



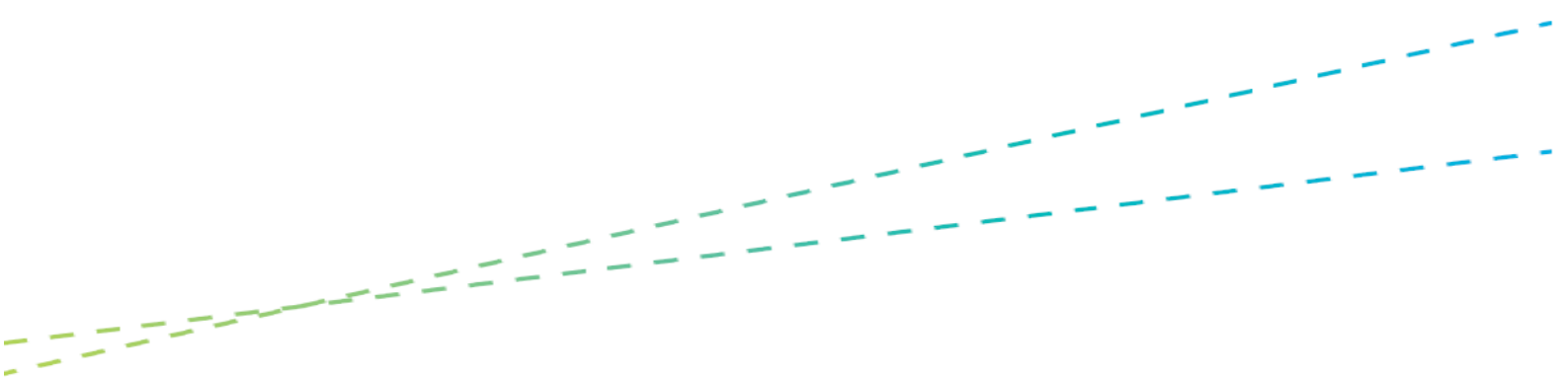
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 103**

**Year: 2019**

Two parallel dashed lines, one light green and one light blue, extending from the bottom left towards the top right of the page.

Alternative Care Inspection and Monitoring Service  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15 - D15 CF9K  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>3<sup>rd</sup> and 4<sup>th</sup> September 2019</b>
<b>Registration Status:</b>	<b>Registered from 3<sup>rd</sup> March 2018 to 3<sup>rd</sup> March 2021</b>
<b>Inspection Team:</b>	<b>Cora Kelly Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> November 2019</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.2 Management and Staffing	
3.7 Safeguarding and Child Protection	
3.8 Education	
3.9 Health	
<b>4. Action Plan</b>	<b>20</b>

## 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 on 03<sup>rd</sup> March 2015. At the time of this inspection the centre was in their second registration and in year two of the cycle. The centre was registered without attached conditions from 03<sup>rd</sup> March 2018 to 03<sup>rd</sup> March 2021.

The centre's purpose and function was to accommodate six young people of both genders from age sixteen to nineteen years on admission on a short to medium term basis in a semi-independent residential centre. The purpose of the centre was to prepare young people for independent living, leaving care and adulthood. The centre operated from the STEM (Systemic Therapeutic Engagement Model) model of care. STEM draws on a number of complementary philosophies and approaches including circle of courage, response abilities pathways, therapeutic crisis intervention and daily life events. At the time of the inspection three young people were residing in the centre two of whom were over 18 years of age.

The inspectors examined aspects of standard 2 'management and staffing', 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 3<sup>rd</sup> and 4<sup>th</sup> September 2019.

