



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 021

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Three Steps
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	3rd & 4th of March 2021
Registration Status:	Registered from the 28th of February 2020 to the 28th of February 2023
Inspection Team:	Lorraine Egan Linda McGuinness
Date Report Issued:	6th May, 2021

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality 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 on the 28th February 2014. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 28th February 2020 to 28th February 2023.

The centre was registered to provide medium to long term care for up to four young people of both genders between the ages of 12 and 18 years. The centre's model of care had been revised in 2020 and was described as being trauma and attachment informed with a focus on children's rights. The centre's aim was to provide a safe and warm space where children can heal and move beyond their difficulties. There was an emphasis on working collaboratively so that children, where possible, could return home to their families, communities and friends. 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
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
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. Due to the Covid-19 pandemic, communication with the centre manager and risk assessments took place and it was decided that this would be a blended inspection conducted using a remote and onsite approach.

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 26th 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 12th April 2021. 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: 021 without attached conditions from the 28th February 2020 to the 28th February 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found that the staff team were child-centred in their care practices and recognised and promoted the rights of children. Through interviews and questionnaires, they showed good awareness of the core principles as outlined in legislation and in the United Nations (UN) Convention on the Rights of the Child. Staff were able to describe the practices that were in place that reflected these, including, each child's right to be listened to through the facilitation of children's meetings, being kept safe while inside and outside the centre with the use of individual crisis management plans (ICMPs) and up-to-date risk assessments and absent management plans (AMPs). Children, in general were encouraged to participate in decisions about their own lives at child-in-care reviews, placement planning and key-working. Since the previous inspection in November 2019, improvements were evident in the implementation of child safeguarding policies and procedures and the provision of child protection training to all staff. The centre had a children's rights policy in place.

From a review of the children's meeting minutes, there was evidence that they were assisted to understand and become aware of their rights and they were also communicated to them by staff at the admission stage with the use of the young people's booklet. This included information on safety, the complaints process, having access to their own records, to be listened to and valued and to participate in decisions being made about their individual care. There was evidence to show that children were consulted with about participating in their child in care reviews and this was reflected in their care plans. For one child, one to one sessional work had been completed with them regarding their input to their most recent placement plan. However, inspectors did not note engagement with the second child in this regard

and would recommend that the placement plan template reflects a section for the voice of the child. Children's freedom of expression was observed in daily logs and cultural differences was recognised and encouraged in the centre. There were opportunities provided to children to practice their religion if they wished and to access specialist services for assessments. Where incidents arose regarding racial, gender and cultural biases, there was strong evidence that the staff team identified these promptly and implemented strategies to address any concerns.

The centre's model of care had been revised since the last inspection and one of its central focuses was connecting and building robust relationships with each child's family, community and friends. There was evidence to show that this was a core component of care planning in meeting their individual needs. Where possible regular communication was taking place with family members and other significant people within children's lives. Where one child expressed a wish to move closer to their family when they transitioned from the centre, staff worked in consultation with their allocated social worker and aftercare worker to ensure this personal choice was identified in their aftercare goals.

Menu planning was part of the daily calendar and children were assisted to grocery shop and cook dishes they had a preference for. The centre had a healthy eating policy in place with a focus on nutrition.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

Through interviews and a review of questionnaires from children, staff and social workers, inspectors found that privacy and dignity was respected in the centre. Each child had their own bedroom where they could spend time alone, make phone calls, watch television and take part in gaming. There were dedicated areas in the house for personal communication and meetings with professionals, family and friends. Visiting was hampered currently as a consequence of Covid-19 restrictions and one child in their questionnaire said that they were unhappy that they couldn't bring friends back to their home. There was evidence to show that this will be revised by centre management as soon as restrictions are lifted. Each child had a safe place for storage of their own personal belongings.

Where restrictive practices were in place, inspectors saw evidence that these were in line with care planning and children's individual risk assessments. In addition, a 'rights impact assessment' was completed for each child and regular reviews were taking place. Some limits affecting children's rights included, the right to see friends,

the right to normative living as a consequence of restrictive access to; specific areas of the house, phones, Wi-Fi and sharp objects. Inspectors found that the centre was child-focused in the way in which they considered the impact of each restriction and when children made requests for reviews, these were listened to and responded to positively.

