



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 118

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Harmony Residential Care
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	10th, 11th, 12th and 13th March 2025
Registration Status:	Registered from the 09th September 2022 to the 09th September 2025
Inspection Team:	Cora Kelly Lorraine Egan
Date Report Issued:	30th April 2025

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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 09th of September 2016. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from the 9th of September 2022 to the 9th of September 2025. The ownership of the company had changed since the last ACIMS inspection, and the new registered provider was the named CEO since July 2024.

The centre was registered as a multi-occupancy service to provide medium to long term residential care for four young people aged 13 to 17 upon admission. The centre had changed their model of care and were implementing the Welltree model. The Welltree model focused on the development of healthy relationships that challenged and supported young people without judging them. 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: Child-centred Care and Support	1.5
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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 the CEO, senior management and staff, three allocated social workers and a parent. 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.

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 2nd of April 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 14th of April 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 118 without attached conditions from the 9th of September 2022 to the 9th of September 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 9: Access Arrangements

Theme 1: Child-centred Care and Support

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

In line with the '*policy on contact with family*' the inspectors found good evidence of staff promoting and facilitating the various family contact arrangements in place for the children living in the centre. Staff were supporting them in developing and maintaining their contact with family members, friends and other significant people in their lives. It was evident too, that staff were respectful of the children's wishes with respect to the type of contact the children wanted with family members. There was evidence of the children being supported by staff where family dynamics were difficult for them. It was clear from speaking with a parent of one of the children that they felt supported by staff in the centre. They spoke positively of the access arrangements in place, of the weekly updates they received about their child, and they valued that their views were sought about the care their child was receiving. The child's allocated social worker spoke positively too of the good relationship staff had with the parent and them. Two further social workers were satisfied with the contact arrangements in place for their children allocated to them.

Family contact arrangements in place were discussed at child in care reviews (CICRs) and it was evident that staff implemented plans and actions that arose from the meetings. Where required the children were supported to have contact with and spend time with siblings. Details of family contact were recorded in the individual weekly report compiled by staff about the children. Individual family records were not maintained on the children's care files. The inspectors suggest that individual records are kept to ensure that all elements of a family contact between the centre and family member is kept, for example dates and time, purpose of contact, decisions made, follow up etc.

Inspectors found from records and observation in the centre that that children spend a lot of time in their rooms and do not engage in activities or other many hobbies outside the house. Records and plans did not demonstrate that the staff were actively

including this in placement planning or key working. There was a lack of plans or interventions to engage with the children due to the lack of a good understanding of their complex needs and how to respond appropriately to encourage them to engage. There was a general lack of engagement by the children preferring to spend a lot of time in their bedrooms.

For two of the children there was evidence of their birthdays being celebrated. This had not yet occurred for the two other children whose birthday had not yet occurred during their placement to date. The young people had appropriate access to a telephone, televisions, and the internet.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 9
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.5
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

None identified.

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

Theme 3: Safe Care and Support

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

The centre had the required child safeguarding structures in place to guide staff in safeguarding children. The inspectors identified that improvement was required in how these were being implemented and monitored to ensure safe practices were in place on an ongoing basis notably by the DLP and senior management to ensure that they are complying with their assigned regulatory and statutory responsibilities. The

centres child safeguarding policy was last updated in November 2024 by senior management within the organisation with the '*mandated persons roles and responsibilities*' section of the policy the subject of that update. The inspectors found that while, generally the policy complied with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the relevant legislation but that some amendments are required relating to the policy on 'recognising, responding to and reporting child protection or welfare concerns' and the policy on 'allegations of abuse against team members concerning young people'. Procedures for cyber bullying, online safety/ social media were not included in the policy. As similar deficits had been identified during a previous ACIMS inspection of the centre the inspectors suggest that an external review of the child safeguarding policy is undertaken to ensure it aligns fully with Children First and relevant legislation. Staff in interview demonstrated a lack of knowledge of reporting procedures and the whistleblowing policy. The anti-bullying policy was found to include procedures for responding to instances of bullying. In interview, the centre manager stated that bullying was not a prevalent feature in the centre, nor did the inspectors find this over the course of the inspection.

