



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 045

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Focus Ireland
Registered Capacity:	Six young people
Type of Inspection:	Unannounced
Date of inspection:	05th & 06th July 2022
Registration Status:	Registered from 31st December 2022 to 31st December 2025
Inspection Team:	Lorraine Egan Sharon McLoughlin
Date Report Issued:	8th November 2022

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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 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 31st December 2001. At the time of this inspection the centre was in its seventh registration and was in year three of the cycle. The centre was registered without attached conditions from 31st December 2019 to 31st December 2022.

The centre was registered to provide accommodation for up to six young people of all genders from age fifteen to eighteen years of age. The placements provided were on a short to medium term basis and the centre operates as part of Tusla, the Child and Family Agency's Crisis Intervention Services Partnership (CISP). Their model of care was described as providing an opportunity for stabilisation utilising a needs-led, relationship-based approach. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Effective Care and Support	2.3
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 22nd August 2022. 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 2nd September 2022, and a reviewed CAPA was agreed on the 15th September with relevant documents submitted on the 20th September 2022. Further, as part of re registration requirements, the centre submitted a suite of updated policies and procedures to ACIMS on the 28th October 2022. These were deemed to be satisfactory and the inspection service received evidence of the issues actioned and all non-regulatory requirements identified at the time of the inspection have been 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: 045 without attached conditions from the 31st December 2022 to 31st December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

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

The centre was well presented, bright and comfortable and the building was adapted to be as homely as possible for the young people living there given its unique structure and layout. On the approach to the centre the front gates were locked. This intervention had been put in place as a result of safety concerns regarding the surrounding neighbourhood area which has improved incrementally over the intervening years. Inspectors recommend that this practice is reviewed so that the building's external environment is more in keeping with a welcoming space for young people when accessing the centre. The centre had various areas that facilitated communal living such as a sitting room, a dedicated pool/games room and the kitchen was large and well designed for young people and staff to share as a centre point of everyday living. The outside yard contained a picnic bench and the area was utilised by young people and in good repair. Each young person had their own bedroom with enough space to store their personal belongings. Nevertheless, updating of the rooms was necessary and this requirement had been previously identified by the centre manager to be addressed. They told inspectors that financial resources had been secured for this purpose and works were due to begin in January of this year. However, a decision had been made to delay the renovation because of the disruption it posed to young people living there at that time. Inspectors recommend that this decision is reviewed so that the upgrade to the bedrooms is commenced as soon as is practicable. Each young person had a key to their bedroom so as to maintain the safety of their own personal area. There were two toilets along with one shared shower room on each side of the building for young people's use. This layout took into consideration the mix of genders living there and the privacy required for all.

The centre had a maintenance list in place which was reviewed by inspectors, however, there was a number of items logged on the forms that had not been attended to by the organisation's maintenance staff. With regard to the repairs that had already been dealt with, some of the dates of their completion had not been recorded. While the files showed that centre maintenance was an agenda item on the team meeting minutes, there was an absence of discussion on the building's upkeep and improvements required or an update of what had already been completed. The centre's maintenance issues were not reflected on senior management meetings or other records reviewed by inspectors. Further, there were no internal or external maintenance audits of the centre in place which took account of the deficits. Discussions regarding maintenance should be recorded on team and senior management minutes. All outstanding maintenance issues should be addressed promptly and the maintenance register should be reviewed and updated.

The centre had a fire register in place and this contained a list of fire drills that had been completed including the most recent one conducted on the admittance of a new resident and new staff. Records were maintained of daily fire checks and a repair to the fire alarm system had taken place in July of 2021. The full list of work carried out at that time was recorded. The health and safety statement was reviewed annually with the next review due in July 2022. While there was evidence that a health and safety induction had been completed with some new staff, not all onboarding staff were recorded as been provided with it and this must be addressed. There was no evidence that the health and safety policy was discussed at team meetings as part of a refresher for the core staff team. Site-specific risk assessments had been conducted as part of the overall health and safety statement and monthly health and safety audits had been completed by a nominated member of the staff team. Although this audit identified deficits in fire safety training for the staff team, this issue had been outstanding for over a year and must be addressed immediately. Further, it had not been recorded in the organisation's risk register. The centre manager told inspectors that onsite fire safety training was now being sourced through the organisation's HR department.