The young people's booklet outlined how and why personal information about each child was shared and who it was shared with. The staff team gathered photos and other important items of each child's time in the centre and they were provided with these when they moved on as a memory of their experiences while they were there.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

A further key component of the centre's revised model of care was the importance of listening to the voice of the child so as to ensure participation in shaping their care. Inspectors noted evidence of children being consulted with regarding their day to day living and they had some opportunities to contribute to decisions being made in relation to plans for their future. However, as mentioned above, while inspectors saw some one-to-one sessions taking place with children regarding their care planning goals, improvements are required so that there is stronger evidence of their input to the development of their placement plans through key working sessions and individual work. Both children indicated on their questionnaires that they had not been provided with a copy of their placement plan. Social workers told inspectors that children were given choice and opportunity to be involved in their child in care reviews along with their parents. This contribution where received was reflected in the care plans.

Children's meetings were taking place on a monthly basis and there was good evidence of staff facilitating discussion and children talking and sharing views and opinions on topics such as furnishings, routine planners, independent living skills, and self-care. The daily logs had a section dedicated to comments that children made during each shift and their views were reflected in their individual support plans. 'Connect meetings' had recently been implemented where the director of care would meet with children to hear their experience of care provision in the centre. There was further evidence noted of children chatting with staff about their wishes and feelings on car journeys, at meal times and during activities. Feedback from children's meetings was considered at team meetings. However, in general, improvements are

required in the recording of discussions at this forum so that children's views and input are better reflected and the rights that the staff team are upholding in daily practice is more clearly represented. Further, the occurrence of these team meetings had been reduced to once a month due to the Covid-19 pandemic and has not yet reverted to the previous bi-monthly scheduling. Inspectors recommend that the frequency of both the children's and team meetings are reviewed.

The centre had a key-working system in place whereby a key-worker and co-keyworker were assigned to children and worked closely with them based on their experience and the specific care needs of each child. Social workers interviewed by inspectors stated that a strong relationship had been established with children and this was a central focus for the staff team in the day- to-day care practices and clinical input provided by the centre.

From a review of centre files such as progress reports, daily logs and individual support plans, there was evidence to show that children were provided with relevant information about themselves that was appropriate to their age and stage of development and communication needs. They were told what type of information was being held about them and they could access their own records and read daily logs, care plans, key working sessions and other files on request.

There was evidence that advocacy services such as Empowering People in Care (EPIC) was accessed by the centre and children were supported to engage with them. They were also assisted to self-advocate and information regarding agencies such as the Ombudsman's Office was sign-posted in the young people's booklet. Children, in general commented on their questionnaires, that they had a say in decisions being made that affected them in their lives and felt heard by staff.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspectors found that information that children in the centre needed access to was conveyed in a way that was appropriate to their age and communication needs. As stated, a young people's booklet was available on admission and this outlined what children could expect from living in the centre along with links to advocacy groups and other support services. Inspectors recommend that this is updated to reflect the centre's revised model of care.

The staff team talked with each child about their own personal circumstances so that they could be included in aspects of the care planning process. This was specifically evident for one child in their preparation for leaving care and also regarding a number of significant events that had occurred in their current placement and one prior to moving to the centre. There was evidence that the centre worked collaboratively with allocated social workers and ancillary services to ensure that the child was involved appropriately in the way intervention strategies were being managed in respect of these issues.

Children were made aware of why they were living in the centre and were strongly supported to connect with their families and were provided with appropriate information about their previous life experiences. Children were provided with a child-friendly booklet on the National Standards for Children's Residential Centres, 2018 (HIQA). One to one sessions were also facilitated with young people relating to the National Standards.

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

There was robust evidence to show that the centre was promoting the critical role that parents, families, community and friends played in children's lives. This focus was also notable from staff interviews and their questionnaires. Social workers told inspectors that the team worked very hard on the rights of children to access their family and communities as part of their care planning process. While Covid-19 restrictions had impeded visits at the early stages of the lockdown period, the centre staff had begun to reinstate these safely. Regular communication with family and friends and other significant people in the children's lives were supported and encouraged through phone calls and other alternative methods for contact. This was organised by the centre in line with care plans and children's wishes.

