



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 072**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>New Beginnings Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>24<sup>th</sup> &amp; 25<sup>th</sup> February 2021</b>
<b>Registration Status:</b>	<b>Registered from the 14<sup>th</sup> of March 2020 to the 14<sup>th</sup> of March 2023</b>
<b>Inspection Team:</b>	<b>Eileen Woods Linda McGuinness</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> April 2021</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>8</b>
<b>3. Inspection Findings</b>	<b>9</b>
3.1 Theme 1: Child-centred Care and Support	
3.2 Theme 6: Responsive Workforce	
<b>4. Corrective and Preventative Actions</b>	<b>21</b>

## 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 in September 2007. At the time of this inspection the centre was in its sixth registration and was entering into the second year of the cycle. The centre was registered without attached conditions from 14<sup>th</sup> of March 2020 to the 14<sup>th</sup> of March 2023.

The centre was registered to provide medium to long term care for up to four young people both male and female. Admissions to the centre take place between the ages of 13 to 17 and there were two young people over 18 living at the centre at the time of the inspection. The model of care was to maintain a therapeutic safe and homely environment utilising a relationship based approach that meets the holistic and assessed needs of the young people. There were four young people inclusive of two young adults living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
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, 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. 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 with a blend of remote and onsite processes.

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 22<sup>nd</sup> of March 2021 and to the relevant social work departments on the 22<sup>nd</sup> of 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 29<sup>th</sup> of 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/ not 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: 072 without attached conditions from the 14<sup>th</sup> of March 2020 to the 14<sup>th</sup> of March 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 11 Religion**

**Regulation 12 Provision of Food and Cooking Facilities**

**Regulation 23 Care Plan**

**Regulation 7 Staffing**

**Regulation 9 Access Arrangements**

**Regulation 16 Notification of Significant Events**

#### **Theme 1: Child-centred Care and Support**

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

Inspectors found through interviews and questionnaires that staff had knowledge of the rights of children as prescribed under the United Nations (UN) Convention of the Rights of the Child and relevant Irish law but that the extent and contextualising of this knowledge needed to be expanded upon. The key mechanism that staff stated as upholding children's rights was access to complaints. It was evident that rights for young people were upheld in practice through more diverse means and these were evident in the daily log entries, key working records and placement plans, for example in food choices, privacy, self-expression and complaints. The young people and their social workers stated that the centre staff did uphold and support their insight into their rights and their responsibilities. A number of the young people stated that they experienced a level of regard and respect for them that supported them in their journey through care. The team also worked to be respectful and clear in their communications and work with families and there was evidence that contact, comments and complaints from families were recorded and responded to.

The inspectors found that there was a statement on children's rights that headed a section containing the policies on consultation, complaints and access to information. The statement did not fully address children's rights in a dedicated manner and that policy must be updated. The matter of rights was also referenced as part of safeguarding and other policies.

There was structured oversight of key working and young people's meetings with a view to ensuring a fair and equitable ongoing care experience. Inspectors recommended that the management and staff review how their commitment to the

rights of children as set out under law was integrated through their practices allowing them to look at the existing strengths and areas of improvement.

The key working and placement planning had goals related to young people being informed as to their rights through key working and their young people's booklet. The monthly young people's meeting was also determined to be a forum for addressing concerns, providing information and encouraging participation. Inspectors found that the young people's booklet required updating to better support the aim of being an accessible and easy to read document that explained children's rights. Inspectors also noted that the young people's meeting records must be recorded in a more consistent manner to reflect who attended, the things young people wanted to raise, input from the team and management and menus where agreed.

### **Standard 1.2 Each child's dignity and privacy is respected and promoted.**

This centre provided long term care and young people have resided there for three years and longer both recently and in the past. The team had supported young people to make the centre their home in every meaning of that word and one young person spoke to an inspector about the stabilising force the team had been and how this had been their home for nearly three years. The centre staff and management collected pictures, mementos and looked after certificates and other documents for the young people to have upon leaving. The centres main living areas had been redecorated recently and the kitchen replaced without delay following damage.

Each young person had their own room, the young people who met the inspector or responded through the questionnaires were happy with the house and its facilities, utilising their bedroom for private space. Due to the pandemic there had been limited visitors to the house during the varying levels of national restrictions, some impacting their county at times and this was managed by the staff. The young people looked forward to a time when more visitors could be at the centre.

