



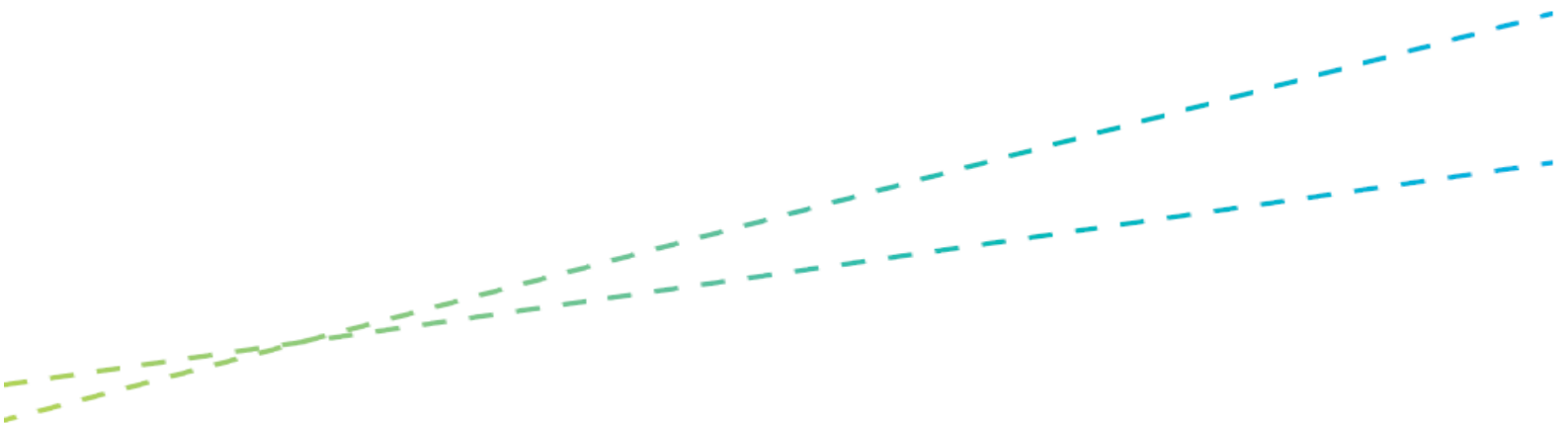
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 132

Year: 2018

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

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	18th and 19th October 2018
Registration Status:	Registered from the 20th November 2017 to 20th November 2020
Inspection Team:	Paschal McMahon
Date Report Issued:	18th January 2019

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1. Foreword

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

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

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

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

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

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

Registrations are granted by on-going 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 on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in November 2017. At the time of this inspection the centre were in their first registration and were in year one of the cycle. This was the centre's second inspection. The centre was registered without conditions attached from the 20th of November 2107 to the 20th of November 2020. The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. At the time of the inspection there were three young people in the centre.

The centre's model of care was described as STEM (Systemic Therapeutic Engagement Model). STEM aims to provide a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions. STEM aims to draw on a number of complementary philosophies and approaches including Circle of Courage, Response Abilities Pathways, Therapeutic Crisis Intervention and Daily Life Events.

The inspector examined standards 2 'management and staffing', 4 'childrens rights', 6 'care of young people' and 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres (2001). This inspection was announced and took place on the 18th and 19th October 2018.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) The director of services
 - c) The director of quality assurance
 - d) The acting regional manager
 - e) Other professionals e.g. General Practitioner's and therapists.

- ◆ An examination of the centre's files and recording process including but not limited to:
 - three young people's care files
 - staff personnel files
 - supervision records
 - training records
 - centre register
 - complaints register
 - staff team minutes
 - house meeting minutes
 - centre audit reports
 - key work records
 - sanction records

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The acting regional manager
 - c) Two care staff
 - d) Three young people
 - e) The lead inspector

