessments address risks specific to the centre and not just generic risks.

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.

Inspectors reviewed management meetings, rotas and team meetings and saw evidence of workforce planning being undertaken. The centre's rotas were completed three months in advance and cover was adequate on all the projected days that were reviewed. There was evidence of management impressing the importance of staff utilising annual leave throughout the year. Following recent SERG meetings, inspectors saw evidence of two new staff members being recruited to the team in the three weeks prior to inspection. These staff members were male to allow a more adequate gender balance as it was identified that incidents were escalating on days where an all-female team was present. The rota was re-worked to incorporate these two staff members and to ensure a gender and experience balance daily in an attempt to minimise the severity of incidents.

Inspectors also reviewed clock cards for days worked over a consecutive five-month period. Of the five months, there were thirty-eight staff members who worked in the centre, this included staff who were contracted to the centre. Of the 145 days reviewed there were twenty-six days that ran with lower staffing ratios than what was required in the centre. The regional manager confirmed in interview that the national private placement team and social work departments were not notified when this occurred. It was noted both in staff interviews and staff questionnaires that staff members felt the changes in staffing had been challenging and had impacted on both the team and the young people in placement. Professionals interviewed stated that while the staff turnover may have contributed to a period of unsettlement for the young people in placement they did not believe it to be the primary factor in either case. Both young people had a significant amount of complexities they were processing and professionals were of the opinion the staffing changes didn't impact them. In both cases they said key workers were always available to the young people and they had built positive relationships with them. The regional manager must ensure that where agreed staffing ratios cannot be facilitated, the national private placement team and allocated social work department must be made aware of same.

From a review of staffing, there was a 63% turnover of staff within the centre within the past seven months. The centre had six staff resignations since the end of October 2020. In addition to this one staff member had transferred to another unit within the organisation in November 2020. From speaking with both the centre manager and regional manager, they confirmed that attempts had been made to complete exit interviews however uptake was low thus meaning inspectors were not able to review exit interviews. The organisation's process around exit interviews was that the centre manager would complete these. Inspectors recommend this is reviewed to ensure a senior manager or human resource manager completes exit interviews to ensure a full rounded view is available as to why the staff member is leaving. This would allow the staff member to be transparent in their responses. Natural fall off was the explanation for turnover provided to inspectors at the time of inspection. The regional manager informed inspectors that a six-week series of team training days had occurred in the centre in February and March in an effort to build team confidence and cohesion with the goal of maintaining the current staff team into the future. The regional manager and centre manager must ensure, as much as possible, that there are adequate supports in place to maintain the current staff team into the future.

Of the staff team in place at the time of inspection, the length of service ranged from four years to three weeks with the average length of service being fourteen months. The staff team compliment consisted of a deputy manager, social care leader and nine social care workers. Two staff members were unqualified but in their final year of a recognised social care degree. One staff member was unqualified but informed inspectors they had applied to begin a social care course in September 2021 and this was being supported through the organisation's educational assistance programme. The rest of the staff team were qualified in social care. From a review of the staff members' files provided as part of the relief panel, one staff member who worked frequently within the centre was also unqualified. The regional manager must ensure the centre limit their use of unqualified staff members within the centre.

The organisation had arrangements in place to promote staff retention. They provided training, education assistance funding, access to healthcare packages and an employee assistance programme. There was a formal on call policy and procedure in operation which staff stated was accessible and responsive to their needs.

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

The organisation provided a range of training and development opportunities to all staff members that were appropriate to their role. Along with the required mandatory training, training was provided in additional areas such as placement planning, drug awareness, medication management, suicide prevention and the organisations policies and procedures. All staff members training certificates were stored on their personnel file. The organisation utilised an employee assistance programme and inspectors saw evidence of two staff members in the centre benefiting from this support to further their education and training.

