



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 149

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	24 Hr Care Services Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	11th & 12th January 2022
Registration Status:	Registered from the 14th of March 2022 to the 14th of March 2025 with attached conditions
Inspection Team:	Lorraine Egan Cora Kelly
Date Report Issued:	12th April 2022

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 14th of March 2019. At the time of this inspection the centre was in its first registration cycle and was in year three of the cycle. The centre was registered without attached conditions from the 14th of March 2019 to the 14th of March 2022.

The centre was registered as a multi-occupancy service for medium to long term care for up to four young people aged thirteen to seventeen upon admission. The centre aimed to provide young people with trauma-informed care and to promote positive outcomes through education and building good family contact. The statement of purpose stated that they would build trusting and co-operative relationships with young people and identify their strengths and resilience's. 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
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including 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.

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 7th February 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 21st February 2022. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed. However, documentation submitted by the centre in relation to their application for re-registration was not satisfactory and centre management and proprietors were informed on 16th March 2022 of the decision by the Registration 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.

The findings of this report and assessment of the submitted application for re-registration 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: 149 with an attached condition from the 14th March 2022 to 14th March 2025 pursuant to Part VIII, 1991 Child Care Act. The attached condition being that; There must be no further admissions of a young person under 18 to this centre until there is evidence that the number of staff in the centre are adequate having regard to the number of children residing in the centre and the nature of their needs. This condition will be reviewed on or before the 7th July 2022.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

Inspectors found from a review of children's files, centre documentation and interviews with staff that the centre used a child-centred approach to working with the young people in their care. This included recognising their right to be listened to, having their preferences and opinions acted on and consideration shown for the important role family relationships play in their lives. This was an improvement from the previous inspection in 2021 where the rights-based focus had not been fully realised in practice with young people at that time.

There was evidence that young people's views and input to their daily living arrangements were encouraged and gathered through forums such as young people's meetings, key working, and life-space interviews. Decisions taken by the centre and other professionals involved in young people's care were explained to them by the staff team through interactions and one to one conversation and these took account of their age and understanding of the information being passed on to them. Staff in their interviews showed a good awareness of young people's current needs and daily choices regarding education, menu options, health, and wellbeing. There was a culture developing in the centre of being open to others input and transparency regarding how concerns, complaints and feedback was managed and responded to. This was evidenced on centre records such as children's files, family contact forms, centre complaints logs, parents' booklet, children's booklet, social work and ancillary professional's network and strategy meetings.

Inspectors reviewed the centre's complaints policy and although it had been updated since the last inspection, further revision was necessary to fully realise the actions identified and agreed in the most recent CAPA of 2021. A lack of clarity remained regarding the various complaints procedures within the document such as the amended internal and external system in operation along with the associated forms. For example, the updated elements of the policy continued to be aligned to the previous categories of formal and informal procedures and this contributed to the

policy's confusion. In addition, the policy did not outline what specifically constituted a complaint. Senior and centre management must ensure that the policy's procedural steps and complaints categories are clarified, and this is reflected and updated in the policy document as a matter of priority. The policy must be specific in its description of what constitutes a complaint.

Further, the steps to take when making a complaint were generic rather than child specific in the language used in the content of the policy. While there was a procedure in place for parents to make complaints as outlined in the booklet, there were no dedicated forms as an option available to either the young people or their parents to complete and this must be put in place as soon as possible. Despite this, young people were utilising the complaints procedures and generally, there was good evidence to show that in practice, complaints were being acted upon where they arose. In addition, parents had been made aware of these incidents and where appropriate, resolutions were found in collaboration with them in a timely way. The centre manager stated that young people were told about the complaints process at the admission stage and through the booklet provided to them when they moved in. It was also an agenda item and theme at the young people's meetings. However not all young people participated in the meetings and inspectors recommend that other alternatives are considered as a way for them to be provided with this information on a more regular basis while living in the centre.

At interview, staff were aware of their supporting role in relation to young people accessing the complaints process, however they did not show good knowledge of the centre's policy and could not clearly describe the procedures to follow in practice from once a young person made a complaint. This deficit was similar to the findings from the previous inspection and the centre manager must ensure that the staff team are provided with training on the updated complaints policy and procedures when completed.