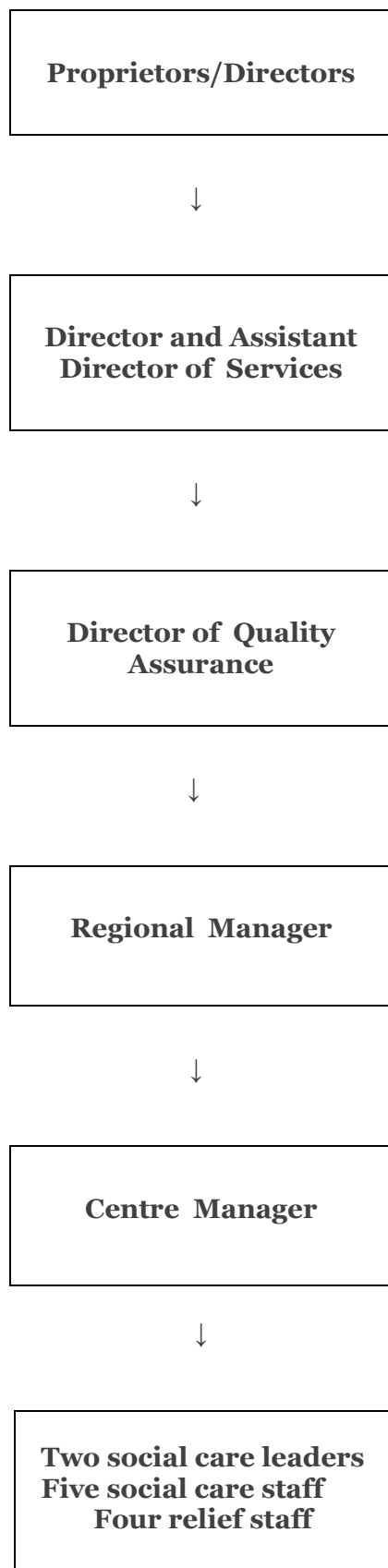
- f) Two social workers with responsibility for young people residing in the centre.

- ◆ 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 inspector 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 services and the relevant social work on the 20th December 2018. The centre provider was required to review the report for any factual inaccuracies and return it to the inspection service by the 3rd January 2019. The centre manager returned the report on the 4th December 2018 and a number of factual errors identified were corrected.

The findings of this report 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 register this centre, ID Number: 132 without conditions from the 20th of November 2017 to the 20th of November 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The centre manager was an appropriately qualified experienced social care professional. The manager was supported in their role by two social care leaders. The inspector found that the centre manager had systems in place to ensure suitable and appropriate operational practices were in place which included the supervision of the staff, daily interactions with the young people, observations of staff practices, attending staff meetings and reviewing records. The centre manager reported to and was supervised by an acting regional manager who oversaw the work of the centre as the external line manager. The regional manager reported to the director of services. The acting regional manager maintained daily telephone contact with the centre and was provided with weekly governance reports by the centre manager which were copied to all external line managers. The inspector viewed a sample of these audit reports which provided good evidence that the work of the centre was overseen and monitored on a regular basis.

There was evidence in interview and on file that the acting regional manager had visited the centre on a regular basis, was reviewing records, had attended some staffing meetings and was aware of the young people's needs and their presenting issues. The director of services had visited the centre on average on a monthly basis and there was evidence of oversight in centre records. The director had access to all reports that were created in the centre and attended management meetings and occasional team meetings.

There was an external significant event review group in place to review serious incidents that occurred in the centre. This group consisted of all centre managers in the region with the regional manager. They met monthly to review serious incidents that occurred in the centres. This group provided external oversight of significant

events identifying patterns of behaviour and learning opportunities for the staff teams.

External monitoring of the centre was also conducted by the organisations director of quality assurance who conducted internal audits and specific themed audits. The inspector was given copies of recent audit reports which covered all operational aspects of the centre including care practices. The audits offered feedback and critical analysis to the manager and team. Where deficits were found the manager was required to complete actions identified and these actions were recorded on the audit forms.

Register

The inspector found that the centre register was up to date and contained all relevant information as to the admission, discharge and destination of the young people. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The Inspector examined the significant event records, and was satisfied that the significant events affecting young people living in the centre were notified to the Child and Family Agency. Social workers interviewed by the inspector confirmed that they received written significant events reports and were notified promptly. Significant event reports were maintained on the individual care files and the centre maintained a log of all significant events.

Staffing

The inspector found there were adequate levels of staff to fulfil the centres purpose and function. The core staff team consisted of the centre manager, two social care leaders, and five social care workers along with a number of relief staff. There was a stable team in place at the time of inspection with a good mix of experience, all of whom were appropriately qualified. The placing social workers stated that staff were committed and the young people were well cared for in the centre.

There had been no staff changes to the permanent staff team since the previous inspection. A number of relief staff had been employed. The inspector carried out an audit of their personnel files and found that they had been appropriately vetted. There was evidence on file that newly recruited staff members undertook a structured induction process and this was confirmed by staff members that were interviewed.