Inspectors noted from a review of team meeting minutes that they were used as a forum for learning and development. Elements of training and policy reviews were incorporated into these meetings. Evidence was available to show the organisations training department, clinical department and regional manager all had input into meetings for training and developmental purposes and these meetings were well attended. Staff members interviewed confirmed that the training department had oversight on all training needs and would inform staff members three months in advance of renewal dates for booking training. The regional manager and centre manager maintained oversight of training needs within the team through an online system which identified areas staff were yet to be trained in or needed refresher training.

There was a formal induction policy in place. New staff members attended an organisational induction and training programme over the course of five days. They also then completed a house specific induction prior to commencing their first shift. It must be noted that the development of the staff team may be impacted due to turnover over the previous seven months. This turnover saw an ongoing induction phase within the team. Inspectors reviewed a sample of in-house inductions and found these to have been comprehensively carried out by a member of the management team.

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

Compliance with standards	
Practices met the required standard	**Standard 6.4**
Practices met the required standard in some respects only	**Standard 6.1**
Practices did not meet the required standard	**Not all aspects of this standard were reviewed.**

Actions required

- The regional manager must ensure that where agreed staffing ratios cannot be facilitated, the national private placement team and allocated social work department are made aware of same.
- The organisation must review their current exit interview process to ensure a senior manager or human resource manager completes them to ensure a full rounded view is available as to why the staff member is leaving.
- The regional manager and centre manager must ensure, as much as possible, there are adequate supports in place to maintain the current staff team into the future.
- The regional manager must ensure the centre limit their use of unqualified staff members within the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	No action required		
3	The centre manager must ensure all key working conversations occur and are recorded in individual work records.	Keyworking sessions will take place at a minimum of once per week planned. Keyworking will also be responsive to incidents as they occur and will review the LSI and behaviours from the incident.	As part of delegation tasks the Deputy Manager will review key working weekly to ensure keyworking sessions are completed both planned and responsive to incidents. UM and DM to review daily logs to ensure all relevant conversations are recorded as keyworking sessions.
	The centre manager must ensure all restrictive practices are identified and risk assessed.	All restrictive practices are now included on the young persons IRMP.	Restrictive practise risk assessments are reviewed and discussed in weekly management link in meetings.
	The centre manager must ensure an interim process is implemented for sending paperwork to social workers during the cyber-attack.	UM contacted social workers after inspection to arrange for paperwork to be sent by registered post however social work emails became available. All SENS were sent by 11/06/21	If for any reason we cannot send emails then paperwork will be sent to social work by registered post.

5	The centre manager must ensure that risk assessments address risks specific to the centre and not just generic risks.	Statement of purpose risk register updated immediately to reflect risks that are specific to the centre. Review of SOP has been undertaken through team meeting forum with RM on 21st July 2021.	All Risk Management documents to contain specific risk to the centre. Centre manager and Regional Manager to review risks, and relevant documents highlighting risk, on an ongoing basis to ensure that risks are centre specific.
6	The regional manager must ensure that where agreed staffing ratios cannot be facilitated, the national private placement team and allocated social work department are made aware of same. The organisation must review their current exit interview process to ensure a senior manager or human resource manager completes them to ensure a full rounded view is available as to why the staff member is leaving. The regional manager and centre manager must ensure, as much as possible, there are adequate supports in	National private placement team and social workers will be informed at any point in which staffing ratios as agreed cannot be facilitated. HR dept and Regional Manager will complete exit interviews with staff leavers who engage in the process when offered. Training, supervision, and employee assistance programme is available to all staff. Outside of this there is continued professional development for staff,	National private placement team and social workers will be informed at any point in which staffing ratios as agreed cannot be facilitated. HR dept and Regional Manager will complete exit interviews with staff leavers who engage in the process when offered. All staff will be receiving training and supports in order to develop in their role and will work on progressing through their

	place to maintain the current staff team into the future. The regional manager must ensure the centre limit their use of unqualified staff members within the centre.	through additional training and courses as required along with access to external trainings. An Educational Assistance fund is available and continues to be available and offered to all staff who are not qualified in the appropriate related discipline.	time in the centre striving to maintain and retain current staff. Only appropriately qualified staff will be contracted to the Centre.