Inspectors reviewed the centre's updated complaints register and individual logs and found that a record was maintained of all complaints and the young people and social workers were central to their management. The logs formed part of young people's care record. For both young people living in the centre, there was follow-up to ensure that they were satisfied with responses. Social workers interviewed described a staff team that were effectual in the way they dealt with complaints. They said they were informed of the issues early on in the process and there were regular updates regarding resolutions and outcomes. However, inspectors found that for some incidents for one young person entered in their log, outcomes were not clear and the

recording of the detail of the complaint from the beginning stages of gathering the information to the response and resolution phase required improvements. For this young person, it was also uncertain if a concern they had about an external agency had been managed as a complaint or not and this needs to be responded to by the centre. Senior and centre management must ensure that all outcomes of complaints are entered clearly in centre logs and that the recording of the details of each stage of the procedure is completed in full. The centre management must satisfy themselves that all complaints highlighted by young people are managed as such where appropriate.

In general, young people were encouraged to make complaints and supported throughout the process. Where appropriate, young people were informed of their option to escalate a complaint to an external body including the Ombudsman for Children and Tusla, the Child and Family Agency. One young person on their questionnaire stated that they were happy with the way the issues they raised with staff were dealt with and they “liked the way it was handled very quickly”.

There was oversight and comment provided to each complaint by the centre manager and complaints were an agenda item at team meetings, internal management meetings and senior management meeting minutes for discussion, review, and follow-up. There was evidence of good direction and guidance shared with the staff team on how to support young people in making a complaint and also a review of the procedures for them to follow. Despite this, as stated above, at interview staff were not clear on what the full process involved. Audits were also conducted by external management in conjunction with the centre manager on complaints and areas of improvement were identified including that a mechanism was required to be established for young people to provide feedback on the complaints procedure. Forms have been developed by the centre for this purpose, however, inspectors recommend that they are reviewed so that they are designed to gather input from young people and parents separately.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16 Regulation 17
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 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- Senior and centre management must ensure that the policy's procedural steps and complaints categories are clarified, and this is reflected and updated in the policy document as a matter of priority. The policy must be specific in its description of what constitutes a complaint.
- Senior and centre management must ensure that the language used in describing the procedural steps in the complaints process is child specific. Dedicated complaint forms must be developed for both young people and parents to use.
- The centre manager must ensure that the staff team are provided with training on the updated complaints policy and procedures when completed.
- Senior and centre management must ensure that all outcomes of complaints are entered clearly in centre logs and that the recording of the details of each stage of the procedures is completed in full. All complaints highlighted by young people must be managed as such where appropriate.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centre was in general operating in compliance with their statutory obligations as outlined in Children First, 2017 and The Children First Act, 2015. Along with having child safeguarding policy and procedures in place, the centre's child safeguarding statement had been reviewed by the Tusla child safeguarding statement compliance unit (CSSCU) and they had issued a letter deeming them to be compliant with their regulatory requirements. A recommendation from the previous inspection was for the

establishment of a standalone child protection and welfare reporting register that would support clear tracking of dates, numbers, and responses. This was completed and in operation in the centre since May 2021. It included information on whether the concern was reported via the portal, the significant event notification (SEN) number and if the report remained open or not. Inspectors recommend that the entries indicate what the child safeguarding concerns relate to as a way of aligning them to the SENs identified in the register. Child protection and bullying was an agenda item at team meetings, team leaders' meetings and senior management meetings. There was good evidence of child safeguarding procedures being discussed amongst staff at these forums including information sharing on child protection roles, the reporting process, management of concerns, training available for staff and feedback from senior managers on the tracking of concerns reported through the portal.

Child protection policy and procedures were in place that centre and senior management stated had been updated since the last inspection in April 2021. However, a further review is necessary to ensure procedural clarity so that it is fully aligned with Children First: National Guidance for the Protection and Welfare of Children 2017 and relevant legislation. Amendments were required regarding the separate reporting procedures outlined in the policy document for the reporting of abuse that reaches the mandated threshold and the reporting of a concern that does not meet this threshold but reaches the limit for reasonable grounds for concern. Other safeguarding elements should also be included such as dealing with a concern about another worker, online safety, and child sexual exploitation. Terms used as part of the centre's child safeguarding recording should be updated across the files to reflect current guidelines.

