



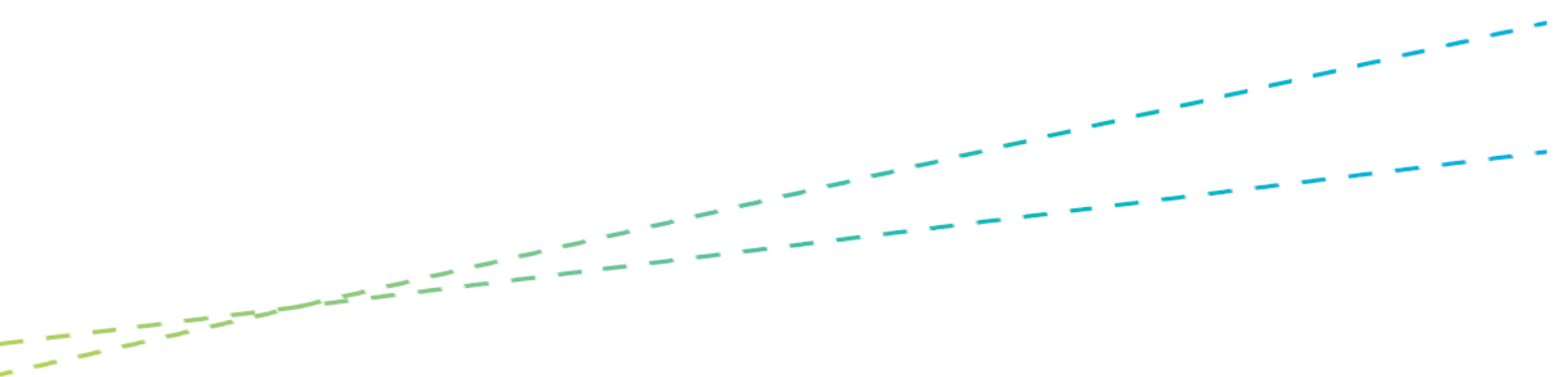
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 086

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Streetline Ltd
Registered Capacity:	Four young people
Dates of Inspection:	7th and 8th May 2019
Registration Status:	Registered from 31st May 2017 to 31st May 2020
Inspection Team:	Cora Kelly Sinead Diggin
Date Report Issued:	30th July 2019

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1. Foreword

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

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

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

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

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

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

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

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

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

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2002. At the time of this inspection the centre were in their sixth registration and were in year two of the cycle. The centre was registered without attached conditions from 31st of May 2017 to 31st of May 2020.

The centre's purpose and function was to accommodate four young males from age fourteen to eighteen years on admission. Their model of care was described as humanistic and relationship based using a client centred approach to facilitate the young people in moving towards safety and stability in their lives.

The inspectors examined aspects of standards 2 'management and staffing' and standard 7 'safeguarding and child protection', standard 8 'education' and standard 9 'health' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 7th and 8th of May 2019. At the time of the inspection four young males were resident in the centre one of whom was over 18 years of age.

