



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 046

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Solis MMC Children's Services
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	07th, 08th & 09th March 2022
Registration Status:	Registered from 30th June 2022 to 30th June 2025
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	8th July 2022

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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 granted its first registration on the 30th of June 2016. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 30th June 2019 to 30th June 2022.

The centre was registered as a multi-occupancy service. It aimed to provide emergency accommodation for young people for up to a maximum period of 21 days. It was registered to provide accommodation to three young people of both genders from age twelve to seventeen years on admission. Their model of care was described as being based on *Erik K. Laursen's Seven Habits of Reclaiming Relationships*. The centre aimed to build relationships through an activity-based programme. There were three 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
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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

At the time of this inspection the centre was registered from the 30th June 2019 to 30th June 2022. Due to concerns identified regarding care practices and the vetting of agency staff that arose during the course of inspection, the Alternative Care Inspection and Monitoring Service issued an immediate action notice to the registered provider on the 09th March 2022. This detailed that a condition would be attached to the registration of the centre prohibiting further admissions until the inspection process was concluded and the inspection findings were finalised.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 05th April 2022. 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 08th April 2022. The findings of this report and assessment of the submitted CAPA deemed the centre not to be operating 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: 046 with an attached condition from the 30th June 2022 to the 30th June 2025 pursuant to Part VIII of the Child Care Act, 1991. The condition being:

- That the centre must fully implement the actions detailed in the corrective and preventative action plan submitted and that the balance of qualifications of the staff team are addressed before 18th November 2022 so that the number, qualifications, experience and availability of members of the staff of the centre is sufficient having regard to the number of children residing in the centre and the nature of their needs.

This condition will be attached from the 30th of June 2022 and reviewed on or before the 18th of November 2022.

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.

The centre's statement of purpose was to provide emergency accommodation for young people for a maximum period of 21 days. At the time of inspection all three young people in placement were placed outside the centre's purpose and function and had been in placement longer than the 21 day timeframe due to the lack of availability of onward placements. As such statutory reviews had been held for each young person and an up-to-date care plan was in place reflecting their placement in emergency accommodation. The centre management team had drawn up placement plans in line with these care plans with a focus on the centre's model of care (activity-based programmes). Placement plans were drawn up and reviewed on a fortnightly basis and social workers were involved in setting out the areas of individual work for the young people to work on with the staff team. Inspectors saw evidence of child-friendly versions of placement plans that had been discussed with young people. Given the nature of placement, it was not deemed appropriate in certain instances to seek input from parents for the purposes of placement planning, however where appropriate the centre maintained contact with parents in relation to placement goals.

There was evidence young people's voices were being heard in placement. Young people were afforded the opportunity to attend their statutory reviews. They also had linked in with EPIC advocacy advisors and one young person had utilised the Tusla "Tell Us" complaints procedure.

Inspectors saw evidence on file that each young person was supported by the centre to access external supports and specialist services in line with their needs. From a review of young people's care files there was evidence through email correspondence and phone logs that daily contact was occurring with social workers both to discuss the current needs of young people and the need for follow on placements to be identified. Inspectors spoke with two social workers who stated they had regular communication with the centre manager. Two of the young people in placement met

with inspectors during the inspection and both spoke highly of the support being afforded to them by the management and staff team.

Compliance with regulations	
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	None Identified
Practices did not meet the required standard	None Identified

Actions required

- No action required

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.

At the time of inspection the management structure of the centre consisted of a centre manager, deputy manager and two social care leaders. This management structure was appropriate to the size, purpose and function of the centre. The centre manager had been appointed to post in May 2018 and held a recognised qualification in social care. They were the identified person in charge within the centre. Leadership was demonstrated by the centre manager within the centre. There was evidence of the centre manager guiding staff through supervision, handover and team meetings. Staff members interviewed confirmed that they felt supported by the centre manager. Where the centre manager took leave, there were appropriate alternative management arrangements in place. Inspectors also saw written evidence of delegation by the centre manager.

Inspectors did not find that a culture of learning and safety was being promoted within the service, this will be discussed further under Standard 6.1. The external management for the centre consisted of a service manager. The organisation's policies relating to governance stated that the service manager would visit the centre one day per fortnight and would review a range of documents resulting in a 'service manager checklist' being completed. The service manager confirmed they did not have a presence in the centre throughout the year 2021 and staff members interviewed were not familiar with them or their role. There was no evidence on site of service manager checklists, governance audits or oversight of files by the service manager. The service manager informed inspectors their aim for 2022 was for them to visit the centre every second month thus meaning it would be unlikely they would be in a position to adhere to their own policy for 2022. The service manager also had responsibility for supervising the centre manager. However, they had not adhered to the organisation's supervision policy in relation to timeframes for supervision throughout 2021. The service manager must ensure they are carrying out their duties in line with the organisation's policies and procedures. They must also ensure they are accessible to staff members.