A bullying policy was in place, but it needed to be reviewed to outline more clearly the procedures to detect and manage incidents. Further, it did not contain bullying and harassment by staff and visitors or possible exploitation on the internet and social media. Senior management must ensure that the centre's child protection and safeguarding policies are reviewed and amended as per Children First and Child Safeguarding: A Guide for Policy, Procedure and Practice. The centre's bullying policy should be updated to outline clearly the procedures to detect and manage incidents and must also include bullying and harassment by staff and visitors along with exploitation on the internet and social media.

The staff team were up to date on Tusla's online child safeguarding training modules and in addition, ancillary training on the centre's policies were provided to staff every

two years. However, staff interviewed as part of the inspection did not demonstrate a good knowledge of the centre's reporting procedures and this reflected the lack of clarity that inspectors noted on review of the centre's child safeguarding document. While staff were aware of how to report through the portal, they could not illustrate a fulsome understanding of what constituted a child protection concern or identify specific child protection vulnerabilities and related safety issues for one young person who was regularly missing from the centre. Audits had been completed on Theme 3 of the National Standards and highlighted the deficits that related to Standard 3.1 including improvements to be made in the staff team's knowledge base on the content of the policy. On review of a sample of SENs, inspectors noted one incident where a child protection concern required consideration for mandated reporting, but this had not taken place. Further, a recent incident occurred where staff on duty were unaware that a young person had left the centre during the night and had been absent until the morning. The centre and senior manager told inspectors that a planned review was scheduled and learning from it would inform changes required to internal safeguarding practices. Senior and centre management must satisfy themselves that the staff team understand the content of the centre's updated child protection and safeguarding policy including what constitutes child protection concerns. The centre manager must review the missing in care incidents for the young person to establish any gaps in the centre's reporting processes and where gaps are identified, they must address promptly.

Despite this, there was strong evidence of staff ensuring the young person had regular contact with them when they were absent from the centre, along with conducting visuals, robust communication and collaboration with the allocated social worker and family and making efforts to determine who the young person was with and where they were. Young people were facilitated to speak out if they felt they were unsafe, and the centre were focusing on building trusting relationships to support this. Allocated social workers told inspectors that safeguarding was the centre's strength, and the staff team were constant in their commitment to the care of both young people living there. Absent management plans (AMP) were in place along with individual crisis support plans (ICSP) and safety plans. Regular individual work was completed on how to keep safe while away from the centre. However, the format for these sessions were conversation-based and they should be reviewed to include more structured interventions that relate to self-awareness, understanding self-care and protection which link directly to the young person's child safeguarding risks and vulnerabilities. The centre manager must review individual work being conducted with young people so that it includes more structured programmes to support them in identified areas of vulnerability.

Centre staff worked closely with parents and communicated with them regarding allegations and incidents where appropriate. Staff had an awareness of the protected disclosures policy in place and were able to describe who to inform in the event of concerns arising.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

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

Actions required

- Senior management must ensure that the centre's child protection and safeguarding policies are reviewed and amended as per Children First and Child Safeguarding: A Guide for Policy, Procedure and Practice. The centre's bullying policy should be updated to outline clearly the procedures to detect and manage incidents and must also include bullying and harassment by staff and visitors along with exploitation on the internet and social media.
- Senior and centre management must satisfy themselves that the staff team understand the content of the centre's updated child protection and safeguarding policy including what constitutes child protection concerns. The centre manager must review the missing in care incidents for the young person to establish any gaps in the centre's reporting processes and where deficits are identified, they must address promptly.
- The centre manager must review individual work being conducted with young people so that it includes more structured programmes to support them in identified areas of vulnerability.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

From a review of centre files, young people's health and development needs were strongly promoted and addressed by the staff team. Complex medical requirements were well managed, and each young person had a medical card and comprehensive medical histories relating to general, dental, and optical health was contained in their care file. This included assessments completed or scheduled, an outline of all appointments attended and ongoing, records of diagnosis and co-ordination of medication and prescription management. Young people were registered with a general practitioner whom they had come to build up a relationship with. They were each linked to dentists also with one young person attending their own dentist in their own community. Optical services and there were very good evidence of regular collaboration and follow-up by the centre with medical professionals, social workers, and parents as part of young people's health and wellbeing goals from their care plans and placement plans. Gender specific care was also a feature of young people's health programmes in the centre. Young people were referred to specialist services and supported to attend appointments that related to emotional and psychological wellbeing such as CAMHS and ancillary counselling services.

