



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 144

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Ashdale Care Ireland Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Announced
Date of inspection:	14th & 15th July 2021
Registration Status:	Registered from 13th November 2021 to 13th November 2024 with attached condition
Inspection Team:	Lorraine Egan Catherine Hanly
Date Report Issued:	16th November 2021

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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 Assurance 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 13th November 2018. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without conditions from the 13th November 2018 to the 13th November 2021.

The centre was registered to accommodate two children of both genders from eleven to seventeen years of age on admission. Their model of care was described as providing specialist residential care for young people with complex emotional and behavioural issues who could not be adequately cared for in mainstream residential settings. The centre aimed to provide a responsive, specialist service to meet the social, emotional, behavioural, therapeutic, health and educational needs of children. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.3
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

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 management interview. Telephone interviews with staff and social workers 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 11th August 2021. 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 30th August 2021. This was not deemed to be satisfactory, and the inspection service requested that a revised CAPA be submitted along with evidence of the issues addressed. An updated CAPA was received on the 10th September 2021. Centre management and proprietors were informed on the 23rd September of the decision by the Committee to propose to attach a condition to the centre's registration. The centre management or proprietors did not make any representations or appeal this decision. A new application for re-registration was submitted with changes to the age range from 11-17 years to 10-16 years on admission and the registered capacity for two young people to multi-occupancy. The amendment in age profile has been accepted and will be amended on the national register for children's residential centres, however at this time, the registered capacity will remain at two young people until the attached condition has been reviewed.

The findings of this report and assessment of the submitted CAPA deem the centre not 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: 144 with an attached condition from the 13th November 2021 to the 13th November 2024 pursuant to Part VIII, 1991 Child Care Act. The attached condition being that; there be no further admissions of a young person under 18 to this centre until the staff team comprises a minimum of 50% social care qualified staff and that the number, qualifications, experience and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs. The condition will be reviewed on or before the 21st January 2022.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of the inspection, the two children living in the centre had been placed there from social work departments outside the Republic of Ireland. Only one of the two children, had an up-to-date care plan on their file with child in care reviews taking place in line with statutory requirements. For the second child, who was living in the centre for over a year, their most recent review had been rescheduled and occurred outside the timeline required by the legislation governing the child's jurisdiction of origin. The updated care plan minutes from this review had not yet been forwarded to the centre and there was no evidence of correspondence between the centre and the social work department for requests of the meeting's record. Further, there were discrepancies on the child's file regarding the centre's correlative placement plans and the acting centre manager was unable to account for these care planning deficits. Both internal and external audits conducted by the service had not identified these oversights in a timely way and inspectors found that this negatively impacted the quality of care and support being provided to meet the child's specific needs and goals. Centre management must ensure that where a copy of a child's up-to-date care plan is not in place, requests are made for their provision from the social work department. Deficits in corresponding planning records on children's files should be identified and responded to in a timely way by the monitoring processes in place for the centre.

While regular individual placement plans (IPP) along with consistent reviews were in place for one child by their key worker based on the needs and goals as per their care plan, this was not the case for the second child. From a review of centre records, inspectors found that there were inconsistent goals, needs and preference documented on the child's care planning records which did not ensure continuity in

their care that was essential in meeting their specific goals and improving their outcomes. For example, there was no up-to-date placement plan on file for them and their IPP progress review document had been completed by centre staff in the absence of the minutes from the rescheduled child in care review meeting.

In addition, from the interviews conducted by inspectors there was an incongruence in what was stated by the child's social work team leader and the centre manager in relation to the child's long-term goals. This disparity was also reflected in the child's most recent IPP progress review. Centre management must ensure that an up-to-date placement plan is developed for all children in the centre that is based on their care plan. This should detail their needs and agreed goals and outline the supports required to ensure the best outcomes for them. Reviews should be taking place in accordance with the placement plan process.

