



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 117**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Odyssey Social Care</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> April 2024</b>
<b>Registration Status:</b>	<b>Registered from 21<sup>st</sup> July 2022 to the 21<sup>st</sup> July 2025</b>
<b>Inspection Team:</b>	<b>Cora Kelly Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>4<sup>th</sup> July 2024</b>

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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 21<sup>st</sup> of July 2016. 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 the 21<sup>st</sup> of July 2022 to the 21<sup>st</sup> of July 2025.

The centre was registered to provide a dual occupancy service to children aged between 13-17 years on admission. There was one child under a six-month derogation as they were outside the age profile for the purpose and function of this centre. Relevant information was regularly provided to ACIMS as part of this arrangement. The centre was in the process of replacing their model of care to the attachment and trauma informed Welltree model of care with all staff to be provided with training in the coming months. There were two children 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, 2.3
4: Health, Wellbeing and Development	4.2

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 1<sup>st</sup> of May 2024. 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 16<sup>th</sup> of May. On their review the inspectors requested that a further review of the CAPA be undertaken. This occurred with a further and a final CAPA, alongside supporting documentation, received on the 7<sup>th</sup> of June 2024. This was deemed satisfactory and accepted by the inspectors.

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: 117 without attached conditions from the 21<sup>st</sup> of June 2022 to the 21<sup>st</sup> of July 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 8: Accommodation**

**Regulation 13: Fire Precautions**

**Regulation 14: Safety Precautions**

**Regulation 15: Insurance**

**Regulation 17: Records**

**Theme 2: Effective Care and Support**

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

To support the care experiences of children in placement the centre's policy on planning for young people included procedures for statutory care planning, centre placement planning and key working. In interview, centre staff demonstrated a poor understanding of care planning processes and in particular statutory care planning requirements. The inspectors found that care plans were held on file for the two children living in the centre. As required, statutory child in care reviews (CICR's) were held regularly for the oldest child with a date for their next CICR scheduled to take place later in the month. Monthly statutory reviews were required to be held for the second child as they were under 12 years of age. One review had occurred since their admission to the centre three months prior to the inspection. Staffing deficits within the social work department was cited by the allocated social worker as the reason for the reviews not being held in line with national policy. There was evidence of the centre manager seeking reviews with the allocated social worker. Monthly statutory visits to the child by their social worker were also to occur. The social worker had visited the centre on one occasion, the day the child moved to the centre. Other scheduled visits had been cancelled by the social worker. A social work team leader had visited on one other occasion. In interview with the inspectors, they indicated their commitment to visiting the child monthly going forward. The social worker had devised a schedule of monthly CICR's, to be held via MS teams, for the remainder of the year. The inspectors suggested to centre management and the social worker that some of the reviews coincide with their visits. It was evident to the inspectors that the oldest child was supported to attend their CICR's and have their views heard. Parents and extended family members of both children had the opportunity to contribute to statutory care planning processes too.



The inspectors reviewed both children's placement plans and found they were somewhat connected to their care plans with actions, some for implementation by the centre, outstanding for both children. For the oldest child some of the actions arising from their care plan, that was developed in October 2023, continued to be goals within their current placement plan. In interview with the inspector's staff explained this was due to a lack of engagement with their key workers with low motivation levels over recent months also a contributing factor for them. The child's social worker had found that there had been a deterioration in their behaviour too. Along with the company's psychologist both the social worker and centre staff were aware of the child's needs and were hopeful that the support of a newly secured specialist support service would assist them to engage in their daily plans and overall placement. That said, more efforts are required by the centre to increase staff engagement with the child.

For the youngest child the goals contained within their current placement plan lacked focus on their immediate health and developmental needs which were pertinent to the age of the child. There was a lack of follow up in how some of their needs were to be met by the centre in conjunction with professionals linked to their care and known to the child since they came into the care of Tusla. The acting centre manager and the child's social worker both concurred with this finding and stated more robust planning will occur at the monthly reviews. This is to include the outstanding assessment of need and implementing recommendations arising from the assessment without delay. It is the inspector's findings that the regional manager did not have oversight of care planning processes in the centre and that these comply with operating policies and procedures.