1.2 Methodology

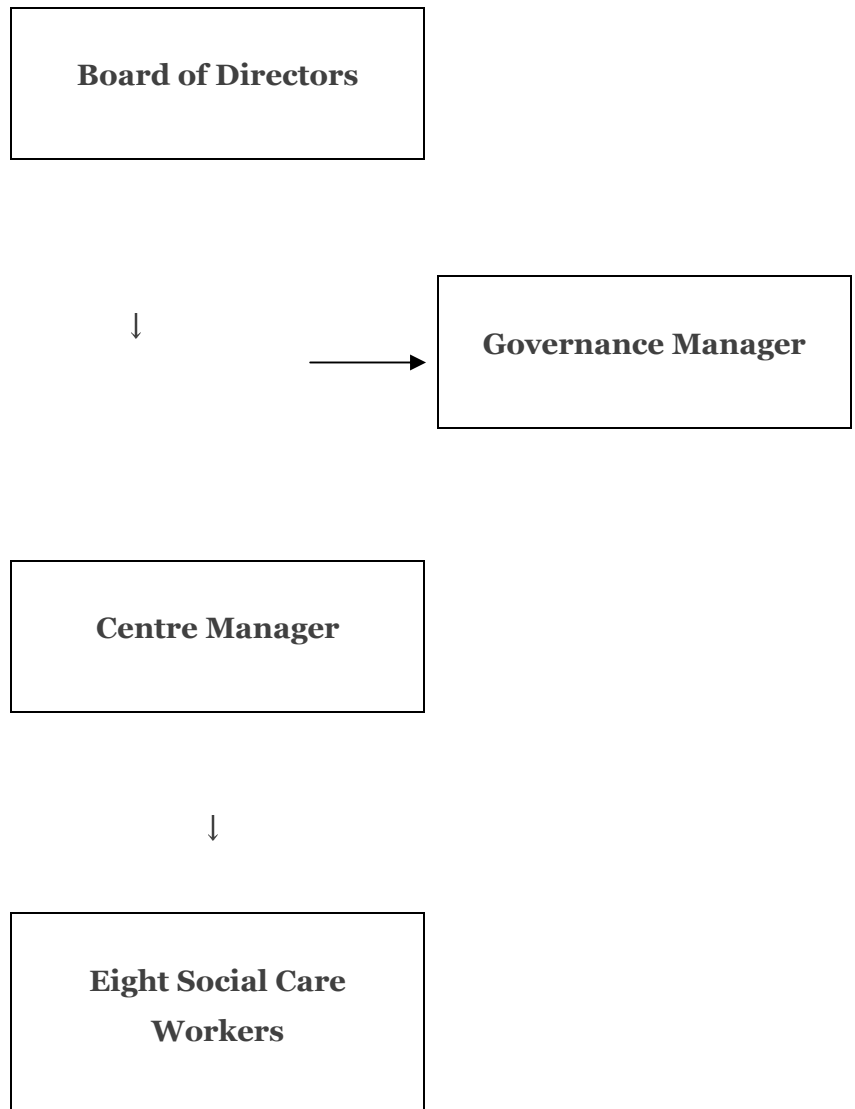
This report is based on a range of inspection techniques including:

- ◆ An examination of a questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) A member of the board of management
 - c) One young person residing in the centre
- ◆ An examination of the centre's files and recording process.
 - Centre registers and records
 - Team meeting and external management meeting minutes
 - Care files
 - Supervision records
 - Sample of staff personnel files
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) Care staff
 - c) One young person
 - d) Two social workers allocated to two of the young people
- ◆ Telephone interview with the Chairperson of the Board of Directors
- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, the chair of the board of directors and the relevant social work departments on the 25th June 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 10th July 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 086 without attached conditions from the 31st May 2017 to 31st May 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre had a register of young people that was found to be up-to-date and contained the required information. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Management

There had been no change in centre manager since the last inspection. Throughout the inspection process the centre manager was found to have demonstrated their therapeutic professional knowledge across practice. The centre manager's approach to implementing the centre's model of care and their leadership style evidenced this namely: their presence in the centre on a daily basis, commitment to ensuring that centre staff were guided and supported at pivotal times during the day and being available to meet with the young people. In interview with staff and from the review of questionnaires the centre manager was described as approachable, demonstrated a good management style of practice including reflective practice and had a great awareness of the needs of vulnerable young people.

On a day-to-day basis the centre manager was found to have overseen care practices in the following ways: attendance at daily handovers, chairing weekly staff meetings, supporting staff pre and post shifts, linking with key workers in keeping young people's placement plans live and assisting the staff team with daily plans. To keep abreast of young people's changing needs and circumstances the centre manager attended young people's internal and external care planning meetings to ensure individual tailor-made plans were made in response to identified needs.

The last inspection carried out in the centre found that there were deficits in the centre manager's oversight of administration and young people's files. The inspectors observed improvements in oversight of centre files during this inspection but not across all records. The centre manager must evidence oversight across all centre and young people records to safeguard the interests of the young people.

The centre manager held responsibility for reporting to the board of directors who met approximately ten times yearly in 2018. Since the last inspection there had been developments to the board's membership and its functioning had strengthened. New members were recruited and a governance manager was appointed who was also tasked with board and centre oversight duties. The governance manager who was experienced in the areas of finance, the administration of human resources processes and health and safety compliance was also the board's company secretary. Other developments included the establishment of three sub-committees: governance, finance and audit and risk management. The areas of health and safety, human resources and child protection were attended to under risk management. The sub-committees were scheduled to meet on a quarterly basis with individual reports being formulated. The governance manager was a member of all three sub-committees with the centre manager a member of two – finance and audit and risk management. The agenda for the board of director's meetings was amended to reflect the sub-committees input. This development has allowed for all governance items to be reviewed and discussed at each meeting. In interview the chairperson of the board was satisfied that the formalities of overseeing practices had improved and further, that focus was at the time of the inspection being placed on developing internal auditing systems. The review of a sample of board of director's meetings evidenced input from all sub-committees with actions identified in areas such as training, finance, staffing, and operations and follow up.

