



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 037

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Unannounced Inspection
Date of inspection:	28th and 29th July 2025
Registration Status:	Registered from the 16th September 2025 to the 16th September 2028
Inspection Team:	Anne McEvoy Lorna Wogan
Date Report Issued:	3rd November 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support, (Standard 2.2 and Standard 2.3 only)	
3.2 Theme 3: Safe Care and Support, (Standard 3.1 only)	
3.3 Theme 6: Responsive Workforce, (Standard 6.1 only)	
4. Corrective and Preventative Actions	20

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

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

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

Determinations are as follows:

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 16th September 2010. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from 16th September 2022 to the 16th September 2025.

The centre was registered as a multi-occupancy centre that could accommodate four young people from age thirteen to seventeen years on admission, providing medium to long term care. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. There were two young people living in the centre at the time of the inspection. One young person was placed outside of the centre's purpose and function, and a derogation was approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
3: Safe Care and Support	3.1
6: Responsive Workforce	6.1

During the inspection process, the inspectors found deficits with regards to the cleanliness of the centre resulting in this report addressing specific aspects of standard 2.3. Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management and to the relevant social work departments on the 10th September 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The regional manager returned the report with a CAPA on the 23rd September 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 037 without attached conditions from the 16th September 2025 to the 16th September 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors met with both young people during the course of the inspection. Both engaged well and discussed their experience of living in the house. One young person stated that they were happy to be living there and wanted to remain living there for the foreseeable future. They stated that the care staff were friendly and told inspectors that they had trusted members of the core team that they could talk to should they feel they needed to. Inspectors observed interactions between the staff team and the young people and found these to be positive and engaging.

One young person was under thirteen years of age at the time of the inspection and was subject to monthly child in care reviews. Inspectors found that these reviews were occurring monthly and were well attended by all relevant professionals with effective sharing of information and evidence of progress in their care planning. The most recent care plan for this young person was dated November 2024, despite having six additional child in care reviews since that date. Inspectors found that the minutes recorded by care staff at the child in care review meeting were comprehensive and were sufficient to enable the care team to update the young person's placement plan and facilitate the progress of identified goals. Inspectors found that the manager had requested the updated care plans in March 2025 and that was when the November 2024 care plan was forwarded with the social worker stating that the remaining care plans were to be forwarded in time. A subsequent email was sent from the centre manager in May 2025 requesting the care plans for 2025. Inspectors could not see where this issue was notified to senior management within the organisation. An audit was conducted in May 2025 by the organisation's compliance officer encompassing standard 2.2 but the audit made no reference to outstanding care plans. Inspectors did not find any reference to an escalation policy in the centre's policies and procedures and recommend that where issues arise in acquiring updated care plans, that the centre manager escalate the matter to the regional manager for guidance and follow up.

A child in care review for the second young person was held shortly after their admission and a care plan forwarded to the staff team. The second child in care review was held in line with statutory timelines. This young person had attended their child in care review in the two weeks just prior to the inspection and the staff team were waiting on the updated care plan to be forwarded to them.

Both young people had participated in the care planning process and had either attended their child in care review or had completed the “me and my care plan” form for discussion at the review. Inspectors found that the parent of one young person was significantly involved in their care and received weekly updates via phone or email advising of progress or events for their child. Inspectors found that this parent was proactive in seeking updates and this was responded to positively by the staff team. Inspectors interviewed one parent, and they were very satisfied with the care their child was receiving and stated that their child was making good progress. They felt that they were kept updated on all relevant events in their child’s life and were involved in planning for their future.

Both young people had updated placement plans on file and the goals noted on these placement plans were in line with the actions of the child in care reviews. One young person stated to inspectors that they were involved in planning for their future and had attended their child in care review where they had expressed their views and opinions. Inspectors found that the staff team held consultation meetings with the young people regularly to ascertain their views on the care they were experiencing, any issues they wished to change or any goals they aspired to reach. A review of these consultation documents evidenced that the young people engaged well in this process.

