



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 180

Year: 2022 (2)

Inspection Report

Year:	2022 (2)
Name of Organisation:	Daffodil Care
Registered Capacity:	Three young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	01st December 2022
Registration Status:	Registered from the 04th November 2020 to the 04th November 2023
Inspection Team:	Ciara Nangle Janice Ryan
Date Report Issued:	29th June 2023

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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 their first registration in November 2020. At the time of this inspection the centre was in their first registration and in year three of the cycle. The centre was inspected in February 2022 and following the findings of that inspection it was registered with an attached condition from the 04th November 2020 to the 04th November 2023.

That condition being:

- There must be no further admissions of a young person under 18 to this centre until assurances are received that there are suitable care practices and operation policies in the centre and evidence of a consistent and stable staff team to ensure the number, qualifications, experience, and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on several complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention, and daily life events. At the time of inspection there was one young person living in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
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

A draft inspection report was issued to the registered provider, senior management, centre manager on the 04th January 2023 and to the relevant social work departments on the same date. 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 CAPA on the 24th January 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. As noted above, this centre had previously been registered with an attached condition. Inspectors were satisfied through this inspection that all regulatory non-compliances were addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 180 without attached conditions from the 04th November 2020 to the 04th November 2023 pursuant to Part VIII of the Child Care Act, 1991.

3. Inspection Findings

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.

The centre was found to operate within clearly defined governance arrangements and structures. There was a centre manager, who was also the named person in charge, and they were supported by a deputy manager. The centre manager had been in the role for less than a year and was leading a newly formed staff team. From the records reviewed there was evidence of the centre management team's oversight and input on young people's records including feedback on key working, daily logs and discussions around young person's meetings. The effectiveness of the manager's leadership was demonstrated in the positive progress the young people in the centre had made over the previous six months in the areas identified within their plans. Team meetings evidenced good leadership from management and inspectors found prompt follow up to issues identified through supplementary supervision sessions with staff.

There was a regional manager in place who supervised the centre manager. There was evidence that the regional manager had a regular presence within the centre. They oversaw key working and placement planning through quarterly reports which included recommended areas for improvement, and they attended Child in Care Reviews for the young people in the centre. The Regional manager also completed monthly centre monitoring reports which contained a review of centre records and aspects of young people's care which included actions for follow up and review. They also attended and at times chaired staff team meetings.

The centre manager noted that the regional manager was in daily contact with the centre. Given the centre manager was new to the role this year, this support was beneficial and frequent visits to the centre was agreed as part of the plan from a previous inspection.

When additional responsibilities were assigned to a staff member this was discussed within team meetings to ensure the full staff team had an awareness of this. Staff members had appropriate contracts in place which clearly set out their roles and responsibilities. The management team was appropriate to the size and function of the centre.

Outside of the centre there was a senior management team in place with clearly defined roles and they were supported by a quality assurance (QA) team and a Human Resources (HR) department. At times it was difficult to ascertain when the senior management team was visiting the centre as they did not always sign into the visitor's book and improvement is required in this regard for safeguarding purposes.

The organisation had policies and procedures in place that guided work practices. These policies were discussed as part of the induction process with the provision of a policy manual which staff were required to sign to confirm they had received and read. Evidence of this was seen on personnel files. Policies were reviewed as part of team meetings and 'pop quizzes' were used during these meetings to support learning.

In interview the regional manager advised that the complaints policy was currently under review following issues identified in inspections of other centres within the organisation and the new policy was due to be implemented in the new year. The organisation had scheduled for an audit on complaints to be completed in April/May 2022 and Sept/Oct 2022, however in April 2022 had taken the decision to suspend scheduled audits and therefor this audit had not been completed prior to the policy being reviewed. As a result, the organisation did not have the findings from these audits to inform their new policy. Inspectors found in the evidence reviewed that the management of complaints against staff members was not an appropriate safeguarding practice and this required improvement. An audit should be undertaken in this regard to ensure that areas where improvements are required are identified and addressed within the reviewed policy to ensure practice is aligned to the National Standards for Children's Residential Centres (HIQA 2018) and relevant guidelines.

The organisation completed an audit under Theme 6.1 of the National Standards for Children's Residential Centres, 2018 (HIQA) in August 2022. This focused on the progress of actions agreed as part of a previous inspection.

