



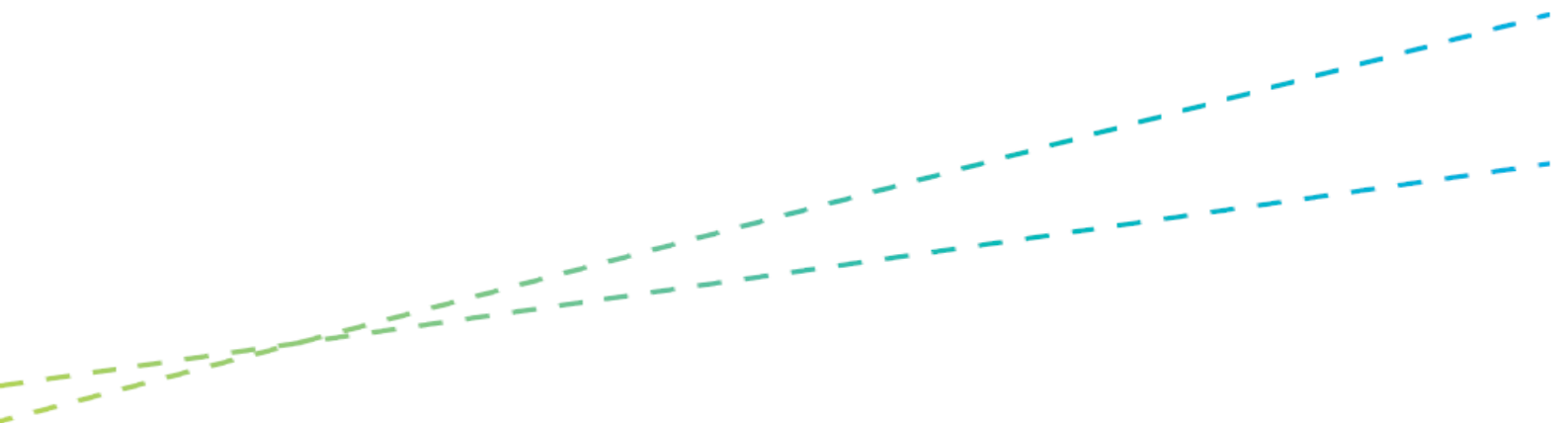
An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 137**

**Year: 2018**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Ashdale Care (Ireland)Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>8<sup>th</sup> and 9<sup>th</sup> November 2018</b>
<b>Registration Status:</b>	<b>Registered from 6<sup>th</sup> July 2018 to 6<sup>th</sup> July 2021</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> February 2019</b>

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# 1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

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

## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 6<sup>th</sup> July 2018. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered from the 6<sup>th</sup> July 2018 to the 6<sup>th</sup> July 2021.

The centre's purpose and function was to accommodate two young people aged between 11 to 15 years of age on admission. Their model of care was described as one that provides intensive therapeutic care and high levels of support for children and young people. They offer a person- centered therapeutic service based on emotional containment and positive reinforcement to assist young people to develop internal controls of behavior to promote resilience and responsibility.

The inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 8<sup>th</sup> and 9<sup>th</sup> November 2018.

## 1.2 Methodology

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

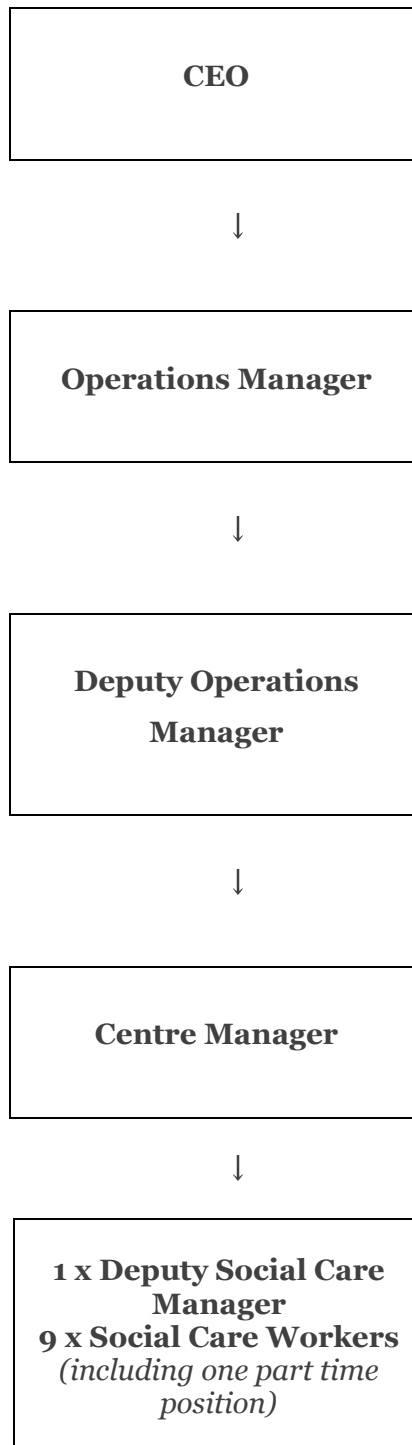
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) Nine of the care staff
  - b) The two young people residing in the centre
  - c) The CEO of the organisation
  - d) One placing social worker
  
