



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 121

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Terra Glen Residential Care Services
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	21st & 22nd June 2022
Registration Status:	Registered from 21st October 2022 to 21st October 2025
Inspection Team:	Lisa Tobin Lorraine Egan
Date Report Issued:	03/11/2022

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 21st October 2016. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 21st October 2019 to 21st October 2022.

The centre was registered as a multi-occupancy service. It aimed to provide accommodation for three young people of both genders from age thirteen to seventeen on admission. Their model of care was described as a pro-social modelling approach implemented by staff through a relationship based and attachment theory informed framework. There were three children 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	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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 and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make. This was a blended inspection carried out onsite through a review of documentation and a centre manager interview. MS teams interviews/telephone calls with staff, social workers, guardian ad litem and family were conducted remotely.

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 29th September 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 11th October 2022. 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: 121 without attached conditions from the 21st October 2022 to 21st October 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found different ways in which young people's voices were listened to including young people's weekly meetings, attendance at their child in care review, completing key working and through utilising the complaints process. One young person informed inspectors they were aware of who they could speak to if they had a concern or complaint however stated that feedback/updates or outcomes were not given promptly for complaints or from requests from the young people meetings. Inspectors reviewed a sample of minutes for the young people's meetings which included an agenda for both staff and the young people. These sample documents showed that feedback was provided on a particular date however didn't state if the young people were happy with the response. Inspectors also noted in recent team meeting minutes, that a staff member was now nominated to give feedback each week to the young people about issues that had been brought up at the young people's meetings.

Inspectors noted that the young people were informed of the complaints process on their admission and given a booklet which outlined their rights. Inspectors saw key working completed with a resident informing them of the complaints system and that the staff supported the young people with this process should they need it. Parents and guardians were made aware of the complaints process through an information leaflet. There was a complaints policy in place which outlined formal and informal (non-notified) complaints. During interview staff were aware of the process for formal complaints but some staff didn't know the process for non-notified complaints or where they were recorded. Inspectors saw that the complaints policy was discussed at the team meeting in March 2022. This required review with the team to ensure their knowledge of the policy and procedures for complaints. Social workers and a guardian ad litem informed inspectors they were made aware of the complaints made to date in the centre.

The young people were informed of external agencies available to them such as Empowering Young People in Care (EPIC), Ombudsman for Children (OCO) and Tusla's complaints portal "Tell Us". Some staff did not know these external agencies when asked during interview but were aware of their roles in supporting the young people when making a complaint.

Complaints were recorded, managed and reviewed by centre management, the director of operations and investigated by Tusla on one occasion. Inspectors reviewed the complaints register which had gaps from August 2021 to March 2022. This was picked up on an audit by the director of operations in January 2022 and work was completed with the young people arounds the complaints process and how staff support them. Inspectors found the tracking of complaints required review due to dates/references not matching, the status of the complaint not being clear as to whether they were notified or non-notified and if they were opened or closed. The process for capturing outcomes and feedback from young people also required improvement as inspectors did not see clear evidence of this captured in the paperwork.

Inspectors spoke with one young person about the complaints processes in the centre and were informed that the young person felt this process didn't work well for them as they didn't feel heard. The young person gave inspectors a list of ongoing issues that had been brought to the attention of the management and this young person stated they were awaiting feedback on these issues. The young person felt that their complaints were not being responded to as readily as their peers. Inspectors found that complaints forms had not been completed in their entirety. In response to the expressed unhappiness with how the complaints process was managed, the centre contacted social workers, a guardian ad litem and Empowering Young People in Care (EPIC) and asked their opinions and all were satisfied with the centre's process. The young person then chose not to make complaints for a period of time. The centre staff were able to identify learning outcomes from the complaints process where the staff stated they needed to ensure they received all accurate information before determining it was a complaint. Inspectors saw that complaints were reviewed at team meetings and at manager meetings. However, inspectors would recommend that as part of reviewing the complaints processes, management must ensure that there was a child centred approach to the complaints process. The team need to review how young people were a part of the process in particular for receiving feedback and ensuring the relevant documentation was fully completed.