The acting centre manager cited to the inspectors of the difficulties they were experiencing in communicating with the youngest child's allocated social worker with email exchange being the main form of communication. Going forward, monthly statutory visits and CICR's should enhance communication between the centre and the social worker. Whilst centre management did not express difficulties in communicating with the oldest child's social worker just one contact record between the centre and social worker, was found on their care file. The inspectors found that acting centre manager had provided monthly reports to both social workers to keep them updated on what was occurring for the children in the centre.

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

The design of the two story detached property was suitable in size for dual occupancy placements. The ground floor of the property comprised of a hallway, a large open plan kitchen/ living area, a separate utility room, a toilet and a small sitting room that was being used as a playroom for the youngest child. The inspectors recommend that consideration is given to the layout of the property so that both children have space for relaxation outside of their bedrooms, for the oldest child in particular. Two children's bedrooms, a bathroom for the two children, a staff bedroom, a hot press and an office/ ensuite staff bedroom occupied the first floor of the property. The inspectors viewed the youngest child's bedroom and found it was large with adequate space for their personal belongings. Through questionnaire the oldest child indicated their unhappiness with their bedroom in terms of décor, space and keeping their belongings safe. The inspectors recommend that the acting centre manager follows this up with the child.

On their visit to the centre the inspectors found the property was adequately lit, heated, and ventilated. However, it was not kept to a good clean standard, along with curtains hanging off rails in the hallway, the landing and one of the children's bedrooms, there was a crack in an upstairs window, and mould was found in two rooms of the property. Feedback was given to centre management at the time of the inspection for their immediate follow up.

The large outdoor space was being maintained appropriately by the organisation's maintenance section. There was age-appropriate toys, books, and activities for the youngest child in the living area and sitting room/ playroom however there was a lack of outdoor recreational facilities. The acting centre manager advised the inspectors that a swing set would be purchased during the summer. There was a good variety of indoor and outdoor recreational provided for the oldest child, on their request. The local area offered a range of playgrounds and activities which was availed of by the youngest child.

Fire safety practices were found to comply with fire safety legislation with fire evacuation drills occurring regularly and during the hours of darkness and personal emergency evacuation plans in place. Daily and weekly fire related checks were occurring without issue and staff in interview demonstrated their knowledge of fire safety practices. There was evidence of fire safety equipment being maintained appropriately. Fire safety training had been provided which was in date for all staff.

Following inspectors feedback during the inspection the site specific safety statement was updated to reflect changes in centre management. It was outlined in the statement that the acting centre manager held the day-to-day health and safety responsibilities for the centre with two staff having specific health and safety roles. As a safety measure there was reference in the statement to new and existing staff being provided with first aid responder training (FAR). The acting centre manager and one staff had been FAR trained and there was no plan in place for other staff members to be provided with this training or of paediatric first aid being considered as a training piece. First aid boxes were in the staff office and in the centre vehicles.

The daily health and safety risk register did not consider the current health and safety related risk assessments in place for the youngest child for example car safety and safety within the home – the use of stair gates. The inspectors recommend that the advice of a fire officer is sought around the appropriate and safe use of stair gates. The inspectors were informed that two accidents had occurred for the youngest child, however, records were not documented in their care file as required or provided to the inspectors at their request. The centre manager and a staff member informed the inspectors that the accidents were responded to immediately with no follow up required. Staff in interview stated that repair work was responded to in a timely manner. However, the maintenance register indicated otherwise. For one particular incident where damage was caused to a child's bedroom wall the inspectors could not determine, from their review of documentation or verbally with centre staff if the damage had been repaired. The timing of repairs being tended to had been previously identified as an issue at a team meeting the outcome of which included the centre manager to have better oversight of the maintenance register.

