An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 252

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Galtee Clinic**
Registered Capacity:	**4 young people**
Type of Inspection:	**Unannounced**
Date of inspection:	**20th and 21st January 2025**
Registration Status:	**Registered from the 15th July 2024 to the 15th July 2027**
Inspection Team:	**Anne McEvoy** **Joanne Cogley**
Date Report Issued:	**26th March 2025**

Contents

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 15th July 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 15th July 2024 to the 15th July 2027.

The centre was registered to provide multiple occupancy care for four children, between the ages of ten and seventeen years on admission. The service offered by the centre was based on a social pedagogy model of care, staffed by two social pedagogical teams to create a secure base for the children to reside in. The aim of the centre was to provide a family style environment in which the young people can safely live whilst addressing underlying emotional and behavioural problems of concern. 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
3: Safe Care and Support	3.1
6: Responsive Workforce	6.3

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 and to the relevant social work departments on the 21st February 2025. 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 06th March 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 252 without attached conditions from the 15th July 2024 to the 15th July 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
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.

Inspectors met with one young person and observed their interactions with a number of care staff members. They appeared comfortable in their presentation, engaging positively with care staff and members of management.

Inspectors reviewed care records for both young people resident in the centre and found that both had a child in care review meeting within six weeks of admission and there were care plans on file in line with statutory timeframes. One young person had recently attended their second child in care review and in interview the social work team leader advised that the updated care plan from this meeting was in development. The second young person had an additional child in care review in November 2024, three months after their first review. There were no minutes from this meeting on file. The allocated social worker stated that the care plan was updated but this was not stored on the young person's care record. The allocated social worker stated that this review was scheduled in error ahead of its statutory timeframe and the next child in care review was scheduled for May 2025. The centre manager must ensure that that minutes from care planning meetings and care plans are filed on the young person's care record to guide care planning and practice going forward.

Each young person had a key worker appointed to them. One young person had monthly placement plans on file and these were developed in line with the goals as outlined in the care plan. The allocated social worker advised that they had received only one placement plan and while communication was cited as good, the centre manager must ensure that placement plans and relevant documents are forwarded to the allocated social work team in a timely manner.

Relevant individual work designed to target the goals in the placement plan and care plan were evident on this young person's records. There were additional individual work records seeking out the view and input of the young person. In their

communication with inspectors they noted that they felt listened to by the adults caring for them in the centre.

The most recent placement plan for the second young person was dated November 2024. In interview management and staff stated that a new placement plan was being developed in the coming weeks following a handover meeting with the newly appointed key worker. While the placement plan dated November 2024 was broadly in line with the goals from the care plan, inspectors found that individual work targeting these goals was limited. In interview, care staff and members of the management team acknowledged that the centre had experienced a period of crisis due to presenting behaviours of the previous resident young person and there were aspects of care planning and practice that were impacted as a result. In interview, the social work team leader acknowledged the while the placement plan was not up to date and there were relevant outstanding pieces of key work, they were satisfied, overall, that the young person was settling well in their placement and was being well cared for. They stated that the current focus of the centre management and staff was on building a positive relationship between the young person and the newly appointed key worker to facilitate the sensitive individual work that was required. The centre manager and registered provider must ensure that placement plans are up to date for each young person in the centre and that relevant identified components of individual work are undertaken to meet the needs of the young people and ensure the best outcomes for them.

There were identified external supports for each of the young people which the young people were encouraged to engage in once they were established. However, inspectors found that follow up of these services was limited. Care records were difficult to navigate to track the provision of, and advocacy for, support services. The allocated social worker and social work team leader for the young people were confident in the centre's advocacy skills for the young people, however centre management must ensure more robust oversight in recording and documenting access to the identified external supports.