## 1.2 Methodology

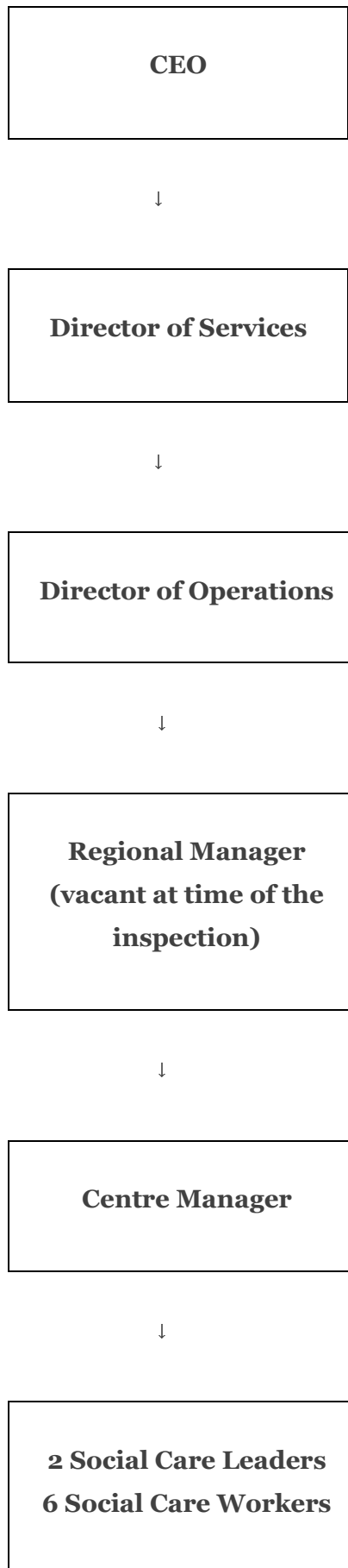
This report is based on a range of inspection techniques including:

- ◆ An examination of an inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) Nine of the care staff including relief staff
  - b) The director of operations
  - c) The quality assurance manager
  - d) The director of services
- ◆ An examination of the centre's files and recording process:
  - Centre registers and records
  - Team meeting minutes
  - Young people meeting minutes
  - External management team minutes
  - Care files
  - Supervision records
  - Staff personnel files
  - Governance reports
- ◆ 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) Three staff
  - c) The director of operations who was also acting regional manager at the time of the inspection
  - d) An aftercare worker for one young person
  - e) Efforts were made to schedule an interview with a social worker for one young person under eighteen years of age
- ◆ 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, director of operations and the relevant social work departments on the 9<sup>th</sup> October 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 21<sup>st</sup> October 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: 103 without attached conditions from the 3<sup>rd</sup> March 2018 to 3<sup>rd</sup> March 2021 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's register of young people residing in the centre was found to have contained the required data and was recorded in a bound a4 document. Entries were completed by the centre manager and there was evidence of the previous regional manager's oversight and of the current acting regional manager. 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 a change in centre manager since the last inspection. Following interview, a team leader in the centre was recruited and appointed as centre manager in late July 2019. The manager was found to have been appropriately qualified and experienced in the social care field. They had worked in the centre since it was established in 2015. They were present in the centre Monday through to Friday working normal office hours. In interview and from the review of questionnaires the centre manager was deemed as approachable, very supportive and focused on meeting the needs of the young people. The external line management consisted of a regional manager and a director of operations. The regional manager position was vacant at the time of the inspection and the post was being temporarily filled by the director of operations. Following a recruitment process a regional manager had been identified and was at the time of the inspection in the process of being inducted into the role principally shadowing the director of operations until November 2019 when their role would commence and the director of operations would step back into their role full-time.

In interview the centre manager demonstrated a good insight of their role and responsibilities that had been gained from their professional development to date. They were clear of the recent changes that had taken place within the organisation namely those relating to strategic development and expansion. Professional development was part of the organisation's improvement plan and the centre manager and social care leaders had attended 11 of the 12 management workshops provided by the organisation to date. A sample of the workshops led by the director of operations and regional manager included: human resources, induction and mentoring, leadership, debriefing and petty cash. The experiences to date were described as positive and valuable to the day-to-day running of the centre.

In interview the centre manager named the ways that care practices were overseen on a daily basis including reviewing young people's files and placement plans, centre registers, the online recording system, monitoring staff practices, maintaining presence on the floor, conducting inductions and linking with the young people daily. The inspectors were able to evidence this from the review of centre records.