With regard to internal auditing systems the governance manager was found to have been in the process of developing auditing tools. At the time of the inspection audits had been developed to track of areas relating to staff employment and staff training needs. In interview the governance manager informed the inspectors that the auditing process was a work in progress and that it would cover all aspects relating to the operation of the centre. The internal audit process did not include the auditing of care practices. Centre management must ensure that a full audit tool mechanism for assessing care practices and the operational running of the centre is developed and that audits are carried out without delay.

Staffing

There had been no changes to the core staff team since the last inspection and deficits in centre management structures remained. A deputy manager or social care leaders had not been appointed to support the centre manager. The lack of resources continued to impinge on the centre manager's ability to conduct in full their roles and responsibilities. Both the centre manager and the chairperson of the board of directors cited this in interview with staff having also named the deficit in questionnaire.

The double cover overnight staffing rota continued to be met by a staff team that comprised of eight full-time suitably qualified social care workers. A total of two qualified relief social care workers were available to support the staff team when required. A number of the staff team had been employed in the centre for a significant period of time with the relief staff employed in the 12 months prior to this inspection. The centre manager provided on-call support to the staff team and two senior staff acted-up in the centre manager's absence. Young people reported to the inspectors in interview and through questionnaire that the staff team were always around, that they can talk to the staff and liked the way staff engaged with them.

It was observed from the review of a sample of staff personnel files and the inspection audit tool that staff were appropriately vetted in accordance with legislative requirements but the renewing of Garda vetting was found to not have been in accordance with the centre's own policy. Centre management must ensure that Garda vetting is up-to-date for all working in the centre and that centre management are implementing practice that is in line with their own policy.

Training and development

The governance manager was tasked with completing mandatory training audits. A staff member held responsibility for co-ordinating the training. Staff had participated in site specific fire safety training in 2017. Refresher fire safety training is scheduled to take place later on this year. Deficits were found with respect to child protection training and training in a model of behaviour management. Child protection is discussed in detail under the next standard in this report, Standard 7 'safeguarding and child protection'.

Regarding behaviour management training it was evident that not all staff were up-to-date on this. The centre manager must ensure that all staff are up-to-date on a behaviour management training programme and that certificates are placed on staff personnel files.

3.2.3 Practices that did not meet the required standard

Supervision and support

Staff support mechanisms were found by the inspectors to have been carried out in a variety of forums in the centre. The following supports were named in interviews and returned in questionnaires: daily manager and staff debriefing, handovers, daily reflective practice, staff team support, key workers support, weekly team meetings, six weekly external team supervision, one-to-one supervision and both formal and external supervision arrangements for the centre manager.

It was found by the inspectors that deficits in formal staff one-to-one supervision had continued since the last inspection. As per policy the centre manager held responsibility for supervising all members of the staff team every six to eight weeks. It was evident from the review of a sample of personnel files that supervision was not taking place in line with centre policy. Following the inspection, the centre had finalised its staff appraisal and supervision policy and procedures document in early June 2019. As per the updated policy staff will now receive one-to-one supervision every eight weeks. The centre manager must comply with the new supervision policy and ensure that staff are provided with formal supervision in line with revised timeframes. The content of supervision sessions was found to have included good detailed discussion in areas relating to the young people, the centres model of care, training, key working, placement plans and staff related areas.

It was found during the review of personnel files that supervision contracts were not in place for all staff and different recording templates were being utilised by the centre manager. The centre manager must ensure that supervision contracts are in place for all staff and that a more robust practice is implemented with regard to templates being used to record supervision.

The centre manager advised the inspectors of receiving monthly external supervision and formal twice yearly supervision from the chairperson of the board of directors. Due to the absence of onsite supervision records to view the inspectors were unable to comment on the frequency of the sessions, assess the quality of discussions or track actions and outcomes. This deficit has ensued since the last inspection. The board of directors must immediately address this oversight. The board of directors must ensure that the centre manager is supervised on an on-going basis and that supervision records are securely maintained onsite.

