



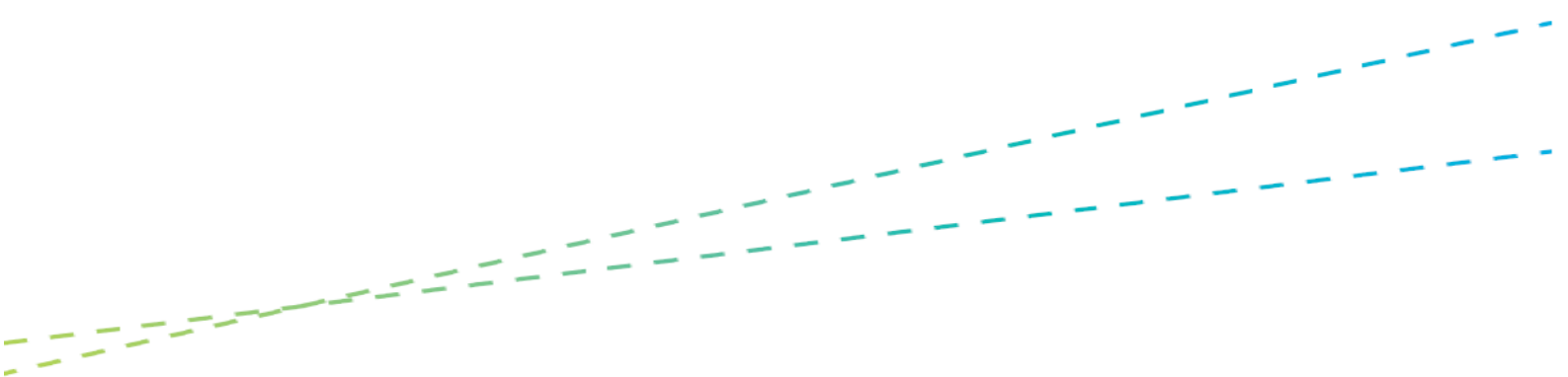
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 011**

**Year: 2019**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>27<sup>th</sup> and 28<sup>th</sup> February 2019</b>
<b>Registration Status:</b>	<b>Registered from 10<sup>th</sup> May 2019 to 10<sup>th</sup> May 2022</b>
<b>Inspection Team:</b>	<b>Cora Kelly Lorraine Egan</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> May 2019</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in May 2013. At the time of this inspection the centre were in their second registration and were in year three of the cycle. The centre was registered without attached conditions from 10<sup>th</sup> May 2016 until 10<sup>th</sup> May 2019.

The centres purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission on a medium to long term basis. Their person centred model of care was described as building therapeutic relationships with young people through the adaptation of 'The Seven Habits of Reclaiming Relationships' (Erik K. Laursen) to enable young people to feel supported, cared for, safe and respected. At the time of the inspection two young people were residing in the centre.

The inspectors examined aspects of standard 2 'management and staffing', standards 7 'safeguarding and child protection', 8 'education', 9 'health', and 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 27<sup>th</sup> and 28<sup>th</sup> of February 2019.

## 1.2 Methodology

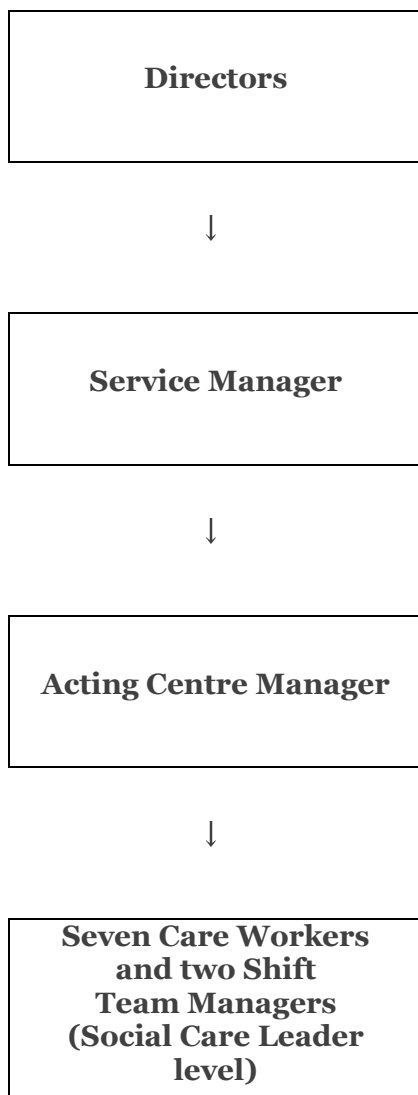
This report is based on a range of inspection techniques including:

- ◆ An examination of a pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) The centre manager
  - b) Eight of the care staff
  - c) The director
  - d) A general practitioner
  - e) School professional
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process:
  - care files
  - supervision records
  - maintenance log
  - health and safety records
  - sample of personnel files
  - centre registers
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
  - a) The centre management
  - b) Three social care staff
  - c) One of the two allocated social workers
- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ Correspondence with a social worker allocated to a young person.

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.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, service manager, service director and the relevant social work departments on the 24<sup>th</sup> April 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 3<sup>rd</sup> May 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 011 without attached conditions from the 10<sup>th</sup> May 2019 to 10<sup>th</sup> May 2022 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

There had been no change in centre management since the last inspection in August 2018 or of any changes to the role itself. This was confirmed by the acting centre manager (referred to centre manager from this point) in interview with the inspectors. The centres model of care described as therapeutic relationship building was observed by the inspectors to have been incorporated into the centre manager's style of managing the staff team which was reciprocated by staff with the young people. This style of approach was found by the centre manager and staff to be a remedy for various potential risks likely to be posed within the centre.

In line with the centres statement of purpose and function the centre manager demonstrated in interview good evidence of oversight of the systems in place aimed at ensuring best care practices were being implemented and maintained. This was corroborated during the review of centre files, questionnaire feedback and interviews with staff and the service manager. The on-going day-to-day responsibilities of the centre manager included monitoring staff care practices, providing supervision to all staff members, holding fortnightly team meetings, attending daily handovers, overseeing daily centre logs and young people's care files, ensuring staff training needs were met and tracked, and that young people's needs were met in line with centres policy on care planning. Staff in interview advised that the centre manager was very supportive, available and approachable and that the supervision process was helpful and valuable in terms of professional development.

The inspectors found good practice in particular to the manner and focus that was placed by the centre manager and staff team in ensuring that the voices of the young people were sought through the holding of weekly meetings for young people in addition to a forum in place for young people to provide feedback on a monthly basis. Also, written daily updates were sent by the centre manager to the service manager

and the director of the organisation. The areas covered in the daily update included a synopsis of the young people's day, and records of any notification of significant events or complaints.

Inspectors saw evidence that centre management files were well organised and easy to navigate. The governance folder maintained by the centre manager included monthly senior management meeting minutes, internal management meeting minutes, quality assurance audits and action plans and service manager reports. Internal management team meetings were found to be held regularly and were guided by a template. A sample of items on the template included roles and responsibilities, team morale, complaints, staff support and inductions. There was evidence of good discussion found during the review of a sample of the meetings. Monthly senior management meetings held throughout 2018 were chaired by the director of the organisation. The review of a sample of these meeting minutes showed that discussions related to staffing, organisation policies and procedures, child protection, complaints, health and safety and training. The records also showed good attendance at these meetings by the centre manager.

The centre manager reported directly to the service manager. In interview the service manager advised the inspectors of visiting the centre every four to six weeks and meeting with staff, attending some team meetings and of receiving daily updates and notification of significant events. The centre manager received supervision from the service manager. There was an up-to-date supervision contract in place and it was found to be held regularly. During the inspector's review of both centre records and care files there was little evidence of oversight by the service manager. Although signature evidence of oversight is only one measure of monitoring care practices an improvement in this area is required. A service manager report that covered the six-month period from June to December 2018 was contained in the governance folder. The inspectors found it was essentially a performance report as it did not contain detail regarding recommendations or actions arising from the review. Whilst there was a quality auditor in place, this report did not reflect any linkup to the audits completed. The inspectors recommend that the service manager links with the quality auditor with regard to the purpose of the evaluation tool and explore desired outcomes so it can inform future care practices.

The organisations quality auditor had completed three audits since the last inspection. Two audits were conducted in line with the National Standards for Children's Residential Centres, 2001 with the third against the new HIQA standards. The audits were found to be very detailed with recommendations compiled by the

auditor that were developed into an action plan by the centre manager. The action plans reviewed by the inspectors found that actions were completed in a timely way by designated staff members and the centre manager. The centre manager advised that the action plans were followed up by the quality auditor at the following audit. The centre manager stated that they found the audits to be a valuable safeguarding measure in place.