Inspectors discussed the complaints process with the staff during interview. Three of those interviewed stated there was a complaint made against them by a young person. When asked by inspectors the content of the complaint and child protection concern, one staff member wasn't very aware of the content and was not able to inform the inspectors if they had reviewed the code of conduct or lone working policy. Another staff member told inspectors they were informed a report had been made and sent to the social worker but had received no other feedback from management. All staff members interviewed were aware that they were to work 2:1 with the young person in question as per risk assessment drawn up. Inspectors did not see any evidence of what work/learning outcome/review had taken place with any of the staff members where a complaint was made against them. Inspectors were informed by management that conversations occurred with the staff members in relation to the complaints made but that there was no written evidence of this seen by inspectors. The centre management must ensure that all safeguarding/policy measures were taken on board relating to complaints, and that relevant process were followed when a complaint was made about a staff member. All individuals involved in the complaints must be updated on its status as per centre policy.

Compliance with regulations	
Regulation met	Regulation 16 Regulation 17
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure young people are provided with feedback/updates of decisions made from the young people's meetings and from any complaints in a timely manner. The feedback/updates given must be documented on the corresponding paperwork.
- The registered proprietor and the centre manager must ensure that staff review and are aware of the complaints policy and procedure.
- The centre manager and director of operations must ensure staff are aware of the independent advocacy services available to the young people should they need to access them.

- The centre manager and the director of operations must ensure that the complaints register is reviewed, the relevant information is available to show the status of the complaint and that the outcome and feedback from the young people must be captured in the complaints register.
- The director of operations and centre manager must ensure there is a child centred response in the complaints process and evidence of work completed with staff whom the complaint was against as part of the process.

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.

There were organisational policies and procedures in place around safeguarding and child protection in place which outlined both the preventative and procedural measures undertaken by the organisation. This included processes when recruiting staff, inducting staff and ensuring any allegations or concerns of abuse were responded to appropriately. During interviews throughout the inspection process, a young person, a parent and a guardian ad litem all expressed concerns for how safeguarding incidents were responded to. The young person and parent expressed ongoing concern for safety in the centre given recent incidents that had occurred. Inspectors were informed that in some circumstances the young person felt they were being treated differently to their new peer resident with respect to responses around incidents. Inspectors saw complaints from two young people about the new residents' behaviours which they stated impacted their safety and wellbeing.

A pre-inspection audit completed by the director of operations showed several issues relating to safeguarding and child protection that required action. Inspectors were provided with a training schedule which outlined the safeguarding and child protection training undertaken by staff, however it identified three staff had not completed this training which was not in line with the centre's child safeguarding policy. One staff member required Children First E-learning module: Introduction to Children First training and seven staff had completed Children First E-learning module the week prior to inspection. During interviews with staff, inspectors found that some staff were not aware of the procedure for reporting a mandated concern to

the Tusla portal, staff didn't know where the child safeguarding statement was or what risks were identified in it. Some staff struggled to identify policies relating to the safeguarding of young people. The organisational policies and procedures in place regarding safeguarding and child protection require review with the team due to the lack of knowledge in several areas identified above.

There was a bullying policy in place and when inspectors asked staff during interview, some felt that bullying was an issue for two young people but that it was an isolated incident at the time. Inspectors saw from documentation that there was conflict between two young people, some of which resulted in incidents. Risk assessments were put in place for both young people, along with scheduled daily planners to avoid further conflict. Staff were present to supervise when both young people were in the centre together and bullying hadn't been an issue since.

The safety and well-being of the young people was discussed regularly at team meetings and through placement planning, individual crisis support plans (ICSPs), behavioural support plans (BSPs) and individual absent management plans (IAMPs). However, there were continuing issues being raised for each young person around their safety and well-being. Some young people were refusing to attend the support interventions in place or they had already ceased involvement with specific specialist services. Social workers were informed regularly of the placement plan goals and sent relevant paperwork. Updates were also received by phone and email. Individual risk assessments were put in place for each young person, reviewed at team meetings and updated as required. Staff identified areas of vulnerability for each young person and stated risk assessments and supports were put in place when needed. Some parents stated they were informed of incidents or allegations when they occurred. One parent stated they didn't receive any information about their child regarding updates, incidents, child protection welfare report forms and had previously requested reports to be sent so they could be translated. Inspectors did see call logs to this parent however the parent informed inspectors that with the language barrier, the parent didn't understand fully what was being said.