Inspectors reviewed a sample of individual work undertaken with the young people and this was found to be in line with the goals identified in the care plan and placement plan. Staff members ensured that individual work was undertaken by core members of staff and not by agency or relief staff members. The current appointed key workers were new to the role and had not undertaken training on the role of a key worker. Additionally, on review of supervision files, there was limited evidence supporting the discussion of key work in supervision, either planning key work or analysing its progress. In interview, one newly appointed key worker was not aware of any planned key working to be completed. The regional manager noted in interview that this work was ongoing with staff members. This issue will be further addressed under standard 6.1. Inspectors found that the centre had devised a template to track key work planned and completed but there was limited evidence

that this template was in use. Inspectors recommend that staff members utilise the templates the centre had in operation to evidence the key work being undertaken and to allow it to be easily tracked across records. Despite this, as stated previously, one young person stated that they had trusted members of staff they could speak to and were happy that key work was undertaken by core members of staff with whom they had the opportunity to build a relationship.

Both young people had access to external support services in line with their identified needs and these were well supported and facilitated by the staff team. Inspectors found that there was good communication between the allocated social work teams and the centre staff. Progress reports, significant event notifications, individual crisis support plans and absence management plans were regularly forwarded via email to the relevant social worker. This was evidenced on each young person's care record and was confirmed by the allocated social workers post inspection.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

While present in the house for the inspection, inspectors noted clear deficits in the cleanliness of the centre. Inspectors completed a walk through of the house and found several areas for improvement. Inspectors found that cleanliness within the home was not maintained to a sufficient standard. Food spillages and food waste around the premises presented potential health and safety risks. The cleaning schedules were not being implemented and the house required a deep clean in all areas.

Externally there was leaf litter that had not been removed following winter and inspectors found that the grounds to the front and rear of the property needed to be weeded and tidied up. On the outside of the house, all windows needed to be cleaned. The lawn to the front of the property had a large private sewerage system that was not sufficiently bolted down and the lids of the sewerage system could easily be lifted and presented as a health and safety risk.

Inspectors reviewed team meeting records and found that the issue of cleanliness in the house had been raised in team meeting records over three months prior to the inspection. An audit conducted in May 2025 highlighted that there were a number of maintenance issues that were still unresolved for the time period from November 2024 to April 2025. A senior management report written in June 2025 on aspects of themes 2, 3 and 6 of the National Standards for Children's Residential Centres (HIQA) 2018 identified that the staff team were struggling to maintain the

cleanliness of the centre given the complex presentations of the young people and an action plan was devised including a daily cleaning checklist and to ensure discussion on cleaning at team meetings. This was not robustly implemented, and on the day of inspection, the house was found to be in a very poor state of cleanliness. Inspectors acknowledged that the centre was experiencing a significant staff shortage and core members of the staff team were engaged in necessary individual work with the two young people residing there. There were busy schedules to keep the young people active over the summer holiday period and this impacted on their capacity to undertake the regular cleaning schedules. Inspectors noted an improvement in the cleanliness of the centre on the second day of the inspection, however it is imperative that standards of cleanliness and hygiene are maintained at all times. The centre manager and registered provider must ensure there are sufficient resources in place to assist staff maintain the premises, and that maintenance issues are raised and followed up. Post inspection, inspectors requested that the issue of the unbolted sewerage system be addressed as a matter of urgency and were assured that this was resolved.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and registered provider must ensure there are sufficient resources in place to assist staff maintain the premises, and that maintenance issues are raised and followed up.

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

Theme 3: Safe Care and Support

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

Inspectors reviewed the suite of policies in place to ensure that children were safeguarded from abuse and were protected. These were found to be in compliance with the Children First Act 2015, and the Children First Guidance for the Protection and Welfare of Children 2017.

The centre had a child safeguarding statement and this was displayed in the office. In interview, staff members were familiar with the presence of the child safeguarding statement and to its location, but some staff members had limited knowledge of the risks it referenced. Staff were aware of the individuals who held the roles of the appointed designated liaison person (DLP) and deputy designated liaison person (DDLDP). Inspectors were satisfied that staff members were aware of their mandated person role, however one staff member in interview was not familiar with the reporting responsibilities associated with this role.