The organisation employed a quality assurance manager. The role of the quality assurance manager was to carry out quality audits five times per year. Inspectors reviewed a number of audits and found the frequency had been adhered to in 2021. From a review of audits these were found to be a comprehensive in-depth analysis of the themes that were being examined. There was clear guidance and direction provided to the centre manager and staff team along with areas for improvement and identified areas of good practice. The centre manager had a timeframe of five days to provide an action plan to the quality assurance manager identifying how they proposed issues would be addressed. Aside from completing quality audits, there was evidence of the quality assurance manager attended team meetings, management meetings and carried out debriefs with staff members. The interview with the service manager, and the organisation's management structure within policy documents confirmed that quality assurance did not form part of the direct management structure and it appeared that they were carrying out some duties and functions of the service manager.

Operational policies and procedures had been developed, reviewed and updated in line with regulatory requirements and were discussed in team meetings and in staff supervisions. As highlighted throughout this report there were a number of policies that were not being adhered to at the time of inspection.

The centre operated on an emergency placement basis therefore there was a limited amount of known information on young people being admitted to the service. Initial pre-admission risk assessments were completed based on known information. Young people's risk assessments were then updated as required as the staff became more familiar with known risks and behaviours. The centre had a risk management framework in place that consisted of an organisational risk register, centre specific risk assessments, and individual risk assessments and plans related to the safety of young people. Staff members interviewed were familiar with how to identify, assess and manage risk on a daily basis. Inspectors found that young person risk assessments in place utilised the risk matrix and there was evidence of review of scoring systems once control measures were identified in an effort to reduce ratings. Social workers interviewed confirmed risk formed part of ongoing discussions with the centre manager and they were satisfied with how the centre was managing the risk related to young people on a day-to-day basis.

Inspectors reviewed the corporate risk register and found there were a number of issues identified during inspection that weren't acknowledged as risks. For example; use of agency staff, unknown training status of agency staff and operating outside organisational policies. Inspectors also found that the risk matrix outlined in the framework had not been applied to the corporate risk register making it unclear as to what the level of each risk was and whether or not control measures would help to reduce the risk. The service manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management. There was an on-call system in place with designated people to contact in the event of an emergency. Due to staffing issues on occasion the on-call manager had to present in the centre to complete shifts.

Inspectors reviewed a number of behaviour support documents for young people including behaviour management plans and individual absence management plans (IAMPs). From a review of IAMPs these plans did not contain all known risks and control measures in place to manage young people's absences from the centre. All this relevant information was included in the young person's behaviour management plan however it had not translated onto the agreed template under the Children Missing from Care: a Joint Protocol Between An Garda Síochána and the Health Service Executive, 2012. The centre manager must update each young person's absence management plan to ensure it is accurate and reflects known risks and control measures in place related to absences.

The service manager confirmed to inspectors that there was a service level agreement in place with the National Private Placement Team and that they met with them on a regular basis to provide updates in relation to their areas of compliance and non-compliance with regulations and national standards.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	Standard 5.2

Actions required

- The service manager must ensure they are carrying out their duties in line with the organisations policies and procedures. They must also ensure they are accessible to staff members.
- The service manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently across all areas of risk management.
- The centre manager must update each young person's absence management plan to ensure it is accurate and reflects known risks and control measures in place related to absences.

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.

At the time of inspection the staffing in the centre consisted of a full time manager, a full time office based deputy manager, two social care leaders and five social care

workers. The centre had access to a relief panel made up of three social care workers who were all qualified in social care. From a review of information provided and a sample of staff personnel files, inspectors found that the centre manager, two social care leaders and one social care worker were all qualified in social care. There were two social care workers who had a related and relevant qualification. The remaining two social care workers and deputy manager did not hold recognised, relevant or related qualifications and had all been appointed to their current positions in May and October 2020 following the issuance of the Alternative Care Inspection and Monitoring Service memo on staffing. At the time of inspection the centre did not have appropriate numbers of staff to fulfil its statement of purpose and to meet the needs of the young people in placement. There were five social care workers and two social care leaders in situ. The centre was heavily reliant on agency staff. The centre was not in compliance with the staffing numbers outlined in their most recent application for re-registration which consisted of eleven contracted social care workers nor did they meet the requirements of the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020).