A Child Safeguarding Statement (CSS) was in place and there was evidence of an up-to-date list of mandated persons being maintained as required. In interview the centre manager stated that they were the appointed Designated Liaison Person (DLP) for the centre, however they were not the designated DLP on the CSS. Staff in interview did not identify the centre manager as the DLP. Seven staff had up-to-date Children First training that was provided internally by the organisation and a date for refresher training was scheduled for June 2025 where another staff was scheduled to attend. On their review of the centres training record the inspectors identified two further staff whose training had expired in February 2025 and were not scheduled to attend the training. There was an additional mandatory requirement that all staff complete a Tusla E-Learning modules: Introduction to Children First, 2017. Certificates of this training piece were viewed by the inspectors for a sample of the staff team. All ten staff had completed the Tusla E-Learning module: Children First: Mandated Person role and responsibilities training.

As part of their DLP role the centre manager was responsible for maintaining the centre's child protection and welfare register. On their review of the register, the inspectors found it was not up to date as a number of child protection and welfare reports (CPWR's) that had been reported to Tusla through the online portal system were not recorded on the child protection and welfare register or the notification of significant events register. They found that details reported in some CPWR's were

not followed up or recorded appropriately. Lastly, on review of three CPWRF's submitted to Tusla the inspectors question the staffs understanding on what meets the threshold of abuse as outlined in Children First. Procedures for responding to protection concerns that did not meet the threshold to report to Tusla were not found in the centres '*recognising, responding to and reporting child protection or welfare concerns*' policy. Child protection was not a standing agenda item at team meetings, nor did the inspectors see any element of it being discussed at internal management meetings or team meetings on their review of a sample of relevant records. There was evidence of the centre responding to concerns that had arisen in the centre with part of the response having included the placing of internal sensors in the hallway where the children's bedroom were located and staff conducting some follow up work with the children. In interview with the regional manager, they did not see the necessity of having such sensors installed as a safeguarding measure where four children with significant trauma and complex needs resided.

During the inspectors' review of each child's statutory care plan, placement plan and key working records they found that there was a lack of focus placed on identifying, promoting and protecting the children's key vulnerabilities and self-care and protection needs. In interview, staff struggled to name the key vulnerabilities for each of the four children. Some individual safeguards were in place but there was a lack of appropriate individual risk assessments or other specific plans to address areas of vulnerabilities and to assist the children in developing self-care and protection skills.

Clinical input that was provided by the organisation to support staff in responding to the children's presenting needs and behaviours ceased in September 2024. It was evident to the inspectors that the lack of clinical support was affecting staff's ability to respond to the children's specific self-care behaviours and presentations in a therapeutic manner. For two of the children the clinical team was a named intervention to support staff in managing their identified risks, but this support was not currently been provided. There was a deficit too in these specific pieces being discussed at statutory meetings and being subject of the centres placement planning process. The chief executive officer (CEO) informed the inspectors in interview of their ongoing plan in recruiting a full-time clinical psychologist to the organisation.

There was evidence that staff worked in partnership with allocated social workers and families where deemed appropriate or through an agreed process to promote the safety and well-being of the children. A parent in interview spoke positively of how their child was being cared for but that their continued phone use was a struggle and an ongoing safety concern for them in the centre and out in the community. Whilst the allocated social worker, parent and centre were collaborating on the issue, the

child's use of their phone was an ongoing safety concern that required immediate robust management in conjunction with the child and this was not been addressed as a priority by the centre. Two further allocated social workers informed the inspectors in interview that the children they were allocated to had either formed or were continuing to form good relationships with staff who they felt were focused on promoting their safety and wellbeing. Two children wrote in their inspection questionnaire that they felt safe in the centre and that they could talk to adults in the house if they felt unsafe. A third child stated they were not happy with the care and supports they were provided which included not feeling safe in the house and that they were not helped to keep safe outside of the house. Their parent felt that their child was safe in the centre which the allocated social worker concurred with too.

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

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

Actions required

- Senior management must ensure that the centre is operating in line with and complying with the relevant policies as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015.
- The centre manager must ensure that staff in the centre have up to date children's first training to include procedures referred to in the organisation's child safeguarding policy and that staff have a good awareness and understanding of all aspects of the child safeguarding policy.
- The centre manager must ensure that reporting procedures comply with policy and have more robust oversight and management of safeguarding procedures.
- The centre manager, as DLP, must review all CPWRF's submitted and existing child protection and welfare concerns to ensure that concerns identified are followed up for tracking and learning purposes.

