



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 179

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Two Young People
Type of Inspection:	Announced Themed Inspection
Date of inspection:	11th, 12th, 13th and 20th January
Registration Status:	Registered from 07th October 2020 to 07th October 2023
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	31st March 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 07th of October 2020. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 07th of October 2020 to 07th of October 2023.

The centre was registered as a dual occupancy service to cater for two young people with high dependency needs. The centre provided medium term care to both girls and boys from age eight to fourteen years on admission. The approach to working with children was informed by attachment theory and resilience theory. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The approach was trauma informed and staff receive training to understand the impact of trauma on child development.

There were two children living in the centre at the time of the inspection. The centre was granted a derogation for one of the children as they were over fourteen years of age on admission, and this was outside the age range identified in the centre's statement of purpose.

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 on the 24th February 2022 and to the relevant social work departments on the 24th 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 09th March 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 179 without attached conditions from the 07th October 2020 to the 07th October 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The inspectors found the service provided to the children was child centred. There was evidence the children's voice was heard and that staff facilitated their participation in their care. This was reflected in key work records, consultation around care planning, young people's meetings and in the complaints register. There was a suggestion box in the communal sitting room for the children and they had the opportunity to contribute to the agenda of their house meetings. The children confirmed to the inspectors that house meetings were a good place to have their voice heard and to resolve in-house issues. They provided formal feedback on their care to the centre manager and staff in December 2021. There was evidence that complaints made by the children were discussed at the senior management meetings.

The centre's written complaints policy and the information provided to the children in the young people's handbook outlined complaints were welcomed by staff and would be used to help improve the children's care. The policy outlined the procedure for staff to follow where a complaint had been made and the reporting and recording procedures. The information in the young people's handbook on the complaint's procedure was child friendly.

The children were aware of how to make a complaint. Key work records evidenced that key workers had recently spoken to the children about the complaint's procedure. The children were able to identify people external to the centre they could talk to if they had a concern about their care. The centre's young peoples' booklet set out contact details for external bodies such as the Ombudsman for Children and Empowering People in Care (EPIC) whom children could contact for support. One of the children in placement was approaching their final year in care and the inspectors recommend that the centre staff support them to engage more actively with the local EPIC advocate throughout the year ahead.

The children interviewed were confident that they could raise any concern they had with staff in the centre without feeling there would be negative consequences for themselves. One of the children told the inspectors they had no complaints about their care while the second child raised an issue about their care and placement plan. They had previously raised this concern however they were not satisfied that this matter was resolved and raised the issue again in formal feedback to the centre in December 2021 and with the inspectors. They confirmed they had brought this issue to the attention of the newly appointed centre manager and were confident the manager was addressing the issue with their social worker. Following interviews with the social worker, the senior services manager, and the centre manager the inspectors were satisfied that this matter would be addressed with the child by the social worker. The centre manager must ensure that where children's concerns and complaints, about the services provided by Tusla, are not resolved to their satisfaction in a timely manner the children must be supported to access Tusla's complaints procedure 'Tell Us'.

Staff interviewed were clear that all serious complaints were notified to the relevant parties as a significant event and minor complaints were resolved in-house and notified to the social worker on the weekly report and in the complaints log. There were no serious complaints notified since the last inspection.

Staff interviewed were aware of their role to support children to access the complaints process. The social workers and the Guardian ad Litem were aware there was a complaints procedure in place and the social workers for the children in placement had responsibility to inform the parents about complaints and/or concerns in relation to their child's care.

There was evidence that the complaints policy was reviewed at team meetings on a rollover basis and was last reviewed in September 2021. There is evidence that complaints were a standing item on the team meeting for review.

The centre maintained a complaint's log and a complaints resolution record book. The complaints log evidenced that all complaints were closed off. The centre manager must ensure that the complaints log identifies the nature of the complaint as well as a unique identifier for each child to facilitate oversight by managers and external auditors and to track patterns and trends in relation to children's complaints.