On occasion there were limits in place related to the use of a smart phone and where in place had been agreed with the relevant professionals involved in young people's care. Any such plans were agreed in line with the age and stage of development of the young people. Other practices related to regular room searches were agreed on the basis of concerns regarding substance misuse or self-harm and a young person was vocal about this to inspectors whilst also accepting that it was a rule that drugs and alcohol were not permitted in this or any centre. The inspector recommended that

the management review the planning and rationale for practices in relation to room searches from a rights, safety and responsibilities perspective.

All of the young people had been informed about the information recorded about them by the team and who this was shared with. The centre manager ensured that it was followed up on regularly to offer young people the opportunity to see the information on file maintained by the team.

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

There was evidence of participation being prioritised through the relationship based approach and the key working relationship. The young people's meeting was limited to one a month so the one to one consultation structured around the key working and key working plans was important. The centre had a case management structure whereby a deputy manager met with key workers monthly to oversee key work schedules and planning. The key workers in turn aimed to meet with the young people formally to review their placement plan and goals. The placement plan goals and agreed key work sessions were also discussed at team meetings and in supervision. The manager had maintained oversight on the effectiveness of the key working system, had made changes from time to time and evidenced a commitment that was delivered on regarding the quality of care for young people.

The young people were assigned a key worker from the team to support their transition into the centre and were assigned a second one based on the natural relationship building process and best fit. This was confirmed by the social worker for the most recent admission in that a key worker was available to build a connection from the outset of the transition. During the transition phase young people were provided with a young person's booklet which as previously identified required some updating and reformatting. The young people indicated that they were happy with their key workers and understood the role they played in their care. Inspectors found that key working was managed well and implemented by the team in line with the assessed needs and day to day requirements in the young people's lives. There was accountability and oversight built into the key working structures and changes and improvements took place led by the centre manager.

The inspectors found that the small nature of the company with one centre, one manager and one registered proprietor who was also director of operations resulted in direct sharing of the voice of young people almost daily and in direct contact

between the registered proprietor with the young people. Inspectors found though that the voice of young people and their feedback was not recorded prominently as a section on, for example the governance report from the centre manager to the registered proprietor. This should be reviewed, in line with a fresh look at the relevant policies, the reporting and recording formats and young people's booklet about how they reflect the messages from young people.

Pre pandemic the centre had regular contact with Empowering People in Care (EPIC) and one young person told inspectors about their links and work with EPIC during their time at the centre. The centre manager maintained a link to the organisation during the past year and hoped to have more engagement directly once it expanded its operations again. The young people aged over 18 had been living at the centre for an extended period and the team had been working with them and their aftercare workers to establish their voice in advocating for themselves in their move toward leaving the care of the team.

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

The inspector reviewed selected files at the centre and found that they were well organised and up to date. There were records of communication with external persons including families, social workers, schools and others. The key working was structured to deliver on a range of their individual needs and also areas of development in line with peers their own age in the community. The centre manager displayed leadership in seeking to review and improve the experience and the outcomes for young people. The registered proprietor had assigned a quality assurance manager from a related company to strengthen that oversight and drive for improvement. The manager had completed their own annual review of compliance.

The placement plans evidenced a focus on imparting age appropriate information and the young people had been provided, inspectors were told, with a copy of the young people's 'your guide to the national standards' (HIQA) 2018. Inspectors saw that a young person recently admitted to the centre had been discussing their knowledge of these as they had before in their previous care setting.

**Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.**

The inspectors reviewed the booklet for parents which contained information about the centre and its purpose and function, the booklet was not fully formatted to be printable to provide to a parent who may require a hard copy. This must be reviewed and formatted to be easy to print and send to relevant parents or guardians.

There was evidence of access being maintained throughout the pandemic where safe and agreed by all parties. Records were maintained of family access arrangements and agreements made for safe family contact. The staff kept records of contact they had with parents and where significant information came to light they shared that through the suitable reporting channels. Inspectors noted that notifications through the portal or through the significant incident notification system were used where the thresholds were met for same.

The staff team maintained contact with parents and guardians in line with their expressed wishes or with court directed arrangements. There was a complaints system for parents and these were entered into the general register of complaints at the centre and addressed.