The centre manager completed monthly governance reports which were shared with the quality assurance team and provided an overview of the centre and some quantitative data with actions being agreed for follow up. The organisation completed audits regarding medication, clean desk and screen and the practice of completing 48-hour shifts this year. Training audits were completed on a bi-monthly basis using a new IT system that the organisation had implemented. However, inspectors found that some staff remained untrained in core training for long periods of time despite this being highlighted within the audit. The mechanisms to track and review deficits identified in action plans require improvement to ensure that deficits are actioned.

There was a service level agreement (SLA) in place with Tusla. The organisation submitted data as requested by Tusla in line with this SLA.

The centre had a Risk Management Policy which included a risk matrix which was aligned to Tusla's Risk Management Framework. The centre held three types of risk registers: an organisational register, centre register and individual young person's risk assessments as required. These registers contained open and closed risks with the relevant risk assessments in place. Risk was discussed at external meetings and through case management at staff team meetings. Oversight of risk was provided at many different levels from the centre manager to the Regional Manager and the Quality Assurance Manager. Ongoing monitoring of risk was noted in relation to open risks; however, inspectors had identified a number of other risks for example driving late at night, driving when tired, one staffing on shift etc that had not been included on the register. Improvement is required in this regard to ensure that all risks are identified, categorised, and recorded appropriately in line with the frame.

On review of one specific risk assessment in relation to a staff member inspectors found that the risk assessment did not assess potential risk to all young people in the organisation. The control measures in place were not robust enough to mitigate the risk as inspectors found that the risk assessment only took into consideration this centre and not the other centres in the organisation where the staff member was redeployed to. The practice of managing risk when an allegation is made against a staff member by moving staff to another centre within the organisation is not sufficient to safeguard young people. This was previously highlighted during another inspection within the organisation and requires immediate action.

The centre had alternative arrangements in place when the person in charge was absent. The deputy manager fulfilled this role and was supported by the regional manager. When the centre manager was absent from the centre, they provided a written hand over to the deputy manager which identified tasks to be completed and

the person responsible for same. At the time of the inspection a delegation log was unavailable, however this was subsequently provided to inspectors during the inspection process.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all visits to the centre are recorded accurately in the visitors' book to ensure good safeguarding practices.
- The registered provider must review the complaints policy to ensure that complaints against staff members are identified and categorised correctly.
- The registered provider must ensure that all staff are trained in the revised complaints policy once implemented.
- The registered provider must undertake a themed audit of the centre under Theme 1 of the National Standards for Residential Centres, 2018 (HIQA) to ensure that all identified areas for development are included within the new complaints policy.
- The registered provider must ensure that the mechanisms to track and review deficits identified in action plans are effective in ensuring actions are addressed.
- The centre manager in conjunction with the regional manager must review the risks associated with the centre to ensure they are all identified, categorised and recorded on the risk register in a timely manner.
- The registered provider must ensure that risk assessments in relation to allegations against staff are robust and effective in safeguarding all young people within the organisation.
- The registered provider must ensure that changes to practice as a result of inspections within the organisation are implemented across centres to ensure best and consistent practice across the service.

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.

Workforce planning within this organisation occurred at both management and senior management levels. Within the centre, the manager and regional manager planned for the day-to-day staffing requirements. This included planning for leave, up-coming vacancies, sick leave etc. This information was brought to the Human Resources (HR) department and discussed at weekly meetings. Workforce issues were also raised at senior management meetings (SMMs) and from the records reviewed inspectors noted that workforce planning was generally deferred to the weekly meetings with HR. The organisation had appointed a recruitment manager and consultant to support the recruitment of staff within the organisation. They had utilised a number of approaches to recruit staff including online recruitment campaigns and canvassing at universities.

However, at the time of inspection minutes from the weekly HR meetings were unavailable as they were not maintained. As such inspectors were unable to determine the extent of workforce planning for this centre. The organisation must ensure that all HR meetings are recorded and that records include details of discussions and actions agreed to support good work force planning and practices in the centre.

At the time of inspection, the centre was operating with a social care manager, deputy manager, two social care leaders and five social care workers with one further member of staff on extended leave. The regional manager advised that a social care worker post in the centre had been accepted and HR were completing their processes with an estimated start date for the worker of January 2023. The staffing levels in place were not in line with the staffing set out in the centre's statement of purpose and function or the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*.