The recording systems in place in the centre to evidence the complaints resolution process must also be reviewed by the managers to ensure each child's complaint, the investigation into the complaint and the outcome is held on their individual care record to ensure confidentiality. Some deficits in the complaints recording systems had been identified in an external audit undertaken in early December 2021 and recommendations were made to address audit findings. At the time of the inspection the action plan to address the audit findings was not developed. The newly appointed centre manager must ensure that an action plan is completed as a matter of priority to address the audit findings. The children's feedback form was updated during the year to allow for children to provide feedback on the complaint's procedure and its effectiveness.

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

- The centre manager must ensure each child's complaint, the investigation into the complaint and the outcome is held on their individual care record to ensure confidentiality.
- The centre manager must ensure that the complaints register is maintained in a manner that facilitates oversight by managers to identify patterns and trends in complaints.
- The centre manager must ensure that an action plan is developed to address the findings of the audit completed in December 2021.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

There were systems in place to safeguard children and protect them from abuse. The staff in the centre worked in partnership with children, families, social workers and external agencies to promote young people's safety and welfare. The centre had a suite of policies and procedures that were up to date. These policies and procedures guided the staff team in their daily work. There was evidence that key policies relating to safeguarding children were reviewed within team meetings within specific timeframes. The child safeguarding policy was reviewed and updated in July 2021. The centre had a child safeguarding statement that was updated in line with the requirements of the Children First Act, 2015. This statement was displayed in the staff office and staff interviewed were familiar with the statement. The centre manager was the designated liaison person (DLP) for the centre and staff interviewed were familiar with the role of the DLP and were aware of the procedures in place for reporting any concerns. All staff had received training in Tusla's Children First e-learning programme and were aware of their responsibilities as mandated persons. There were plans in place for the delivery of in-service child protection training for all staff members with a specific focus on the centre's child safeguarding policy.

Child protection concerns were found to be reported to Tusla as required, in line with Children First legislation. There was a system in place to record, track and monitor all reported child protection and welfare referrals made to Tusla for the children in the centre. However, the inspectors found that the record management system was not sufficiently robust or maintained in a manner that supported clear tracking of the reported referrals across the children's care records. Information in relation to child protection referrals must be stored in a manner that facilitates effective oversight, monitoring and tracking by management. The centre manager must ensure that all records relating to such referrals are stored on the children's individual care records.

Fifteen child protection concerns were identified by staff since the centre commenced operations in October 2020. Allegations or concerns from the children were reported appropriately and notified to relevant agencies and professionals in a timely manner.

At the time of the inspection a number of the referrals remained open and were the subject of on-going investigations by the Gardaí and the social work department.

The young people told the inspectors they felt safe living in the centre and could talk to staff about any concerns they might have. The centre's anti-bullying policy was updated in July 2021 to reflect the risk of bullying on-line and through social media platforms. The children stated there were no incidents of bullying in the centre.

The social workers, a Guardian ad Litem and staff interviewed by the inspectors felt that the children were safe living in the centre. There were set routines in place and staff supervised the children closely. Staff members talked to the children about being safe and they received key-working sessions on topics such as online safety, safety in the community, bullying and safe touch to help them develop skills to keep themselves safe.

There was an external auditing system in place to ensure that the centre operated in line with and complied with the relevant policies as outlined in Children First and the relevant legislation. An audit on Theme 3, Safe Care and Support of the National Standards for Children's Residential Centres, 2018 (HIQA) was undertaken in early December 2021. The findings and recommendations were set out, however, as previously reported, an action plan was not developed in response to this audit. The centre manager must ensure that action plans are completed in a timely and responsive manner following audits. The centre's auditing processes were subject to on-going development and improvement with appropriate guidance and training provided to the external auditor. The inspectors recommend a schedule for auditing the centre is established to ensure the process is planned effectively and that all themes of the national standards are audited annually to inform the centre's annual compliance report. While there was some evidence of feedback to the senior management team following quality audits the shared learning from audits must be more consistently evidenced on the meeting records.