In general, there was good evidence that children were encouraged to voice their preferences and be heard, however, it was not clear how children and parents participated in the centre's placement planning process and the system used for this input should be recorded on the children's files. Despite this, records did reflect individual session with children that were very child-friendly and addressed some specific areas of need. In addition, there was evidence that staff were responding to children's requests and suggestions and were making changes where appropriate to do so. There was very strong evidence of regular contact with children's families regarding updates on each child and this provided parents with opportunities to give input to daily care planning. As children in the centre chose not to attend their care plan review meetings, records showed that their voice was heard through key working sessions and centre management advocated on their behalf at meetings. One child also had an appointed guardian ad litem to represent their interests. The centre manager must ensure that input to placement plans from children and parents is clearly reflected in planning documents.

Inspectors found that there was very robust specialist input provided by the organisation's clinical team to meet the specific needs of the children placed there. This was in line with the centre's model of care. Consultation and direction from clinicians were discussed and considered by the staff team at team meetings where the clinicians provided input and the opinions, experience and contributions of the team were sought at these forums and recorded. In addition, a therapeutic plan which contained comprehensive guidance was outlined on the children's IPP by the psychologist, occupational therapist and art therapist. For one child, it was clear how the implementation of the targeted interventions and guidance from the therapeutic

plan was positively impacting their progress. For the second child, improvement was less evident, however, progress had been made where they had recently begun to re-engage with the internal specialist supports identified to meet their needs at their child in care review. Children were also facilitated to access external services appropriate to their individual goals and referrals had been made promptly by the centre manager in this regard.

There were recent changes to both supervising social workers for the two children living in the centre. In the interim period, the social work team leaders were holding these roles until replacements were allocated. Inspectors interviewed the social work team leaders and found that overall, there was effective consultation between the centre and the social work departments in relation to adherence to children's care planning. Network meetings were taking place monthly and the social work departments stated that they were very satisfied with the quality of the supports and therapeutic input and collaboration from the centre's clinical team. They said they had also received clear and comprehensive reports on the children's care from the centre manager. However, both social work team leaders highlighted how they believed that the high turnover of staff at the centre was impacting negatively on the continuity of care for the children and the adherence to their specific needs and goals. This aspect will be discussed further later in the report.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The premises were situated in the countryside and was very homely and welcoming for children. Some of the internal areas had recently been redecorated due to necessary repair and the communal areas were clean, well designed and maintained in good structural order. Pictures were hung on the walls and the rooms were bright and conducive to play and recreation. Children's toys and games were visible in different parts of the house along with their artwork and other resources in use for their individual sensory programmes.

Each child had their own bedroom with adequate bathroom facilities. The outdoor space was large, safe and well-kept and contained play spaces and equipment for each of the children to use. The centre was adequately lit, heated and ventilated. From the children's questionnaires, they indicated they were happy with the comfort and private space in the centre and did not recommend any changes.

Inspectors found that the centre complied with the requirements of fire safety legislation, building regulations and health and safety legislation. There was a fire register in place and there were daily and weekly safety inspections occurring along with safety audits being completed. Fire alarm maintenance inspections were conducted, and up-to-date certificates were on file. The most recent of these was dated the 25th March 2021. There were six fire extinguishers in total in the centre, two had been tested in March 2021 and the remainder were tested in July and September 2020. However, four of the extinguishers were stored in the office and the staff bedroom and were not in the locations they were required to be placed. Risk assessments had been completed regarding the decision to remove them for preventative purposes. This was as a result of recurring serious incidents taking place with children in the centre. There was an absence of a review date stated on the risk assessments and inspectors recommend that the centre manager ensures they are regularly monitored and updated.

There was an up-to-date site-specific safety statement and policy in place that was read and signed by all staff. Fire drills were being completed and included all new staff. Children also participated. Fire safety training had been provided to the staff team and the acting centre manager confirmed that it was in date for all staff including those newly recruited.

From a review of the property inspection reports, it was not always clear when the property's required repairs had been attended to as some of the recordings had not been fully completed on the log. However, all repairs and issues had been fully carried out by the time of the inspection in July 2021. Accident and incident reports were also maintained by the centre.