Inspectors found that there was effective communication between staff in the centre and the allocated social work teams. In interview, the respective social worker and social work team leader for the young people were satisfied with the level of communication, both written and verbal from the centre. They each felt that the centre staff were contactable and transparent in their engagement with the social work departments. They stated that the centre management and staff were co-

operative with the social work plans and worked collaboratively to meet the needs of the young people.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 17**
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 2.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed.**

Actions required

- The centre manager must ensure that that minutes from care planning meetings and care plans are filed on the young person's care record to guide care planning and practice going forward.
- The centre manager must ensure that placement plans and relevant documents are forwarded to the allocated social work team in a timely manner.
- The centre manager and registered provider must ensure that placement plans are up to date for each young person and that identified components of individual work are undertaken to meet the needs of the young people and ensure the best outcomes for them.
- The centre management must ensure more robust oversight in recording and documenting access to the identified external supports.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There was a Child Safeguarding Statement (CSS) developed at the time of initial registration and this was approved by the Tusla Child Safeguarding Statement Compliance Unit (CSSCU) as meeting the requirements for a CSS. At the time of inspection, inspectors found that the CSS was not displayed in a prominent space within the centre and in interview, care staff were not familiar with the location of the CSS or the risks identified in it. The centre management must ensure that the CSS is located in a prominent space within the entre and assure themselves that care staff are familiar with the risks named.

The centre had organisational policies and procedures in line with Children First and relevant legislation, including policies on child protection, anti-bullying, online safety and the safeguarding of care staff under the protected disclosure policy. These policies were all reviewed and updated within the last six months since June 2024.

The organisational policies identify that the Designated Liaison Person (DLP) for the centre is the centre manager and the Deputy Designated Liaison Person (DDLP) is the service manager. In interview with care staff, there was confusion regarding the holders of these roles and a review of personnel files evidenced that there was no defined training in the centre's own policies and procedures on child safeguarding.

The centre maintained a list of mandated persons. In interview, care staff were familiar with the role of the mandated person and correctly identified the procedures to be followed for the submission of a Child Protection and Welfare Report Form (CPWRF). However, inspectors found that four core care staff had yet to undertake child protection training and two core care staff had yet to undertake the Children First e-learning module "Introduction to Children First e-learning programme, 2017". Inspectors acknowledge that the registered provider and quality assurance officer provided in-house training in November 2024 on aspects of child protection, but the record does not evidence what discussion if any occurred on modules of child sexual exploitation, mandated persons or the organisations own policies on the management of child protection concerns and child safeguarding. In interview with one care staff, there was limited understanding of the signs of child sexual exploitation. The centre manager and registered provider must ensure that there is a review of the child protection and safeguarding training programmes delivered to staff. They must assure themselves that staff have been provided with all mandatory child safeguarding and protection training and are familiar with the signs and presentations of young people at risk of abuse.

As mentioned previously the centre had experienced a period of crisis. A third young person was discharged from the centre in the six weeks prior to the inspection. In their respective questionnaires, both young people referenced the impact of this crisis period on them and this was also evidenced in their care records and in interview with the respective social work departments. Both current young people living in the centre noted that they were unhappy that individuals, both care staff and young people, in the centre were not respected. Both referenced their discontent with the behaviours of the previous resident but indicated that when they raised their concerns they felt listened to and validated. This was also corroborated by the allocated social work teams. Inspectors found supporting evidence in team meeting records that negative interactions between the young people were raised and discussed and the impacted young people were afforded opportunities to meet with the centre manager away from the house.

Inspectors reviewed care records and found that individual areas of vulnerability were identified for one young person. The risk assessments completed were developed following the risk matrix for the organisation, however there was no evidence that the risks were re-evaluated following the implementation of stringent protective measures. Additionally, there was no evidence of associated interdependence between the written risk assessment, individual work and action from the care staff team to a suspected risk for this young person. They were believed to be in possession of a mobile device which was a potential risk to the young person's wellbeing, taking into consideration their social history. An interim plan to address the risk of the mobile device was implemented in the days during and after inspection. Inspectors were advised that an updated placement plan was to be developed in the week following the inspection with the recently appointed key worker. The goal was to develop their relationship and begin work on self-care and protection being cognisant of the young person's personal history. This was corroborated by the social work team leader for the young person.

There were no risk assessments completed for identified vulnerabilities for the second young person. Inspectors were advised that this young person experienced difficulty navigating change within the centre and despite the issues with the previous young person and changes to the core staff team, these vulnerabilities and the potential impacts were not risk assessed. Inspectors reviewed individual work records and found that this young person was assisted and supported to develop self-awareness and skills needed for self-care and protection, particularly in the areas of social media and sexual health. The centre manager and registered provider must ensure that all areas of vulnerability are identified, and appropriate safeguards put in

place including the development of relevant risk assessments and the implementation of appropriate individual work plans to address risks.