Supervision and support

The inspector found that the centre's policy was to provide supervision to staff every four to six weeks. The centre manager supervises the full time staff and the two social care leaders supervise the relief staff. The manager receives formal supervision from the services acting regional manager who also offers informal support through regular phone contact and visits to the centre. The manager kept the supervision records in a secure locked cabinet. On reviewing a random selection of supervision files the inspector noted that staff had supervision contracts that set out the terms, expectations and arrangements for supervision. Staff interviewed in the course of the inspection confirmed that they were receiving supervision on a regular basis in accordance with the time frames outlined in the centre's supervision policy. The areas covered in supervision included staff practice, key working, placement planning, the centre's model of care and training.

The inspector found that that not all the supervision records reviewed referred to placement planning and the centre manager should ensure that this is evidenced in more detail in supervision records. The inspector found that team meetings were held fortnightly. There were a number of standing items on the agenda which included a discussion around each young person, the centres model of care, health and safety issues along with the young people's agenda. Minutes of these meetings showed that attendance was good overall, active participation was encouraged and the agenda was child-centred.

There was evidence that daily handovers were taking place using a structured format. The centre had a number of support mechanisms in place for staff including on-call support and debriefing following serious incidents.

Training and development

The manager provided the inspector with a record of staff training attended to date, including dates of attendance and when refresher training is required. The inspector found that all the full time staff had the required core training including behaviour management, child protection, first aid, and fire safety. The majority of the team had also had training in STEM (Systemic Therapeutic Engagement Model) the centres model of care. The inspector found that the staff interviewed were familiar with the core principles of the STEM model of care and were able to demonstrate its application in their work with the young people, which was also evidenced on files. Additional training provided to staff included alcohol and drug awareness, safe administration of medication, and report writing. Staff interviewed by the inspector stated that there were on-going opportunities for staff to attend further training and

conferences which were funded by the organisation. A review of training records for four relief staff members, two of whom had been recently recruited, showed that not all of them had the required core training. The inspector was provided with a schedule of training for these staff members post inspection.

Administrative files

The recording systems in place were well organised and maintained to facilitate effective management and accountability. There was good evidence of oversight and records were signed by the manager and external line management. The centre had arrangements in place for the archiving of files.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has 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 has 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

None identified.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

The three young people in interview confirmed to the inspector that they were consulted, and that their opinions and views were sought on decisions affecting their daily lives and future. The young people said they were very happy about the quality of care provided to them and spoke positively of the management and staff team.

There was good evidence on file that residents meetings were taking place. These meetings in many cases were held individually as meeting collectively proved difficult at times given the age range of the young people. A review of the house meeting records showed that young people's issues were being recorded along with feedback from the manager and staff team in response to issues raised. The inspector was satisfied from interviews with the young people that they were knowledgeable about their rights and responsibilities, and that the young people's rights were reflected in centre policies. The inspector found that the centre documented the voice of the young people in a number of documents reviewed including the young people's daily logs, house meeting minutes and the manager's weekly service and governance reports.

The young people informed the inspector that they were given written information on admission to the centre. Young people were encouraged to attend their statutory reviews and when they chose not to attend there was evidence on file that they had completed review forms and staff had advocated on their behalf. EPIC (Empowering People in Care), the children's advocacy group had visited the centre prior to the inspection and provided information for the young people in relation to their advocacy service.

3.4.2 Practices that met the required standard in some respect only

Complaints

The Inspector found that there was a written complaints policy and procedure in place. The policy distinguished between formal and informal complaints. Informal complaints were also referred to as “grievances” and the inspector advised management that this term should no longer be used going forward as it is more appropriately used in regards to industrial relations matters. The young people the inspector met with during the inspection were aware of their right to complain and demonstrated an awareness of the process in conversation with the inspector.

The centre maintained two registers, one for complaints and one for informal complaints/ grievances. One formal complaint had been made by a young person in the period under review. The inspector was satisfied that the complaint had been responded to appropriately and to the satisfaction of the young person.

The inspector reviewed the grievance log. The inspector found that the grievance form did not contain a section recording the centres responses and actions taken in regards to grievances raised by the young people and it was unclear to the inspector in some cases as to whether grievances had been resolved satisfactorily. In addition to this a number of grievances were recurring. For example, a number of young people had complained that the house was cold on a number of occasions. The inspector found evidence in a senior management themed audit report that this issue was identified and appropriate action taken to address the issue. However, there was no evidence of this action recorded in the grievance register. The centre must ensure that they record responses to informal complaints for tracking and monitoring purposes.