Evidence showed that parents where appropriate were provided with updates on children's progress and had opportunities to have a positive input into their care. Where they could not attend meetings and celebrations, staff facilitated these events at other appropriate venues to ensure parents involvement. While care plans and placement planning reflected collaboration with parents, siblings and significant others in each child's life, inspectors recommend that where appropriate, parents receive a copy of the child's placement plan post review.

Risk assessments and safety plans were considered in any arrangements that were being planned for children's access and where visits had to be interrupted, this was explained in an appropriate way. For one child whose family was not living close to the centre, their aftercare planning considered securing a placement in that community so that they could be nearby when they were discharged.

There was very good evidence that each child was promoted in taking part in activities such as working with horses, cycling, basketball, exercise and other hobbies of their own choice. Involvement in some of these had temporarily stopped because of restrictions as a result of the pandemic, however alternative activities were arranged as part of the children's daily plans. The staff team were encouraging of children to be part of their local community and to make friends nearby. Each child had appropriate access to a phone and appropriate media and internet. These were provided in consideration of the risks regarding online safety.

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found that children's views and preferences were listened to and in general responded to by the staff team through the children's meetings and in their daily interactions with them. As referred to above, in addition, 'Resident Connect Meetings' had recently been established by external management in order to afford children an opportunity to have their experiences of living in the centre heard. There was also a feedback log in place which identified a number of preferences by children to be acted upon. One example of this was a request that the times of the staff shifts could be changed each day so that the handover could take place earlier before the child got up in the morning. This had been responded to positively by centre management and accommodated by a change in rostering. Social workers were very satisfied that staff were committed to listening to children and that their input was given consideration when meeting their care needs.

The centre had revised its complaints policy in January 2021 and inspectors found the procedures to be consistent with relevant legislation, regulations and best practice guidelines. Children were made aware of the complaints process and stated on their questionnaires that they were happy with the way they were dealt with and that they felt heard by the staff team. Inspectors reviewed the complaints register and found that entries were not consistently recorded clearly. There were no dates of conclusion on the log and there was a deficit in detail in relation to whether some complaints had reached a stage of conclusion or not. For one complaint, there was no

indication if it had been processed under the Tusla ‘Tell us’ complaints policy and inspectors recommend that this is followed up for the child in this way. The centre manager must ensure that the recording of complaints is improved so that it is clear that all outcomes have reached a satisfactory conclusion for the child who raised the issues. Dates of completion must be entered on the log and children must be provided with opportunities to escalate a complaint to an external body.

Despite these specific gaps, there was additional evidence of good management of complaints’ processes including, investigation, tracking, work place review and learning for the staff team. The allocated social workers were communicated with promptly and were satisfied with the way in which complaints were dealt with by the centre. Children were also informed of each stage of the procedure and were afforded opportunities for feedback. Restorative work was also completed where necessary. There was internal and external governance oversight noted on the complaints register and this was an action required from the previous inspection.

Compliance with Regulations	
Regulation met	Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.1, 1.2, 1.4, 1.5
Practices met the required standard in some respects only	Standard 1.3, 1.6
Practices did not meet the required standard	None identified

Actions required

- Centre management must ensure that there is stronger evidence of children’s input to the development of their placement plans through key working sessions and individual work. Children should be provided with a copy of their placement plan.
- Centre management must ensure that improvements take place in the recording of discussions at staff team meetings so that children’s views and

input are better reflected and the rights that the staff team are upholding in daily practice is more clearly represented.

- The centre manager must ensure that the recording of complaints is improved so that it is clear that all outcomes have reached a satisfactory conclusion for the child who raised the issues. Dates of completion must be entered on the log and children must be provided with opportunities to escalate a complaint to an external body.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Workforce planning for the centre was co-ordinated by senior management in the organisation with input from individual centres. Policies were in place to guide practice in this area and had been reviewed and updated in January 2021.

Discussions took place about planning at various forums including external management meetings, supervision and contained in monthly reports which were issued to senior management by the centre manager.

