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: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Solis MMC Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**17th and 18th February 2021**
Registration Status:	**Registered from 10th May 2019 to 10th May 2022**
Inspection Team:	**Linda Mc Guinness and Cora Kelly**
Date Report Issued:	**6th April 2021**

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 Assurance Directorate within TUSLA, the Child and Family Agency.
The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in May 2013. At the time of this inspection the centre was in its third registration and in year two of the cycle. The centre was registered without attached conditions from 10th May 2019 until 10th May 2022.

The centre was registered to provide medium to long term care for four young people (boys and girls), aged between thirteen and seventeen years of age. The statement of purpose outlined that the centre provided an individualised programme of care that aimed to assist young people in developing physically, socially, morally, emotionally, cognitively, and educationally. It described that the model of care was a relationship based model which was adapted and underpinned by Erik K Larsen's, '7 Habits of Reclaiming Relationships'. There were two young people living in the centre at the time of the inspection although one was remaining at home for an extended period in agreement with the supervising social work department.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
6: Responsive Workforce	6.1, 6.2, 6.3, 6.4

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

Statements contained under each heading in this report are derived from collated evidence. Due to the emergence of Covid-19 this review inspection was carried out

with a blend of an onsite visit and through a review of documentation and a number of online interviews.

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 5th March 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 19th March 2021. This was deemed to be satisfactory and the inspection service received an updated suite of policies and procedures and a commitment to implement all actions set out in the CAPA.

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: 011 without attached conditions from the 10th May 2019 until 10th May 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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.

Inspectors found that for the most part, the centre was operating in compliance with the relevant policies and legislation as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017. The organisation updated the policies and procedures following the introduction of the National Standards for Children's Residential Centres 2018 (HIQA). It was noted however that one aspect of the child protection policy relating to child protection reporting was not fully in line with Children First. The policy made available to inspectors was not updated despite this being identified as required action in the report on another centre within the organisation. The agency had stated they would address this in their action plan / CAPA however inspector found this not to be the case and require that this is addressed throughout agency as a matter of priority.

A sample of personnel files were reviewed and inspectors found that organisational policies in respect of vetting practices were adhered to and staff files contained all the required verified references and police checks.

A child safeguarding statement dated August 2020 was in place and displayed appropriately, and there was written confirmation from the Tusla Child Safeguarding Statement Compliance Unit that it met the required standard. It contained a risk assessment, principles and procedures to keep young people safe and details of designated and deputy designated liaison persons. The statement had a review date of August 2021. There were robust systems in place to monitor and audit compliance with child safeguarding policies and practices.

The inspectors examined the register of child protection concerns and were satisfied that issues arising had been reported and managed appropriately. One referral for a young person no longer in residence was still open and had not been brought to conclusion. There was evidence that the acting manager had been making efforts to follow up with the relevant social work department and this must include an escalation process if a satisfactory outcome is not achieved.

The organisation provided a training module in respect of their child protection policies and procedures. Inspectors found from interviews and questionnaires that staff were familiar with child protection reporting procedures and their statutory obligations as mandated persons under the Children First Act, 2015. They highlighted child protection and safeguarding policies guiding their practice, however they were less familiar with the staff code of conduct and this should be revisited at team meetings and through supervision.

A review of staff training records evidenced that each staff member had also completed the Tusla E-Learning module: Introduction to Children First, 2017. Information relating to child protection was included in centre audits but inspectors found that there could be greater evidence in centre records that child protection was discussed in team and management meetings.

There was a policy in place to address bullying and peer abuse in line with Children First and relevant legislation. The centre also had a written policy relating to on-line safety and procedures were implemented in collaboration with social workers to monitor the young people's use of the internet and social media if specific vulnerabilities were identified.

Young people's social workers confirmed that they were sent copies of significant events, risk assessments, safety plans and placement support plans (PSP's). There were agreed procedures with them to inform parents of any allegations of abuse. Inspectors found that appropriate records were maintained of all family and professional contacts.

There was evidence of strategies in place to support young people and promote safety. The young people's placement plans and PSP's were reviewed by the inspectors. It was clear that individual areas of vulnerability were identified and that keyworking and individual work was scheduled to support young people and ensure their safety. They had age appropriate free time and could make their own arrangements to meet family and friends if it was deemed safe to do so.