The child protection welfare report form (CPWRF) register showed that the 10 entries on file were opened from November 2021 to June 2022. None had been closed since November 2021. Inspectors found it difficult to track as some reference numbers were inaccurate. Some of the recent CPWRF's related to allegations of assault by staff against the young people. A lone working risk assessment was drawn up for each young person and 2:1 staffing in place for those staff with an allegation made against them. The organisational policies around allegations against a staff member outlined

that the Tusla response superseded the organisational response to investigate an allegation against staff. Both Tusla and centre investigations can occur simultaneously, however the centre investigation cannot conclude until the Tusla investigation was also completed. The centre management must ensure that allegations against staff were responded to efficiently to ensure the ongoing safety of the young people in the centre in line with Children First: National Guidance of the Protection and Welfare of Children (2017). Inspectors did not find any evidence of work or an investigation completed with staff where an allegation had been made against them. One young person and staff informed inspectors that the feedback they had received around the status of CPWRF's was minimal.

One young person had not resided in the centre since late May as the family felt it was not safe for the young person to return based on the number of allegations made about the staff and the concerns they had about the actions of another young person in the centre. The young person remained on the centre register and there were discussions between the centre, family and social work to seek a transfer within the organisation. While speaking with this parent, inspectors were informed that there had been no issues/concerns around safety up until May and this parent felt their child's needs had been met by the team prior to this.

There was a protected disclosures policy in place and inspectors saw it was discussed at a team meeting in April 2022. Staff were aware of the policy when interviewed, however when asked if they had used it, stated no. One staff member informed inspectors of speaking with an ex-colleague whom they felt shouted too much at the young people and asked them to take a break and spoke with them about their tone/expression needing to change. The staff member stated they noticed the ex-colleague's approach changed. When asked if this was reported to line management, the staff member initially said no and later said they couldn't remember. Inspectors asked senior management if they were aware of this and they weren't, which was not in line with centre policy for reporting staff conduct issues. Senior management informed inspectors after the fact that a code of behaviour policy was in the process of being developed.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure all staff have completed Children First E-learning module: Introduction to Children First training online and child protection training within the organisation.
- The director of operations and centre manager must ensure that safeguarding and child protection policies are reviewed with the team.
- The director of operations and the centre manager must ensure they work with the young people's parents informing them of their child's care in particular of any incidents or allegations that occur.
- The registered provider must ensure that child protection and safeguarding policies are in line with Children's First: National Guidance of the Protection and Welfare of Children (2017) in particular when there is an allegation made about a staff member.
- The director of operations and centre manager must review the protected disclosures policy with the team ensuring staff are aware of their responsibility to report any concerns of the safety and welfare of the young people.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

The health and development needs of the young people was discussed in their placement planning. All young people attended regular doctor, optical and dental appointments as needed, and they all had a medical card. There were currently no up to date care plans on file for any of the children in placement however, there were centre minutes on file from the child in care reviews that had taken place. Inspectors noted email correspondence to social workers requesting up to date care plans to be

sent to the centre. For one young person, there was a request for care plans from August 2021 and February 2022. This issue was escalated to the director of operations as the care plans weren't sent when requested.

Medical information was provided prior to admission for the young people. Some outstanding information was required for a new young person around vaccinations. Specialist services were in place for young people linking with a psychologist, play therapist and other specific services addressing their issues. Each young person had a general practitioner, and one was waiting to transfer to a local practice. Staff worked with the social workers and families in accessing specialist services.

Specialist training had been provided for the team in assisting them with best understanding certain diversity among the young people. Further training was planned for the team around specific issues one young person was addressing.

One young person had some new medical issues that were being addressed by the hospital and a dietician. Further medical tests were also planned. A nurse gave some training to the team around managing these new issues. The parent of this young person expressed concern about their child's health and well-being and how it was being managed by the centre. Inspectors found that there was a plan in place around contacting emergency services if or when the young person had a seizure, however staff stated they had no specific training completed around managing seizures. Exercise was identified by medical professionals as a need to help manage ongoing health issues for the young person. Inspectors saw that gym membership was a goal on the placement plan and other documents, however the young person stated they had not yet joined a gym but had been offered to go on a pay as you go option.

There was a medication management policy in place and 11 out of 13 staff were trained in safe administration of medication. One staff member required first aid training. Inspectors reviewed medication audits from April and May 2022 in which the actions hadn't been completed. Inspectors reviewed medication documentation from October and November 2021 which was not clearly recorded. More recent medication documents were sent to inspectors with certain parts crossed out, signatures missing, and forms filled incorrectly. The staff must review the policy around medication management to ensure the medication documents are completed correctly.