- ◆ An examination of the centre's files and recording process.
  - Administration files
  - Care files
  - Management meeting records
  - Personnel files
  - Significant event notifications
  - Supervision records
  - Team meeting records
  - Centre registers
  - Training and development files
  
- ◆ 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 management
  - b) Deputy operations manager
  - c) Three staff members including deputy manager
  - d) The social workers with responsibility for the two young people residing in the centre
  - e) Two young people
  
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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



## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 18<sup>th</sup> December 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 24<sup>th</sup> January and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deems the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 137 without attached conditions from 6<sup>th</sup> July 2018 to 6<sup>th</sup> July 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

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

#### **3.2.1 Practices that met the required standard in full**

##### **Management**

There was a full time manager in place who had been in post for three months since the opening of the centre and held a recognised qualification in social care. They had experience of managing children’s residential centres within the service for three years prior to their current post and had a total of eleven years’ experience working in social care. The manager had responsibility for overseeing the day to day operation of the centre and was scheduled to work 9 a.m. to 5 p.m. Monday to Friday. There was a new deputy manager in place who had previously worked with the organisation for three years. The centre operated a weekly on-call arrangement, whereby both centre and service managers were available to staff for guidance relating to work issues. Inspectors noted that there was evidence to show regular oversight by the manager and deputy manager on centre documents, including care files, registers and young people’s house meetings. The centre manager also chaired handover meetings, team meetings and provided all of the staff supervision.

The centre manager reported directly to the deputy operations manager who visited the centre on a monthly basis. Inspectors noted the records of these visits and observed that they had reviewed centre files including log books, significant events and team meetings. They had attended handover meetings and had also offered written guidance to staff on some of the documents they had reviewed. Staff, through interview and completion of the questionnaires stated that they experienced a very supportive management structure that operated an open-door policy with good communication between staff and the management levels. The social workers for the young people placed at the centre, said that they were very satisfied with the management of the centre and the model of care used was very appropriate to meet the needs of the young people placed there. Inspectors saw evidence of strong support from the centre manager to the staff team in terms of guidance being provided by them at supervision and at handover meetings.

Inspectors reviewed a sample of the minutes of the management meetings which were held on a monthly basis. They were attended by centre and operations management and the items for general discussion included; rotas, therapeutic files, significant event notifications, probationary reviews, supervision, training, child safeguarding, sanctions and whistleblowing. There was evidence through the documentation that reviews were taking place of decisions actioned/not actioned from previous meetings along with email requests for responses on outstanding issues not completed. However, records did not reflect recordings of the direct link of some of these agenda items to the young people in the centre. Inspectors recommend that the minutes show how the information discussed is used to inform practice and service planning for both young people.

A new role of auditor had recently been put in place by the service and one unannounced visit had been conducted since the centre first opened. The timeframes for the audits were once every quarter. Inspectors reviewed the completed audit on file and observed that it pertained to standards 2 and 5 of the National Standards for Children's Residential Centres. It addressed issues for each young person including the contents of their files, impact risk assessments, care plans and placement plans, correspondence with social work departments and frequency of visits, strategy meetings and daily risk assessments. It listed the documents absent from the file and those that needed to be updated. A written report was submitted to the centre post audit which identified the areas for improvement, staff members responsible for each task, actions required with completion dates specified.

### **Register**

The centre register was reviewed by inspectors and found to be in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people admitted to the centre. There had been no discharges from the centre since it opened in July 2018. Inspectors saw evidence of oversight by external management. 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**

Significant events were recorded appropriately and entered into the centres dedicated significant event register. The lead inspector was satisfied that the significant events were being reported in a timely manner. Inspectors observed oversight by external management. When interviewed, the placing social workers stated that they received all significant events promptly and confirmed that they were satisfied with how incidents were notified and

managed. However, inspectors while observing the centre's registers noted that a complaint made by a young person was not notified as a significant event notification (SEN) or logged as an incident even though it had been forwarded to the young person's social worker for their attention. Inspectors recommend that centre management review their significant event notification policy to consider whether complaints constitute a significant event. The centre should ensure that they are adhering to their own process in this regard.