There was evidence that the team facilitated contact and connection with a young person's home area, particularly where a young person still had family and friends residing there. Maintaining and developing new sports, clubs and hobbies had been impacted by the pandemic and the team had sought to provide alternatives like cycling and house based activities at the centre.

There was evidence through photos displayed in the house of fun days and celebrations as a group for special occasions including birthdays and a young person confirmed that they staff always go to trouble to mark special days, anniversaries and birthdays.

There was a password protected and age appropriate Wi-Fi available at the centre and the older teenagers had their own independent access to the internet through their phones. As stated there were agreed processes in place where required for safer use of smart phone and social media.

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

The views of the young people were taken account of in the new agreements in place about acceptable behaviour regarding the older and younger residents. The decisions for the placements were made in line with the statutory care plans and aftercare plans for the young people. The right of those over eighteen to have their information kept private was observed and family were re-directed back to a young person if that was their expressed wish. The young people under eighteen could make their wishes known and the legal reasons why information was shared was explained to them in line with their age and stage of development. One young person objected overall to the Tusla, Child and Family Agency legal and regulatory structures around the provision of care but separated that from their stated overall positive experience at the centre.

The young people and parents had been informed about complaints through the information booklets provided to them. The complaint records highlighted feedback day to day from young people and the complaints register captured their grievances as well as their formal complaints. Three of the young people told inspectors they knew how to make a complaint and that they were happy with the outcomes to date.

The complaints register contained complaints made directly to the centre by parents. Whilst the practices and the register indicated the willingness of the team to hear and respond to comments and complaints from all parties the policy and the teams understanding of that policy was found to be requiring significant review and improvement. The register also required expanding to including tracking mechanisms and clearer confirmation of formal external reporting and outcomes.

There was evidence of the centre manager overseeing the complaints at the centre and the registered proprietor was aware of all the complaints and trends during interview. Inspectors found that the written reporting structures between them required improvement to evidence their oversight of complaints and to clarify what formal role there was within this for the external quality assurance manager.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 16</b> <b>Regulation 12</b> <b>Regulation 23</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Standard 1.2, 1.3, 1.4,</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.1,1.5, 1.6</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

### **Actions required**

- The centre management must create an expanded policy on children's rights.
- The centres young people's booklet must be updated and be made more accessible for children and young people in how it represents children's rights.
- The recording and structure of the young people's meeting must be reviewed and strengthened.
- The management and staff must audit their practices in the area of recording the voice of the child allowing them to look at their strengths, policies and any areas of improvement.
- The policy and procedures on complaints must be fully reviewed and brought up to date.
- The register of complaints must be further enhanced to facilitate tracking and trends and to confirm external notification and outcomes.
- The registered proprietor must clarify arrangements for the recording of the oversight of all complaints to evidence monitoring, analysing and feedback to staff.



**Regulations 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 centre manager completed workforce planning through their internal and external management meetings. They oversaw the deployment of staff through the roster system and had adapted the rosters to allow for 'pods' of staff to work together during the highest level of national pandemic restrictions. The centre had four young people residing and the average level of daily cover by staff was maintained at three and this was decided on the needs of the young people. The staff in consultation with the deputy managers discussed their leave requests, training and any other types of leave they may be requesting, these were dealt with directly by the internal management where they related to annual leave, sick leave and training. The centre manager would discuss and agree all other types of special leave requests, such as parental leave or shorter working hours with the registered proprietor. The employee handbook had policies related to all types of leave laid out in detail for all staff to refer to and these were developed in line with relevant Irish and European law.

There were sufficient numbers of staff to meet the purpose of the centre inclusive of a centre manager full time, two deputy managers sharing a post and eight social care workers. The full time team were qualified and experienced, the young people and the staff were very familiar with each other and the team worked in a demonstrable manner in line with the model of care. There was one additional staff recruited for the relief team since the centre last registration in 2020 and they did not have the recognised or relevant qualification as laid out in the Tusla ACIMS memo February 2020. The registered proprietor stated that they would put a plan in place around this.

The centre management had arrangements in place for social and other events to promote team building and ongoing staff retention, they had been no changes to the team since March of 2020 when a staff member left to pursue their professional qualification in a related area. The centre manager had ensured that staff took their annual leave and the registered proprietor recognised the work completed during the pandemic directly to the team.