Compliance with regulations	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The registered proprietor must ensure that all staff receive the relevant training required for first aid and for the safe administration of medication.
- The centre manager must review the medication management policy with the staff to ensure the medication documents are completed correctly.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure young people are provided with feedback/updates of decisions made from the young people's meetings and from any complaints in a timely manner. The feedback/updates given must be documented on the corresponding paperwork.</p> <p>The registered proprietor and the centre manager must ensure that staff review and are aware of the complaints policy and procedure.</p>	<p>Both the residents' meetings and complaint documents have sections now included in the forms that will record the young person's voice on the outcome of the residents meeting action plans and with the outcome / findings of the complaint.</p> <p>On the 23rd of August 2022, the centre staff team received training in the complaints policy and procedure.</p> <p>A Check and Challenge complaints exam has been developed in which the team will complete by the 7th of October that is placed on their employee file. The centre manager</p>	<p>Senior management, during monthly audits, will ensure that the young people in the centre are receiving appropriate feedback on resident meetings / complaints. This will be monitored by reviewing the documentation on file and by speaking to the young people in the centre to see if they are receiving feedback and are satisfied with the outcomes / decisions made.</p> <p>Senior Management, will ensure the team continue to understand the complaints policies by reviewing;</p> <ul style="list-style-type: none"> ➤ the young persons complaints during monthly audits to ensure they are having been appropriately recorded and acted upon,

		will ensure that the complaints policy is reviewed regularly in the team meetings.	<ul style="list-style-type: none"> ➤ By speaking directly to the team members about the complaint's policy / procedure to ensure they understand the procedures ➤ Attend team meetings regularly to ensure that the complaints are being discussed, including the outcomes and ensuring that the complaints policy is being reviewed.
	The centre manager and director of operations must ensure staff are aware of the independent advocacy services available to the young people should they need to access them.	Centre Manager & Director of Quality Assurance will complete an educational piece with the team on 19 th October during the team meeting regarding independent advocacy services available to the young people.	Senior Management will ensure that the staff team are informed of the external advocacy services by; <ul style="list-style-type: none"> ➤ Asking the staff team regularly during monthly audits when in the centre, ➤ Asking during monthly attendance at team meetings,
	The centre manager and the director of operations must ensure that the complaints register is reviewed, the relevant information is available to	The current complaints register in the centre is the HSE Complaints Register. A new centre register will be in place from the 10 th of October that indicates the status	Senior Management will ensure that the new complaints register is in place across the organisation from the 10 th of October 2022. Director of Operations will audit the