A review of personnel files evidenced that all staff members had completed the Introduction to Children First e-learning. All, except for one full time member of staff and a recently appointed relief worker, had completed mandated person training, and training in child protection was completed by four staff members. This was, however, outstanding for two full time staff members and two relief staff members. Inspectors found that all staff members had undergone training on the recognition of child sexual exploitation (CSE) and in interview one staff member was very familiar with the signs and the process involved in reporting concerns. Inspectors found that the previous centre manager had submitted a CSE report and inspectors were confident that the process was understood by experienced staff members. However, a staff member, who was only recently appointed had limited understanding of the concerns and process, and additional work will need to be undertaken to ensure that all newer members of staff are upskilled. Management must ensure that all staff have undertaken child protection and safeguarding training as required to ensure they have the necessary knowledge to fulfil their duties in the centre

Inspectors reviewed personnel files and found that all new staff members had the required vetting completed by An Garda Síochána and overseas police checks where required. There were three references on file for each staff member and these were verbally verified prior to staff taking up their posts.

There were incidents of aggression between the two young people. Inspectors found that these incidents were reported appropriately to the appointed social work departments, and a meeting was held to discuss an action plan to manage this interaction. Inspectors found that individual key work was completed with both young people separately to identify issues and encourage respectful interaction between them. The staff team implemented separate daily routines, and both young people were supervised at all times. There were separate living spaces for the young people to enjoy and this afforded them privacy. The social worker for one young person stated that the complex needs of one of the young people sometimes impacted on the availability of staff members for their assigned young person but agreed that the staff team had done everything possible to ensure the safety and wellbeing of both young people while residing together.

Inspectors reviewed the individual work completed with both young people around developing self-awareness and understanding the skills needed for self-care and protection and found these to be appropriate to their age, stage of development and behaviours of concern. One young person engaged in behaviours that placed them at risk of exploitation but in interview with inspectors recognised that staff members were advising and guiding them to protect themselves.

Each young person had an individual crisis support plan (ICSP) and individual absence management plan (IAMP) up to the month of May 2025 on file. Inspectors were advised that there were additional pressures on the team for the months of June and July, given staffing deficits and the office printer not working, so updated copies of these documents were either not completed or not stored on the young person's care record. Inspectors acknowledge that the management and staff team had recently reviewed the IAMP with the intention of removing information not required for the management of the absence, however inspectors recommend that these documents be further reviewed to assess if all of the information currently recorded was required information for the purpose of the document. The ICSP for one young person with additional medical needs indicated that specified physical restraints could be employed. In interview the allocated social worker was aware of this but agreed that a review of permitted restraints would be beneficial given the young person's medical history and presentation. The staff team were unable to clarify if

medical advice was sought in relation to this. Inspectors acknowledged that the young person had not been subject to any restraints in their time in the centre but recommend clarification in this regard.

Individual areas of vulnerability were identified for both young people and inspectors reviewed completed risk assessments and safeguards on their care records. In interview staff members were familiar with these risk assessments and the planned interventions to mitigate against the risks.

There were two child protection and welfare report forms detailing allegations made by young people against staff members submitted in the six months prior to inspection. Both of these reports were received and closed by the social work department. Neither of the staff members involved worked in the centre at the time of this inspection. In interview, staff members were unsure who was responsible for informing the parents or guardians of young people of these allegations. In interview one allocated social worker advised that the responsibility of sharing an allegation remained with the social work department. The regional manager, in lieu of a currently appointed centre manager, must ensure that there are clear procedures agreed with the allocated social worker for each young person, detailing how parents or guardians are informed of any incident or allegation of abuse and that staff members are familiar with this process.

The centre had a policy and procedure on protected disclosures. Inspectors reviewed this policy and found that it signposted staff members to internal and appropriate external bodies should they have concerns. In interview, staff members were not sufficiently familiar with the policy and the centre manager must ensure that this policy is included as part of the training and development plan for all staff members once new staff members join the team.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The senior management must ensure that all staff have undertaken child protection and safeguarding training as required to ensure they have the necessary knowledge to fulfil their duties in the centre. The centre manager must ensure that the protected disclosure policy and procedure is included as part of the training and development plan for all staff members once new staff members join the team.
- The regional manager, must ensure that there are clear procedures agreed with the allocated social worker for each young person, detailing how parents or guardians are informed of any incident or allegation of abuse and that staff members are familiar with this process.