Inspectors were informed that it was consistent practice that all accidents and injuries concerning young people are reported as significant event notifications (SENs) and logged in the SEN register. In addition, the centre manager reports all accidents and injuries concerning staff members and young people to the organisation's health & safety officer and these are logged centrally, tracked, and monitored. The centre manager stated that no significant accidents or injuries had occurred. A new car had recently been purchased for the centre and this was taxed,

insured and driven by staff who were legally licensed and authorised to drive. The car does not require a National Car Test (NCT) currently.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

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

Actions required

- Senior management must ensure that discussions regarding maintenance of the centre are recorded on both senior and team meeting minutes. All outstanding maintenance issues must be addressed promptly and the maintenance register must be reviewed and updated regularly.
- The centre manager must ensure that all new staff receive induction in the centre's health and safety statement.
- The centre manager must ensure that onsite fire training is provided to all staff immediately. Deficits in this regard must be recorded in the organisation's risk register.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The governance and management arrangements in place in the centre supported the staff team to provide child centred and safe care to young people living there. There was evidence of good consideration given to young people's important relationships with their families, friends and other significant people in their lives. This helped establish and maintain support systems beneficial to them as part of their planned transition out of the centre. Notwithstanding this, a number of the actions required identified in the CAPA from the previous report of June 2021 had not been completed. The centre manager who was the named person in charge had periods of absences since that time and also worked remotely at various stages during Covid. They told inspectors that this impacted on the centre's ability to meet some of its governance obligations. Further, the organisation was experiencing many staffing challenges. Nine staff had left their posts in the past year and further vacancies arose during the inspection process. These gaps were outlined by the centre manager at interview with inspectors. From a review of records, a number of deficits were observed in the monitoring practices within the centre such as the absence of regular internal and external auditing of the care provision being provided to the young people living there. While a post was in place within the organisation for a standards officer who had a remit to conduct this function, routine auditing had not occurred. The centre manager told inspectors that this was the case as there was an outbreak of Covid-19 on the specific days monitoring was scheduled. A resumption of this practice had yet to be scheduled at the time of the onsite inspection. However, prior to the draft report being issued, inspectors were informed that external audits had now being re-established and two had been conducted in July 2022. These records were submitted to inspectors. In addition, should Covid-19 outbreaks arise again, the audits will be conducted online.

The centre's policies and procedures had not been reviewed and updated since 2019 by the registered provider. While the centre manager was the appointed Designated Liaison Person (DLP) and the organisation's DLP was the director of services, they

had not completed training for this role. The centre manager told inspectors that this was currently being sourced from an agency external to the organisation. The risk management policy in place did not outline a supporting framework to adequately identify, assess and manage young people's risks and vulnerabilities. These compliance requirements must be addressed by the registered provider and implemented in practice as a priority in order for the centre to meet its responsibilities with regards to regulation, national standards and guidance. A commitment must be given to completing the actions outlined in the CAPA post inspection.

The centre manager had many years' experience working in their position which provided good role modelling for staff in terms of maintaining the culture of commitment for the care of young people. Leadership was demonstrated by their assessment of referrals for young people's admissions and the completion of preadmission risk assessments with placing social workers. The centre manager informed inspectors that during Covid, they worked off-site and maintained their various duties and responsibilities which included oversight of safety plans, risk assessments and placement plans. They also attended child in care reviews and strategy meetings. Inspectors saw evidence across the centre files that the deputy manager was involved in a number of the day-to-day management tasks such as placement planning, the development of safety plans and risk assessments as well as key working reports, attendance at child in care reviews, handovers, internal managers meetings, strategy meetings and the coordination of the staff rotas. They also had the remit to provide supervision to all social care workers with the manager providing this support to the deputy manager and social care leaders. The centre manager told inspectors that these sessions were not taking place in line with policy but they were making efforts to address this. Providing regular supervision and adhering to centre policy must be a priority for centre management. This contributes to maintaining a consistent staff team and supports staff with their roles and responsibilities. Specific supervision training had not yet been provided by the service for their supervisors. There was no written record kept of duties and decisions made that had been delegated to members of the staff team.

The internal management structure was appropriate to the size of the organisation and the centre manager and deputy told inspectors that they received good assistance and direction from senior management through visits to the centre and regular phone contact for updates on young people. Internal management meetings had been occurring but these formal link-ins were irregular. Inspectors were told by the centre manager that they would be reinstated. The head of youth services supervised the

centre manager and they in turn provided this support to the deputy manager. There was evidence on young people's files of senior management's presence in the centre. While there were no senior management meeting minutes available to review, inspectors were informed that senior management meetings had not been in operation but were currently being arranged to take place with all centre managers.