Inspectors interviewed members of management and the staff team and reviewed a sample of team meeting and management meeting minutes, all of which confirmed staffing issues had been arising within the centre since March 2021. Between July and December 2021 there had been a turnover of nine staff and there appeared to have been a delay in backfilling these positions. Whilst workforce planning was a discussion on quarterly senior management meetings, these minutes did not identify proactive planning around staff members who had made it known they were on active recruitment panels elsewhere for employment relating to their qualifications. Of the nine leavers, two of these were the aforementioned employees on active recruitment panels, two others were transferred to other centres within the organisation and the remaining five resigned from their posts with the majority leaving in September 2021. The five aforementioned staff members agreed to remain on the relief panel however the centre manager confirmed that none had worked within the organisation since their initial resignations. Inspectors saw no evidence of exit interviews being completed with staff members. Throughout the latter half of 2021 staff members had been raising the issue of staff shortages in team meetings citing burnout, health and safety concerns and not being able to provide adequate support to young people at night-time. The centre manager and deputy manager also confirmed there were times where they had to cover shifts themselves to ensure adequate staffing was in place. There was evidence that these issues had been brought forward to the senior management team by the centre manager on a number of occasions. Staff members interviewed confirmed this continued to be an ongoing issue and expressed concern

for the months ahead and the ability to take their own annual leave. From a review of a management meeting in February 2022 the service manager highlighted that recruitment advertisements were ongoing and financial incentives were being explored however cited market saturation of the area the centre was located in as an issue. Inspectors spoke with two social workers. Both acknowledged that the centre manager had spoken with them in relation to the level of staff turnover within the centre and potential reasons behind this however neither were aware of the level of use of agency staff within the service nor any staff shortages. Both stated they were satisfied with the support being provided to young people by staff members and felt their allocated young people had progressed since being placed in the centre.

The organisations quality assurance manager completed an audit in March 2021 in which they highlighted the centre was short staffed, especially in the waking night context and that staff members were highlighting concerns in relation to ability to take annual leave and the impact this would have on the centre. A recommendation had been included in their audit report that more staff was required for the centre. Inspectors reviewed the audit action plans in response to this which stated the centre manager continued to highlight staffing issues with the human resource department. A further audit completed in October 2021 by the quality assurance manager continued to highlight the shortages of staff provision for the centre. The audit completed in December 2021 highlighted staff turnover and attributed it to a difficult period of assaultive and challenging behaviours within the centre. While there was evidence of both the centre manager and quality assurance manager continuously highlighting the staffing deficits throughout 2021 there was little movement evidenced in relation to addressing the deficits.

As a response to the staffing shortages, staff were engaged in overtime and the service manager had approved use of agency staff from three employment agency organisations in the interim pending recruitment of new staff for the centre. Inspectors reviewed the centre's policies on the use of agency staff and found the organisation to be in breach of these policies. Policies clearly highlighted that there must be no more than one agency staff used at any one time and there would no exception to this. The policy also highlighted that the agency staff personnel files must be provided in advance and an induction completed with them. Inspectors reviewed a sample of rotas and found eight agency staff had been utilised in the centre in the four months prior to inspection. Inspectors reviewed seven of the eight files and found a number of issues relating to the files, namely:

- No vetting in place for four staff,
- No evidence of qualifications or work history for four staff. Of the four provided, two held QQI level 5 qualifications which didn't meet the minimum criteria set out by the organisation,
- No evidence of training in the centre's recognised model of behaviour management, child protection or first aid,
- Limited inductions in place some of which were incomplete.
- In relation to the eighth staff member there was no personnel file available to inspectors at the time of inspection. Documents were sent to inspectors the week post inspection which showed evidence of vetting, CV and qualifications for this person.