### **Register**

The centre had an up-to-date register that was completed in full. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Staffing**

There had been a number of developments regarding the staff group in the centre since the last inspection. Two full-time social care workers were recruited by the organisation and the vacant shift team manager (equivalent to social care leader grade) post was filled by a member of the staff team who had met the required criteria for the role. The centre had a core staff team of ten that included one full-time manager, two full-time shift team managers, six full-time social care workers and one-part time social care worker. At the time of the inspection two staff were completing the final year of their studies in the social care field. The personnel files of the newly recruited staff were reviewed by the inspectors and appropriate recruitment procedures were found that included garda vetting procedures being completed. The six-month organisation and a centre specific induction process formed part of the supervision process. The induction pack viewed by the inspectors included a job description verification, information on the National Standards for Children's Residential Centres 2001, the child protection policy and a guide to the safe use of mobile phones. In interview the centre manager advised the inspectors that all staff were trained in a crisis management intervention and prevention programme. This was verified from questionnaires completed and the inspectors review of a sample of staff personnel files.

The centre manager was present in the centre Monday to Friday and was available to the staff team on an on-call basis outside of these hours. The centre operated a rota that allowed for two staff completing overnight shifts. The inspectors deemed this was suitable to the needs of the two young people at the time of the inspection. If required, the centre manager advised that there was room for a third person to complete a day shift if it was required in addition to relief staff.

### **3.2.2 Practices that met the required standard in some respect only**

None identified.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

### **Required Action**

- None identified.

### 3.7 Safeguarding and Child Protection

#### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

#### **3.7.1 Practices that met the required standard in full**

None identified.

#### **3.7.2 Practices that met the required standard in some respect only**

The centre had developed an appropriate child safeguarding statement. Inspectors found that there were systems and protocols aimed at safeguarding young people. Safeguarding policies included policies such as complaints, bullying and peer abuse, staff recruitment including Garda vetting, staff training, supervision and guidance for best practice to safeguard children. There was evidence of the two new staff members being Garda vetted prior to being appointed to their roles in the centre.

Risk management mechanisms implemented by the staff team included individual personal support plans (PSP's), monitoring of young people and guidance on one-to-one supervision of young people. The PSP's were comprised of absent management, routine management, behaviour management, crisis management and situation management. There was evidence of centre management and social work oversight across the PSP's reviewed by the inspectors that were also found to be tracked and updated. However, inspectors found in interview that staff struggled to name safeguarding mechanisms including the procedure for raising concerns with respect to colleagues practice. A similar finding was found by the inspectors during the review of staff questionnaires. With regard to the centres pre-admission risk assessment process a deficit was identified by the organisations quality auditor during a recent audit. The deficit was quickly addressed by the staff team in conjunction with the young person's social worker. The inspector's findings outlined in this section of the standard will be included in actions that require attention in the following section of this standard.

### **Child Protection**

### **Standard**

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre manager was the appointed designated liaison person for the centre. There was no identified deputy designated liaison person. The centre manager advised that all staff had completed the Tusla Children First e-learning programme and had participated in Children's First training in November 2018 and January 2019. The inspectors viewed the certificates obtained by staff.

The centre had a written child protection policy document. Upon review of this document the inspectors found that it lacked accurate detail with regard to reporting child protection concerns and allegations to Tusla, Child and Family Agency and also of the recording of same. The reporting procedures were not up-to-date and in line with Children First National Guidance (2017). Given this deficit the inspectors found from both interviews with staff and information returned in questionnaires that staff were not aware of the correct procedures for reporting concerns and allegations of abuse. Further, those holding mandated person responsibilities were not clear of their legal role in responding to child protection concerns and allegations. Centre management must ensure that the centres child protection policy and procedures document is updated to be in line with statutory requirements and that staff then receive training on the updated document. Centre management must inform staff of the reporting procedures for both mandated and non-mandated persons as per the Children First Act 2015 and in line with Children First National Guidance 2017. Centre management must ensure that written records such as a child protection register/ log are kept of all child protection concerns including those not reported to Tusla, Child and Family Agency and that should be managed by the Designated Liaison Person. The inspectors observed that although child protection was a standing item at the fortnightly team meetings it was not utilised sufficiently to keep child protection live by the centre manager and the staff team. The inspectors recommend that this is addressed in team meetings going forward.