Since the last inspection in February 2022, there was a new management and staff team in place in the centre. The deputy manager was the only member of the centre's staff team who had been in the centre for more than 12 months, having previously

been a member of the social care team. Inspectors noted that in recent months external staff have not been used to fill the roster in this centre and this provided some continuity of care for the young person.

The organisation had strategies in place to promote staff retention and included incremental pay scales, supports for new staff members, educational funds, health care supports, vouchers, leave benefits and improvements to the induction process. However, while beneficial these supports do not appear to be achieving the desired outcomes and do not appear to be addressing the issues surrounding the retention of staff.

Inspectors reviewed reports compiled by the organisation in relation to the turnover of staff in this centre which included an analysis of exit interviews and shift patterns. The most recent report compiled in August noted that if there was a further staff departure from this centre the strategy to address this would be devised at the weekly HR meetings. Staff have resigned since this report was produced however a specific strategy for this centre had not been put in place.

Inspectors found that staff from this centre were regularly being redeployed to cover shifts in other centres in the region. This practice of moving staff between centres was also identified in previous inspections and appears to be an organisational culture. Inspectors found that at times members of the team were splitting shifts between two centres, starting their shift in one centre, moving to another centre for several hours before returning and at times were travelling long distances between centres late at night. This was found to be occurring in circumstances where staff had already raised issues around feeling fatigued due to one young person's schedule.

Additionally, inspectors found that on some occasions when the young person's daily plans resulted in them being away from the centre for extended periods, the staff on shift within this centre were redeployed to work in other centres within the organisation. Occasionally this resulted in single cover being rostered in the centre. This practice did not allow for contingency planning should an emergency arise, or a plan change for the young person.

The movement of staff between centres does not allow the team to develop and impacts on the continuity of care for the young person. The most recent resignation from this centre was reported to be very difficult for the young person and robust planning to retain staff within this centre is required.

At times inspectors found it hard to ascertain who was on shift within the centre, with the daily logs, rosters and sign in book not always correlating. This requires improvement as it presents as a safeguarding issue for the centre.

Staff working in the centre were appropriately qualified for the role. However, there had been delays in staff being trained in core trainings. In one instance a member of the team was working for five months before receiving training in this centre's recognised model of behaviour management. The centre had made efforts to address this deficit in training in recent months. However, the relief staff team members, who regularly complete shifts in the centre, do not have some of the mandatory trainings including the centre's recognised behaviour management training, First Aid and Fire Safety training as they must complete a set number of hours within the month before being eligible for paid training. The absence of training was recorded on the centre risk register in October of this year however the risk had been long present before that time. The centre must ensure that all staff are trained in the mandatory trainings to ensure that young people are not adversely affected.

Inspectors found that supervision was occurring within the centre however it was not always within the timeframes indicated within the organisations supervision policy and improvement was required in this regard.

The organisation had an on-call policy in place which had been reviewed earlier this year following an inspection in another service. This policy sets out procedures for on-call and when various members of senior management should be notified. This policy was discussed and tested with the staff team in a team meeting to support its effective implementation. There was a roster in place for the manager on call, which was populated by centre managers, deputy managers and some social care leaders. There was no rota available for the senior manager on call, and the regional manager advised that they and other senior managers are always available if needed. This backup system of on-call needs review to ensure there is a designated person on call as management interviewed were unsure of the formal arrangements for the identified senior manager on call.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that there are sufficient numbers of staff employed within the centre in line with the Alternative Care Inspection and Monitoring Memo dated 28.4.2022.
- The registered provider must ensure that written minutes are recorded and maintained of all meetings in relation to workforce planning for this centre.
- The registered provider must ensure effective organisational workforce planning mechanisms remain in place to ensure that staff deficits are robustly reviewed and do not impact the continuity of care for all young people in the service.
- The register provider must conduct a thorough review of the practice of moving staff between centres and the implications this has on continuity of care for young people.
- The centre manager must ensure that supervision occurs for all staff in line with the organisations policy.
- The register provider must ensure that there is a roster in place which identifies the backup senior manager on call.
- The centre must ensure that all staff are trained in all mandatory trainings to ensure that young people are not adversely affected.
- The centre manager must ensure that the daily logs, sign in book and roster are accurately recorded to ensure good safeguarding practices.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
5	<p>The centre manager must ensure that all visits to the centre are recorded accurately in the visitors' book to ensure good safeguarding practices.</p> <p>The registered provider must review the complaints policy to ensure that complaints against staff members are identified and categorised correctly.</p>	<p>The centre manager will ensure that the visitors book is filled out correctly.</p> <p>The organisation has developed a new Complaints Policy which clearly outlines the response required when a complaint is made against a staff member. This will be implemented in February 2023 with training provided to all staff members. Centre management and Senior Management Team will continue to monitor and review the complaints process.</p>	<p>The centre manager will complete bi-weekly reviews of the visitor's book to ensure that it records all visits to the centre.</p> <p>In addition, the Regional Manager will complete regular reviews of the Visitor's Book and report their findings in their monthly reports.</p> <p>The centre management team complete monthly reports which outline all complaints made by the young people in their centre, which is reviewed by the Quality Assurance Manager.</p> <p>The Regional Manager and Quality Assurance Manager will continue to oversee complaints within the centre and ensure that all complaints against staff members are appropriately responded to.</p>