In interview staff and management were not all aware of the “Tell us” -TUSLA Feedback and Complaints policy. The centre should ensure that the young people are aware of the Tell us -TUSLA Feedback and Complaints policy 2016 and the centres complaints policy should be updated to include this.

Access to information

The centre has a written policy on young peoples’ access to their written information. The manager and staff stated that young people could access information contained in their logbooks and care files. There was no evidence on file of young people being offered their records and young people in interview confirmed that they had not seen them. The inspector requires that the centre manager ensures that access to information by young people is actively and consistently promoted and evidence that young people are being offered access to their records is kept on file.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- The centre manager should ensure that responses to informal complaints are recorded for tracking and monitoring purposes.
- The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence that young people are being offered access to their records.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The inspector found evidence that the centre manager and care staff were respectful of the importance of maintaining the young people's individuality within the group. The young people in the centre were provided with their own bedroom which they had decorated according to their own taste. The inspector found from speaking with the young people that they were encouraged to develop their individual interests and there was evidence of this on file. The inspector observed from the care files that birthday and festive celebrations were acknowledged.

The young people had their own key workers who focus on the individual needs identified in the young person's placement plan/care plan and each young person was discussed individually at team meetings. The inspector reviewed the key working files and found evidence of a lot of good quality key working sessions taking place with the young people, which was well recorded.

Provision of food and cooking facilities

The inspector observed that the young people had access to adequate amounts of nutritious and appetising food. The young people said that they had opportunities to participate in devising the menus for meals, accompanying staff on shopping trips and be involved in cooking. Young people had easy access to food and were encouraged by staff to maintain a healthy diet and lifestyle.

Race, culture, religion, gender and disability

The centre has a policy on recognising diversity. Young people were helped to understand the reasons for being in care and to deal with this in a way that does not adversely affect their social experiences. Staff recognised the importance of family in young people's lives and supported them in maintaining contact. Young people were afforded the opportunity to practice their religion of choice if they so choose.

Managing behaviour

There was a written policy in the centre regarding behaviour management. The inspector found clear evidence from interviews with the centre manager, care staff and social workers that positive relationship building was the foundation of the teams practice approach. All staff were trained in an approved model of behaviour management. There was also evidence in interviews with staff that the centre was using their model of care (STEM) which in practice encompasses a number of approaches and resources to predict and manage behaviour. Each young person had an individual crisis management plan on file which had been updated on a regular basis. These documents outlined high risk behaviours, possible triggers and detailed useful intervention strategies. There were practice guidelines in place for each young person along with individual risk assessments. Opportunity led work and daily routine is a key element also of the approach used by the centre and the inspector found that the team implemented this in practice with the young people.

The centre had a written policy on sanctions and sanctions were recorded and monitored by management. There was evidence from a review of sanction records on file that the centre were focussing on rewarding positive behaviour. Sanctions issued were age appropriate and there was evidence that sanctions issued were collective

decisions agreed as a team and not made by individual staff members. There was evidence that sanctions were reviewed by internal and external management.

Restraint

The centre has a policy on the use of physical restraint. All staff had received training in an approved model of physical restraint. There have been no incidents of physical restraint in the centre in the period under review.

Absence without authority

The centre has a written policy on absence without authority. Each young person had an absence management plan in place which had been developed in conjunction with their supervising social workers. There were a number of absences on file for one young person. The inspector found that these absences were managed well. The staff were aware of the Joint Garda and Tusla Child and Family Agency protocol on reporting young people missing from care and follow as necessary. Strategy meetings with all the relevant professionals had taken place in respect of this young person reviewing the strategies and interventions used to try and reduce the episodes of absences. At the time of inspection the inspector found that absence without authority was no longer a feature of this young person's care.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

None identified.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

Following the full implementation of the Children First Act 2015 in December 2017, Tusla requires that all organisations working with children and families and classed as 'relevant services' must have a child safeguarding statement in place. This is a written statement that specifies the service being provided and the principles and procedures to be observed to ensure, as far as practicable, that a child availing of the service is safe from harm. It also includes an assessment of risk of harm to a child while availing of a service and specifies the procedures in place to manage any identified risks. At the time of inspection the centre did not have a child safeguarding statement available for review. The manager and staff in interview had knowledge of the centres safeguarding and child protection policies but were not aware of the requirement to have a child safeguarding statement in place.