- The centre manager must respond to the child who had reported to feeling unsafe in the centre and assure themselves that staff practices are focused on promoting and protecting the care and welfare of the children.
- Through statutory and centre care planning the centre manager must ensure each child's vulnerabilities, and skills required for self-care and protection are identified with appropriate safeguards developed and recorded in each child care file.

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 ownership of the organisation had changed since the last ACIMS inspection in April 2024, and the new registered provider was the named CEO since July 2024. There had been a change in centre manager since the last ACIMS inspection too with the deputy manager at that time being successful in their interview for the centre manager position in September 2024. The centre manager, as the person in charge, had the relevant experience as per the memo but required further training in management and leadership to fully comply and to be supported in their role. The registered provider informed ACIMS during the inspection process that the centre manager was enrolled in a management course that they were beginning soon.

The centre manager was present in the centre Monday to Friday working normal office hours. The internal management structure was appropriate to the size and purpose and function of the centre. The centre manager was supported by four full-time social care leaders and six social care workers, four who were employed on a full-time basis and two part-time. There was a deputy manager vacancy with recruitment for this position ongoing. The previous deputy manager had stepped down from the position three months following their appointment. The deputy manager vacancy was an additional challenge that was placing further pressure on the centre manager is managing a busy centre caring for four children each of whom had their own complex needs. At the time of writing this report the head of care and operations informed the inspectors that a current social care leader who was offered

the deputy manager role following interview had accepted the role and are due to commence the role on the 31st of March 2025. They will be the appointed person to step up in the centres managers absence. A current social care worker had been identified to progress to the social care leader post from the 8th of April 2025 with recruitment ongoing for the vacant social worker position. In addition to recruiting a clinical psychologist the CEO advised the inspectors that they were recruiting a chief operations officer to support the governance structure of the organisation.

It was evident to the inspectors that the centre manager required additional professional assistance to assist them in developing further their management and leadership abilities and to be better supported by senior management in their governance role in the centre. Their oversight of the operational running of the centre and management of care practices required improvement in addition to enhancing a renewed culture of learning. The inspectors found there was a lack of oversight across centre records and registers, the children's placement plans, key working undertaken with the children not connected to the individual placement plans and statutory care plans and other needs presented by the children. On review of a sample of team meetings records the inspectors found that more emphasis was required on reviewing work practices to inform learning and improvements of practices and achieve better outcomes for children. The standing agenda did not include typical items for discussion aimed at improvement for example the area of child safeguarding, policies and procedure review, significant events, complaints, audits, and behaviour management.

The centre manager was provided with regular supervision and ad hoc one-to one meetings by the regional manager as their line manager. They also visited the centre regularly. There was evidence of centre practices and the care of the individual children being reviewed and monitored at the monthly held regional centre management team meetings also called governance audits. The meetings were learning and action focused with goals set, tracked and followed up. The centre manager was assigned to complete audits on a monthly basis; however, they were not completing the task due to time constraints and deficit in deputy support. There was evidence external audits been conducted by the quality assurance team and an annual review of compliance was undertaken the week prior to this inspection. The findings from this inspection that related to this standard and standard 3.1 were not identified by the quality assurance team as part of that review.

The suite of policies and procedures were last reviewed in September 2024 by the head of quality, risk and practice. The centre managers method of informing staff of

updates included directing staff to read any updated policies and to sign a document stating they had complied with the direction. As mentioned above the inspectors did not evidence any policy and procedures updates being reviewed or discussed at team meetings. The centres training record accounted for mandatory and supplementary training. On review of the record the inspectors found that there was significant time frames for when staff are provided with mandatory training for example a social care leader was scheduled to attend behaviour management training 11 months after they started working in the centre. Lengthy delays were also found for other mandatory training pieces.

Procedures for the identification, assessment, management, and ongoing review of risk were included in the centre's policy on risk assessment and safety management planning framework. The centre manager held responsibility for maintaining the centre risk register and young people risk register and ensuring risk assessments and risk management plans were completed, reviewed, and updated when required and that the staff team was familiar with these. On review of a sample of individual risk assessments the inspectors determined that risk assessment practices required review and improvement to ensure that actual risks are being identified and that practices are not focused on potential or unknown risks which was the case from the review of the supporting plans. The risk assessment and management plans were very complex with numerous control measures and interventions, and it was not clear to the inspectors when and where they are discussed and reviewed.