Individual health needs were identified based on current risks and therapeutic plans were developed that responded to specific vulnerabilities for each young person and reviewed by the staff team such as drug and alcohol misuse issues and emotional and sensory regulation needs. Each young person's health and wellbeing was discussed at centre meetings as well as significant event review groups. Clinical input was provided by an inhouse psychologist who prepared recommendations that were shared with the staff team for inclusion and application in key working and one to one interventions. In addition, individual crisis support plans and other supporting documentation were reviewed and updated according to the guidance provided. This clinical advice was based on the centre's care approach which was trauma informed and inspectors reviewed plans which were devised for each young person which supported them based on their current needs and how they were presenting within their daily living arrangements such as bedtime routines, food and meal habits, relationships, and emotional regulation.

The centre had a medicines management policy in place and staff were trained in the safe administration of medicines. Inspectors reviewed the medication records for each young person and found that the maintenance of these logs required improvements. The records evidenced all medication administered both prescribed and across the counter. And when refused by young people, the centre staff monitored the impact of this closely and were linking with the relevant services for guidance and direction. This was undertaken conjointly with the allocated social workers and other professionals involved in the young people's care. However, the associated medication sheets within the logs need to be clearer, particularly considering the amount and varying types of medicines being administered to young people currently. For example, the records should reflect separate sections for prescribed and non-prescribed medicine. In addition, further information should be included on the log to identify what the current prescriptions and medications relate to. As a consequence of some recent medication errors, the administration protocols had been reviewed and amended and the updated practices had been implemented by centre management, however, inspectors recommend that the centre's policy is further reviewed, and all improvements should be reflected in centre protocols. The centre manager must ensure that all medication logs are reviewed so that amendments are made to the various sections within the prescribed and nonprescribed records. Additional identifying information should be included to indicate what the prescriptions and medications relate to.

Compliance with regulations	
Regulation met	Regulation 10
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 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that all medication logs are reviewed so that amendments are made to the various sections within the prescribed and non-prescribed records. Additional identifying information should be included to indicate what the prescriptions and medications relate to.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Senior and centre management must ensure that the policy's procedural steps and complaints categories are clarified, and this is reflected and updated in the policy document as a matter of priority. The policy must be specific in its description of what constitutes a complaint.</p> <p>Senior and centre management must ensure that the language used in describing the procedural steps in the complaints process is child specific. Dedicated complaint forms must be</p>	<p>Senior and centre managers have completed a full review of the complaints policy to provide clarity to the centre's team on the procedural steps when responding to complaints.</p> <p>Complaint's categories are clarified within the policy to provide a clearer understanding to the staff team.</p> <p>The policy is now specific as to what constitutes a complaint.</p> <p>During this full review we have made significant efforts to ensure that the language used is child specific.</p> <p>Dedicated complaint forms have been developed for the young people and their</p>	<p>The centre manager will continue to ensure that all new staff hired within the centre will complete a full induction, which includes becoming familiar with policies and procedures. The centre manager will ensure that the policy on complaints is discussed regularly so that complaints categories, procedural steps and what constitutes a complaint is clear for the staff team. In audits the service manager will discuss policies with the staff team and ensure that there is a clear path for addressing any confusion.</p> <p>The centre manager will ensure that complaints forms are attached to welcome packs and parents pack for young people and their families. The centre manager will ensure that complaints forms are available to young people and their families.</p>