The centre vehicles were driven by staff who were legally licenced to drive the vehicles and evidence of tax, appropriate insurance and regular servicing was provided during the inspection. Weekly car checks were undertaken by staff. Details of the centres house insurance was provided to the inspectors.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.2 Standard 2.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

### **Actions required**

- The regional manager must have greater oversight of care planning processes in the centre and that these comply with operating policies and procedures.
- The centre manager must ensure that each child's care and placement plans are implemented in full, to ensure each child's assessed needs are identified, tracked, and are progressing in their placements.
- The centre manager must ensure that actions arising from pending external assessments are followed up and implemented.
- The centre manager must ensure that the property is kept to a good clean standard and in good condition.
- To comply with operating policy the regional manager must ensure that all staff are provided with first aid responder training with a schedule to be submitted to the inspectors. Paediatric first aid training to be sourced too for an appropriate number of the staff team.
- Centre management must ensure that the health and safety risk register is kept up-to-date and is reflective of all health and safety related matters.
- The centre manager must ensure that the maintenance register is kept up to date.
- The centre manager must ensure that accident records are documented in children's care records and submit the two-accident report to the inspectors for their review.

## **Regulation 10: Health Care**

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

### **Theme 4: Health, Wellbeing and Development**

#### **Standard 4.2 Each child is supported to meet any identified health and development needs.**

The inspectors identified that improvement was required by the centre in promoting and improving the health, wellbeing, and developmental needs of the children in placement. Both children were registered with general practitioners and there was evidence of staff facilitating visits when required. Routine visits by the children to dental and optical services had also occurred. Individual health folders were being maintained, immunisation records were on the children's files and medical cards were up to date for both children.

The oldest child had a number of physical health needs the management of which required more robust interventions by the centre and external clinical guidance. This included their personal care and hygiene and diet needs being accounted for in their placement plan. In response to their mental health needs a specific external support service had been offered and refused by them. However, the acting centre manager, staff and allocated social worker were hopeful that they would attend a scheduled appointment with a different support service. At the request of the child themselves and their parent an assessment of need was being pursued by the allocated social worker who in interview indicated their commitment to completing this task in a timely manner.

The youngest child had a number of health and developmental needs that were either loosely referred to or not included in their placement plan. There was a lack of guidance, by the centre or external professional guidance, in how their specific personal care needs were to be met and planned for. Staff in interview referred to plans in place for example for nappy changing, running a bath. However, neither were in place. The personal and intimate care policy did not include such procedures either. There was a delay in a new public health nurse being appointed to the child and in speech and language services being secured in their current geographical area. The inspectors identified that more attention and guidance was required in ensuring they were receiving adequate vitamins to support their nutritional development.

A health contact record was not available in one of the children's health folder following a medical related incident. Rather, information was recorded in a notification of significant event record and in their daily log. To comply with the National Standards for Children's Residential Centres, HIQA 2018, care records must contain all medical and health information. Following discussion with the inspectors the regional manager was following this up and had engaged with the inspectors too about the matter.

All staff had been provided with training in medication management with required procedures being appropriately followed by staff. Staff were in the process of completing refresher online suicide training provided by the organisation and the acting centre manager was following up on Applied Suicide Intervention Skills Training (ASIST) for the staff team. There was no evidence of any training being explored or sought by the centre for the youngest child despite the team's lack of knowledge and experience in working with younger children.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 4.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

### **Actions required**

- The registered provider must ensure that the health, wellbeing, and development policy includes procedures for all aspects of care required by children under their care to include the development of the intimate care policy.
- The centre manager must ensure that the staff team is equipped with the required knowledge to work effectively with younger children.
- The centre manager must ensure that staff are supported to meet the personal care needs of children in their care.

- The centre manager must ensure that the overall health and developmental needs of the children in placement are met and with the support of external services.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The regional manager must have greater oversight of care planning processes in the centre and that these comply with operating policies and procedures.</p>	<p>Placement plan training will be refreshed with all team members and delivered by the regional manager (RM) in a team meeting on the 19<sup>th</sup> of June 2024 to support the staff team in understanding the purpose of the placement plan to track goals and progress throughout the young person's placement with specific focus on the two young people's needs in situ. The RM will conduct fortnightly support sessions with the centre manager outside of supervision over a 12-week period which will be recorded with actions and timelines as part of this placement planning will be discussed. This will allow full review and also form a basis for regular feedback from the RM on planning and any service improvements required.</p>	<p>Training will be completed where there are any changes to keyworkers, or any new young people admitted to the centre. Team meetings will focus on the placement plan goals for each young person and actions required so all staff are aware of the young person's goals outside of the keyworker. The regional manager will attend one team meeting per month to support the centre manager in the upskilling and education of the staff team in this area</p>
	<p>The centre manager must ensure that</p>	<p>Keyworking training will be refreshed with</p>	<p>The RM will have oversight on progress of</p>