There were appropriate numbers of staff employed in the centre with regard to the number and needs of the children and the centre's statement of purpose. The centre manager was supported by a deputy manager, three team leaders and five social care workers. A panel of three relief staff were available to support the core staff team during various types of leave including annual leave and emergencies. However, there were two full-time staff members on leave at the time of the inspection and one social care leader was due to resign their position within the following month. The centre manager told inspectors that these vacant positions were currently filled with a combination of centre staff and the relief panel until the two full time members of the team returned. One of which was due back in March 2021. A recruitment drive was underway for the full time team leader and interim team leader positions.

Inspectors noted evidence in the centre's budget review that the roster had been supplemented by agency staff for the last five months of 2020. The centre management said that agency staff were no longer on the schedule and where they had been, it was at a time when the centre was going through the process of recruitment for relief staff. During this period, one newly employed team member had left their role suddenly and this contributed to the issues with staffing. Senior management must ensure that deficits in staffing are identified more promptly and recruitment of core team members and consistent relief staff is co-ordinated in a timely way.

There was evidence that shift planning was in place so that there was a balance of experienced to inexperienced staff on the rota at all times including at weekends.

Centre management were aware of the importance of continuity of care so that children benefited from stability. Arrangements were in place to promote staff retention which included access to an external employee assistance programme, utilising the supervision process and opportunities for career advancement. There were formal procedures in place for on-call arrangements for evenings and weekends where staff could access advice and guidance.

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

The centre’s recruitment policy had been updated in December 2020 and took account of Irish and European legislation and reflected safe employment practices. This process included: advertisement, interviews, reference checks and verifications, Garda vetting and successful candidates were subject to probationary review. From a review of a sample of personnel files, inspectors found that recruitment was in line with the centre’s policy and the Department of Health circular in respect of recruitment and selection of staff to children’s residential centres, 1994. Garda vetting was in line with the national Vetting Bureau (Children’s and Vulnerable Person’s Act 2012 -2016).

The staff team held appropriate qualifications, skills and competencies for their role in working with children placed at the centre. The centre manager had the required experience in meeting the centre’s stated purpose, aims and objectives and had been the deputy manager of the centre prior to taking up the position of manager. They had also completed a management qualification in leadership.

All staff had written job descriptions and contracts of employment. Senior management held responsibility for maintaining staff personnel files and they were found to have been up-to-date, contained the required information and were held securely off-site in the organisation’s head office. They were in line with regulatory requirements. The centre had a child-centred code of conduct in place for staff that outlined how to work safely with children in a caring and respectful way.

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.

The organisation's operational policies and procedures were updated in December 2020 and the implementation of these had been underway in the centre since January 2021. Inspectors found the suite of policies to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and there was evidence across the centre's records that staff were being informed of the policies that directed their care practices. Inspectors observed that they had been discussed at meetings and supervision. In interview and through questionnaires, staff were able to describe their role and duties and were aware of reporting lines internal and external to the centre.

There was evidence to show that the staff team were being supported to use their professional judgment. This was noted specifically on the handover records but also on daily records and supervision. Inspectors found that there was a good system in place for minimising the risk of harm to staff. Where risks to safety were identified, strategies and interventions were implemented to mitigate the risks. These included each young person having up-to-date risk assessments and individual support plans in place, provision of training to the staff team on a recognised behaviour management programme, regular supervision and the implementation of no lone-working practices. Staffing ratios were also increased and strong clinical direction was provided to the team on methods for managing challenging behaviour. There was evidence that the staff team were supportive of each other where incidents arose.

Staff were encouraged to learn from their colleagues within the centre and in general through questionnaires and interviews, they identified the team meeting as a forum that provided strong learning opportunities and a place to reflect on practice. Social workers commended the centre on their team-based approach to the care being provided to the children in placement and they commented that this consistency was impacting children positively.

Supervision was provided to the staff team by the centre manager and the deputy manager who had completed supervision training. From the sample of session minutes reviewed, the frequency of supervision was in line with the centre's supervision policy. Supervision contracts were in place, records were signed and were stored securely.

Performance appraisals were on file and conducted for staff members every year. Self-appraisal formed part of this process and included a rating and evaluation from the centre manager. Appropriate support systems were in place to manage the impact of working in the centre which included supervision and access to an

employee assistance programme. Through interviews and questionnaires, staff acknowledged the guidance offered by the centre in the performance of their duties and responsibilities with children. They also commented on the support and positive redirection that the organisation was undergoing in the last eighteen months which was impacting in a positive way on them as workers but fundamentally on the provision of care to children in placement.