Significant event review group meetings were in place (SERG). However, the meetings were scheduled to take place only when requested by the centre manager or when the significant event review team deemed it necessary. They also took place if physical intervention is ever used with a young person. Senior managers, centre managers and service professionals attended this group. The centre manager stated that a process existed for providing feedback from this group to the staff team and inspectors observed evidence of this for one SEN. In this case, the minutes showed in-depth discussion and learning from the incident by the team. Feedback from the meeting was brought back to the staff team which subsequently generated an action plan in respect of the review.

### **Supervision and support**

The centre's supervision policy stated that supervision would be provided to all staff at a minimum of once per month. Supervision with the staff team was taking place within the stated policy timeframes. The manager was conducting all staff supervision at the time of inspection with a plan to transfer some of this role to the deputy manager in the immediate future. They stated that supervision will continue to be provided for new staff by them and will occur fortnightly for an initial three month period. Inspectors examined a sample of five supervision files and found that the content related to discussion on; individual placement planning, key working, missing child in care protocols, model of care and training. While the majority of contracts were in place, one had not been updated. There was also evidence of supplementary supervision taking place for some staff members in addition to formal sessions. The centre manager was supervised by a member of the specialist therapeutic team on a monthly basis. Inspectors reviewed a sample of supervision minutes and observed that they were occurring at regular intervals, however there was a deficit in detail recorded in this supervision template in respect of actions to be taken and outcomes associated with each discussion point. Inspectors recommend that centre management ensure that their supervision records reflect discussions and decisions regarding the planning of care for young people.

Team meetings were occurring twice monthly for the centre and eight had taken place since its opening. Mandatory attendance by staff was a requisite. Inspectors observed a sample of the minutes and they evidenced discussions on a combination of individual placement planning (IPP) and individual development plans (IDP's) each of which took place on alternative months. Some of the sections included; activities, education, family relationships, health, independent living skills, safety, emotional needs and preparation for leaving care. While the minutes did not include any discussion on training required, they did reflect a review of some of the organisation's policy and procedures. At interview, the centre manager stated that a section of the team meetings are on occasion dedicated to the organisation's specific therapeutic training. Some members of the senior management team also attended team meetings, however, their input was not notably recorded. Inspectors recommend that their contribution at these meetings is reflected in the minutes.

Inspectors attended a handover meeting and also reviewed minutes of previous meetings. Handover meetings took place daily with attendance from staff on shift. The previous days shift was discussed in detail along with plans for the coming shift for each of the young people. The handover meeting was child centred with strong guidance given on specific issues relating to the young people from the social care manager. The minutes observed by inspectors related to practical issues in respect of young people's appointments and petty cash. Staff had not recorded their full names in the handover book and inspectors recommend that they ensure that all names are noted in full.

### **Training and development**

From a review of a sample of the training files, inspectors observed that core training was provided in; therapeutic crisis intervention; Children First E-learning programme, first aid and fire safety. Child protection training was provided by an external agency and was designed to reflect the service's own policy and procedures. Additional relevant training was provided on a monthly basis to the staff team. This included the organisation's therapeutic programme based on their specific model of care along with a self-harm module.

The majority of core training was provided in-house by the service and was co-ordinated centrally which included staff being alerted to upcoming events in advance. Therapeutic crisis intervention training certs were not seen by inspectors on file but dates of the completion of the training was documented. At interview, the centre manager stated that all certs were kept off-site at head office.

### **Administrative files**

A number of the administrative files were reviewed by inspectors in the centre. Good practice was found in respect of easy access to records with good organisation that facilitated effective planning and accountability. Files were maintained and stored securely in line with the Freedom of Information Act 1997. There was evidence of periodic review by the centre manager and external management on centre registers and administrative files. There were adequate financial arrangements in place.

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

#### **Staffing**

The centre had a staff complement of one social care manager, one deputy manager and nine social care workers including one staff member on a part time rota. Each staff held a qualification in social care or equivalent. The team were newly established and the majority had a limited amount of experience working in children's residential centres with some staff having never worked with young people in this area before. This contributed to a deficit in balance of experienced to inexperienced staff to carry out their duties. However, there was good evidence to suggest that staff were being supported by management so that the impact on the care of the young people was not impacted in a negative way. Furthermore, inspectors did observe that an on-call system was in place to help mitigate against the team's inexperience. There was also a confidential counselling support service available to the staff team.