	<p>each child's care and placement plans are implemented in full, to ensure each child's assessed needs are identified, tracked, and are progressing in their placements.</p>	<p>all team members and delivered by the Regional Manager in a team meeting on the 19<sup>th</sup> June 2024. Weekly keyworking meetings will take place with the centre manager and relevant keyworker to review goals outlined in the placement plan, identify the priority areas for the month ahead and check on progress being made each week. A keyworking session plan will be formulated as part of this process to ensure that placement plan goals and keyworking are clearly linked. Actions and person's responsible will be clearly identified as part of this process. This will support the monitoring of goals linked to placement planning. Keywork and programme usage discussion held specific to younger resident profile delivered by centre manager experienced in the area from another centre completed in team meeting 22<sup>nd</sup> May 2024 to support the staff team in understanding how to adjust and conduct in a way that meets the young person's goals.</p>	<p>the young people.</p>
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	<p>The centre manager must ensure that actions arising from pending external assessments are followed up and implemented.</p>	<p>Centre management has followed up regarding outstanding assessments in April 2024</p>	<p>Centre management will ensure regular review and follow up on outstanding actions regarding external assessments/supports. RM fortnightly sessions with the centre manager will identify through outstanding needs for follow up on an ongoing basis and allow for further escalation.</p>
	<p>The centre manager must ensure that the property is kept to a good clean standard and in good condition.</p>	<p>The centre manager reviewed the house daily task list and monthly delegation task list. This was discussed in team meeting on 10<sup>th</sup> and 24<sup>th</sup> April 2024 expectations were clearly highlighted around cleaning requirement day to day.</p>	<p>Centre management will complete morning walk around and this will be recorded through handover and any tasks required delegated as part of planning for the day. The centre manager will audit relevant records weekly to ensure completion and signature. RM will visit centre monthly and will review house presentation.</p>
	<p>To comply with operating policy the regional manager must ensure that all staff are provided with first aid responder training with a schedule to be submitted to the inspectors. Paediatric first aid training to be</p>	<p>Two staff are currently trained in First Aid Responder. Further training is commencing from 8<sup>th</sup> July 2024 and the course will be run monthly thereafter, supported by TTM. The RM will liaise with the training manager to book in staff on</p>	<p>Ongoing training availability should ensure we are able to keep staff fully up to date on training and refreshed when required. Training needs will form part of fortnight regional manager session with centre manager with a monthly review of the</p>