	<p>The registered provider must ensure that all staff are trained in the revised complaints policy once implemented.</p> <p>The registered provider must undertake a themed audit of the centre under Theme 1 of the National Standards for Residential Centres, 2018 (HIQA) to ensure that all identified areas for development are included within the new complaints policy.</p> <p>The registered provider must ensure that the mechanisms to track and review deficits identified in action plans are effective in ensuring actions are addressed.</p>	<p>The revised Complaints Policy will be implemented in February 2023 with training provided to all staff members in February 2023</p> <p>Following the implementation of the revised policy and procedure, an audit, which focuses on this revision will be completed by the Regional Manager to ensure that practice is in line with the revisions.</p> <p>The organisation has developed a new Complaints Policy and associated documentation to ensure that occurrences can be easily monitored, and escalated and that all identified works are completed, and available to review in one location.</p>	<p>Review of complaints process and PowerPoint presentation will continue to be completed every 6 months with the full staff team to ensure that all staff members are well versed in the process and timeframes required for all complaints.</p> <p>Review of complaints process will continue to be completed every 6 months within the centre to ensure that all staff members are confident in responding to complaints.</p> <p>The Regional Manager and Quality Assurance Manager will continue to oversee complaints within the centre and ensure that all complaints against staff members are appropriately responded to.</p>
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	<p>The centre manager in conjunction with the regional manager must review the risks associated with the centre to ensure they are all identified, categorised, and recorded on the risk register in a timely manner.</p> <p>The registered provider must ensure that risk assessments in relation to allegations against staff are robust and effective in safeguarding all young people within the organisation.</p> <p>The registered provider must ensure that changes to practice as a result of inspections within the organisation are implemented across centres to ensure best and consistent practice across the service.</p>	<p>The centre manager and Regional Manager completed a review on the current centre risk assessments in place. This occurred on the 12.01.23</p> <p>All allegations against staff are reviewed by the Regional Manager, Quality Assurance Manager and Designated Liaison Person for the organisation who ensure that appropriate and robust risk assessments are in place.</p> <p>The Quality Assurance department and Director of Services meet on a bimonthly basis to review all inspection reports. Identified changes to practice are brought to monthly senior management meetings for implementation. All changes to organisational are communicated to centre</p>	<p>The centre manager completes Monthly Centre Reports which capture all the Centre Risks. This is reviewed by the Regional Manager and Quality Assurance Manager, to ensure escalation of risk occurs where necessary.</p> <p>The Regional Manager and Quality Assurance Manager will continue to oversee complaints within the centre and ensure that all complaints against staff members are appropriately responded to. Where required, risks will be escalated to the Senior Management team and recorded on the organisational risk register.</p> <p>Decisions/actions arising from senior management meetings in respect of inspection feedback will be reviewed at the beginning of each senior management meeting as part of review of minutes. All changes and organisational feedback as a result of inspections are discussed will be</p>
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		management teams via email by the Senior Management team. In addition, discussion in relation to changes are recorded in Team Meeting minutes.	discussed within a multitude of meetings; team meeting / management meetings, Regional Meetings and Senior Management meetings.
6	<p>The registered provider must ensure that there are sufficient numbers of staff employed within the centre in line with the Alternative Care Inspection and Monitoring Memo dated 28.4.2022.</p> <p>The registered provider must ensure that written minutes are recorded and maintained of all meetings in relation to workforce planning for this centre.</p> <p>The registered provider must ensure effective organisational workforce planning mechanisms remain in place to ensure that staff deficits are robustly reviewed and do not impact the</p>	<p>The centre currently has one vacancy for a social care worker. Ongoing recruitment efforts continue on a weekly basis, with interviews being held promptly when suitable candidates are identified.</p> <p>All minutes will be summarised and compiled for review within Monthly Senior Management meetings and will include activity reporting from the Recruitment team.</p> <p>The register provider will ensure effective workforce planning remains priority across the service. Supports for Talent management will be developed and implemented in March 2023 to promote staff retention and career growth.</p>	<p>Ongoing weekly recruitment meetings occur to updates identify gaps and schedule interviews accordingly.</p> <p>The registered provider will ensure that minutes are completed and recorded within Senior Management Meetings.</p> <p>A number of strategies have been agreed upon and are in place in relation to organisational workforce planning;</p> <ul style="list-style-type: none"> • Review of the induction procedure by;