Along with this deficit in experience, the requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift was not in place.

When interviewed, both the manager and the deputy operations manager stated that a senior practitioner training course was currently being rolled out by the service over a twelve month period but there was no confirmation presently if trained staff would be placed in the centre so as to redress this balance. External and centre management, must address the requirement for the centre to aim to have at least one qualified staff member at social care leader level present on each shift. This is a priority given the significant complex needs of the young people living at the centre.

Inspectors reviewed a sample of personnel files and found that each staff member had up-to-date Garda vetting including police checks from other jurisdictions where necessary. Three references were also on staff files with each of them verbally verified along with a copy of qualifications with confirmation obtained from the college. There was evidence of staff

having completed induction training. Regional management stated at interview that induction training has being revised and was now of three weeks duration.

### **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**

- External management and centre management, as a matter of priority must address the requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift.



### **3.5 Planning for Children and Young People**

#### ***Standard***

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The centre has a capacity to accommodate two young people between the ages of eleven and fifteen years of age on admission. At the time of inspection, there were two young people living at the centre who were both over the age of thirteen that had been placed from outside this jurisdiction. The placement was in line with Article 56 (Brussels Bis II). One young person had already reached the age of sixteen by a number of months by the time they were placed at the centre, but the manager stated that this was a one-off and even though it meant the centre was operating outside their purpose and function for this particular admission, the service has no plans to alter this. The centre understood that they would need to apply for derogation if extending their upper age range for admittance.

The centre provided specialist services with access to a range of therapies and other interventions which included; art therapy, psychologist, activity and education based programmes. The social worker for one young person interviewed said that they were very satisfied that the placement was suitable. They said that the placement provided opportunity for on-going continuous therapy which was appropriate for the needs of the young person placed there by them. The allocated social worker for the second young person said that specific options were considered before admission but this was the best match for them at that time. Both young people interviewed said that they understood the reason for their placement and had been given information about the centre before they moved in.

A pre-admission collective risk assessment was conducted for both young people based on known information at that time. Allocated social workers were involved in the collaboration process which determined specific risks to be considered which could impact on each young person while living together in the centre. From this, suitable safety plans were implemented to safeguard all young people from abuse by their peers while on placement.

The pre-admission risk assessments reviewed by inspectors were found to be of a good quality. The social care manager stated that the centre was provided with adequate information on both young people in advance of their placement.

### **Statutory care planning and review**

There were up-to-date care plans and reviews on file for both young people. As the young people had been placed in the centre from another jurisdiction, their plans were completed using a format specific to their area of origin. Each social work department was observing the Child and Family Agency timeframe on care planning and reviews. The care plans were comprehensive and detailed outlining assessment of needs, recommendations, planned actions, desired outcomes with a note of people responsible, target dates for completion and schedules of family access arrangements. It also showed evidence of good collaboration between vested agencies on tasks to work towards in support of the plan. There was also evidence of consultation with ancillary professionals prior to the reviews. The young people also provided input to their plans and both were in attendance at the meetings along with their families. Dates were included for future reviews also.

The young people's placement planning document had recently been revised and was subsequently changed from the individual development plan format (IDP) to individual placement plans (IPP). The template addressed areas such as safety, emotional needs, health, education, family relationships, activities, independent living skills and preparation for leaving care. Placement plans were reviewed on a two monthly basis for each young person on an alternative basis and inspectors found that they were generally reflective of the actions and goals outlined in the care plans.

While actions' associated with each need were identified under a particular heading, a small number of them could benefit from being more specific in 'how' they would be achieved. Also, the plan stated 'staff team' with regards to responsibility for some of the tasks instead of adding a named person/s where more appropriate. Plans were left unsigned and not dated. Inspectors recommend that this is reviewed to address deficits.

Inspectors examined the key-working records and found that regular key working sessions were taking place for the young people. All schedules were reflected in calendar format so as to support the planning of sessions. Comprehensive key-working review documents were also present on file identifying the tasks completed and specifying any actions outstanding with plans outlined to address any deficits found. There was evidence that key-working sessions were both formal and opportunity led. They linked well to the goals that were

specific within the placement plans. One of the young people told inspectors that they get on well with their key worker and they get to do a lot of adventure activities that they liked together. Inspectors observed consistent oversight by the centre manager across the key-working files.