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

There was evidence to show that the service was committed to providing appropriate training and skill development to the staff team in the centre in line with their function and duties. Inspectors found this provision to be compliant with the requirements of legislation, standards and guidelines and the centre's statement of purpose.

Training needs were regularly monitored and staff received opportunities to update their knowledge and competencies. There was an operational training policy in place along with a very comprehensive programme of continuous professional development and the frequency of this training provision was outlined. There was also a schedule of dates for when core modules and ancillary sessions would take place and a training needs analysis had been completed which determined staff requirements. Training preferences were also discussed by management with the team at supervision and team meetings.

From a review of the training records and a sample of the personnel files, inspectors found that core training for staff such as child safeguarding, behaviour management, first aid, medication and fire safety was in date. Where certification was about to expire, dates were scheduled for refreshers to take place. A majority of the core training currently was accessed online including fire safety and first aid as a consequence of the Covid-19 restrictions. The revised model of care was being implemented with staff and there was evidence that the updated suite of policies and procedures were discussed at team meetings and supervision.

The centre had an induction policy in place including a programme of induction consisting of pre-employment and post-employment training.

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

Compliance with standards	
Practices met the required standard	Standard 6.2 Standard 6.3 Standard 6.4
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	None identified

Actions required

- External management must ensure that deficits in staffing are identified more promptly and recruitment of core team members and consistent relief staff is co-ordinated in a timely way.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must ensure that there is stronger evidence of children's input to the development of their placement plans through key working sessions and individual work. Children should be provided with a copy of their placement plan.</p> <p>Centre management must ensure that improvements take place in the recording of discussions at staff team meetings so that children's views and input are better reflected and the rights that the staff team are upholding in daily practice is more clearly represented.</p>	<p>The centre manager will ensure both young people are provided with an accessible version of their placement plans.</p> <p>Key workers will ensure to include young people when developing their placement plans. This will be completed through one-to-one sessions prior to the development of the placement plan. To be completed before 30th April 2021.</p> <p>The centre manager will assign a minute taker during team meetings and will ensure all minutes are legible before approving them. This will be commenced April 2021.</p>	<p>The centre manager will update the in-house key working audit template to include oversight of placements plans and young people's input to same.</p> <p>The centre manager has also introduced monthly meetings with keyworkers to ensure oversight of same.</p> <p>The centre manager will include this audit as part of monthly auditing process. Audits will be reviewed regularly by the service manager. To commence May 2021.</p> <p>All team meeting minutes will be sent to the service manager for review with monthly centre manager's report. The first of these will be evidenced in May's Centre Manager Report</p>

	<p>The centre manager must ensure that the recording of complaints is improved so that it is clear that all outcomes have reached a satisfactory conclusion for the child who raised the issues. Dates of completion must be entered on the log and children must be provided with opportunities to escalate a complaint to an external body.</p>	<p>The centre manager has updated the complaints log and recorded/ evidenced all outcomes of complaints that have been investigated. Completed: March 2021. The centre manager will contact Tusla and request the outcome of an outstanding complaint which was managed under Tusla's 'Tell us' Policy. To be completed before 30th April 2021.</p>	<p>The centre logs are reviewed at monthly child protection, complaints and vulnerable adults' governance meeting that is attended by the service manager and chaired by the director of care. This process has been in place since October 2020.</p>
6	<p>External management must ensure that deficits in staffing are identified more promptly and recruitment of core team members and consistent relief staff is co-ordinated in a timely way.</p>	<p>A process is in place which includes the service manager, director of care and HR to ensure recruitment is in line with centre needs. The centre manager and service manager discuss staffing levels, team dynamics and requirements at regular intervals including during formal supervision. The interim team leader recruitment process is ongoing and the closing date for this is 10th May 2021.</p>	<p>The director of care, service manager and HR discuss staffing requirements for the centre and service on a regular basis. This includes identifying requirements and the planning of the recruitment strategy. Staffing levels at both a centre and organisation level are reviewed monthly in a Risk Health and Safety Meeting attended by director of care and service manager. This process commenced in October 2020.</p>