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.

At the time of the inspection, the centre was operating without a centre manager. The previous manager had resigned three weeks prior to the inspection taking place. Inspectors were advised that a new centre manager was appointed and due to commence in the centre on the 11th August. Post inspection, inspectors were advised that this person had not commenced in the role of centre manager and a new applicant was in the process of being appointed to the role as centre manager. Inspectors were informed that the new centre manager was to commence in post in

November 2025. In the interim, centre managers from sister centres were rostered to be present in the centre to manage the day-to-day operations, provide management oversight and guide practice.

Inspectors reviewed regional managers meetings minutes and found that senior management were aware of the staffing issues in the centre and workforce planning was ongoing. At the time of this inspection, the centre had a deputy manager, one acting social care leader, four social care workers and 2 relief social care workers. Three of these staff members had experience of one year or more, however one of these experienced staff members had tendered their resignation at the time of inspection. The remaining five staff members were all in post under one year with four team members having under five months experience. This deficit alongside the absence of a centre manager limited the required staffing resources available to the young people.

Inspectors were told that there was one social care worker due to begin on the first day of inspection in August 2025, but their start date was postponed due to unforeseen circumstances and recruitment was ongoing for the remaining posts to be filled.

At the time of inspection, due to the identified deficits above, staffing in the centre was being scaffolded by staff from numerous sister centres and, where there were no staff from within the company to cover the rota, agency staff were secured to cover shifts. It was evident from a review of the centre rosters, that staff from four centres across the service had assisted the team to cover the rota.

Inspectors reviewed the staffing information data submitted as part of the inspection process and found that there were 14 staff who had left the centre since September 2024. This included one centre manager, one deputy manager, one social care leader, nine social care workers, one relief social care worker and one part time social care worker. Inspectors found this deficit had the ability to impact on the continuity of care for the young people given their specific vulnerabilities. Inspectors acknowledge that one young person stated that while there were staff from other centres working in the house, they were happy that there were core members of staff that they knew, working in the centre daily. In interview staff members acknowledged that they were kept informed about the staff recruitment progress at team meetings. This was evidenced in team meeting records reviewed by inspectors.

In September 2025, post inspection, inspectors were advised that the centre had two full time social care workers onboarding and one of the relief staff members were moving to the core team in a full-time capacity. The registered provider must ensure that the inspectorate is notified when the centre has achieved appropriate levels of staffing, including a centre manager, with regard to the number and needs of the young people in the centre. The centre manager and senior management must ensure that with onboarding of new staff, there is a strategic training and development plan implemented to ensure that all new staff joining the team are provided with relevant training in policies and procedures, particularly relating to care planning, key working, child protection and safeguarding, as noted under Standard 3.1 above.

The centre had arrangements in place to promote staff retention such as increased rates of pay, an incremental salary scale to reward experience, increased annual leave for staff who remain within the organisation, progression programmes and an educational fund to support continuing professional development. Staff members who left the organisation were offered an opportunity via email to complete an exit interview. Only one staff member availed of this opportunity so there was limited learning to be gained with reference to staff experiences and overall retention of staff. Inspectors recommend that senior managers continue to encourage staff members who tendered their resignation to complete exit interviews to inform staff retention policies and procedures.

Inspectors found that there were formalised on-call arrangements in place at evenings and weekends. In interview staff confirmed that these arrangements were effective to support staff out of hours.