The centre's two vehicles were found to have been roadworthy, regularly serviced, taxed, insured, and being driven by staff who were legally licensed to drive. Monthly vehicle checks were in place, the most recent dated 13.7.21.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.3
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre management must ensure that where a copy of a child's up-to-date care plan is not in place, requests are made for their provision from the corresponding social work department.
- The director of care must ensure that deficits in care planning records on children's files should be identified and responded to in a timely way by the monitoring processes in place for the centre.
- Centre management must ensure that an up-to-date placement plan is developed for all children in the centre that is based on their care plan. This should detail their needs and agreed goals and outline the supports required to ensure the best outcomes for them. Reviews should be taking place in accordance with the placement plan process.
- The centre manager must ensure that input to placement plans from children and parents is clearly reflected in planning documents.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The internal and external management structure in place set out defined lines of authority and accountability in their governance arrangements in the centre. This was observed across records such as senior management meetings, team meetings, clinical meetings, professionals' meetings, progress reviews and attendance by the centre manager and regional manager at various forums. In addition, there was

oversight of centre files and consultation with social work departments, families and children. While centre and external audits were taking place, inspectors found that they had not been effective in identifying the deficits observed regarding one child's care planning records. The regional manager stated that this process required improvement, and this would be addressed by external management post inspection. Centre and external management must ensure that the monitoring systems are improved to support effective governance and accountability in the centre. Staff interviewed showed an awareness of their roles and responsibilities and each child had a keyworker assigned who delivered on certain actions that were established as part of children's placement planning. There was evidence that the staff team participated in reflective learning at placement plan reviews particularly in their consideration of the guidance provided by the centre's clinical team.

The current acting centre manager was the person in charge with overall accountability and responsibility for the delivery of service in the centre and was supported by a deputy and eleven social care workers. However, there had been three different centre managers and deputy managers since the previous inspection of 2019. In addition, there was evidence that this frequent change in leadership negatively impacted the children placed at the centre. This was noted (as referenced above) in the deficits in goal progression for one child regarding their care planning and placement plan reviews. It was also identified by both children's social work departments as an issue that contributed to an inconsistency in care provided to them in placement specifically regarding the building of trust and relationships with centre staff.

The centre had a service level agreement in place with Tusla and reports were submitted to the funding body providing evidence of compliance with relevant legislation and the national standards.

There was a policy group in place that had responsibility for the development, review and update of the organisation's policy and procedures. These had been updated in February 2020 in line with the National Standards for Children's Residential Centres, 2018 (HIQA). A full review of the suite of policies will be completed by the end of August 2021. The regional manager informed inspectors that these would be forwarded to the Alternative Care Inspection and Monitoring Service at this time.

The centre had a risk management system in place that identified, assessed and managed risk. The framework contained, impact risk assessments, daily risk assessments, management plans and individual crisis support plans. The strategies

developed to manage risk were detailed and practical and showed a very good understanding by the centre of the individual triggers for each child along with the strategies to prevent and manage the risks and safety concerns. There was a risk register in place, however it did not identify an ongoing risk that group-living posed for the two children being placed together. This had been reflected in the individual crisis support plans and inspectors recommend that this is reviewed and included in the register. Further, as referred to above, the turnover of staff was very high, and its impact was significant on the model of care being implemented with children in the centre. This should be identified in the risk register along with a management plan outlining the actions to be taken by internal and external management. Risk management was discussed at team meetings and management meetings.

The deputy manager provided alternative management cover during periods of leave by the acting centre manager. A record of tasks and responsibilities assigned was maintained in email records. There was no written record of any managerial duties delegated to other qualified members of the staff team and the centre manager must detail these responsibilities, to whom they are delegated, and any key decisions made.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Centre and external management must ensure that the monitoring systems are improved to support effective governance and accountability in the centre.
- The centre manager must ensure that any delegated responsibilities are detailed and include to who they have been delegated and any key decisions made.
- Centre and external management must ensure that the high rate of staff turnover in the centre is identified in the risk register along with a

management plan outlining the actions to be taken by internal and external management.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There were appropriate numbers of staff employed in the centre to meet the needs of the children. The staff team consisted of an acting centre manager, a deputy manager and eleven social care workers, two of whom were on reduced working hours and one on part time hours. Despite this, inspectors found that the acting centre manager did not meet the necessary requirement regarding their qualification and experience as per the staffing memo forwarded to providers. Inspectors were informed that they were in an acting capacity until their course of study in a social care related field was completed by them. However, at the time of the inspection, the acting centre manager was not currently completing the qualification on an on-going basis and their management experience did not meet the minimum standard.