Staff interviewed were aware of their roles and responsibilities as well as the management structures in place and who they were accountable to. They had an informed knowledge of young people's immediate needs and risks and were able to give practical examples of how interventions were implemented routinely to mitigate risk. They knew individual processes to follow so as to ensure young people were safe inside and outside the centre and of how the centre's procedures were being implemented in practice on a daily basis. However, they described to inspectors how they found the centre's model of care challenging to integrate into their daily practice and they were unsure what specific core model their work was based on. They stated that this gap may impact negatively on how young people's needs and goals were being planned and how programmes were designed to build trusting relationships with young people. The service director told inspectors that the organisation was considering alternative models of care currently and there was a plan in place to implement a new approach in the near future.

The risk management system in place included the completion of a collective risk assessment prior to admissions to the centre. Safety plans along with contracts were developed with each young person based on their current and any emerging risks. Individual crisis support plans and absence management plans were also in place. Inspectors found that robust guidance was provided for the staff team on risk assessments and safety plans. Strategies were clear and identified how to address and manage each individual risk for the young person. Reviews were regular and oversight was provided by the deputy manager. Additionally, there were strong links made with families, social workers, An Garda Síochána and other professionals in order to enhance young people's safety and address their specific vulnerabilities. Social workers were aware of the risk management system and said they received routine updates from keyworkers and management. They described how young people were protected well and kept safe in the centre and they outlined the practical ways in which staff consistently followed the centre's safety plans, risk assessments and absent management plans and the beneficial links they made with families. However, two social workers told inspectors that they had not been consulted when a new young person had been admitted to the centre and they would appreciate input to the centre's collective risk assessment process. This issue was identified in the

previous inspection and the centre must collaborate with allocated social workers when new referrals are being considered for admission. There was no centre risk register in place as identified previously and discussions at team meetings regarding risk management related mainly to staffing issues. While there was no clear system in place for risk escalation to senior management and this must be addressed, the centre manager told inspectors that they are informed of risks at the time they arise in the centre.

While the centre's training audit recorded dates for when core and other ancillary training and refreshers would be provided to staff, some that was already out of date had not been identified as rescheduled at the time of the inspection. This included child safeguarding training based on the centre's own policy as well as fire safety which was sought by centre management post inspection.

A service level agreement had been undertaken with Tusla, the funding body, however there was no annual review of compliance provided by the organisation that demonstrated their compliance with legislation and relevant national standards. This had not been requested by the Child and Family Agency.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 5.2

Actions required

- The senior and centre manager must ensure good governance systems are strengthened to include regular monitoring of the centre so that delivery of care is safe and effective.
- The registered provider and centre manager must ensure that all operational policies and procedures are reviewed, updated and implemented in the centre.
- The registered provider must ensure that designated liaison person (DLP) training is provided to support this role.

- The senior manager and centre manager must ensure the risk management policy outlines a supporting framework to adequately identify, assess and manage young people's risks and vulnerabilities. There must be a risk register in place for the centre and the process of escalation of risk must be clearly outlined.
- Senior and centre management must ensure that a commitment is given to completing the actions outlined in the CAPA post inspection.
- The centre manager must ensure that regular supervision is taking place for all staff in line with policy. Specific supervision training must be provided by the organisation.
- The centre manager must ensure that there is a written record of delegated duties and key decisions made.
- Senior and centre management must ensure that all allocated social workers are collaborated with regarding preadmission risk assessments for new admissions.
- The centre manager must ensure that outstanding training is provided for the staff team and a record maintained of all training scheduled.
- The registered provider must ensure that there is an annual review of compliance in place to share with the funding 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.

There had been difficulties and challenges for the centre regarding staff retention over the past year and some of the staff team were leaving their posts while the inspection was ongoing. Consequently, with such high staff turnover there were not appropriate numbers employed with regard to the needs of the young people living there. The current staffing levels consisted of a centre manager who was soon to move to a new internal post, an acting deputy manager as the deputy manager had just left their role and seven social care workers including one graduate who was not appropriately qualified in social care or a related field. In addition, resignations were submitted for two of these social care positions and they were scheduled to finish up by the third week of July. The centre manager told inspectors that there was a total of

four social care vacancies to be currently filled. Additionally, the acting deputy manager was awaiting onboarding with another agency. The centre was therefore not operating with the requirements of Article 7, Staffing of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Further, when employing unqualified staff, the centre had not complied with the ACIMS memo on the minimum requirements for staffing qualifications and numbers in children's residential centres issued in April 2022.