Inspectors reviewed a four-month sample of rotas, November, December 2021 and January, February 2022 (120 days). The centre manager and service manager confirmed that the agreed and expected staffing arrangements for the centre was 1:1 staffing for each young person during the day with two waking night staff. Out of the period of 120 days, 98 days only had one waking night staff. 79 nights were covered by the existing contracted staff as part of an overtime agreement. Where two waking night staff could not be provided, the expectation was that a day staff would remain on site and complete a sleepover shift in case assistance was required throughout the night. There were eight days where the centre was understaffed and only had two staff on during the day. There were at least eight occasions where there were two agency staff on shift at one time which contravened policies in place. The service manager informed inspectors that they had provided a brief to the agencies being used in relation to the criteria the staff must meet. It was clear as outlined above, that this criteria was not being met however there was no evidence this had been followed up with the agency. The service manager confirmed there was an expectation that the agency staff would have training in the organisations recognised model of behaviour management and child protection however was unsure of the training status of those sent to work in the centre. Neither the centre manager nor staff members interviewed had any knowledge of the agency staff training status thus not allowing for adequate shift planning in the absence of training in a recognised model of behaviour management. This was also not accounted for in individual crisis management plans, risk assessments or the corporate risk register.

Two serious incidents had occurred in the centre in early and late January 2022 involving two different agency staff. On one occasion a young person alleged they were assaulted by an agency staff. On the second occasion there was an assault by an agency staff on a young person. The centre manager followed the correct protocol on

both occasions in relation to child protection and significant event notifications. In relation to the second incident, there were two agency staff members and one contracted social care worker on shift. Following this incident the agency providing the staff were willing to send this person back to the centre to work a shift the day following the assault which was contrary to Children's First Guidance. From a review of supervision records and debriefs completed with the staff member employed by the organisation these focused on this staff members responses and did not acknowledge the lack of appropriate staffing in place at the time. The responses by the agency staff to significant events attest to the lack of safe vetting procedures in place and the failure to follow organisational policies and procedures. The service manager must ensure that the use of agency staff is kept to a minimum and only used as a last resort. The service manager must ensure that organisational policies are being adhered to in relation to the use of agency staff. The service manager must ensure appropriate and safe vetting procedures are implemented in relation to the use of agency staff as a matter of priority.

The centre manager informed inspectors that since the second incident at the end of January 2022 they have requested to interview any agency staff member being assigned to the centre and meet with them in advance to complete induction. They informed inspectors that since initiating this procedure since the end of January they have refused two agency staff members to work in the centre. The service manager must ensure that there are sufficient numbers of staff with the necessary competencies to meet the needs of the young people living in the centre at all times.

Due to concerns identified regarding care practices and the vetting of agency staff that arose during the course of inspection, the Alternative Care Inspection and Monitoring service issued an immediate action notice to the registered provider on the 9th March 2022. This detailed that a condition would be attached to the registration of the centre until the inspection process was concluded and the inspection findings were finalised. This condition was that there would be no further admissions of a young person to this centre until the inspection process is completed.

Inspectors reviewed a sample of staff personnel files. Files contained vetting, references, qualifications and curriculum vitae. Interview notes were not available on file nor was there evidence, for those who had secured promotions, of applications for promotions or interview notes. The service manager must ensure personnel files are kept up to date with all relevant documentation.

The centre manager confirmed a number of initiatives had been implemented the week of inspection in an attempt to bolster staff retention. This included a pay increase across all grades, 'refer a friend' bonus, increase in mileage payments for travel. In addition to this the organisation provided funding for social events and pension options.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

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

Actions required

- The service manager must ensure the centre is operating in compliance with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020).
- The service manager must ensure that the use of agency staff is kept to a minimum and only used as a last resort.
- The service manager must ensure that organisational policies are being adhered to in relation to the use of agency staff.
- The service manager must ensure appropriate and safe vetting procedures are implemented in relation to the use of agency staff as a matter of priority.
- The service manager must ensure that there are sufficient numbers of staff with the necessary competencies to meet the needs of the young people living in the centre at all times.
- The service manager must ensure personnel files are kept up to date with all relevant documentation.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	No action required		
5	<p>The service manager must ensure they are carrying out their duties in line with the organisations policies and procedures. They must also ensure they are accessible to staff members.</p> <p>The service manager must ensure all risks are appropriately identified and that the risk management framework is applied consistently cross all areas of risk management.</p>	<p>With immediate effect the Acting Regional Co-Ordinator will attend the centre fortnightly in line with current policy.</p> <p>With immediate effect the Acting Regional Co-Ordinator will work closely with the Centre Manager to implement the Risk Management Framework. This will be assisted by HQ and by the Company Director.</p>	<p>An urgent review of Corporate Governance, conducted by the Service Manager and the concomitant logistical challenges in servicing the southern area at a time of a national medical pandemic, has resulted in the appointment of an Acting Regional Co-Ordinator.</p> <p>Solis MMC will implement the Risk Management Framework (Specific to each centre) across the whole organisation which will form an integral part of the Internal Audit process.</p>