Further, the social care worker on half time hours had not yet completed their social care studies course and over half of the staff team did not have a social care qualification. The majority held a range of qualifications in related fields of work only. Consequently, this did not meet the criteria as per the national standards or the minimum requirement from the staffing memo which outlines that at least fifty percent of all staff employed in the centre must be social care qualified. In addition, as noted above, there was a high turnover of staff since the previous inspection in 2019 and inspectors found that this created instability in the provision of child-centred and effective care for both children in placement. This concern was raised by the staff team and was identified on the psychology reports and by each child's social work team leader. Further, it was observed by inspectors on children's records where they said they felt sad when staff left and were no longer working with them. While half of the staff had vacated their posts because of promotional opportunities within the service, this aspect of workforce planning should be reviewed by the organisation. Inspectors found, along with the difficulty in the retention of staff, it was significantly impacting on the centre's ability to respond to children's needs in a way that is aligned to its model of care. The registered provider must ensure that the high turn-

over of staff in the centre is reviewed including the process of promotional opportunity and its impact on the delivery of safe and effective care to children. A plan should be put in place to promote a more stable team within the centre.

From a review of centre records, inspectors noted that some measures were recently being developed regarding staff retention. These included formal listening groups, getting feedback from staff by senior management, team building days, pay raises, sleep-in allowances, debriefing, access to support services such as the organisation's clinical psychologist, gym discount and a focus on self-care. Ongoing training and professional development opportunities for career advancement remained in operation and two of the centre staff team were senior practitioners in training and partaking in a dedicated programme of development.

There were formal on-call arrangements in place for evenings and weekends.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered provider must ensure that the centre regularly undertakes workforce planning that ensures that centre management and the staff team meet the requisite standard regarding qualifications and experience as per the staffing memo and the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA).
- The registered provider must ensure that the high turn-over of staff in the centre is reviewed including the process of promotional opportunity and its impact on the delivery of safe and effective care to children. A plan should be put in place to promote a more stable team within the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre management must ensure that where a copy of a child's up-to-date care plan is not in place, requests are made for their provision from the corresponding social work department.	With immediate effect. The centre manager will continue to ensure requests are made in writing for up-to-date Care Plans in a timely manner following Care Planning meetings.	Regional Manager will check all Care Plans are up to date when completing their monthly visit to the home. Any deficits in same will be discussed directly with the Home Management Team and an action plan clearly identified.
	The director of care must ensure that deficits in care planning records on children's files should be identified and responded to in a timely way by the monitoring processes in place for the centre.	The Director of Care & Quality has recognised as the organisation has expanded that the current Compliance Officer cannot ensure that all homes are audited in a timely manner. Until a second auditor has been recruited, the Director of Care & Quality alongside the Regional Team will ensure that priority is given to an audit being conducted re care planning records	Regional management will ensure that the Home Management team are consistent with their internal audits and any gaps that are found on records should be reported to Regional Management in a timely manner, will in turn instruct the Compliance Officer on a specific audit to ensure that follow up has been completed.
	Centre management must ensure that an up-to-date placement plan is	This is currently under review. Placement plans for the young people in the centre	Following this inspection, the Director of Care & Quality and The Regional team