	continuity of care for all young people in the service.		<ul style="list-style-type: none"> • Recruitment 6-week check ins with new employees, which are reviewed by the centre manager and Regional Manager. • Exit interviews completed • Salary scale review and further incremental scales agreed upon. • Exit interviews review per quarter by Quality Assurance to support organisational learning. • Employee Benefits to be reviewed within team meetings per quarter. • Weekly Recruitment Meetings. • Addition, the Induction process has been reviewed to support greater learning. This will be implemented in February 2023.
	The register provider must conduct a thorough review of the practice of moving staff between centres and the implications this has on continuity of care for young people.	This practice was implemented due to unforeseen extreme high risk presentation from a young person. Staffing levels within the centre and region have increased in recent weeks, therefore, the requirement	The Registered Provided will make every effort to ensure all centres have full complements with the aim of avoiding moving staff between centres and understands the implications on continuity

	<p>The centre manager must ensure that supervision occurs for all staff in line with the organisations policy.</p> <p>The register provider must ensure that there is a roster in place which identifies the backup senior manager on call.</p>	<p>for moving staff between centres has decreased.</p> <p>Centre Management reviewed all supervisions and completed a Supervision Schedule and Tracker on the 12.01.23 to ensure that supervision occurs as per policy expectations.</p> <p>The centre operates from a Regional on-call roster, this includes Centre Managers, Deputy Managers and Senior Members of staff within a Social Care Leader role. All Significant events are notified to Regional Manager at all times. Where further Senior Management support and back up is required Centres use an escalation protocol and contact Director of Operations and / or Director of Services via phone, to which they respond.</p>	<p>of care for young people and indeed risks to staff retention.</p> <p>Centre Management will review supervisions on a weekly basis, to ensure they are completed as per schedule. Supervisions are recorded within a monthly tracker and within the Centre Monthly Report, which is monitored by the Regional Manager and Quality Assurance.</p> <p>Regular review and oversight of the Senior Management on-call will occur within Monthly Senior Management meetings.</p>
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	<p>The centre must ensure that all staff are trained in all mandatory trainings to ensure that young people are not adversely affected.</p> <p>The centre manager must ensure that the daily logs, sign in book and roster are accurately recorded to ensure good safeguarding practices.</p>	<p>The Centre Manager and Regional Manager discussed the identified training needs of the centre on the 29.12.22. Staff are scheduled to complete all mandatory trainings by the 31.03.23</p> <p>The Regional Manager and Centre Manager completed a review of daily logs, sign in book and the roster on the 16.12.22. The practice of document review will remain in effect</p>	<p>The Centre manager completed bi-monthly training audits, the training needs of the centre are discussed on a monthly basis with the Regional Manager, to which appropriate training is sourced and scheduled.</p> <p>The centre management team will complete daily reviews of documentation and roster to ensure that high levels of safeguarding practices are in place. Where deficits are identified, this will be addressed at Team Meetings and/or Supervision.</p> <p>In addition, the Regional Manager will complete regular reviews of the centre's operation and report their findings in their monthly reports.</p>
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