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

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

Actions required

- The registered provider must ensure that the inspectorate is notified when the centre have achieved appropriate levels of staffing with regard to the number and needs of the young people in the centre.
- The centre manager and senior management must ensure that with onboarding of new staff, there is a strategic training and development plan implemented to ensure that all new staff joining the team are provided with relevant training in policies and procedures, particularly relating to care planning, key working, child protection and safeguarding.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and registered provider must ensure there are sufficient resources in place to assist staff maintain the premises, and that maintenance issues are raised and followed up.	Discussion with the team in team meeting on 10.09.25 highlighting the importance of daily cleans. New cleaning checklist has been implemented for daily and quarterly cleans and a weekly cleaning audit has been introduced. Each staff member has been allocated a room to oversee as environmental officer and maintenance requests and expenses are being submitted. A discussion was had with the maintenance department regarding the quality of maintenance and centre management team to ensure that all maintenance is completed to a high standard and if not, this will be raised to regional manager, director of governance and director of operations.	Management team will review and sign off on daily cleaning checklists along with daily walkaround being completed by the management team and feedback being given to the staff team prior to completion of shift. Weekly environmental cleanliness auditing tool has been implemented. Regional manager will complete walkaround weekly and feedback given to the management team and discussed in monthly auditing and governance report.
3	The senior management must ensure that all staff have undertaken child protection and safeguarding training as required to ensure they have the	Full training audit completed by regional manager on 5 th of September 2025. Staff who have not already completed child protection training are booked for	Training audits to be completed bimonthly by the centre management team as per auditing schedule. Any training that is not available will be

	<p>necessary knowledge to fulfil their duties in the centre. The centre manager must ensure that the protected disclosure policy and procedure is included as part of the training and development plan for all staff members once new staff members join the team.</p> <p>The regional manager, must ensure that there are clear procedures agreed with the allocated social worker for each young person, detailing how parents or guardians are informed of any incident or allegation of abuse and that staff members are familiar with this process.</p>	<p>03.10.25. The protected disclosure policy is on the agenda for the team meeting on 24.09.25. During the induction process, employees are directed to read named policies and sign the employee agreement. These policies are inclusive of child protection policy, centre safeguarding statement, safe practice and working alone, risk assessment and management policy and protected disclosure policy.</p> <p>ICSP's have been updated to include how parents or guardians are informed of any incident or allegation of abuse. ICSPs have been shared with the allocated social work departments for review and approval on 22.09.25. These updates have been noted on handover for staff to review updated practice guidelines and will be discussed in the team meeting on 24.09.25.</p>	<p>escalated to regional manager to request.</p> <p>Protected disclosure policy is included as part of the induction tasks/activities. Centre manager will ensure that all tasks are completed as per induction schedule.</p> <p>This has been added to the agenda for the regional management meeting on 07.10.25 to ensure that this is in practice across the region.</p>
6	The registered provider must ensure that the inspectorate is notified when the centre has achieved appropriate	The registered provider will update the inspectorate when appropriate staffing levels are in place.	Regional manager to ensure that inspectorate is kept updated of the staffing levels in this centre.

	<p>levels of staffing with regard to the number and needs of the young people in the centre.</p> <p>The centre manager and senior management must ensure that with onboarding of new staff, there is a strategic training and development plan implemented to ensure that all new staff joining the team are provided with relevant training in policies and procedures, particularly relating to care planning, key working, child protection and safeguarding.</p>	<p>With an SCW and SCM currently onboarding, the centre will have SCM, DSCM, 3 SCL, 5 SCW, and 3 relief staff to support the centre roster needs.</p> <p>Staff are required to complete children's first and mandated-person training prior to onboarding. The training audit has been completed, and all required training has been identified and scheduled for new staff. The regional manager has completed case management meetings with both key working teams and upskilled them in placement planning and key working. Policies are reviewed on induction and are reviewed as per yearly policy schedule in team meetings and within supervisions. Social Care Hub training has been identified for all staff around placement planning, STEM induction, identifying risk, crisis management, supervisee, health and safety, young person's voice and introduction to daily documents.</p>	<p>Training audits to be completed bimonthly by the centre management team ensuring that all staff are booked for required training. Any training that is not available to be escalated to regional manager who will request from relevant training from an accredited external source. Yearly policy schedule has been developed and identified policies will be reviewed in team meetings. Centre management team to ensure that all social care hub induction training is being completed during probation period. This to be discussed in supervision.</p>
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