	<p>developed for all children in the centre that is based on their care plan. This should detail their needs and agreed goals and outline the supports required to ensure the best outcomes for them. Reviews should be taking place in accordance with the placement plan process.</p> <p>The centre manager must ensure that input to placement plans from children and parents is clearly reflected in planning documents.</p>	<p>are being updated alongside Social Work departments at present. A review of the document is also being undertaken as to be operational by the 1.10.2021</p> <p>With immediate effect. All young people will be given the opportunity to input into their placement plans via work conducted with their keyworker and a record of this will be kept on the young person's file. Parents views will also be sought and documented either via the management and staff team or the Social Work department.</p> <p>In respect of the young people the Maps tool has been reintroduced to ensure the young person's voice is being reflected. This measure will be operational as an interim measure as the organisation is currently piloting an app which will encapsulate the voice of the young person.</p>	<p>reviewed the placement plan document and have noted the deficits in same. A full review of this document is being completed in conjunction with the Clinical Team and will be presented to the governance committee on the 30.9.2021 for ratification.</p> <p>Maps tool to remain in operation until the rollout of the pilot programme across the organisation. Parents/Carers feedback forms will be furnished either directly or via the Social Work departments so that parents are included in the process.</p>
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5	<p>Centre and external management must ensure that the monitoring systems are improved to support effective governance and accountability in the centre.</p> <p>The centre manager must ensure that any delegated responsibilities are detailed and include to who they have been delegated and any key decisions made.</p> <p>Centre and external management must ensure that the high rate of staff turnover in the centre is identified in</p>	<p>With immediate effect - Centre manager alongside regional management will ensure that a robust system of internal monitoring is implemented to support a cohesive care planning for each young person</p> <p>With immediate effect. Delegated responsibility from handover is recorded on the handover book, duties delegated, and decisions made. Outcomes and allocated duties from team meetings are also recorded on Team meeting minutes. Following this inspection, the regional management team devised a template which would capture delegated responsibilities, and this has been furnished to the management team for immediate use.</p> <p>With immediate effect, the risk register has been updated to reflect same. Centre management, and external management</p>	<p>The Director of Care & Quality has highlighted the need for a full review of auditing systems and resources at present. This has been escalated to Senior Management. All Directors are meeting the week beginning the 4.10.2021 to review strategies in respect of resources and what deficits are in place that require further resources.</p> <p>Regional management will ensure oversight on same via their monthly visits with the centre management and any updates required to this recording process will be discussed via Management Support Meetings.</p> <p>Recruitment and retention remain high on the agenda in respect of workforce planning meetings and weekly Senior</p>
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	the risk register along with a management plan outlining the actions to be taken by internal and external management.	including the HR Director have scheduled a management plan up until December 2021 outlining the actions to be taken internally and externally.	Management meetings. Ongoing review is taking place
6	<p>The registered provider must ensure that the centre regularly undertakes workforce planning that ensures that centre management and the staff team meet the requisite standard regarding qualifications and experience as per the staffing memo and the criteria outlined in the National Standards for Children's Residential Centres, 2018 (HIQA).</p> <p>The registered provider must ensure that the high turn-over of staff in the</p>	<p>Whilst we acknowledge that the current staff team are not meeting the standard regarding qualifications as outlined in the memo re social care qualifications, the team are all suitably qualified personnel in other disciplines. Monthly work force planning meetings are held by senior management in respect of staffing within the centre alongside regional management and the HR department. Centre manager has regular contact with HR department with regards to staffing to highlight the need for social care practitioners. To ensure consistency for the young people we have not changed the team, however with natural promotion and leavers, these staff will be replaced with staff qualified in social care.</p> <p>The HR Director and or a HR representative will participate in a weekly</p>	<p>The HR Director is to establish a recruitment working group to review the recruitment and assessment process with a view to reintroducing assessment days and ensuring that our selection process is fit for purpose in respect of recruitment qualified social care workers. As part of the monthly work force planning meeting the HR Director will review the number of social work qualified staff assigned to a home as per the memo referenced and this will aid as part of the strategy to ensure compliance.</p> <p>Ongoing review to take place via monthly work force planning meetings, weekly</p>

	<p>centre is reviewed including the process of promotional opportunity and its impact on the delivery of safe and effective care to children. A plan should be put in place to promote a more stable team within the centre.</p>	<p>meeting with the centre manager to discuss staffing concerns and any deficits arising with staff promotions which may affect this centre. A working force plan is already underway in respect of ensuring a core group of permanent Social Care Workers within the team, which supports the current staffing already in place.</p>	<p>senior management meetings and monthly governance meeting oversight.</p>
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