	<p>show the status of the complaint and that the outcome and feedback from the young people must be captured in the complaints register.</p> <p>The director of operations and centre manager must ensure there is a child centred response in the complaints process and evidence of work completed with staff whom the complaint was against as part of the process.</p>	<p>of the complaint, outcome, and feedback from the young person.</p> <p>The training provided to the team on the 23rd of August outlined the importance of providing a child centred response to complaints and is also included in the check & challenge document. All complaints will continue be discussed and reviewed at the fortnightly team meetings. The new Staff Review Complaint form will be completed with the employee whom a complaint has been made against and will be filed in their staff files. This is to illustrate the discussions had with the employee whom a complaint was made about.</p>	<p>new complaints register during monthly centre audits.</p> <p>Senior Management will ensure the following;</p> <ul style="list-style-type: none"> ➤ Discussions with young people during monthly visits to the centre to inquire about the outcome of their complaint and how they felt it was managed with them. ➤ Review all complaints on file and the responses provides to the young people to ensure it was delivered in a child centred manner. ➤ Review the ‘Staff Review Complaint Form’ on file for any employees whom a complaint has been made against to ensure all discussions / follow ups are being appropriately recorded, as part of the investigation process.
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<p>3</p>	<p>The registered provider must ensure all staff have completed Children's First E-learning module: Introduction to Children First training online and child protection training within the organisation.</p> <p>The director of operations and centre manager must ensure that safeguarding and child protection policies are reviewed with the team.</p>	<p>All staff have completed the online Children's First E Learning training and all staff, except for one, has completed the child protection training. One staff member is booked onto child protection training on the 22.11.2022. Centre manager will ensure to complete the monthly review of the training audits to ensure all staff have up to date training.</p> <p>The Child Protection Trainer completed a refresher in child protection training on the 23rd of August and reviewed the safeguarding and child protection policies with the team. Centre Manager and Director of Operations will continue to review the safeguarding and child protection policies with the team in the team meetings. The team have completed a child protection & safeguarding check & challenge exam that is on their employee files and is also being reviewed with them in their supervisions.</p>	<p>Senior Management will review the monthly training audits and will ensure all staff have up to date training. Director of Operations will book any staff requiring training into the required training courses.</p> <p>Senior Management will ensure;</p> <ul style="list-style-type: none"> ➤ Employees have a full understanding of the child protection & safeguarding policies by asking the team members questions while in the centre on a monthly basis. ➤ Will review the employees check and challenge exam answers and the supervisions reviewing the policies. ➤ Director of Operations continuing to attend team meetings and discussing / reviewing the
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	<p>The director of operations and the centre manager must ensure they work with the young people's parents informing them of their child's care in particular of any incidents or allegations that occur.</p> <p>The registered provider must ensure that child protection and safeguarding policies are in line with Children's First: National Guidance of the Protection and Welfare of Children (2017) in particular when there is an allegation made about a staff member.</p>	<p>All Young Persons parents are notified of significant events and allegations. The centres weekly contact form for the young persons parents have been updated to ensure that any SENs / allegations that have arisen during the week are discussed with the parents. The CPWRF checklists also indicate whether parents have been updated of the allegations / concerns arisen.</p> <p>The organisations child protection & safeguarding policies are in line with Children's First when there is an allegation made about a staff member. A CPWRF Staff Safeguarding Review Form has been implemented within the centre, that is completed by centre manager and senior management following an allegation being made against an employee. This is to</p>	<p>safeguarding policies with the team.</p> <p>Senior Management will review the weekly contacts and the CPWRF checklists to ensure that parents are being updated on a regular basis of any concerns that arise for their child.</p> <p>Half yearly parent feedback forms will also be provided to the parents which will include their opinions on the level of contact they have with the centre and level of information they are being provided with regarding their child.</p> <p>Senior management have completed a full review of the organisations child protection and safeguarding policy and procedures to ensure that they are in line with Children's First.</p> <p>Senior management will ensure that the CPWRF Staff Review Form is completed for the employee if an allegation of abuse has been made about them, to ensure all</p>
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	<p>The director of operations and centre manager must review the protected disclosures policy with the team ensuring staff are aware of their responsibility to report any concerns of the safety and welfare of the young people.</p>	<p>ensure that all safeguarding measures are being reviewed and implemented to ensure the safety of all young people within the centre.</p> <p>The Protected Disclosures Policy will be reviewed with the staff team during their team meeting in October and the team will complete a check and challenge exam to ensure they are aware of the policy. Centre Manager will ensure to review the policy with the team in their staff supervision as well to ensure that they have a full understanding and awareness of the policy.</p>	<p>safeguarding measures are in place and are evident on file.</p> <p>Senior Management will ensure the following;</p> <ul style="list-style-type: none"> ➤ That the staff team have a good understanding of the protected disclosures policy by asking them questions about the policy when on site monthly. ➤ Will review the check and challenge exams on the employees' files to ensure they have been completed and staff have an understanding. ➤ Will attend team meetings and ensure the review of the policy is being completed with the staff team on a regular basis.
4	<p>The registered proprietor must ensure that all staff receive the relevant training required for first aid and for the safe administration of medication.</p>	<p>All staff are fully trained in Emergency First Aid. All staff, except for two, are trained in medication management. The training will occur in December 2022.</p>	<p>Senior management will continue to ensure all employees are booked into the appropriate training. Mandatory trainings continue to be booked throughout the year.</p>

	<p>The centre manager must review the medication management policy with the staff to ensure the medication documents are completed correctly.</p>	<p>Until the employees are trained in medication management, a risk assessment will remain on file, and they are not permitted to administer medication to the young people in the centre.</p> <p>The Medication Management Policy will be reviewed with the team during the team meeting in October to ensure that the medication documents are completed correctly.</p> <p>Centre Manager will have weekly oversight of the medication folder to ensure that the medication documents are being completed correctly.</p>	<p>Senior management will attend the team meeting to ensure that the team have a good understanding of the medication policy.</p> <p>Senior management will review the medication folder on a monthly basis to ensure that the documents are being completed correctly.</p>
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