Weekly team meetings were held in addition to daily handovers, shift debriefing sessions and daily reflective practice. A psychotherapist facilitated team meetings every six weeks. Overall, there was good staff attendance at the team meetings. The review of keyworkers reports used by the centre to record discussions on young people were found to be detailed with actions recorded, tracked and completed. Discussions on staff training, the model of care, the child safeguarding statement and general household issues regarding the running of the centre were observed by the inspectors during the review of a sample of the team meeting minutes.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The centre manager must evidence oversight across all centre and young people records to safeguard the interests of the young people.
- Centre management must ensure that a full audit tool mechanism for assessing care practices and the operational running of the centre is developed and that audits are carried out without delay.
- Centre management must ensure that Garda vetting is up-to-date for all working in the centre and that centre management are implementing practice that is in line with their own policy.
- The centre manager must ensure that all staff are up-to-date on a behaviour management training programme and that certificates are placed on staff personnel files.
- The centre manager must comply with the new supervision policy and ensure that staff are provided with formal supervision in line with revised timeframes.
- The centre manager must ensure that supervision contracts are in place for all staff and that a more robust practice is implemented with regard to templates being used to record supervision.

- The board of directors must ensure that the centre manager is supervised on an ongoing basis and that supervision records are securely maintained onsite.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a statement on safeguarding and child protection that was supported by a number of policies such as staff recruitment and vetting, supervision and staff support, complaints, staff code of practice, children's rights and participation, admissions and discharges. In interview staff named processes aimed at keeping young people safe in the centre: risk assessments, bullying policy, monitoring of social media, pre-admission collective risk assessments, supervision of young people, absence management plans and maintaining professional boundaries at all times. These were also named in the questionnaires completed by staff members.

The centres admissions process included receiving pre-admission reports for example pre-admission collective risk assessments, social history reports, previous placement reports, education reports, last care plan, birth certificate. The inspectors observed a number of these during the review of young people's files which has been an improvement since the last inspection. With regard to impact risk assessments the centre manager stated in interview that the process had not been completed as part of one of the young people's admission process to the centre. The centre manager must ensure that the impact risk assessment process takes place during the admission process. The inspectors observed a number of risk assessments completed by centre staff for the young people that showed risks being identified and plans of action being implemented to address the risks. The process included social work involvement and centre manager follow up in supervision discussions.

Child Protection

Standard

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

Deficits were found with regard to child protection systems in place. The centres statement on safeguarding and child protection which was updated in March 2018 referred to out-of-date guidance. The centre manager must ensure that the centres child protection policy is immediately updated to reflect Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015 immediately. The centre manager advised in interview that all staff had completed the Children First e-learning programme. The inspector's review of a sample of staff personnel files verified this.

The procedures for reporting child protection and welfare allegations and concerns were outlined in centre safeguarding documentation. However, as the document was out-of-date it did not contain the current statutory reporting procedures. Through interviews during the inspection process and from the observation of questionnaires there was a lack of knowledge around reporting procedures including for those staff with and without mandated responsibilities. The centre manager must ensure that the current statutory processes for reporting allegations and concerns are developed for those with and without mandated responsibilities. The centre did not maintain a child protection and welfare record for recording allegations and concerns. The centre manager must update its recording systems so that allegations and concerns can be tracked and monitored. When the centre's child protection policies and procedures are updated the centre manager must provide training on the updated document to the staff team to ensure staff are consistently implementing best practice in keeping young people safe. The inspectors recommend that the overall concept of child protection as standard practice is a standing item for discussion and learning at team meetings and during supervision sessions.

The centre had developed a Child Safeguarding Statement as per statutory requirements under the Children First Act, 2015. Deficits found by the inspectors during the review of same were addressed with the centre manager submitting an amended Child Safeguarding Statement that was found to have been in line with statutory requirements prior to the draft report being issued. The centre manager was the appointed designated liaison person as confirmed by staff in interview.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that the impact risk assessment process takes place during the admission process.
- The centre manager must ensure that the centre's child protection policy is immediately updated to reflect Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015 immediately.
- The centre manager must ensure that the current statutory procedures for reporting allegations and concerns are developed for those with and without mandated roles and responsibilities.
- The centre manager must update its recording systems so that allegations and concerns can be tracked and monitored.
- The centre manager must provide training on the updated document to the staff team to ensure that staff team are consistently implementing best practice in keeping young people safe.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

It was clear over the inspection process and in interview with the centre manager and staff that huge emphasis was placed on promoting education, creating and supporting young people with their education paths. Education was identified as being key role to shaping young people lives. It was found by the inspectors to have been linked to the centre's model of care and policy on education. A working principle of the centre was that all of young people leave the centre with some education and that every effort would be made to secure appropriate educational placements based on the abilities and interests of the young people. Of the current group of young people under 18 years of age residing in the centre two were attending educational training placements suitable to their needs and abilities and one young person was engaging in a morning only education programme. It was clear to the inspectors that efforts were being made to secure suitable educational options for this

young person. The review of care files evidenced centre staff having liaised with education providers in promoting and supporting the young people with their education upon and since their admission to the centre. The centre manager advised the inspectors that over the years the centre had built a large knowledge base regarding mainstream and non-mainstream education providers and facilities both locally to the centre and in surrounding areas. This resource has reinforced the centres ethos of encouraging education and deemed it as strengthening young people's lives.