As part of governance practice the centre manager chaired internal management meetings and team meetings, completed weekly service and governance reports, conducted professional one-to-one supervision and attended handovers, placement plan reviews, child in care reviews and other professional meetings. It was found from the review of the fortnightly team meeting minutes that there were discussions on each young person, follow up from previous meetings, direction was given by the centre manager including implementing and recording the model of care into the daily logs. Outside of this there was little reference to the model of care reported to be used in the meeting minutes. There was evidence that end of placement reports were being completed upon the discharge of young people from the centre. Upon review of a sample of these the inspectors found that they did not include the views of the young people. At a senior management meeting earlier in the year young people's keyworkers and case managers were tasked with reviewing and evaluating placements from a learning perspective. To complement this, the inspectors found that this process would be more effective if the views that the young people had of their placement was sought. The centre manager must seek young people's views of their placement experience when completing end of placement reports and use learning from the evidence based data to inform quality care practices.

As mentioned above the line management arrangement in place at the time of the inspection was the centre manager reporting to the assistant director of operations who was acting as regional manager. The centre manager was also supervised by them. The regional manager held responsibility for overseeing the centre manager's

care practices. There was evidence of the acting regional manager's oversight across an array of centre records and weekly service and governance reports where it was evident that feedback and direction was provided to the centre manager. They also had attended some team meetings and professional meetings. They had daily telephone contact with the centre manager, an ongoing presence in the centre and accessed the online cloud based recording system to check centre records.

The external monitoring folder that was made available to the inspectors comprised of six sections including: weekly governance reports, monthly regional management meetings and internal audit reports. The weekly governance reports were found by the inspectors to have been comprehensive and outlined clearly oversight of all care and operational practices that had taken place in the week. There was evidence of young people being discussed and plans made for them, reference to audits being conducted, staffing, training, and inductions. However, similar to a finding during the last inspection the section relating to the centre's model of care was not completed across a number of records. A recent positive development for the organisation included the requirement for social care leaders to attend senior management meetings. It was evident from the review of a sample of these meeting minutes that a tracking system was in place, young people placements were discussed, training needs were identified and staffing deficits were identified with this latter finding discussed later in the report. Reference to the model of care was absent from the sample of meetings reviewed.

The organisation had a quality assurance department that was led by a manager and was in the process of recruiting another individual. From the review of questionnaires, it was evident that their role was to ensure that the centre was compliant with the National Standards for Children's Residential Centres, 2001 and the organisations policies and procedures through the completion of announced and unannounced inspections. The director of operations informed the inspectors that the themed audits were being reviewed to be in line with the National Standards for Children's Residential Centres, 2018 (HIQA). The procedure in place for conducting themed audits included a checklist associated with the themes being completed with findings converted into a senior management themed audit report. A schedule of six themed audits for completion in 2019 was provided to the inspectors and they included audits on education, medical and contacts, health and safety including car safety and fire safety, personnel and supervision files, admission, registers and meetings, keyworking, planning and notification of significant events and practice and logs. This is a significant development since the last inspection. From the list above the first three themed audits had been conducted by both the quality assurance

manager and regional manager. The format of the audits included findings based on areas of strength, goals for growth, timescale for resolving issues and actions completed including dates. In general, findings were well detailed and there was guidance by the auditor directing the centre manager in rectifying deficits within a set time-frame that were followed up by site visits. Again, as per findings overall the inspectors did not observe reference to the centre's model of care during the review of the audits. Senior management must ensure that the model of care sections in the various recording systems within the centre and organisation are utilised in full and evidences how it informs care practices implemented for the young people.