Post inspection the inspector received a child safeguarding statement from the centre which the registration and inspection service sent to the Tusla child safeguarding statement compliance unit (CSSCU) for review and to assess compliance with the legislation. Upon completion of this review the inspector requires that senior management must ensure that, the child safeguarding statement is readily available, circulated to all staff members and made available to parents and guardians in accordance with the requirements of the Children's Act 2015.

The inspector found through interviews that the centre manager and care staff team had an awareness of safeguarding practices. Care staff cited communication between care staff, the constant supervision of young people and their ability to question each other's practice and to bring issues of concern to management as good safeguarding practices. The centre had measures in place to monitor young people's movement at night with buzzers on young people's bedroom doors. The inspector recommends that this system is subject to routine checks.

Effective consideration was given to safeguarding when recruiting, vetting, inducting and supervising staff. The young people interviewed by the inspector said they felt safe and well cared for. They had access to make telephone calls and to meet with family and professionals in private and at the centre.

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.

The child safety statement submitted post inspection detailed how an allegation or disclosure of abuse or neglect is to be managed by the staff team. The statement was based on the Children First: National Guidance for the Protection and Welfare of Children 2017 and the Children First Act, 2015 and other relevant legislation. The inspector reviewed the statement and noted that it did not reference the updated child protection welfare form in use and the revised procedures for reporting child protection concerns and needs to be amended. The inspector also found that not all staff in interview and questionnaires were familiar with the updated child protection welfare form and the revised procedures for reporting child protection concerns. Centre management must ensure all staff are familiar with the revised procedures for reporting child protection concerns in line with the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017.

The inspector reviewed child protection notifications on file. The inspector was satisfied that the centre manager notified the social workers of child protection matters and they had since been brought to conclusion. The inspector found that some of the records were not easily accessible and recommended to the manager that all information is filed in chronological order including the actions taken and outcomes. The process for notifying the young person's family of a child protection concern is based on agreement between the allocated social worker and the manager. All staff had received training in Children's First and all permanent staff had completed the Tusla e learning child protection programme. As highlighted above the revised reporting procedures outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 needs to be revisited with the staff team.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Senior management must ensure that the centre's child safeguarding statement is readily available, circulated to all staff members and made available to parents and guardians in accordance with the requirements of the Children's Act 2015.
- Senior management must ensure all staff are familiar with the revised procedures for reporting child protection concerns in line with the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.4	<p>The centre manager should ensure that responses to informal complaints are recorded for tracking and monitoring purposes.</p> <p>The centre manager must ensure that access to information by young people is actively and consistently promoted and evidence that young people are being offered access to their records.</p>	<p>When an informal complaint is recorded we now ensure that the outcome section highlights that an individual work report has been completed with the young person to show the tracking process. This practice has been discussed in regional and team meetings and in individual staff supervisions.</p> <p>Young people are made aware on admission that they can access their information. Following the inspection it was discussed in a team meeting that staff must actively and consistently promote and evidence that young people are being offered access to their records.</p>	<p>Centre manager to oversee the grievance log and ensure individual work is completed with the young people and noted in the register.</p> <p>Centre manager to chair the team meeting and oversee the young people's meeting log and address with individual staff if subject matter is not addressed. It has become a monthly standing item in the young person's meeting.</p>

<p>3.7</p>	<p>Senior management must ensure that the centre's child safeguarding statement is readily available, circulated to all staff members and made available to parents and guardians in accordance with the requirements of the Children's Act 2015.</p> <p>Senior management must ensure all staff are familiar with the revised procedures for reporting child protection concerns in line with the requirements of the Children First: National Guidance for the Protection and Welfare of Children, 2017.</p>	<p>The one-page centre's child safeguarding statement was on the wall of the office for all to access. The revised full safeguarding statement will be made available to parents and guardians as part of the admission process to the centre. It is also available on the office notice board and in the policy folder as per guidance from the Tusla child safeguarding statement compliance unit. All staff will have read and signed the statement.</p> <p>This has been addressed by senior management and brought to a team meeting and will be addressed again in the next team meeting. It will also be part of individual staff supervision therefore a record will be on every staff file.</p>	<p>The child safeguarding statement can be added to the admission checklist and circulated to the relevant parties.</p> <p>Centre manager to complete all staff supervisions and go through the process to show clarity and understanding of the process.</p>
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