The centre manager advised that educational assessments would be secured if required and had identified that one was needed for a current young person. Following the onsite inspection, a social worker confirmed in interview that a young person was currently engaging in a psychological education assessment.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

None identified.

3.9.2 Practices that met the required standard in some respect only

The centres policy on health included guidance on the administration of medication, smoking, sexual health and drugs and alcohol. With respect to young people undergoing medical assessments upon admission one young person of the current group residing in the centre had completed this assessment. A second young person had refused a medical assessment from the outset of the placement. There were no health issues of concern noted in the care plan the centre had received upon the young person's admission to the centre. The review of care files showed that efforts were made by the centre to encourage young people to have medicals as per centres own policy and care plan actions. The medical assessment process had yet to take

place for the young person who at the time of the inspection had recently moved to the centre. The review of care files did not evidence that immunisation records were held for all young people. It did evidence however staff efforts in obtaining these from social work departments.

Of the three young people aged under 18 years of age one was found to have been registered with a local general practitioner; the process was underway for the second young person and the third young person was registered to a general practitioner in their location of origin. Dental appointments were attended to by young people with the support of centre staff. Medical cards were viewed on care files for the longer term resident in the centre and efforts were observed by staff noted in securing up-to-date medical cards for other young people.

From the review of a sample of personnel files the inspectors viewed the certificates staff had received following completion of online safe administration of medicine training. Upon review of the individual medication logs the inspectors noted that the format of the logs was not reflective of what was being recorded for example if the medication administered by staff to the young people was prescribed or non-prescribed. The centre manager must review the centres administration of medication recording system to ensure that it accurately records the types of medication given to young people. Also, there were no records in place that outlined what non-prescription medication should be administered to the young people. The centre manager must ensure that their health policy includes a procedure for liaising with the young people's general practitioners with regard to the administration of non-prescribed medication to young people. The centre manager must then update the centres health policy to reflect the above procedural amendments.

In line with young people's care plans and centre placement plans there was evidence of key workers and staff guiding young people in areas such as drug misuse, anti-smoking, sexual health, healthy eating, emotional well-being and physical education. This was confirmed in interview and observed from the review of centre records and young people's files. Efforts were also made by the centre in securing appropriate support services for young people in response to their health needs and educating the young people in areas such as the use of illegal substances.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

Required Action

- The centre manager must review the centres administration of medication recording system to ensure that it accurately records the types of medication given to young people.
- The centre manager must ensure that the health policy includes a procedure for liaising with the young people's general practitioners with regard to the administration of non-prescribed medication to young people.
- The centre manager must then update the centres health policy to reflect the above procedural amendments.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre manager must evidence oversight across all centre and young people records to safeguard the interests of the young people.</p> <p>Centre management must ensure that a full audit tool mechanism for assessing care practices and the operational running of the centre is developed and that audits are carried out without delay.</p> <p>Centre management must ensure that Garda vetting is up-to-date for all working in the centre and that centre management are implementing practice that is in line with their own policy.</p>	<p>The centre manager will ensure there is more oversight across all centre records immediately.</p> <p>The centre manager has acquired an audit template and it is already being used as a checklist to provide oversight of centre and young people’s records. An action plan template will be developed to track the action areas arising from the audit. Audits will be conducted on a quarterly basis.</p> <p>The two staff members who did not complete their 3-yearly Garda “re-vetting” have now re-submitted the required documentation and we are waiting for a response to confirm re-vetting.</p>	<p>The centre manager will sign off on all centre documentation.</p> <p>Quarterly compliance checks will be conducted by the centre management team.</p> <p>HR administration files to be held in the governance manager’s office with checklists on Garda vetting/re-vetting dates. This will also be part of the ongoing internal audits.</p>