	<p>sourced too for an appropriate number of the staff team.</p> <p>The centre manager must ensure that the health and safety risk register is kept up-to-date and is reflective of all health and safety related matters.</p>	<p>dates within the schedule and also review option of scheduling specific to unit – this review will take place 10th June 2024. FAR training covers first aid with regards to infants up to adults. In the period prior to schedule being fully in place and training commencing the staff team will be provided with a paediatric first aid course online provided by an external trainer this will be implemented from the week commencing 10<sup>th</sup> June 2024.</p> <p>The centre manager updated the health and safety risk register to include updates specific to age profile of the younger resident in the areas of physical environment, slips trips and falls, maintenance, manual handling, storage of cleaning equipment, electrical equipment, food safety and hygiene, travel in car. Presentation will be delivered to team by regional manager through team meeting 19<sup>th</sup> June 2024 – this will be based from the HSE – child safety programme.</p>	<p>training matrix.</p> <p>Health and safety risk register to be review monthly as part of centre health, fire and safety audit. Regional manager will have oversight on same to ensure actions have been identified, assessed and completed. Regional manager will discuss areas of risk as part of fortnightly meetings with centre manager. HSE child safety wallchart will be available to all in unit and HSE child safety checklist will be completed monthly and stored in the young person care record as part of the monthly health and safety auditing.</p>
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	<p>The centre manager must ensure that the maintenance register is kept up to date.</p> <p>The centre manager must ensure that accident records are documented in children's care records and submit the two accident report to the inspectors for their review.</p>	<p>The maintenance register has been brought up to date. The centre manager discussed with the team during team meetings 10<sup>th</sup> and 24<sup>th</sup> April 2024 the practice of recording and reporting maintenance issues.</p> <p>All accident records are now held in children's care records. Team meeting 10<sup>th</sup> and 24<sup>th</sup> April 2024 addressed with team reporting and recording of accidents.</p>	<p>Centre management will complete weekly review of maintenance register in advance of weekly link meeting. Weekly link meeting agenda will discuss current maintenance needs for escalation with the Regional Manager.</p> <p>Daily log review and daily system notification review will ensure all accidents are recorded and that records are kept up to date. Centre manager will use individual supervisions to address any further recording deficits.</p>
4	<p>The registered provider must ensure that the health, wellbeing, and development policy includes procedures for all aspects of care required by children under their care to include the development of the intimate care policy.</p>	<p>A risk assessment in place relating to intimate care also outlining current needs for the young person. The overview of the young person document gives detail of intimate care needs specific to the young person. The intimate care policy reviewed with team in team meeting on 22<sup>nd</sup> May 2024.</p>	<p>Intimate care policy will be reviewed as part of overall policy review or on an as needed basis. The daily review of daily logs by centre management will be used to inform practices of the team and identify areas in need of support. Self care section of progress reports will be used to inform child in care review meetings in relation to intimate care practices in place and will allow all relevant parties (SW/GAL) be able to review with centre management.</p>

	<p>The centre manager must ensure that the staff team is equipped with the required knowledge to work effectively with younger children.</p>	<p>Keywork and programme usage discussion held specific to younger resident profile was delivered by centre manager experienced in the area from another centre completed in team meeting 22<sup>nd</sup> May 2024. Independent research was completed by centre management regarding working with younger children, which was discussed in team meetings 10<sup>th</sup> and 24<sup>th</sup> April 2024. Guidance from PHN discussed in team meeting 22<sup>nd</sup> May 2024. The RM will deliver a presentation to the team focused on child growth and developmental stages, Inclusive play/ play interactions, supporting learning, supporting relationships – this will be drawn from resources available through Barnardos and National Early Years Quality Development. This will be completed in team meeting on 18<sup>th</sup> July 2024.</p>	<p>Centre management will review support needs of the team individually during staff supervision. Daily review of paperwork by centre management will inform practice and identify areas where support is required for the team. On going team meetings will include review of young person's progress. Training dept are reviewing Triple P practitioner training suitability and exploring any other available trainings that may be suitable. Regional manager has contacted Better Start professional development department for support in any available training that may be delivered or if bespoke training can be provided.</p>
	<p>The centre manager must ensure that staff are supported to meet the personal care needs of children in their care.</p>	<p>Intimate care policy has been reviewed and updated. Young person's overview includes individual needs per young</p>	<p>Centre manager will review and take account of any changes required as part of fortnightly team meetings.</p>

	<p>The centre manager must ensure that the overall health and developmental needs of the children in placement are met and with the support of external services.</p>	<p>person as a guide for staff.</p> <p>Keywork training will be delivered by the regional manager in a team meeting 19<sup>th</sup> June 2024. This will highlight the role of the keyworker in advocating for services needed. Weekly centre manager and keyworker meetings will identify sessions, plans professional contact needs and any escalation needed for same.</p>	<p>Daily review of daily logs by centre management will be used to review and identify areas in need of support and this will carry over into individual supervisions as needed and/or into team meetings.</p> <p>The RM and centre manager will meet fortnightly to review placement planning and keyworking for a 12 week period – this will also serve to highlight any escalations needed and action contact with professionals needed.</p>
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