There was an on call policy and system in place. The centre manager and the deputy managers shared this with the registered proprietor available for all critical incidents as required.

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

There was a policy in place on staff recruitment and retention contained within the child safeguarding policy and in the company employee handbook. Inspectors found that the recruitment policy contained within the child safeguarding policy allowed for third year social care students to be recruited and this should be clarified. Inspectors found that the centre manager organised and audited their personnel files and participated in recruitment and interview processes. The personnel files were maintained securely by the centre manager and were organised in accordance with policy and Irish legislation.

The staff team were in the main social care qualified and all were experienced. The qualities, competencies and skills on the team were managed by the centre management team and organised to deliver a good service to children. The centre manager was qualified and experienced being in the manager post since 2016, they had discussed further management training with the quality assurance manager and was researching the available options. The staff team and external professionals gave positive feedback on the clarity and quality of leadership at the centre.

The staff team verified that they had job descriptions and contracts of employment that were up to date. The staff team did not display though good working knowledge of the content of their staff code of conduct and this must be comprehensively revised as a group. The manager stated to inspectors that on foot of the general policy issues raised during the inspection that they planned to revisit the policy document and the placing of the code of conduct prominently for staff.

**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.**

Inspectors found that the staff in the centre worked in a cohesive manner and were overseen in this work with a focus on accountability. Staff had been supported to learn from mistakes and decisions they made and the centre manager oversaw any

incidents of this nature. They and the registered proprietor utilised the appropriate employee HR procedures where required, records were kept of all these processes. The team stated that they were a united and mutually supportive team who had structured prompts to use reflection post shift, to look at strengths and challenges, had team meetings, handovers and regular supervision. There was also post incident group debriefs and shared learning.

Inspectors could see where positive challenging of each other's practice was promoted and following specific failings in file and information management team training had been completed. The centre manager led a model of seeking to identify gaps, action to address these and sought to refresh the working environment taking account of the long term nature of the work.

The centre had a safety statement and health and safety audits monthly to promote staff safety. There was an employee handbook and training on manual handling had taken place.

The centre had a suitable policy governing supervision with the deputy managers and the centre manager sharing the responsibilities. All three had trained in a recognised model of provision of supervision and the centre manager had oversight of the supervision provided by the deputy managers. There had been internal and external audit of supervision and the centre manager reported to the registered proprietor regarding staffing and supervision also. The records of supervision were maintained securely at the centre, those on file were signed and dated by both parties. The centre manager was aware of the criteria relating to all staff receiving training in supervision and was developing a plan in relation to this.

The company did not have an appraisal policy once probationary periods were completed and they must now devise a policy and procedure through which they can complete and record a yearly review with each staff.

The staff named a range of options open to them for support in response to any potential impact of the work they undertake, they could approach the manager and they could get practical HR advice from a professional HR company and personal support through the company psychotherapist. The range of employee supports were not contained within one co-ordinated document or policy and inspectors recommend that one be created.

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

The centre manager and the deputy managers had a training needs analysis established in practice at the centre. There were training plans for the year ahead and review of the 2020 targets achieved taking account of the impact of the pandemic on face to face training. By the last quarter of 2020 the centre had managed to complete and book outstanding training in the team method of management of challenging behaviour. There were plans in place to address any core training gaps that were pending with a tracker in place for expiry dates.

The centre management reported to the registered proprietor regarding training and although there was no complementary training budget assigned that they can and do consider opportunities suitable to the needs of the young people. Inspectors recommended that the centre look externally for more training opportunities from other national bodies engaged in this sector to expand the diversity of the training options again for staff.

The staff had their training certificates maintained on their training files and there was also a suitable formal induction policy in place for newly recruited staff.