The organisation had a protected disclosures/whistleblowing policy to facilitate staff to raise concerns or disclose information relating to poor practice. Inspectors found in interviews that staff members were familiar with the policy and would report any concerns without fear of adverse consequences. They all stated that internal and external management were available and approachable.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

While there was no specific policy relating to supporting positive behaviour, there was a suite of policies to support the management of challenging behaviour. There was a specific focus on avoiding sanctions where possible and placing an emphasis on the 'whole child' perspective as opposed to just their behaviour. The policy stressed that any sanctions or consequences should have a positive learning outcome. All staff had received training in the recognised model of behaviour management in use however some refresher training had been delayed due to the Covid 19 pandemic. Refresher online courses had only brought staff up to a certain level of the programme and some staff members were not certified to use physical interventions at the time of this inspection. The individual crisis management plans (ICMPs) in place to assist and support staff and the young people to manage difficult behaviour had been amended accordingly. Interviews with staff and review of records showed that staff were aware of the underlying causes of behaviours of concern and there was evidence of regular review of the PSP's. Social workers interviewed during the inspection stated that the team were consistent and stable, that they used relationships to support young people and this was evident through keyworking records and individual work.

During inspection interviews the staff team were aware of the impact of trauma, neglect and abuse and how these could impact the behaviours of young people. Training had been provided in relation to the model of care and inspectors found that there was guidance and direction from a consultant psychologist to support the team in their work with young people. All necessary information was provided to facilitate effective management of behaviour. External clinical specialists also provided advice and guidance to the team.

Inspectors met with one young person and they were very happy with the care being provided, they said they had made significant progress during their time there and stated they liked the manager and staff team. They had been living in the centre for a number of years and said that they were protected from negative behaviours of other young people and bullying was not an issue in the centre. The other young person was not present to meet inspectors.

Review of the significant event register found that there were low levels of incidents in the centre and that most were related to absences or behaviour outside. There was good evidence of strategy meetings and communication with all relevant people, in

response to these issues. Inspectors found that significant event review was not taking place in line with organisational policy and this must be addressed as a matter or priority.

There was a system in place to audit compliance with all national standards and a recent analysis of behaviour management under theme three highlighted small deficits and there was evidence that timely remedial action was taken.

Each young person had an up to date individual absence management plan within their PSP which was required under the *Children Missing from Care: A Joint protocol between An Garda Síochána and the Health Services Executive, Children and Family Services, 2012'*.

There was a policy in respect of the use of restrictive practices which inspectors found was fully understood by the staff team. There had been no use of physical interventions in the 12 months prior to this inspection. Other restrictive measures such as limitations on mobile phones or restrictions on access to sharp knives were appropriately recorded however there was a lack of evidence at team and management meetings that these were reviewed routinely to establish if they needed to remain in place.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors found that an open culture was promoted in the centre and staff members who were interviewed were confident that they would challenge each other's practice if required. The senior manager had a regular presence in the centre and staff were familiar with them. This service had a number of family members at senior management level and they had implemented an appropriate safeguarding procedure to ensure that staff always had someone external to report to if necessary.

There was evidence that the staff and management team were in regular contact and worked closely with social workers, advocates for young people and family members where appropriate. Mechanisms were in place to receive feedback from social workers on the care being provided throughout and at the end of placements to identify areas of improvement. There was no formal system to receive feedback from parents and bring to senior management meetings and this should be considered as an aspect of organisational learning.

The inspectors found that the centre had a written policy and procedure for the recording and notification of significant events. Supervising social workers confirmed that these were received in a timely manner and that there was excellent communication with the team and management. There was evidence that the social care manager and regional manager had oversight of significant events that occurred in the centre.

There was evidence that there was thorough reflection and debriefing provided to staff following incidents in the centre. Inspectors found however, that the policy in respect of significant event review meetings within the governance policy was not being adhered to at the time of inspection. These meetings were supposed to take place on a quarterly basis and the minutes should have been available for review. The policy set out a process whereby there would be a feedback process where learning, discussion and outcomes were bought to the team meetings however this was not evident upon review of the records. The deficits in respect of review of incidents had been highlighted in a recent internal audit and actions required were identified and in the process of being implemented at the time of inspection. Centre management must ensure this is completed as a matter of priority to ensure that incidents are reviewed in a timely manner and that outcomes inform improvements in practice.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Standard 3.2**
Practices met the required standard in some respects only	**Standard 3.1** **Standard 3.3**
Practices did not meet the required standard	**None Identified**

Actions required

- The registered proprietor must ensure that the child protection policy is fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017.
- The registered proprietor must ensure that there is greater evidence that child protection is discussed at team meetings
- The registered proprietor must ensure that there is routine review of restrictive practices to ensure that they are required

- The registered proprietor must ensure that the policy in respect of review of incidents is implemented in full and that incidents are reviewed in a timely manner and outcomes inform improvements in practice.
- The registered proprietor must ensure that there is a mechanism to receive feedback from parents and that this is incorporated into service improvement analysis.