Additionally, there was little evidence of shared learning across the organisation following an investigation into unsafe staff practices. Significant event review group meetings (SERG) had taken place within the service however incidents occurring in this centre were not subject to SERG reviews. The inspectors found that the purpose of SERG meetings as defined in the senior management meetings was not consistent with the requirements of the standards. The thresholds for undertaking SERG meetings must be broader than events that have significant impact on the service.

They must equally review events that have serious impact and present serious risk for the children in placement not just impact and risk for the organisation.

The inspectors found that individual areas of vulnerability were identified on risk assessments and individual safeguards were identified to respond to these risks. However, the risk assessments on file were not reviewed or updated since September 2021. Risk assessments must be subject to regular review and monitoring to ensure the level of risk is accurately measured and to assess if mitigation measures identified are appropriate and proportionate based on the current risk. Where risks are no longer evident, or where they decrease or increase the centre manager must ensure the risk rating is adjusted as appropriate or the risk closed off. The review of children's risk assessments must be evidenced on the team meeting records.

A review of centre records evidenced that staff recorded concerns about mental health issues for children however the records did not evidence adequate follow through and responses to presenting mental health concerns for one of the children. The centre must ensure that where serious concerns about the children's mental health arise this must be reported through the significant event notification system and responses and follow up actions must be evidenced on the children's Care Record. The inspectors found the significant event log was not maintained in a manner to ensure there was a robust and accurate system in place to track and monitor significant events. The centre manager must ensure that the system for tracking significant events is reviewed and updated to ensure it is maintained to a sufficient standard and is an accurate document for the purposes of management oversight and monitoring.

Staff and social workers were clear that where any incident or allegation of abuse occurred the social workers had responsibility to inform the children's parents and or guardians.

There was a policy and procedure on whistleblowing/protected disclosures. Staff who spoke with the inspectors were familiar with the policy and there was evidence that staff were confident to raise concerns about a colleagues practice and were aware of their responsibilities in this regard. Where concerns arose about staff practice the inspectors found that these concerns were reported and managed in an open and transparent manner and were comprehensively investigated with clear outcomes.

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

- The senior services manager must ensure that staff receive regular training in safeguarding children and in implementing the centres safeguarding policies and procedures.
- The centre manager must ensure that all records relating to child protection referrals are maintained on the children's individual Care Records and there is a clear case record management system for all documentation relating to child protection referrals.
- The senior services manager must ensure there is a system in place for scheduling quality audits to ensure that the process is planned effectively, and all themes of the national standards are covered annually to inform the centre's annual compliance report.
- The senior services manager must ensure that learning from quality audits is more consistently shared at senior management meetings and evidenced on the meeting records.
- The senior services manager must ensure that the thresholds for undertaking SERG meetings are reviewed to include events that have serious impact and present serious risk for the children in placement not just events that have impact and present risk for the organisation.
- The centre manager must ensure that risk assessments are subject to regular review and monitoring to ensure the level of risk is accurately measured and to assess if mitigation measures identified are appropriate and proportionate based on risks evident.
- The centre manager must ensure that where serious concerns about the children's mental health arise this must be reported through the significant event notification system and responses and follow up actions must be evidenced on the children's Care Record.

- The centre manager must ensure that the system for tracking significant events is reviewed and updated to ensure it is maintained to a sufficient standard and is an accurate document for the purposes of management oversight and monitoring.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

The health and development needs of the children were identified prior to admission. Staff were aware of the needs of the children and supported them in relation to their general health and wellbeing. Social workers told the inspectors that the staff and managers were supportive of the children and understood their needs. They said that staff had good relationships with the children and ensured they felt safe to express and explore their feelings. Both children were positive about their experience of living in the centre and said that they felt well cared for. The inspector saw warm interactions between staff and children during the onsite visit. The staff had access to an attachment specialist on a monthly basis to guide and support their attachment-based interventions and there was evidence that this specialist support was beneficial and guided the attachment-based approach in line with the model of care. However, the inspectors found that in-service psychology intervention and support was not provided to children in line with their care plans. There was some evidence of psychology input on one of the children's files however the inspectors found that planned assessments and interventions as set out in the care plans were not completed or evidenced on the Care Records due the departure of the psychologist from the service. At the time of the inspection the senior services manager confirmed they were actively recruiting to fill this post and were exploring alternative options to ensure the children had the required psychological input. The social workers outlined that the children's placements were contracted on the basis of access to an in-service clinical psychologist for assessment and therapy interventions. There was also evidence that the social workers were not informed in a timely manner of the departure of the in-service psychologist. There is a gap in service provision at this time and the centre managers must work collaboratively with the allocated social workers to ensure the children receive the required psychological input. This is of particular importance for one of the children who is approaching their final year in care and will require such input to inform after care planning.