Inspectors found that there was no individual absence management plan (IAMP) on record for one young person. There was evidence that one was developed and forwarded to the social work team however there was no copy on file for care staff to reference should they require one. The IAMP filed on the care record for the second young person was out of date and was at variance to the agreed procedure at the time of the inspection. The centre manager must ensure that IAMP's are updated monthly and accessible on each young person's care record for reference. Additionally, inspectors recommend that the centre manager undertakes a review of care records to ensure care staff have prompt access to relevant documents such as placement plans, individual absence management plans and risk assessments as an example.

The centre maintained a register for the recording and tracking of child protection and welfare concerns (CPWRF) notified to Tusla Child and Family Agency. Inspectors recognised that the centre had accurately identified all child protection and welfare concerns, however found that this register was not accurate and did not record all CPWRF's submitted. A review of the care records evidenced that sensitive information contained in CPWRF's was filed in the body of the care record and did not account for the confidential nature of the information recorded. Similarly, inspectors found that correspondence relevant to CPWRF's was not filed alongside the report to facilitate tracking of submitted reports. Inspectors recommend that the centre management and registered provider review the organisations system for how CPWRF's and associated correspondence is filed. The centre manager must ensure that all CPWRF's are recorded accurately in the register maintained for that purpose.

The centre had a protected disclosure policy that was updated in January 2025, prior to this inspection. It identified the internal and external routes that care staff can choose to report any concerns they may have. In interview, care staff indicated that they felt protected to report any incidents of poor practice they encountered.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 16**
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 3.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed.**

Actions required

- The centre management must ensure that the CSS is located in a prominent space within the entre and that assure themselves that care staff are familiar with the risks named.
- The centre manager and registered provider must ensure that there is a review of the child protection and safeguarding training programmes delivered to staff. They must assure themselves that staff have been provided with all mandatory child safeguarding and protection training and are familiar with the signs and presentations of young people at risk of abuse.
- The centre manager and registered provider must ensure that all areas of vulnerability are identified, and appropriate safeguards put in place including the development of relevant risk assessments and the implementation of appropriate individual work plans to address risks.
- The centre manager must ensure that IAMP's are updated monthly and accessible on each young person's care record for reference.
- The centre manager must ensure that all CPWRF's are recorded in the register maintained for that purpose.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

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 in interview, care staff had a clear understanding of their roles and understood the organisational reporting structure. The understanding of responsibilities held by care staff in particular the responsibilities regarding child safeguarding could be strengthened further as outlined in standard 3.1.

Inspectors were provided with the updated policies and procedures in operation however found that there needs to be additional training undertaken to ensure that all care staff are aware of said policies. In interview, care staff were not familiar with the lone working policy. The centre manager must ensure that all care staff are facilitated with updated training to ensure that they are familiar with the policies and procedures to be followed and are supported to deliver child-centred, safe and effective care.

A review of team meeting minutes evidenced that attachment training was an identified training need in August 2024 and it continued to be an identified training need up to November 2024 where it was noted that training opportunities were to be postponed due to an ongoing crisis in the centre with one young person. At the time of inspection in January 2025, this training was yet to be scheduled. From a review of a sample of nine personnel records three care staff did not have any first aid or fire safety training on file.

Inspectors found that while the centre and the organisation advocated a team-based approach, there was additional work required to make this approach more robust. There were four team meetings held in the six months since the centre opened in July 2024. Weekly handovers occurred between the social pedagogy teams. It was noted in one exit interview that "handovers needed to be better". The staff member indicated that the information handed over needed to be more "real" so care staff could be better prepared. At the time of the inspection, inspectors were advised that there was a new handover method being trialled with the care team. Inspectors recommend that the centre management and senior management review the various methods of communication of information to the care staff team to assure themselves that relevant and required information is handed over.