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.

There were robust policies to support the recruitment, retention, support and training of staff. Inspectors found these were sufficient staff to meet the needs of the young people and fulfil the stated purpose and function. There was a staffing complement of eleven WTE including the acting centre manager, three shift team managers (which were the equivalent of social care leaders) and seven social care workers. Three dedicated relief staff members were available to ensure adequate cover for all types of leave. Staff members also sometimes covered extra shifts if there were gaps in the roster. There were mechanisms in place to ensure that staff did not work over and above the hours set in the organisation of Working Time Act, 1997. Two staff members covered a 24-hour sleepover shift and there was always a third person rostered to work a day shift. The times of day shifts were flexible to meet the needs of the centre. The young person who met with one inspector said that the staff team were always there to help and they go out of their way to support them. Social workers interviewed during inspection noted that the team was very stable and that staff turnover was low. They spoke highly of the support provided to the young people and their families.

The manager considered workforce planning at a strategic and operational level. There were opportunities for staff to take their annual leave and arrangements were planned in advance for maternity or other leave such as study leave for example. There was a Covid-19 contingency plan which took account of staffing. This was also highlighted on the corporate risk register.
Staff recruitment and retention was addressed through the organisation's HR policies and in the comprehensive 'responsive workforce policies and procedures' which were

aligned with theme six of the national standards. There were measures in place to support maintaining stable a team which included pension plans, pay scales, training opportunities, career progression, professional supervision and clinical support. There was evidence that staffing was a recurring theme at internal and external management meetings. All staff who were interviewed during inspection stated that it was a positive place to work and that management were available to them.

There was a policy, procedure and an effective on call system in place. The staff team stated that the designated on call person was always available for advice and support. Staff were familiar with the thresholds for its use, which included involving an Garda Síochána, serious risk or injury to young people or staff, fire, and sudden or unexpected sick leave. The policy covered handover of all relevant information and maintenance of on call records including decisions taken. Inspectors found the system was well established and utilised by the team in accordance with the criteria laid out within the policy.

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

Inspectors found that seven of the staff team held a social care or relevant qualification as required. Four other staff members who had qualifications in other fields had commenced employment before the introduction of the qualification requirements. They were offered support by the organisation toward the completion of further education to attain relevant qualifications. There was evidence of this on review of management meetings and on some individual supervision records but not others.

The acting centre manager was in this post since August 2020 to cover extended leave by the named person in charge. They held a relevant qualification and 11 years' experience in social care. Inspectors found that they demonstrated the competencies and skills required for the role and that staff and social workers were satisfied that the centre was well managed. They had received training in the provision of professional supervision and had expressed an interest in specific training in a management role which the regional manager stated they will support and explore. The work of the acting manager and the team was overseen by the regional manager who visited the centre regularly and was in daily contact by telephone. Staff and management were clear about the purpose of this role and the support provided. However, the records in their current format did not provide adequate evidence of

their governance. The regional manager should improve records of their visits and subsequent follow up to better demonstrate evidence of good governance.

Each staff member had a job description and contract for their current role. All staff members had a copy of their employment contract. The job descriptions had been updated to align the stated roles and responsibilities to the National Standards for Children's Residential Centres, 2018 (HIQA). A secure personnel file was held for each staff member. These were well organised and facilitated ease of access. There was evidence that these were subject to oversight and regular auditing through internal review and quality assurance processes.

Inspectors found that recruitment processes were in line with the organisation's HR policies, with relevant Irish and European legislation and the Department of Health circular in respect of recruitment and selection of staff to children's residential centres, 1994. Garda vetting had taken place and was in line with the National Vetting Bureau (Children's and Vulnerable Person's) Acts, 2012 – 2016. Additional police vetting documents were also secured if staff had worked in other jurisdictions. Garda vetting was updated every two years and review of a sample of staff files found verification of qualifications and references as required.