	The centre manager must update each young person's absence management plan to ensure it is accurate and reflects known risks and control measures in place related to absences.	With immediate effect the Centre Manager will update each young person's AMP. This will be assisted by the NPPT and the referring Social Worker providing accurate and current information which will further inform the AMP.	Solis MMC Management will keep the need for accurate and known risks to be identified at the point of referral or a maximum of three working days after placement.
6	<p>The service manager must ensure the centre is operating in compliance with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (February 2020).</p> <p>The service manager must ensure that the use of agency staff is kept to a minimum and only used as a last resort.</p>	<p>The Memo of Feb 2020 recommends staffing as a Manager plus eight whole time equivalents plus adequate relief staff. The Centre currently has the following staffing (3 new staff appointed since March inspection with a further staff member stating on 11th April)</p> <p>Manager/ Deputy Manager / 2 STM (Team Leader equivalent) / 9 Social Care Workers.</p> <p>We will appoint an additional STM and continue recruiting relief staff.</p> <p>The use of agency staff will be reduced as full-time staff are employed.</p>	<p>Solis MMC recognises the current challenges in recruiting staff and the challenges in retaining staff. As a result we have implemented the following.</p> <p>Increased Basic Salary</p> <p>Increased Travel Expenses</p> <p>Enhanced Pension Contribution</p> <p>Local Team Building Initiatives</p> <p>Our recruitment remains robust utilising national and local outlets including radio and newspaper.</p> <p>We will place greater emphasis on local Centres utilising local hotels, et al, for recruitment days.</p>

			<p>We also recognise that nine staff left ERS in 2021 and analysis shows that assaults on staff was a predominant factor.</p> <p>We will introduce a zero tolerance level on staff assaults and seek agreement from the NPPT on such a policy. Currently a DRAFT discussion paper on risk management has been sent to the NPPT and we await a response.</p>
	<p>The service manager must ensure that organisational policies are being adhered to in relation to the use of agency staff.</p>	<p>With immediate effect the Acting Regional Co-Ordinator will introduce a stipulation whereby requests for Agency Staff must be processed through and approved through the HQ Finance Dept. The said manager will also continue to emphasise and instruct the recruitment of relief and wholetime staff. The Centre Manager will ensure that Agency Staff will not run a shift at any time.</p>	<p>The stated policy regarding use of Agency Staff will be reinforced with all managers with a mandatory stipulation that Agency staff cannot manage a shift in the absence of whole time staff.</p>

	<p>The service manager must ensure appropriate and safe vetting procedures are implemented in relation to the use of agency staff as a matter of priority.</p> <p>The service manager must ensure that there are sufficient numbers of staff with the necessary competencies to meet the needs of the young people living in the centre at all times.</p>	<p>With immediate effect the Acting Regional Co-Ordinator, in conjunction with the HQ Finance Dept, will ensure compliance with vetting; qualification; CV; and compliance adherence. Preference will be made to those staff holding TCI.</p> <p>We have written contracts with Agency Providers and Finance . Centre Manager will ensure compliance.</p> <p>With immediate effect the staffing as alluded to in section 6 of this document are in place. Staff competencies are in keeping with sections 5 & 6 of the Statement of Purpose & Function.</p> <p>5. Safe Environment: Young people whose immediate presenting needs can be met within an open safe environment and where the staff skills and expertise can meet the intervention as described by the social worker.</p>	<p>Solis MMC has contracts with Agency Providers and our Finance Dept will write to respective providers to reinforce the mandatory need to provide compliance packs for each. An Agency staff member will NOT be permitted to work without prior compliance pack being received.</p> <p>Solis MMC has an ongoing strategy of staff recruitment and this will continue unabated. Staff are recruited on the basis of general qualification with an emphasis on 50% Social Care qualified.</p> <p>All further appointments will be social care qualified only.</p> <p>With immediate effect Centre Managers will be required to draw</p>
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	<p>The service manager must ensure personnel files are kept up to date with all relevant documentation.</p>	<p>The Acting Service Manager will liaise with Solis MMC HR Department to ensure all personnel files are up to date with all information including interview notes..</p>	<p>Our HR Department will undertake an organisational Audit of all personnel files and ensure</p>

			that all relevant documentation is in place.
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