### **Contact with families**

Inspectors found that the centre had a strong emphasis on supporting consistent contact with parents, family and significant others through access arrangements. Family contact was prioritised within the care and placement plan and there was evidence of staff working alongside social work departments to ensure that family relationships were maintained or in some instances re-established with siblings where it had lapsed. Parents were invited to participate in care review meetings and informed of events in the young person's life. The staff team had also identified key people within the family circle to provide support for one young person when they left care to transition to independent living. The centre had suitable areas for young people to spend time with their family in private, if this was required.

### **Supervision and visiting of young people**

Inspectors saw evidence where social workers had visited the young people at the centre a number of times since placement began. However, visits logged in the visitor's book recorded only one each. Social workers when interviewed stated that the majority of meetings with the young people took place outside of the centre at alternative locations. There was also evidence on the young people's files of email and phone contact from placing social workers. Both social workers said that they had not read any care files when visiting the centre but this is something that they will aim to do in the future.

### **Social Work Role**

#### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

From reviewing the centre files and also through interview with management and staff, inspectors saw evidence of provision of sufficient background information about the young people. For one young person, a defined amount of information was on record as it was their

first time in a care placement. Collaborative work with social work departments and the centre was also present on files regarding specified goals from the child in care reviews. The social care manager stated that they met monthly with one of the young people's placing social workers to manage and plan for family access. As a consequence of this, they said improvements were evident with regards relationship building for the young person. Both social workers stated that there was good communication between the centre and themselves and they had a positive working relationship. They said that they have seen progression in the young people since their admission and they are satisfied that they are safe and well cared for by staff. One social worker said that that staff could be more aware of the triggers for one young person's difficulties but that they were getting to know them better as relationships were being built over time. Placing social workers said that they received all significant events promptly and one of the social workers stated that they met to review significant events with the service's collective management group. Inspectors observed on the care files contact between social workers and the centre in relation to feedback on significant events.

### **Emotional and specialist support**

While the staff team at the centre were inexperienced, inspectors observed through key-working reports, handover meetings and interviews that they displayed an awareness of the emotional and psychological needs of young people. The team was supported in meeting those needs by access for young people and their families to a number of specialist supports and services. The organisation had a clinical and therapeutic team in place that offered access to a psychologist, occupational therapy and art therapy. Inspectors saw evidence on care files of the young people attending some of these sessions in line with their individual placement plan. The young people were also linked to supports such as the child and adolescent mental health service (CAMHS) where appropriate.

The staff team at the centre were provided with clinical guidance and consultation at monthly meetings where there were opportunities for reviews to take place in relation to each young person. Guidance on interventions and practice was offered to staff at this forum. This is now social care led with key-workers presenting on the work completed. Key-working records demonstrated the work being done by the staff team to engage and build positive relationships with young people and care approaches and techniques used to meet basic needs.

### **Preparation for leaving care and aftercare**

One young person was at the age where they could have access to aftercare planning through the social work department from where they were placed. The young person was in the process of being transferred to the sixteen plus team. The placing social worker stated that a meeting is planned in relation to this transfer where risks would be identified and a plan implemented regarding the prospect of independent living. Support will be sought from family members with access provided to further resources and services where needed. This meeting is to happen imminently.

### **Discharges**

There had been no discharges from the centre since it opened in July 2018.

### **Children's case and care records**

From a review of the centre files, inspectors found the each young person had a permanent, private and secure record of their history and progress. Records were written to a good standard and care files contained all relevant information. Records showed that the young person's views were sought and recorded through care reviews, key-working and young people's meetings. There was consistent oversight across the care files by the centre manager and also by external management.

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

None identified

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

None identified

### **3.5.4 Regulation Based Requirements**

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

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>External management and centre management, as a matter of priority must address the requirement for the centre to aim to have at least one qualified staff member at social care leader level on each shift.</p>	<p>Centre management alongside the Operational Team will strive in our efforts to ensure that this compliment of staffing is attained. The organisation continues to support colleagues in their attaining of qualifications to meet the requirement for their role.</p> <p>The Senior Practitioner Programme for 2019 has been reopened within the organisation, with interviews being conducted in the second week in February 2019, and trainees will be in post by the end of February. It is envisaged that successful candidates will be affiliated to a home to begin their trainee programme.</p> <p>With the high level of interest already</p>	<p>Operations Management in conjunction with Home Managers will closely monitor the patterns of staffing in the home.</p>

		<p>indicated in the programme, it is very likely that each centre may have more than one trainee (senior shift team member) on the programme. The introduction of this role into the centre will undoubtedly help support having more qualified staff on each shift.</p> <p>The trainee program will run for 12 months and following this, permanent positions will be allocated.</p>	
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