Both children were registered with a doctor and had access to other health and specialist medical services as required. Medical histories, medical cards, consent to medical care and records of immunisations were sought from the referring social workers on admission. The immunisation records for one child were outstanding but the centre manager had liaised with the social worker to secure these. The children were supported to access external therapeutic supports if required in order to support their emotional wellbeing and mental health. The staff maintained a record of all medical and specialist appointments and worked closely with health care professionals to promote children's health and wellbeing.

The children told inspectors that they received appropriate healthcare when required and the inspector saw evidence of staff encouraging children to have healthy lifestyles, balanced diets and consistent routines. The children's key workers monitored their general health and carried out individual key work sessions with the young people on a broad range of health-related topics. Staff emphasised the importance of leisure activities and hobbies as a means of promoting children's health and increasing opportunity for interactions with their peers. The Guardian ad Litem and the social workers interviewed confirmed that the children were supported to develop good routines and keep active.

There were medication management policies and procedures in place to support good practice in relation to medication storage, administration and disposal. Records in relation to medication administration were complete and up to date. Staff were trained in the safe administration of medicines and medications were stored securely in line with centre policy.

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 service managers must ensure the children in placement have access to the agreed psychological interventions as set out in their needs assessment on admission.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure each child's complaint, the investigation into the complaint and the outcome is held on their individual care record to ensure confidentiality.	This action has been completed; the centre manager will ensure going forward that these records are held in accordance with the organisation's complaints policy. Completed Feb 22.	Management of complaints will be reviewed as part of the centre's quarterly audits. The QA co-ordinator will review the management of these, and feedback will be provided to the centre manager, Senior service manager and Director of Operations. Keyworkers will review young person's individual files bimonthly to ensure all relevant information is on file.
	The centre manager must ensure that the complaints register is maintained in a manner that facilitates oversight by managers to identify patterns and trends in complaints.	QA co-ordinator and centre manager have reviewed the complaints register as part of the centre's most recent audit. The register has been updated and will be maintained by the centre manager going forward to ensure full oversight by both internal and external managers to the centre. Completed Feb 22.	Centre complaints register will be maintained by the centre manager (Centre complaints officer) and overseen by the senior service manager (organisation complaints officer). Complaint's register will be reviewed by the QA co-ordinator as part of the centre's quarterly audits.

	The centre manager must ensure that an action plan is developed to address the findings of the audit completed in December 2021.	An action plan has been developed to address the findings of the audit completed in December 2021 and this has been signed off by the QA co-ordinator and centre manager. Completed Feb 22.	QA co-ordinator will communicate audit findings, via action plan, to the centre manager, senior service manager and Director of Operations. This action plan will have clear dates for conclusion of actions. Once completed they will be signed off by centre management and QA co-ordinator and communicated to senior management on completion. If actions are not complete rationale for this will be provided by centre management.
3	<p>The senior services manager must ensure that staff receive regular training in safeguarding children and in implementing the centres safeguarding policies and procedures.</p> <p>The centre manager must ensure that all records relating to child protection</p>	<p>The updated child safeguarding policy has been reviewed in team meetings to ensure clear understanding by all. Feb 22. Online and external training has been provided. Additionally, the director of operations is engaging with the local children's first information officer to develop specific training to deliver to staff and managers on the centres child safeguarding policy. To be completed June 22.</p> <p>This system has been reviewed by the centre manager and senior service</p>	<p>Once developed, in-service safeguarding training will be provided to all staff at induction. Training will be provided to all staff bi-annually or sooner if there is a change in legislation. Centre manager, in consultation with the senior service manager, will guide the staff team in relation to any child safeguarding issues in line with organisation's policy.</p> <p>Keyworkers will review young person's care files bimonthly to ensure all relevant</p>