### **Staffing**

There had been significant changes in the staff team since the last inspection. The current core staff team of nine included the centre manager, two social care leaders and six social care workers one of whom was on sick leave at the time of this inspection with all employed full-time. A relief social care worker was recruited to a full-time position two days after the inspection bringing the total number of staff including the centre manager to ten at the time of writing this report. All staff were appropriately qualified. With the exception of the staff member on sick leave the remaining eight staff had commenced duties in the ten months prior to the inspection. Three qualified relief staff were available to support the core team one whom was in this position for two years.

The centre operated a system of double overnight cover and a third day shift. The centre manager was satisfied that the newly recruited staff had residential care experience that had been helpful given the staff turnover rates. In interview the inspectors were advised of the induction and mentoring processes that were completed by the centre manager and team leaders over a nine-month period. A staff named in interview that it was proving a positive and informative experience.

It was found from the review of the most recently recruited staff personnel files and through interview with the centre manager that staff were appropriately vetted in accordance with legislative requirements. The inspectors found from the review of these personnel files and the training needs analysis that staff were either in the process of being trained in the centre's mandatory training requirements or were scheduled to attend them in the coming months. The inspectors recommend that the centre manager oversees that this takes place. It was observed that one staff member's qualification was not on file nor was it evident that it was verified with the relevant awarding college. The centre manager must follow this up. One required

further follow up in order to secure a third reference on file. The centre manager must follow up on this reference and ensure that appropriate references are secured.

From July 2018 until July 2019 a total of 12 individuals left the centre including a centre manager, a social care leader, five social care workers and four relief social care workers. The social care leader moved to another position within the organisation with the remaining 11 individuals moving to positions in other organisations that offered either full-time hours or day-time hours. The inspectors were provided with four exit interviews conducted by a member of the human resource section of the organisation and the previous regional manager. A sample of the reasons cited for leaving their position were: better salary, staff turnover and heavy workload during staff crisis, changes in personal circumstances, lack of maternity leave, benefits, sick pay, pension contribution and lack of progression. Staff also raised in supervision that they were frustrated by staff leaving. Inclusive of the above it was evident from the review of senior management meetings that staffing deficits was an issue for the centre. Senior management must actively address the issue of high staff turnover within the centre and devise a staff retention plan immediately.

### **Supervision and support**

The centre manager advised the inspectors in interview that since being appointed into the new role which was six weeks prior to the inspection, supervision sessions had been held with staff and contracts had been signed. However, they had failed to formally record the sessions and as a result the inspectors were unable to determine if the sessions were held in line with policy time-frames, comment on the content of the discussions and review references to the centre's model of care. It was gathered from the review of the previous manager's supervision records that sessions were regular and contracts were in place. As previously mentioned in this report changes had occurred relating to the staff team and the impact this was having on staff work was noted in the records. The centre manager must produce formal written supervision records in a timely manner and ensure that the centre's model of care that informs care planning for the young people is discussed in the sessions.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **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)***  
***-Part III, Article 16, Notification of Significant Events.***

#### **Required Action**

- The centre manager must seek young people's views of their placement experience when completing end of placement reports and use learning from the evidence based data to inform quality care practices.
- Senior management must ensure that the model of care sections in the various recording systems within the centre and organisation are utilised in full and evidences how it informs care practices implemented for the young people.
- The centre manager must ensure that all personnel files include a copy of the relevant qualification on file and that it is verified with the awarding college.
- The centre manager must follow up on the matter of a third reference for one staff and ensure that appropriate references are secured.
- Senior management must actively address the issue of high staff turnover within the centre and devise a staff retention plan immediately.
- The centre manager must produce formal written supervision records in a timely manner and ensure that the centre's model of care that informs care planning for the young people is discussed in the sessions.

### 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**

The centre had a safeguarding and child protection policy document that was last updated in May 2019 and was accompanied by an employee handbook. It was accompanied by a number of suitable policies and procedures including: recruitment and selection, safe practice and working alone, complaints and grievance, significant event, supervision, code of practice and bullying. Staff named in questionnaires the mechanisms in place to protect young people in the centre: staff presence in centre at all times, pre-approval was required for visitors, risk assessments, absence management plans, risk registers and staff training. Through interview staff demonstrated awareness of the steps to take if they were concerned about a colleagues practice.