The staff rota consisted of two sleep overs and one day shift seven days a week. Senior and centre management assured inspectors that staff deficits would not compromise the rota and the lines were being filled by a consistent relief panel co-ordinated by the service in collaboration with the organisation's HR department and shared with other centres. The use of this smaller pool of relief staff ensures that continuity in care provision to young people is maintained in the centre.

The centre was regularly undertaking workforce planning to redress the balance and there was an ongoing recruitment drive in place to address the serious deficits in staffing vacancies, however, issues in this regard persisted. Despite this there was evidence that staff retention was a priority for the agency and strong links had been forged between the centre manager and HR so that initiatives could be implemented to promote staff retention and find solutions to the ongoing shortages. Staffing was a regular item on meeting agendas and strategies had been undertaken with the staff team such as the provision of reflective practice, an employee assistance programme (EAP), debriefing sessions, pay increases, onboarding check-ins and stay interviews. Senior management said they realised the urgency to the ongoing staffing issues and were taking a holistic approach to workforce planning including improving job satisfaction to make the work more attractive to candidates and the current team. Staff interviewed said they felt supported by management and could see the initiatives being put in place but had concerns of their own about the level of experience and skills being depleted on the roster as a result of resignations. Notwithstanding these challenges the current staff team were collectively endeavouring to deliver a good quality of care to young people living in the centre. The centre had formal on-call arrangements in place.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required	Not all standards under this theme

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

Actions required

- The registered provider must ensure that the centre is operating with Article 7, staffing of the 1996 Child Care (Standards in Children's Residential Centres) Regulations and must also be in line with the staffing levels and staff qualification requirements as set out in the Tusla ACIMS updated memo, April 2022.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>Senior management must ensure that discussions regarding maintenance of the centre are recorded on both senior and team meeting minutes. All outstanding maintenance issues must be addressed promptly and the maintenance register must be reviewed and updated regularly.</p> <p>The centre manager must ensure that all new staff receive induction in the centre's health and safety statement.</p>	<p>The senior management will ensure that maintenance is a standing item on both team and senior management meeting agendas, discussion of same will take place and recorded in the minutes of these meetings. Timeframe: immediately.</p> <p>All maintenance issues will be tracked and monitored through organisational property management system. All maintenance issues will be logged and tracked on this online system. Timeframe: immediately.</p> <p>The centre manager will continue to ensure that all new staff members receive a copy of the Health & Safety Statement, as part of the health and safety induction process, and that this is recorded. Timeframe: immediately.</p>	<p>In future, senior management will alert the property management team of any outstanding maintenance issues.</p> <p>Senior management will request a monthly update report from the property management team, highlighting the number of maintenance requests logged during each four-week period, whether they were addressed in a timely manner, and if any requests are outstanding.</p> <p>Health and safety will continue to be a recurring item on the team meeting agenda and any outstanding health and safety issues will be discussed fully and plans put in place to address them. The Health and Safety Statement will continue to be updated on an annual basis (or sooner if</p>

	<p>The centre manager must ensure that onsite fire training is provided for all staff immediately. Deficits in this regard must be recorded in the organisation's risk register.</p>	<p>The organisation's HR department has been contacted to arrange on-site fire training as a matter of urgency. In future, any deficits will be recorded in the centre's risk register and in the organisational risk register.</p> <p>Timeframe: HR sourcing training. Will be completed by end of October 2022.</p>	<p>the need arises) and the updated statement discussed at a team meeting.</p> <p>The Director of Finance, IT and Administration, who oversees the organisational risk register will be informed monthly if a deficit arises. Moreover, they will be sent a copy of the centre's risk register on a quarterly basis going forward as a standard practice.</p>
5	<p>The senior and centre manager must ensure good governance systems are strengthened to include regular monitoring of the centre so that delivery of care is safe and effective.</p>	<p>Quarterly, onsite audits have recommenced following interruption due to Covid. These are carried out by the organisation's Safeguarding and Governance Manager.</p>	<p>All audit findings are recorded and tracked by the Safeguarding and Governance Manager to ensure that all outstanding actions are completed within a stated timeframe.</p> <p>A member of the Practice Development team will meet with the centre manager and senior manager each month to monitor the implementation of required actions, as identified in the quarterly audits.</p> <p>If there is a further outbreak of Covid or if any other health and safety issue arises</p>