The centres service level agreement with Tusla was updated in August 2024 to reflect the new ownership of the organisation.

The management delegation of tasks record did not include all tasks and roles individual staff members had been assigned by the centre manager. The inspectors recommend that this is revised once the revised staffing structure is in place.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 5.2

Actions required

- The registered provider must ensure that effective leadership, governance and management arrangements are implemented in the centre and that these are focused on learning, improving and compliance with governing policies and procedures and legislation.
- Senior management must support the centre manager in developing a culture of learning to inform improvements in practices and the delivery of quality and safe practices.
- The centre manager must ensure that staff are provided with mandatory training in a timely manner.
- The centre manager must ensure that robust risk management processes are in place, that these are clear and specific to actual risks presented by children.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
3	<p>Senior management must ensure that the centre is operating in line with and complying with the relevant policies as outlined in 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 staff in the centre have up to date children's first training to include procedures referred to in the organisation's child safeguarding policy and that staff have a good awareness and understanding of all aspects of the child safeguarding policy.</p>	<p>On 25.03.25 the Head of Quality Risk and Practice (HQRP) updated the child safeguarding policy to ensure compliance with the relevant policies as outlined in Children's First National Guidelines. An appropriate CSS is in place a copy of which has been provided to the inspectors.</p> <p>Outstanding training has been scheduled for 11.06.25. On the 03.04.25 the updated policy was discussed at the team meeting led by the centre manager to ensure understanding of same. Including, the role of the DLP and the reasonable grounds of concern for CPWRFS were discussed.</p>	<p>The HQRP has sourced an external source to further review the child safeguarding policy. This will be completed by end of May 2025</p> <p>The centre manager will ensure the training needs analysis is up to date on an ongoing basis. The regional manager will review the training needs analysis within the monthly governance meetings to ensure any deficits in training are addressed.</p> <p>The centre manager will conduct policy reviews within the team in team meetings and will ensure that the safeguarding</p>

	<p>The centre manager must ensure that reporting procedures comply with policy and have more robust oversight and management of safeguarding procedures.</p>	<p>07.04.25 the Centre manager reviewed all reported CPWRF's, and the outcome of this review was shared and discussed at the team meeting 03.04.25 with all staff to create collective learning and threshold for reporting CPWRFS. Following a meeting on the 03.04.25 the team identified a need to record their rationale when reporting CPWRFS and ensure they discuss same with their team on shift when child protection concerns arise to ensure the correct reporting system is followed and open discussions are had to create a learning environment.</p>	<p>policy is reviewed with the team at six monthly intervals or sooner where deficits are identified in terms of knowledge. The quality assurance team will conduct themed audits throughout the year in line with the audit schedule and will assess teams' knowledge of the safeguarding policy within same.</p> <p>The regional manager will review the CPWRF register within the monthly governance audits to ensure they are maintained. CPWRFS will be discussed monthly in internal management meetings, team meetings, governance review meetings to promote collective learning and development to create a more robust oversight and management. The centre manager has created an online calendar as of 01.04.25 which alerts SCM for CPWRF escalation or updates in line with policies of the centre.</p>
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	<p>The centre manager, as DLP, must review all CPWRF's submitted and existing child protection and welfare concerns to ensure that concerns identified are followed up for tracking and learning purposes.</p> <p>The centre manager must respond to the child who had reported to feeling unsafe in the centre and assure themselves that staff practices are focused on promoting and protecting the care and welfare of the children.</p> <p>Through statutory and centre care planning the centre manager must ensure each child's vulnerabilities, and skills required for self-care and protection are identified with appropriate safeguards developed and recorded in each child care file.</p>	<p>07.04.25 The centre manager reviewed all reported CPWRF's, and the outcome of this review was shared and discussed at the team meeting 03.04.25 with all staff to create collective learning and threshold for reporting CPWRFS.</p> <p>The centre manager met with the child on the 11.03.25 via key working session to discuss the concerns of them not feeling safe in the centre. The child could not identify why they felt this way. Follow up key working session took place led by the staff team 06.04.25 to discuss feelings of safety and security in the centre and how best the team can support them to feel safe and secure.</p> <p>On the 09.04.25 the centre manager requested an MDT meeting to take place with each child's social work department to discuss each child's vulnerabilities and what supports are available to the team to support and protect the children in placement. This meeting will take place by</p>	<p>Within the monthly governance meetings the regional manager will review, with the centre manager open CPWRF's and support the centre manager in implementing the escalation policy and to promote learning on same.</p> <p>The centre manager in line with their weekly review of centre documents, will ensure that the team are promoting the care and welfare of the children. Additionally, the plans for care of the children will be discussed at team meetings.</p> <p>The centre manager will meet with each child every three months to discuss their placement and ensure plans are in place, so they feel safe and secure. The quality assurance team will conduct themed audits throughout the year in line with the audit schedule and will assess staff practices in</p>
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		<p>25.04.25. The team will implement plans and ensure this is clearly outlined in the children's files. On the 08.04.25 the full staff team completed training relevant to the needs of the children.</p> <p>The centre manager will conduct a full review of all practice documents for each child in the centre to ensure their care files contain appropriate guidance in relation to safeguards. This will be completed by 30.04.25</p>	<p>relation the care and welfare of the children. Within the monthly governance meetings, the regional manager and centre manager will discuss the need for additional supports based on presenting needs will be discussed and any additional needs identified will be implemented. The regional manager will conduct bi-monthly quality governance reviews of the childcare records in place to ensure appropriate safeguards are developed and recorded alongside ensuring that case management captures the above.</p> <p>During CRA meetings the centre manager and regional manager will ensure that a full discussion takes place regarding specific vulnerabilities. Following this individualised risk assessments will be developed in conjunction the SWD to ensure appropriate safeguarding measures are developed and recorded.</p>
5	The registered provider must ensure that effective leadership, governance and management arrangements are implemented in the centre and that	A deputy manager was appointed on 31.03.25 and on 01.04.24 the centre manager was enrolled in a 'Leadership and Management in Social Care' course to	The regional manager will conduct bi-monthly quality governance reviews which include review of the team meetings to ensure there is a focus on learning and