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 Standard 6.2 Standard 6.3
Practices did not meet the required standard	None identified

### **Actions required**

- The registered proprietor must ensure that they recruit staff in compliance with the regulation and requirements in order to maintain a staff team with the relevant and recognised qualifications for the role. The recruitment policies in place should reflect these requirements.
- The centre management must ensure that the staff code of practice is revisited and revised with the staff team.
- The registered proprietor and centre management must create a policy and a suitable procedure to address formal appraisals and the provision of supervisee training to the staff.
- The registered proprietor and the centre manager must put in place a co-ordinated record of the employee assistance options available to the team.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre management must create an expanded policy on children's rights.	Management team to review and expand on current Children's Right policy. This will be completed by the end of May 2021.	Policies and Procedures to be reviewed annually by the Registered Provider and Centre manager.
	The centres young people's booklet must be updated and be made more accessible for children and young people in how it represents children's rights.	Young people's meeting on the 29 <sup>th</sup> of March will include a forum for residents to provide input into the new Young People's booklet. Development of new booklet to be completed by the end of May 2021.	Centre manager to ensure Welcome Booklet is relevant to current policies in place in New Beginnings. To be reviewed annually or as necessary.
	The recording and structure of the young people's meeting must be reviewed and strengthened.	Management team to review the recording and structure of young people's meetings. New structure to be in place for Young People's meeting due to be held on the 29 <sup>th</sup> of March 2021.	Centre manager to review Young people's meeting record monthly to ensure structure and recording is strengthened.
	The management and staff must audit their practices in the area of recording	Complaints both formal and informal to be discussed at Monthly Management	Registered Provider and Quality Insurance Consultant to review Governance Report

	<p>the voice of the child allowing them to look at their strengths, policies and any areas of improvement.</p>	<p>Monthly meeting. Governance report to include details of YP's meetings. Patterns to be identified and any areas of improvement discussed. April Management meeting/ Governance Report to reflect these changes.</p>	<p>monthly and explore any issues or areas of improvement that may be identified.</p>
	<p>The policy and procedures on complaints must be fully reviewed and brought up to date.</p>	<p>Complaints policy reviewed and in draft form. This policy should be finalised by the end of May 2021.</p>	<p>Policies and Procedures to be reviewed annually by Registered Provider and Centre Manager.</p>
	<p>The register of complaints must be further enhanced to facilitate tracking and trends and to confirm external notification and outcomes.</p>	<p>Complaints register to be reviewed and the structure changed in line with new complaints policy. This should be put in place with immediate effect.</p>	<p>Quality Assurance Consultant to review Complaint's register monthly.</p>
	<p>The registered proprietor must clarify arrangements for the recording of the oversight of all complaints to evidence monitoring, analysing and feedback to staff.</p>	<p>Registered provider will oversee the development of the new complaints policy. Quality assurance consultant will oversee the record of complaints monthly. Complaints to be discussed at team meetings going forward.</p>	<p>Quality Assurance Consultant to review all complaints monthly and provide feedback for Centre Manager. Centre Manger to ensure feedback is delivered to the staff team effectively.</p>

6	<p>The registered proprietor must ensure that they recruit staff in compliance with the regulation and requirements in order to maintain a staff team with the relevant and recognised qualifications for the role. The recruitment policies in place should reflect these requirements.</p> <p>The centre management must ensure that the staff code of practice is revisited and revised with the staff team.</p> <p>The registered proprietor and centre management must create a policy and a suitable procedure to address formal appraisals and the provision of supervisee training to the staff.</p> <p>The registered proprietor and the centre manager must put in place a co-ordinated record of the employee assistance options available to the team.</p>	<p>Recruitment policy to be updated to include the Guidance provided by TUSLA in February 2020 outlining the relevant and recognised qualifications for the role of social care workers. This is to be completed by the end of April 2021.</p> <p>Workshop on the Code of Practise to be completed with the team in the team meeting on the 13<sup>th</sup> of April 2021.</p> <p>Policy on formal appraisals and supervisee training to be included in full policy review. To be completed by the end of April 2021. Supervisee workshop to be completed with the team in the team meeting on the 30<sup>th</sup> of March 2021.</p> <p>Formal employee assistance programme to be put in place by the 16<sup>th</sup> of April 2021.</p>	<p>Documentation outlining relevant and recognised qualifications for social care workers to be referred to at the early stage of the recruitment process.</p> <p>Code of practise should be reviewed with the staff team twice a year in team meetings.</p> <p>Policies and procedures to be reviewed annually by the Registered Provider and Centre Manager.</p> <p>Formal appraisals to take place once a year in Supervision.</p> <p>Employment Assistance Programme to be reviewed annually by Registered Provider and Centre Manager.</p>
---	--	--	---