There was a written code of conduct titled 'guidance for best practice to safeguard children' contained within the child protection policies. Inspectors found that while some staff were aware of and could describe the content and its use in practice, others were less familiar.

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 there were many systems and processes in place to ensure that the centre was delivering child centred, safe and effective care and support.

In general, with the exception of the code of conduct, there was evidence that staff were clear about the policies and procedures guiding their work. There were clear lines of accountability and reporting lines. Inspectors interviewed staff and management and reviewed team meeting records, young people's care files, supervision and other records. It was-evident that the staff team were supported to exercise their professional judgment and were accountable for their work.

There were procedures in place to protect staff and minimise the risk to their safety. These included training in a recognised behaviour management programme, a robust on-call system and a comprehensive risk management framework. Each young person had an individual crisis management plan (ICMP) within the placement support plan in line with the stated model of behaviour management. Inspectors noted that some staff were unable to fully describe the purpose of the ICMP separate to the PSP and this should be reviewed in team meetings and supervision. Clinical advice was also available where required to support complex young people who displayed challenging behaviour.

Inspectors noted that a staff member had been injured during an incident on the premises in March 2020 but this was not reported to the Health and Safety Authority as a work place injury as required by the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).

The organisation had a proactive approach to on-going learning and professional development opportunities for staff. While reflective practice was evident across a review of centre documents and young people's files improvement was required in respect of significant event review and feedback for shared learning as mentioned previously. Inspectors reviewed a sample of an exit interview for a staff member who recently left their full time post. This was on the agenda for discussion at the next regional manager's meeting.

Regular team meetings took place and a team-based approach to the care of young people was evident. Social workers and staff informed inspectors that there were effective communication systems to support a collective approach to the provision of care set out in young people's individual plans. Handover meetings took place on a daily basis (albeit with reduced attendance currently due to Covid -19) which the manager attended regularly.

There was a supervision policy and process in place whereby staff members received formal supervision every four to six weeks. The manager and shift team managers had received appropriate training and provided supervision to the team. Staff members who spoke to inspectors and responded to questionnaires were satisfied with the supervision being provided. They felt that it was beneficial and enhanced their approaches with young people and they welcomed feedback on their work practice. A review of a sample of supervision records found that was taking place in line with centre policy. Each staff member had a supervision agreement and the

records were signed by both parties. The staff team received training in the model of supervision during induction to the centre and through on-going policy development and training.

There was a policy in place in respect of performance review however until recently appraisals had not been taking place as set out in the policy. This was highlighted in an external audit of the centre by the quality assurance officer and had just recommenced at the time of inspection. The centre manager confirmed after the onsite inspection that all appraisals for 2021 have now been completed and would take place in line with policy going forward.

There were systems in place to support staff to manage the impact of working in the centre. These included, availability of an external counselling service, professional supervision, debriefing and reflective practice. Further training was also sourced or made available to support specific young people's individual needs. The clinical psychologist was available for staff consultation and support if required. The staff stated that the management team understand the sometimes difficult nature of the work and provided adequate supports.

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

Inspectors found that in general, appropriate training and development opportunities were provided to the staff team. This was in line with the requirements of legislation, standards and guidelines and the centre's statement of purpose. All staff members received a formal induction into the centre's policies and procedures and they were confident in describing these during inspection interviews. Policies had been updated to align them with the revised National Standards for Children's Residential Centres, 2018 (HIQA) and there was evidence that these were discussed at reviewed both at team and individual level with staff.

Mandatory training for staff included child protection, training in a recognised model of behaviour management, fire safety, first aid and the organisation's model of care training. Due to the emergence of the Covid 19 pandemic aspects of the training including fire safety, the behaviour management and the model of care were impacted and staff did not receive or fell behind with refresher training. This was acknowledged and had been discussed at management meetings although it had not been entered on to the organisation's risk register. A catch up programme was underway at the time of inspection and new training dates were scheduled.

Inspectors found that staff were encouraged and supported to attend additional training in support of their work. Workshops which were organised by external specialists to support approaches to care for individual young people were valued by the staff team. Training needs were identified through staff supervision, at team meetings, during individual planning meetings for young people and at a wider organisational level.

There was a formal induction policy as required under the National Standards for Children's Residential Centres, 2018 (HIQA) and there was evidence of this being completed in full on the sample of staff files reviewed.