	<p>these are focused on learning, improving and compliance with governing policies and procedures and legislation.</p>	<p>ensure governance and management arrangements within the centre in line with current requirements. On the 11.03.25 the regional manager and head of care implemented a centre risk assessment focusing on development and learning for the internal management team in a structured format. The centre manager will implement the updated team meeting agenda which focuses on shared learning and compliance across all areas. This will be in place within April team meetings.</p>	<p>development in areas of policies and procedures as well as childcare practices.</p>
	<p>Senior management must support the centre manager in developing a culture of learning to inform improvements in practices and the delivery of quality and safe practices.</p>	<p>The regional manager has implemented a planned scheduled of monthly 1:1 support session's commencing April '25, these will be reviewed after 6 months. These sessions are separate to supervision. The focus will be on the development and learning to inform improvements in practices and the delivery of quality and safe practices.</p>	<p>Shared learning sessions will take place quarterly lead by the senior management team to promote ongoing learning in terms of practice and quality. The regional manager conducts monthly governance review meetings with the centre management team to ensure effective delivery of quality and safe practices are consistent.</p>
	<p>The centre manager must ensure that staff are provided with mandatory</p>	<p>On 04.03.25 the centre manager reviewed and scheduled any outstanding team</p>	<p>The recruitment manager will ensure at induction that all new team members are</p>

	<p>training in a timely manner.</p>	<p>members for mandatory training that has expired or soon to expire.</p>	<p>booked for mandatory training and that in the event that there is a delay in the next available training on the yearly training scheduled that additional training dates are sourced. The centre manager will ensure that the training schedule is reviewed for refreshers as required through the review of the training tracker every month, regional manager will oversee the training needs analysis within the monthly governance meeting's and escalate any deficits to the recruitment manager.</p>
	<p>The centre manager must ensure that robust risk management processes are in place, that these are clear and specific to actual risks presented by children.</p>	<p>On the 15.04.25 the regional manager and centre manager will conduct a full review of all current risk assessments to ensure that all processes in place are clear and specific to the actual presenting risks. Following the internal review the centre manager will share the findings and learning from this review with the staff team. This will be completed by 25.04.25</p>	<p>Within the bi-monthly quality governance audits the regional manager will review the quality of the risk assessments in place and ensure that they contain clear and specific guidance in place for the risks.</p>