	<p>developed for both young people and parents to use.</p> <p>The centre manager must ensure that the staff team are provided with training on the updated complaints policy and procedures when completed.</p> <p>Senior and centre management must ensure that all outcomes of complaints are entered clearly in centre logs and that the recording of the details of each stage of the procedures is completed in full. All complaints highlighted by young people must be managed as such where appropriate.</p>	<p>families to use and have been circulated to all young people and families. Training is being provided to current staff members on February 24th at the team meeting.</p> <p>Training is being provided to current staff members on February 24th at the team meeting.</p> <p>Senior and Centre Managers have included this in the procedural steps within the policy to ensure that this is completed. Also, the complaint forms have been amended to ensure that all procedural steps are inputted into the form and adequate space is provided to support this process.</p> <p>Young people will be supported to make complaints and the new policy will be discussed at our young person's meeting on March 1st when all staff have been trained.</p>	<p>During audits the service manager will discuss policies with the staff team and ensure that there is a clear path for addressing any confusion.</p> <p>The centre manager will ensure that all complaints are recorded in detail and There is clear recording of the procedural steps. The centre manager will ensure That all outcomes are clear in the young person's log.</p> <p>The centre manager will continue to promote a culture where complaints are welcomed and young people's voices are heard and responded to in an appropriate manner.</p> <p>The service manager will ensure that they are consulted on all complaints and that they are reviewed as part of the auditing process.</p>
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3	<p>Senior management must ensure that the centre's child protection and safeguarding policies are reviewed and amended as per Children First and Child Safeguarding: A Guide for Policy, Procedure and Practice. The centre's bullying policy should be updated to outline clearly the procedures to detect and manage incidents and must also include bullying and harassment by staff and visitors along with exploitation on the internet and social media.</p> <p>Senior and centre management must satisfy themselves that the staff team understand the content of the centre's updated child protection and safeguarding policy including what constitutes child protection concerns. The centre manager must review the</p>	<p>Senior management and all centre managers and training providers are currently undergoing full review of the standalone policy and procedure on child protection and will update same in line with the guide for policy, procedure, and practice.</p> <p>Senior management have reviewed the policy on bullying, and this was amended to reflect current guidelines. The policy is renamed the "Policy on Anti- Bullying". The policy did include visitor and staff as potential perpetrators or bullying however the policy was restructured to ensure importance. Risks concerned with internet and child sexual exploitation are now incorporated into the policy</p> <p>The centre manager will satisfy themselves that all staff understand the contents of the updated child protection and safeguarding policy and that staff are confident in what constitutes a child protection concern. All staff have completed child sexual exploitation</p>	<p>Senior management along with the training provider will incorporate the new child protection policies and procedures into the organisation's child protection training.</p> <p>The centre manager will satisfy themselves that new staff employed by the services completes a full induction which includes the review of the anti-bullying policy. The centre manager will discuss the anti-bullying policy at team meetings as a calendar item.</p> <p>The service manager will ensure that any changes to Tusla protocols are followed and will regularly check in to ensure that we are compliant with updated legislation or guidelines.</p> <p>The centre manager will satisfy themselves that new staff employed by the services completes a full induction which includes the review of the child protection policies and procedures. The centre manager will ensure that all new staff employed complete training on an introduction to</p>
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	<p>missing in care incidents for the young person to establish any gaps in the centre's reporting processes and where deficits are identified, they must address promptly.</p> <p>The centre manager must review individual work being conducted with young people so that it includes more structured programmes to support them in identified areas of vulnerability.</p>	<p>training since the inspection.</p> <p>The centre manager has reviewed MCFC incidents to establish any gaps in the centres reporting processes. Any identified child protection and welfare concerns have been reported to Tusla through the Tusla Portal.</p> <p>The centre manager has taken the learning from this and has identified that key working sessions directly related to identification and areas of vulnerability so that they are recorded and structured to reflect same. Areas of vulnerabilities will be discussed through the process of case management and supervision, which will in turn guide the team's work. The centre manager will ensure that the team are utilising the system available to them to promote good planning.</p>	<p>Children First, Implementing Children First, Children First in Action and Child Sexual Exploitation to ensure that all child protection concerns are identified and responded to.</p> <p>The centre manager will ensure that she is liaising with the senior manager, the organisation's DLP and allocated social workers to identify possible child protection concerns.</p> <p>The centre manager will do planning with the multi-disciplinary team to discuss and identify areas of vulnerability. The centre manager and staff team will plan structured work to be completed with the young people to ensure that they are been supported to develop in areas of vulnerability and ensure adequate recording.</p> <p>As part of the auditing process the Service Manager will ensure that these learnings have been implemented.</p>
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4	<p>The centre manager must ensure that all medication logs are reviewed so that amendments are made to the various sections within the prescribed and nonprescribed records. Additional identifying information should be included to indicate what the prescriptions and medications relate to.</p>	<p>The centre manager with the senior management team reviewed the service's medication policy. As part of the review, we have amended our documentation to allow sufficient space for further details related to the medication. The policy is in line with Tusla's Medication Policy. This Policy will be rolled out across the service at our next team meeting of 24th February 2022 where all staff will be trained in the new policy. The policy has had numerous changes to reflect learning and more effective governance.</p>	<p>The new policy has incorporated a monthly audit for the centre manager. The service manager will also sign off on medication record sheets as part of the monthly paperwork audit.</p> <p>Training on the policy for new staff will be provided to ensure governance, confidence, and best practice.</p>
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