The centres risk register included detail of the identified risks of concern, when risk management plans were developed and of the outcomes recorded following review at team meetings. A sample of the risks included in the register related to medication, pre-admission risk assessments and situations where a young person was accessing and buying cars without the required statutory documentation.

The inspectors found from the review of the centre's complaints register that there had been no complaints made since the last inspection. The centre manager confirmed this in interview. A single child welfare concern recorded in the child protection and welfare log was found to have been reported via the online reporting system. There was evidence of it being followed up by the previous centre manager.

#### **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.

As mentioned above the centre had a safeguarding and child protection policy that was updated in May 2019. It was found to have been in line with current statutory

requirements and included the significant changes that had taken place since 2016 when the previous policies and procedures document was produced. They also had a child safeguarding statement that was reviewed and updated by the centre manager on an ongoing basis. It had been approved by Tusla Child Safeguarding Statement Compliance Unit (CSSCU). The statement was available in the staff office and staff were aware of it in interview and further, were aware of their role as mandated persons. The director of services was the organisation's designated liaison person and the centre manager had delegated responsibilities.

The director of operations had scheduled dates for when the staff team were to be made aware of the updated changes in the safeguarding and child protection policy. Given the recent changes in reporting child protection allegations and concerns, the inspectors recommend that the current procedure for reporting this is included in this training piece. The organisation provided child protection training every two years. The most newly recruited staff were scheduled to attend the training in November 2019.

The centres induction manual included a comprehensive section on child protection that included: the types of abuse, the steps to take if a young person made an allegation of abuse about a colleague, if a young person disclosed information about another young person, described how a child protection concern is recorded and to whom it is notified and how to safeguard young people on a daily basis.

It was found from the review of a sample of personnel files that an e-learning certificate was not on file for one member. The inspectors recommend that the centre manager rectifies this.

### **3.7.3 Practices that did not meet the required standard**

None identified.

### **3.7.2 Practices that met the required standard in some respect only**

None identified.



### 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**

The centre had a policy on education that outlined the centres commitment to supporting young people attending education and those that were experiencing difficulties in attending education. The inspectors found that staff placed value on the importance of education for the young people and were actively addressing the educations goals for each young person. This was evident from the review of young people's daily plans, placement plans, aftercare plans, progress reports and staff interviews. At the time of the inspection one young person who had recently moved to the centre had commenced a placement with Youthreach. Staff were found to have been actively exploring suitable educational, training and employment opportunities for the other two young people both whom were over 18 years of age. An aftercare worker for one young person informed the inspectors that staff were very supportive in encouraging the young person to engage in an educational placement.

#### **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**

Each young person had access to a general practitioner and medical cards were held on file. Two of the young people had attended medicals assessments with general practitioners upon admission. The third young person for whom there were no

recorded health concerns had attended one during their last placement and in the weeks prior to moving to the centre.

Immunisation records were on file for two young people and there was evidence of efforts being made by staff in obtaining the records from the third young person's social worker. The records indicated that the young people had attended dental services or were scheduled to attend same. Detailed health records were on file for the young person under 18 years of age.

The young people were not on medication at the time of the inspection. Letters from general practitioners were on file for two young people outlined the over the counter medication that the young people could take. As per policy the young people were not permitted to hold any medication in their apartments. The centre's medication cabinet was securely located in the staff office. The centre's administration of medication policy was recently updated. It was found from the staff training record that a good proportion of the staff team had attended the Safe Administration of Medication Management (SAMM) training in August 2019.

The young people's health needs were outlined in their care plan, aftercare plans, placement plans. Health goals were set monthly and there was evidence of them being tracked and recorded when they were met. Depending on the levels of engagement by the young people the completion of health goals differed amongst the young people. There was evidence of the staff team being resourceful and flexible in their approach in trying to engage with the young people. It was clear to the inspectors from interviews and the review of keyworking and individual work that staff provided appropriate health education sessions in areas such as smoking cessation, substance misuse and sex education. For professional support the centre manager had also accessed drug support services for advice and guidance. The young people were also encouraged to attend drug support services on an ongoing basis.