	<p>The centre manager must ensure that all staff are up-to-date on a behaviour management training programme and that certificates are placed on staff personnel files.</p> <p>The centre manager must comply with the new supervision policy and ensure that staff are provided with formal supervision in line with revised timeframes.</p> <p>The centre manager must ensure that supervision contracts are in place for all staff and that a more robust practice is implemented with regard to templates being used to record supervision.</p> <p>The board of directors must ensure that the centre manager is supervised on an ongoing basis and that supervision records are securely maintained onsite.</p>	<p>Certificates and are now on file. Both June and July 2019 6-month TCI refreshers were booked out. Centre manager is actively trying to resolve this issue.</p> <p>The centre's staff appraisal and supervision policy and procedures document was finalised and ratified by the Board in early June 2019. The new policy contains a supervision schedule for all social-care staff (minimum of six per year), a standard supervision recording template and a supervision contract.</p> <p>Under the new policy, staff will sign a new contract with a set supervision schedule (six sessions, one of which will also include an annual appraisal). A standard supervision recording template is included and will be used starting July 2019.</p> <p>A template will be developed with the external clinical supervisor by July 2019 with records being kept on site. Supervision with the Chair of Board will</p>	<p>Included in the above a checklist of all mandatory training for all staff will also be held.</p> <p>The centre manager will ensure that the updated staff appraisal/supervision policy and procedures is implemented going forward that includes staff receiving supervision every eight weeks.</p> <p>The centre manager will ensure supervision processes in line with the new policy are implemented.</p> <p>The Board of Directors will monitor the supervision process for the centre manager and ensure that records are kept on site.</p>
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		take place every six months or as required, including an annual performance appraisal in November each year.	
3.7	<p>The centre manager must ensure that the impact risk assessment process takes place during the admission process.</p> <p>The centre manager must ensure that the centre's child protection policy is immediately updated to reflect Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.</p> <p>The centre manager must ensure that the current statutory procedures for reporting allegations and concerns are developed for those with and without mandated roles and responsibilities.</p> <p>The centre manager must update its recording systems so that allegations</p>	<p>This took place on the 22nd May 2019.</p> <p>Child Protection Policy will be updated immediately to reflect Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. In progress. Due for completion August 2019.</p> <p>This will be included in the updated child protection policy document. Mandated persons and non-mandated person's will be made aware of their reporting responsibilities. The centre manager and two staff are scheduled to attend Designated Liaison Person (DLP) training on the 6th November.</p> <p>A child protection register has been developed and implemented to track any</p>	<p>The Centre manager will ensure that impact risk assessments are conducted when placements are being considered.</p> <p>The centre manager will periodically review the centres child protection policy so that it is in line with up-to-date statutory requirements.</p> <p>The centre manager will ensure that the centres child protection policy and procedures is in line with up-to-date statutory requirements.</p> <p>The centre manager will oversee the implementation of the register.</p>

	<p>and concerns can be tracked and monitored.</p> <p>The centre manager must provide training on the updated document to the staff team to ensure that staff team are consistently implementing best practice in keeping young people safe.</p>	<p>child protection allegations and concerns</p> <p>The team is scheduled to receive training on the update child protection document on the 31st July 19. Further classroom training, foundation training is scheduled to take place in October 2019 for 8 staff.</p>	<p>The centre manager will ensure staff are consistently aware of the child protection policy document. Upon informing themselves of the document staff will be re-signing same. Child protection issues is now included in standardised supervision template.</p>
3.9	<p>The centre manager must review the centres administration of medication recording system to ensure that it accurately records the types of medication given to young people.</p> <p>The centre manager must ensure that the health policy includes a procedure for liaising with the young people's general practitioners with regard to the administration of non-prescribed medication to young people.</p> <p>The centre manager must then update</p>	<p>Centre's administration of medication recording system was updated in early July 2019 to accurately record the types of medicine given to young people.</p> <p>With regard to the administration of non-prescribed medication, a list of OTC medication will be agreed with GP during first possible GP visit post/pre-admission. Where the young person refuses medical assessment, the centre will liaise with the relevant guardian to grant permission for its administration.</p> <p>Health Policy to be updated to reflect new</p>	<p>Health Policy to be updated to reflect new procedures and a staff member has been delegated responsibility for health records, with oversight by centre management.</p> <p>Health Policy to be updated to reflect new procedures by end July 2019. The centre manager will oversee all health records.</p> <p>A staff member has been delegated</p>

	the centres health policy to reflect the above procedural amendments.	procedures by the end of July 2019.	responsibility for health records, with oversight by centre management.
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