### **3.7.3 Practices that did not meet the required standard**

None identified.

### **Required Action**

- Centre management must ensure that the centres child protection policy and procedures document is updated to be in line with statutory requirements and that staff then receive training on the updated document.
- Centre management must inform staff of the reporting procedures for both mandated and non-mandated persons as per the Children First Act 2015 and in line with Children First National Guidance 2017.
- Centre management must ensure that written records are kept of all child protection concerns including those not reported to Tusla, Child and Family Agency and that should be managed by the Designated Liaison Person.

### **3.8 Education**



### **Standard**

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

#### **3.8.1 Practices that met the required standard in full**

The centre demonstrated their ethos of promoting education which was a principle in the centres statement of purpose. The inspectors were able to corroborate this during the review of young people's care files, from interview with centre management, staff and a social worker and from correspondence with a second social worker and a school professional.

At the time of the inspection one young person was attending their school placement. The review of the attendance tracker in place by the centre for this young person showed that attendance overall was very good. There was evidence of centre staff supporting the school placement that included on-going communication between the centre, the young person's social worker and a school professional in addressing the young person's educational needs that included the provision of additional learning support. The centre was also found to have been actively encouraging and supporting the young person to engage in school related activities.

For the second young person both centre management and the social worker confirmed that they were experiencing difficulties in securing suitable education options or a placement due to the young person's lack of engagement. The inspectors observed the efforts by the centre and the allocated social worker with regard to this who further advised they will continue to encourage and support the young person to engage with an education or training programme.

#### **3.8.2 Practices that met the required standard in some respect only**

None identified.

#### **3.8.3 Practices that did not meet the required standard**

None identified.

#### **Required Action**

- None identified.

### **3.9 Health**

### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full**

Centre staff and one of the allocated social workers advised in interview that the young people were in good general health and had attended full medicals on admission where no medical concerns were identified. This finding was observed by the inspectors during the review of both of the young people's current care plans and care records. Both young people were registered with a general practitioner, had medical cards and appropriately signed medical treatment consent forms were held on their files. There was evidence also of one general practitioner reporting into the young person's statutory child in care review.

It was clear from the review of individual care files that health needs and actions were outlined in the young people's care plans and placement plans and were being tracked and addressed by staff during key working and individual work sessions. Young people's meetings were also a forum identified by staff to positively address general health related issues for example discussing the effects of technology on healthy sleep patterns. In line with the centres model of care there was evidence of role modelling by staff that promoted areas of general health and well-being, nutritional health, physical activity and personal hygiene. Staffs efforts in addressing smoking, substance misuse and sexual health and development were also observed with good direction provided by centre management.

#### **3.9.2 Practices that met the required standard in some respect only**

None identified.

#### **3.9.3 Practices that did not meet the required standard**

None identified.

#### **3.9.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

**Required Action**

- None identified.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

##### **Accommodation**

The centre was located in a rural location near a large town. The centre was found by the inspectors as being nicely decorated, well presented and clean. Young people had their own rooms and shared bathrooms that were located on both floors in the centre. The furnishings and facilities were adequate and sufficient for the young people in the centre at the time of the inspection. Young people had access to appropriate cooking and laundry facilities. Recreational activities were available to young people both in and outside of the centre including a garden. Staff confirmed in interview that the young people had space in the centre to keep their belongings safe and secure. There was adequate space in the centre for young people to meet with family, friends or social workers in private. Upon review of the centres insurance documentation the centre was found to be adequately insured against accidents or injuries to children and was deemed to be in compliance with the relevant legislation.

##### **Maintenance**

The organisation had recently recruited a maintenance person who was attending to an issue in the centre at the time of the inspection. Centre management advised the inspectors that repairs were addressed promptly. As there was no section in the maintenance log that outlined when repair work was completed the inspectors were unable to verify this. The inspectors recommend that an extra section is added to the maintenance log book that tracks when repairs have been completed. Areas that required repairs in 2018 included plumbing issues, painting of the centre, appliances requiring repair and the stabilising of the stairs with the latter remaining as an outstanding repair at the time of the inspection. The inspectors observed both banisters as being unsteady. Centre management advised that the issue was being addressed with the relevant individual. Prior to the draft report being issued the issue had been resolved.