There were individual records of training needs however there was no overarching training needs analysis for 2021. The centre manager tracked when core or refresher training was due for each staff member. Inspectors found it difficult to determine from review of training records provided and personnel files if all mandatory training had been completed. Some staff files did not contain up to date training certificates and this must be addressed. The regional manager must ensure that there is an effective system to record and track all training provided.

Compliance with Regulation	
Regulation met	**Regulation 6** **Regulation 7**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 6.1**
Practices met the required standard in some respects only	**Standard 6.2** **Standard 6.3** **Standard 6.4**
Practices did not meet the required standard	

Actions required

- The registered proprietor must ensure that all staff are familiar with and understand the code of conduct.
- The registered proprietor must ensure that work place accidents are reported as required by the by the Safety, Health and Welfare at Work (Reporting of

Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).

- The regional manager must ensure that there is a specific training needs analysis for this centre and that there is an effective system to record and track all mandatory and additional training provided.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered proprietor must ensure that the child protection policy is fully aligned with Children First: National Guidance for the Protection and Welfare of Children, 2017.	The child protection policy has been updated by the quality auditor (March 2021). The policy has been submitted to the inspection and monitoring service. A formal update is scheduled for team meeting of 23rd March 2021.	The quality auditor will ensure child protection policies are in line with legislation and circulated throughout the organisation. The centre manager will ensure that the staff team adhere to policy and any further policy changes will be discussed with each staff member individually and at team meetings.
	The registered proprietor must ensure that there is greater evidence that child protection is discussed at team meetings.	Although child protection is on the monthly team meeting agenda and is discussed, we will ensure that there is better evidence and more detail relating to these discussions in the minutes of these meetings.	Centre manager to ensure child protection concerns are discussed and recorded at each team meeting going forward. This will be subject to regular review in centre quality assurance audits.
	The registered proprietor must ensure that there is routine review of restrictive practices to	An updated team meeting template now reflects restrictive practices and will be reviewed and discussed at each team	Centre manager to ensure restricted practices are reviewed and fully discussed in monthly team meetings. This will be subject

	ensure that they are required.	meeting going forward.	to regular review in centre quality assurance audits.
	The registered proprietor must ensure that the policy in respect of review of incidents is implemented in full and that incidents are reviewed in a timely manner and outcomes inform improvements in practice.	The service manager will ensure that these occur quarterly. Most recent service manager meeting dated 02.03.2021 included an SEN review. The centre manager will inform the staff team of any relevant discussions/learning at team meetings. SEN reviews will also take place at monthly at team meetings and be recorded in the minutes. Any identified trends or patterns will be included in service development plans as appropriate.	The service manager and centre manager will ensure that SEN reviews are held at service manager quarterly meetings and monthly team meetings going forward. Issues arising from these forums will be reviewed at senior management level and will be included in service development plans if necessary.
	The registered proprietor must ensure that there is a mechanism to receive feedback from parents and that this is incorporated into service improvement analysis.	The quality auditor has designed a mechanism to receive parental feedback. This has now been incorporated into service improvement analysis. This will also be discussed at team and management meetings.	Centre manager to ensure that parents are provided with parental feedback forms on a regular basis to ensure efficient service provision. Issues arising from this feedback will be reviewed at senior management level and will be included in service development plans as required.
6	The registered proprietor must ensure that all staff are familiar	The company code of conduct has been addressed with the staff team individually	Centre manager to revisit the code of conduct through supervision and team

	with and understand the code of conduct.	through supervision. Each staff member has revisited the code of conduct and are fully aware of the content. This will also be reviewed with the full team at the next team meeting scheduled 23.03.2021.	meetings twice yearly to ensure full compliance by the staff team.
	The registered proprietor must ensure that workplace accidents are reported as required by the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).	All workplace accidents will be recorded in an efficient manner and reported to the Health and Safety Authority as required by the safety, health, and welfare at work act.	Regional manager in conjunction with the centre manager will ensure that all protocols are followed in relation to workplace accidents and that all accidents are reported to the HSA in a timely manner. This will be subject to regular review in centre quality assurance audits.
	The regional manager must ensure that there is a specific training needs analysis for this centre and that there is an effective system to record and track all mandatory and additional training provided.	Service manager is currently designing a specific training needs analysis for all staff. The service manager is also currently designing a new training system to allow for efficient recording and tracking of all training within the staff team.	Service manager in conjunction with the centre manager to ensure that training is identified, tracked, and recorded accurately. This will be subject to regular review in centre quality assurance audits.