	<p>referrals are maintained on the children's individual Care Records and there is a clear case record management system for all documentation relating to child protection referrals.</p> <p>The senior services manager must ensure there is a system in place for scheduling quality audits to ensure that the process is planned effectively, and all themes of the national standards are covered annually to inform the centre's annual compliance report.</p> <p>The senior services manager must ensure that learning from quality audits is more consistently shared at senior management meetings and evidenced on the meeting records.</p>	<p>manager. All records are now stored accordingly on the young person's individual care files. Completed Feb 22.</p> <p>An annual audit schedule for the organisation has been developed by the QA co-ordinator and agreed with senior management. The director of operations will have oversight of this. Completed Feb 22.</p> <p>Quality audits has been added as a standing item on the senior management meeting agenda, the QA co-ordinator will provide feedback for discussion as part of this. Any learning outcomes will be communicated to teams by centre management, these learning outcomes will also be evidenced in meeting minutes. Ongoing.</p>	<p>information is on file and filed accordingly. Yong persons care files will be reviewed as part of the centre's quarterly audits.</p> <p>The director of operations will review this schedule bimonthly with the QA co-ordinator, as part of supervision, to ensure that this is effective.</p> <p>The director of operations will review the effectiveness of this on a bimonthly basis with the QA co-ordinator as part of supervision.</p>
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	<p>The senior services manager must ensure that the thresholds for undertaking SERG meetings are reviewed to include events that have serious impact and present serious risk for the children in placement not just events that have impact and present risk for the organisation.</p>	<p>This was discussed and clarified as part of the senior management meeting on the 07.02.22. The training manager will provide all relevant SEN's prior to the SERG meetings and learning outcomes will be discussed and evidenced in the meeting minutes. Ongoing.</p>	<p>Director of operations and senior service manager will maintain oversight of this.</p>
	<p>The centre manager must ensure that risk assessments are subject to regular review and monitoring to ensure the level of risk is accurately measured and to assess if mitigation measures identified are appropriate and proportionate based on risks evident.</p>	<p>The centre manager will ensure going forward that all risk assessments are reviewed in line with the organisations risk management policy. This will be overseen by the senior service manager and QA co-ordinator. Ongoing.</p>	<p>All young people's risk assessments will be reviewed as part of fortnightly team meetings, and this will be evidenced on meeting minutes. Risk assessment will also be reviewed as part of the centre's quarterly audits.</p>
	<p>The centre manager must ensure that where serious concerns about the children's mental health arise this must be reported through the significant event notification system and responses and follow up actions must be evidenced on the children's Care</p>	<p>The centre manager will ensure going forward that all concerns regarding children's mental health are formally recorded as a SEN and sent to relevant professionals, all follow up actions and responses will be evidenced on young person's care record. Commenced Jan 22.</p>	<p>Senior service manager will maintain oversight of this through review of the centre's case management system and consultation with management and staff.</p>

	<p>Record.</p> <p>The centre manager must ensure that the system for tracking significant events is reviewed and updated to ensure it is maintained to a sufficient standard and is an accurate document for the purposes of management oversight and monitoring.</p>	<p>The significant event notification log has been reviewed and updated. The centre manager will maintain oversight to ensure that it is of a sufficient standard for oversight and monitoring.</p>	<p>This will be reviewed by senior management on visits to the centre. This will also be reviewed as part of the centre's quarterly audits.</p>
4	<p>The service managers must ensure the children in placement have access to the agreed psychological interventions as set out in their needs assessment on admission.</p>	<p>Service managers are in the process of recruiting internal psychological services however in the interim external services have been sourced, if required, in consultation with the young people's MDT. Commenced Feb 22.</p>	<p>Centre manager will escalate any deficits in these areas to the senior service manager. These services will be overseen by senior management in the organisation. These interventions will also be reviewed as part of the centre's quarterly audits.</p>