The centre had a supervision policy in place. It noted that supervisee training was to be undertaken during the induction process. The policy stated that each care staff was to have at least one supervision session every 4-6 weeks or where requested by the care staff. Inspectors found that the centre was not adhering to their own policy and on contracts reviewed the stated frequency was 6-8 weeks. The centre manager must ensure that the supervision contracts align with the supervision policy. Two care staff members had one supervision meeting in the six months since the centre opened, another had a gap of three months and another a gap of four months. The supervision records were limited in their recording and it was difficult to ascertain what the training needs of the staff members were and what training they had availed of. Additionally, there was no evidence that supervisees were afforded an opportunity

to discuss their performance to promote development of care staff. Records reviewed were not signed by the supervisee to indicate that they had read or were aware of the details recorded. Some supervision contracts were out-of-date or were not relevant to the current supervisor. The centre manager must ensure that supervision is held in line with the agreed supervision policy of the organization, specifically relating to the frequency of supervision and the purpose of supervision as "an opportunity to reflect upon practice" ensuring "accountability, support and learning".

The organisation identified in their application for registration that a strong focus of their work was engaging young people and interesting them in a change-oriented process as actual lived experiences. The relationships formed and maintained between all those involved in the centre was regarded as the main engine of change. Therefore, the organisational aim was to support the adults to manage and metabolise their own feelings and difficulties as they arose in the work. Inspectors found good evidence to support this approach throughout the inspection, in team meeting records and in the limited supervision records available, however to achieve the organisational aim the supervision policy needs to be implemented in full. In interview care staff stated that they felt supported by centre and senior management. There was consistent and ongoing reference to external support services available to staff. The organisation provided an employee assistance programme to manage the impact of working in the centre. Staff interviewed were aware they could access these supports as and when they felt they needed them. A review of supervision records evidenced that each staff member was reminded of the availability of staff supports. Additional informal supervision sessions were recorded where staff members were returning to work following involvement in any difficult incident with young people in the centre.

Inspectors reviewed appraisals that were undertaken with care staff members. Whilst there was an appraisal template in operation, inspectors found that this needed to be further developed. The appraisals on file were unclear as to who had completed the document, what discussions had taken place between the supervisor and the supervisee and failed to accurately identify any professional training and staff developmental needs going forward. The centre management and registered provider must review the annual appraisal system and ensure that the document is signed by both the supervisor and supervisee and that the record is suitable for the purpose of tracking the staff members performance and development.

Inspectors found that when the centre entered difficult periods of challenging behaviour, interventions that could offer support to staff were limited and inspectors

recommend that senior management and the registered provider review the intrinsic supports such as team meetings, training, supervision and ensure that these are consistently held to support the care staff in delivering effective care, especially in time of crisis.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
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 6.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed.**

Actions required

- The centre manager must ensure that all care staff are facilitated with updated training to ensure that they are familiar with the policies and procedures to be followed and are supported to deliver child-centred, safe and effective care.
- The centre manager must ensure that supervision is held in line with the agreed supervision policy of the organisation. This relates to the frequency of supervision and the purpose of supervision as "an opportunity to reflect upon practice" ensuring "accountability, support and learning".
- The centre management and registered provider must review the annual appraisal system and ensure that the document is signed by both the supervisor and supervisee and that the record is suitable for the purpose of tracking the staff members performance and development.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure that that minutes from care planning meetings and care plans are filed on the young person's care record to guide care planning and practice going forward.	Care plan for one young person has been received and is on file. Care plan for y/p 2 remains outstanding- has been escalated to the SWTL and PSW.	Escalation policy to be utilised if Care plans not received within agreed timeframe of 2 weeks. Centre manager will take minutes from all CICRS and file immediately.
	The centre manager must ensure that placement plans and relevant documents are forwarded to the allocated social work team in a timely manner.	Current placement plans for both young people have been emailed to relevant social workers for review.	All placement plans will be emailed to social work department every 8 weeks. Service Manager provides oversight on placement planning process regularly. Quality improvement manager will provide further oversight on placement planning process as part of the auditing process.
	The centre manager and registered provider must ensure that placement plans are up to date for each young person and that identified components	Placement plans for both young people are up to date and have been shared with the team and relevant social workers. Deputy Manager is responsible for	Centre Manager to provide oversight on Placement Planning process every 8 weeks. Quality improvement manager will provide further oversight on the implementation of