	<p>The registered provider and centre manager must ensure that all operational policies and procedures are reviewed, updated and implemented in the centre.</p> <p>The registered provider must ensure that designated liaison person (DLP) training is provided to support this role.</p> <p>The senior manager and centre manager must ensure the risk management policy outlines a supporting framework to adequately identify, assess and manage young people's risks and vulnerabilities. There must be a risk register in place for the centre and the process of escalation of risk must be clearly outlined.</p>	<p>The policies and procedures will be reviewed, updated and any changes implemented in practice. Timeframe: completed by October 15th, 2022.</p> <p>This training is being sourced currently by the organisation for DLPs.</p> <p>The senior manager and centre manager will put in place a risk management policy which will outline a supporting framework to identify, assess and manage risks and vulnerabilities. This policy will also document the process of risk escalation and include the development of a risk register for the centre. Timeframe: end of October 2022.</p>	<p>that makes it unsafe to carry out onsite audits, then audits will be conducted online.</p> <p>The policies and procedures will be updated on an ongoing basis, as the need arises. However, a full review will be completed on an annual basis. This will be overseen by the organisation's Practice Development team.</p> <p>The risk register will be reviewed weekly at senior management meeting and updated regularly, as the need arises. When updates are made the risk register will also be discussed at the weekly team meeting.</p>
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	<p>Senior and centre management must ensure that a commitment is given to completing the actions outlined in the CAPA post inspection.</p> <p>The centre manager must ensure that regular supervision is taking place for all staff in line with policy. Specific supervision training must be provided by the organisation.</p> <p>The centre manager must ensure that there is a written record of delegated duties and key decisions made.</p> <p>Senior and centre management must ensure that all allocated social workers are collaborated with regarding</p>	<p>The senior and centre management are committed to completing all actions contained in the CAPA post-inspection. Timeframe: immediately.</p> <p>The centre manager will ensure that regular supervision takes place for all staff in line with policy. Timeframe: immediately.</p> <p>The organisation's HR department has been contacted to request supervision training as soon as possible. It is expected that this training will be completed by the end of October 2022.</p> <p>A written record of delegated duties with key decisions made will be developed and implemented by the centre.</p> <p>Following a Collective Risk Assessment whereby it is agreed with a referring social worker that a young person will be</p>	<p>Monthly CAPA meetings will be held to monitor and track all actions outlined in the CAPA to ensure that they will be completed within the timeframes given. These meetings will be led by the Practice Development team and attended by senior and centre management.</p> <p>The senior manager will carry out quarterly supervision audits to monitor the policy implementation.</p> <p>In future, all such correspondence will be saved in a named folder and will be available for inspectors to view.</p> <p>This practice will be incorporated into the centre's policies and procedures and adhered to for all future preadmission risk</p>
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	<p>preadmission risk assessments for new admissions.</p> <p>The centre manager must ensure that outstanding training is provided for the staff team and a record maintained of all training scheduled.</p> <p>The registered provider must ensure that there is an annual review of compliance in place to share with the funding body.</p>	<p>admitted to the unit, the social workers allocated to existing residents will be informed about what risks were identified and the measures that will be put in place to address these risks. If they wish to raise any concerns, they will be invited to discuss them further with the centre manager.</p> <p>All outstanding training will be monitored and tracked and a training schedule regularly updated by the centre manager.</p> <p>The registered provider will ask the funder of the service, Tusla, to update their annual review template to include compliance with legislation and relevant national standards. Timeframe: immediately.</p>	<p>assessments.</p> <p>Where deficits arise, the organisation's HR department will be informed, and any training needs promptly addressed.</p> <p>If Tusla update template, the organisation will report on all compliance issues. If template is not amended, the organisation will send Tusla a separate report outlining compliance.</p>
6	<p>The registered provider must ensure that the centre is operating with Article 7, staffing of the 1996 Child Care (Standards in Children's Residential</p>	<p>As a consequence of a recruitment campaign, the centre is now operating in compliance with Article 7, staffing of the 1996 Child Care (Standards in Children's</p>	

	Centres) Regulations and must also be in line with the staffing levels and staff qualification requirements as set out in the Tusla ACIMS updated memo, April 2022.	Residential Centres) Regulations.	
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