### **3.9.2 Practices that met the required standard in some respect only**

None identified.

### **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).***

## 4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies to Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>The centre manager must seek young people’s views of their placement experience when completing end of placement reports and use learning from the evidence based data to inform quality care practices.</p> <p>Senior management must ensure that the model of care sections in the various recording systems within the centre and organisation are utilised in full and evidences how it informs care practices implemented for the young people.</p>	<p>As part of the discharge process, case managers and key workers will ensure exit interviews with young people are carried out and their voices are reflected in the end of placement reports. The centre will complete a team debrief following all discharges from the centre and apply the learning to inform future care practice. Practice implemented October 2019.</p> <p>The regional manager, centre manager and the centre’s model of care leader will ensure that recording systems are being utilised and evidences how it informs care practices. Keyworkers are scheduled to complete placement planning training on the 15/1/20 to ensure appropriate child centred placement planning is evident within the centre with a specific focus on the utilisation and application of the</p>	<p>The centre manager will oversee the work of case managers and keyworkers to ensure that the voices of young people voice are sought and included in end of placement reports and use any learning derived from this process to inform future care practices.</p> <p>The model of care is subject to ongoing review namely the development of training materials and enhancing current training. The focus is on the application and utilisation of the model of care in the organisation and in turn the centre. This will take place from December 2019 and will include model of care workshops, report writing training, utilising the role of the centre’s model of care leader and</p>

	<p>The centre manager must ensure that all personnel files include a copy of the relevant qualification on file and that it is verified with the awarding college.</p> <p>The centre manager must follow up on the matter of a third reference for one staff and ensure that appropriate references are secured.</p> <p>Senior management must actively address the issue of high staff turnover within the centre and devise a staff retention plan immediately.</p>	<p>model of care in our practice, documentation and recording.</p> <p>A copy of the relevant qualification has been secured and verified with the awarding college. Completed 14.10.19</p> <p>The centre manager has followed up and has secured an appropriate third reference for the staff member in question. Completed on 17.10.19</p> <p>Senior management in conjunction with the quality assurance department is addressing ways to better engage and consult with staff members for example one-to-one meetings, check-ins and supervision to focus on areas such as career progression and development. The organisation in a process of implementing</p>	<p>reviewing the use of the regional model of care meetings. Senior management will oversee the development and implementation of this process.</p> <p>From 11/11/19 the organisation's HR department will take full responsibility for the completion and verification of all elements of staff personal files as per HR personnel file checklist. This will be subject to periodic review by senior management and the quality assurance dept.</p> <p>Inclusive of the above response to action 3 the centralisation of all personnel files will facilitate the effective compilation and management of personnel files.</p> <p>Staff retention is actively being addressed by senior management within the organisation which has included to date the reenacting of the organisational led consultation process. In addition to current staff benefits maternity benefit will be introduced from 01/01/2020. Other</p>
--	---	---	--

	<p>The centre manager must produce formal written supervision records in a timely manner and ensure that the centre’s model of care that informs care planning for the young people is discussed in the sessions.</p>	<p>benefits to support staff retention including introducing maternity benefit from 01/01/20.</p> <p>Staff supervisions are up to date and in line with policy, missing written records have been completed in full as of the 15.10.19. The centre manager will ensure that the centre’s model of care is linked to care planning discussions in future supervision sessions. Practice implemented October 2019.</p>	<p>benefits are subject to on-going review and improvement as appropriate.</p> <p>The newly appointed regional manager will support the centre manager in providing and maintaining an effective supervision schedule and ensure that it includes informed discussions in respect of the model of care feeding into care practice and placement planning. This will be audited by quality assurance dept. and senior management team. The recent appointment of a compliance officer will assist centre and senior management in ensuring that supervision is occurring in line with company policy.</p>
--	---	--	--