	of individual work are undertaken to meet the needs of the young people and ensure the best outcomes for them. The centre management must ensure more robust oversight in recording and documenting access to the identified external supports.	overseeing of placement planning process and their implementation and will ensure that goals identified within placement plans are met. Centre Manager has followed up on any outstanding documentation in relation to external supports and filed within care record.	placement planning process as part of audit review. Centre Manager will ensure recording and oversight of all identified external supports. Service manager and Quality improvement manager will provide oversight of this process. This will also form part of the discussion at Clinical management meetings.
3	The centre management must ensure that the CSS is located in a prominent space within the centre and assure themselves that care staff are familiar with the risks named. The centre manager and registered	CSS is located in the hall and the team are aware of where it is located and have been asked to familiarise themselves with the risks named. CSS was emailed to the team and will be discussed at next team meeting in March. Child protection and CSE training has	Centre manager will ensure all new team members are familiar with CSS as part of induction process. Centre manager will ensure that any changes to the CSS are communicated to the team and discussed at the following team meeting. CSS to be discussed at team meeting annually. All team members will complete online e-

	provider must ensure that there is a review of the child protection and safeguarding training programmes delivered to staff. They must assure themselves that staff have been provided with all mandatory child safeguarding and protection training and are familiar with the signs and presentations of young people at risk of abuse.	been completed with the team in February. Further CSE training will be delivered to the team on 26th March. Training certs amended to detail modules covered to ensure that all areas of Child Protection and CSE have been covered. All team members have completed e-learning DLP training and e-learning mandated persons training. Child protection policy has been shared with the team and will be discussed at team meeting in March.	learning CSE, DLP and Mandated persons training as part of induction process. Child Protection training will be completed with all new team members, both in house training and e-learning training.
	The centre manager and registered provider must ensure that all areas of vulnerability are identified, and appropriate safeguards put in place including the development of relevant risk assessments and the implementation of appropriate individual work plans to address risks.	Review of each child's vulnerabilities were undertaken by Centre Manager and relevant risk assessments were drawn up accordingly and shared with the team. Placement plan for both young people will include individual work plans to address risks.	This will form part of the discussions during the Placement Planning process. Regular review of risk register to ensure all risks have been identified. Service manager to review and provide oversight every 6 weeks. Quality improvement manager will review as part of their auditing process. All placement plans and risk assessments will be shared with the relevant social worker for input.

	The centre manager must ensure that IAMP's are updated monthly and accessible on each young person's care record for reference.	IAMP's for both young people have been updated in March and shared with the team and relevant social worker.	Primary activity therapist will update/review IAMP monthly or sooner if required and Centre manager will provide oversight. Updated IAMP's will be shared with the relevant social worker for review.
	The centre manager must ensure that all CPWRF's are recorded in the register maintained for that purpose.	The CPWRF register has been updated to include all CPWRF's.	Centre Manager will record all CPWRF's in the register as they are submitted. Service manager will provide oversight on the CPWRF register every six weeks. Quality improvement manager will provide further oversight as part of the auditing process.
6	The centre manager must ensure that all care staff are facilitated with updated training to ensure that they are familiar with the policies and procedures to be followed and are supported to deliver child-centred, safe and effective care.	Lone working and child protection policy have been emailed to the team and will be discussed at team meeting in March. Attachment training, child protection/CSE and fire have been delivered to the team in February. Further CSE training has been scheduled for March. DLP/Mandated persons e-learning has been completed by all. First Aid is still outstanding for some team members but has been scheduled for	All updated policies are shared with the team as they are updated. Quality improvement manager will attend team meeting and ensure policies are reviewed at each meeting. Induction process includes a review of all policies and procedures.

		coming weeks.	
	The centre manager must ensure that supervision is held in line with the agreed supervision policy of the organisation. This relates to the frequency of supervision and the purpose of supervision as "an opportunity to reflect upon practice" ensuring "accountability, support and learning".	All teams' members have received supervision in February. Supervision has been scheduled again in line with supervision policy. Professional development goals have been identified for each team member and will be standing agenda item in supervision.	Service manager, Deputy manager and Centre manager meeting fortnightly to review supervision amongst other KPI's. Operations manager will review all KPI's including supervision quarterly. Quality improvement manager will review supervision as part of her regular auditing process.
	The centre management and registered provider must review the annual appraisal system and ensure that the document is signed by both the supervisor and supervisee and that the record is suitable for the purpose of tracking the staff members performance and development.	Appraisal process will be reviewed at QI meeting on the 10th of March and updated template will be shared with the team and implemented within 4 weeks.	New system will clearly identify who attends and records the appraisal meeting and professional development goals will be set for all within the appraisal meeting and be a standing agenda item on supervision.