## **Safety**

The centre had an up-to-date health and safety statement, a trained health and safety representative who was the centre manager and a staff member as health and safety officer. The health and safety officer held responsibility for completing monthly audits that were forwarded to the health and safety section of the organisation. The inspectors observed from the folder for 2018 that audits were completed in line with the centres policy and there was evidence of centre management oversight. Areas inspected in the monthly audits related to fire safety, first aid, safety notice board, electrical, general safety and housekeeping and control of substances hazardous to health. Health and safety was a standing item at the centres fortnightly team meetings and at the monthly operational management meetings. There was evidence of items being raised and addressed during the inspector's review of the relevant meeting records. The centres insurance policy was deemed to be in compliance with the relevant legislation.

All staff were licenced to drive the centres two vehicles that had up-to-date insurance and tax. Maintenance of the cars was undertaken by staff weekly. In response to a recent audit carried out by the organisations quality auditor the centre manager confirmed that first aid kits were now stored in both cars along with hi visibility jackets, triangles and water.

The centre had a secure medication cabinet and a first aid box that was found to contain the necessary supplies that was checked weekly by staff. Staff members were trained in first aid and the safe administration of medication.

## **Fire Safety**

The centres fire safety certificate was found by the inspectors to be in compliance with the statutory requirements relating to fire safety. The inspectors viewed the centres up-to-date fire safety statement and the fire safety register that was updated weekly. Fire safety compliance and related documentation were kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register'. The centre had a maintenance contract with a service provider whereby the fire alarm system and emergency lighting were inspected every three months. The fire fighting equipment was inspected on 6<sup>th</sup> March 2018. The fire alarm and emergency lighting certification of testing was viewed by the inspectors and was found to be up-to-date. The centre had the required fire extinguishers, a fire blanket and the fire escape routes were found to be marked, unencumbered and marked.

All staff were trained in fire safety and evacuation training. There was evidence of fire drills taking place including when young people moved to the centre and when new staff joined. Upon review of centre paperwork the inspectors were unable to see the times the drills took place. The inspectors recommend that the times of the fire drills are recorded. During the young people's file review the inspectors found that fire safety was discussed with young people during key-working.

### **3.10.2 Practices that met the required standard in some respect only**

None identified.

### **3.10.3 Practices that did not meet the required standard**

None identified.

### **3.10.4 Regulation Based Requirements**

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- None identified.

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.7	<p>Centre management must ensure that the child protection policy and procedures document is updated to be in line with statutory requirements and that staff then receive training on the updated document.</p> <p>Centre management must inform staff of the reporting procedures for both mandated and non-mandated persons as per the Children First Act 2015 and in line with Children First National Guidance 2017.</p>	<p>Policies and procedures regarding child protection will be updated by 7th May 2019 by the organisations quality auditor. Following this, each staff member will engage in policy and procedure supervision on this amended policy to ensure each staff fully understands same. This task will be completed by mid-June 2019.</p> <p>The updated child protection and procedures document will include reporting procedures for both mandated and non-mandated persons. Further, the centre manager has assigned all staff to undergo additional training on Children’s First and child protection to include ‘Implementing Children’s First’ and ‘Children’s First in Action’ via HSEland.ie Training facility. This is to be completed</p>	<p>All policies and procedures regarding child protection will be updated in line with child protection statutory requirements. Updated policies and procedures will be discussed at team meetings and policy and procedure Supervision to take place to ensure all staff are fully coherent to amendments.</p> <p>Child protection reporting procedures will be revisited on a regular basis during team meetings to ensure that all staff understand their roles as a mandated person. Reading material regarding Children’s First National Guidance will be available to all staff within the centre to read and refresh their knowledge and understanding of same.</p>

	<p>Centre management must ensure that written records are kept of all child protection concerns including those not reported to Tusla, Child and Family Agency and that should be managed by the Designated Liaison Person.</p>	<p>by June 2019. Centre Manager has organised for refresher training in Children's First to take place in June 2019 with internal Children's First training facilitator.</p> <p>Centre Manager has amended the centres child protection concerns register to ensure it includes records of all concerns included mandated and none mandated reports as well as those not formally reported to Tusla. This document was implemented on 03.05.19.</p>	<p>All concerns going forward whether reported or not to Tusla must be documented in child protection concerns register. This will where best possible highlight patterns and allow for staff to evaluate the seriousness of concerns and identify if the concerns require an official Report. The centre manager as designated liaison person will oversee the implementation of the register.</p>
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