



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 215**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Yeria Ltd t/a Hata Homes</b>
<b>Registered Capacity:</b>	<b>Fifteen Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>7<sup>th</sup>, 8<sup>th</sup> &amp; 16<sup>th</sup> February 2024</b>
<b>Registration Status:</b>	<b>Registered from the 31<sup>st</sup> of March 2024 to the 31<sup>st</sup> of March 2025</b>
<b>Inspection Team:</b>	<b>Eileen Woods Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>25<sup>th</sup> April 2024</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>8</b>
<b>3. Inspection Findings</b>	<b>9</b>
3.1 Theme 3: Safe Care and Support (Standard 3.1 only)	
3.2 Theme 8: Use of Information (Standard 8.2 only)	
<b>4. Corrective and Preventative Actions</b>	<b>17</b>

## 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 in operation prior to it becoming registered. It was granted its first registration on the 03<sup>rd</sup> February 2023. At the time of this inspection the centre was in its first registration and was in year two of the cycle and now operating from a new location. The centre was registered without attached conditions from 03<sup>rd</sup> February 2023 to 31<sup>st</sup> March 2024.

This centre was established under the Temporary Protection Directive, (TPD), the directive provides a wide range of supports for persons seeking international protection which includes permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market. The directive was in place for a minimum of one year but has been extended in response to the ongoing war in the Ukraine. Young people who present as separated children fall under the auspices of the Child Care Act 1991. The Child & Family Agency are required to respond to the needs of these young people and to provide suitable residential care settings for these young people.

This centre was registered under Part VIII of the Child Care Act 1991 for the duration of the EU Temporary Protection Directive (TPD). It initially provided multiple occupancy for ten young people, later decreased to eight young people of any gender aged 16-18 years on admission at its first location. The centre moved to a new premises on the 12<sup>th</sup> of September 2023 and was visited by an inspector manager from the ACIMS service to determine compliance with the Tusla directive regarding minimum space for young people sharing bedrooms and living areas. Following this the centres capacity was increased to fifteen young people. All of the young people shared bedrooms up to and including four young people per room.

The centres stated model of care was the Welltree model of care for planning and outcomes and is trauma informed and therapeutic in approach. The goal is that all young people are respected, protected and fulfilled and their voices heard as well as supported to achieve the maximum of their potential now and in the future. There were fifteen young people living in the centre at the time of the inspection visit.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
8: Use of Information	8.2

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 department on the 5<sup>th</sup> of March 2024. 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 20<sup>th</sup> of March 2023. Inspectors requested further evidence of some of the work commenced and also requested that the Child Safeguarding policy be updated in line with the findings of this report and provided as part of this response. The items of evidence and policy were duly forwarded to inspectors on the 12<sup>th</sup> of April 2024. Prior to that a meeting was held with the proprietor and the director of service with the ACIMS regional manager and the inspectors to discuss the findings around in this report. The proprietor and directors of service provided a strategic plan in response to these matters with a particular focus on child safeguarding, this was accepted with a view to compliance with this and the CAPA being reviewed before the end of 2024 by ACIMS inspectors.

The findings of this report and assessment of the submitted CAPA and the strategic plan 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: 215 without attached conditions from the 31<sup>st</sup> of March 2024 to the 31<sup>st</sup> of March 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**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 registered proprietor and their service manager had a policy document in place that contained a series of policies designed to address practice and compliance related to child protection and safeguarding. The policies had been reviewed in 2023 and were pending a review booked for the end of February 2024. Inspectors did not find that the policy was fully compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. Inspectors found that action was required regarding areas in the policy that were either not in use or required updating. There were conflicting messages in the policies regarding who held a mandated persons role. A number of the procedures were not included in the policy, such as responding to concerns that do not meet the threshold to report to Tusla, online safety, code of behaviour and these should now be incorporated as part of the centre's overall child safeguarding policy. Inspectors also found that reporting procedures for dealing with disclosures, reasonable grounds for concern, possible child sexual exploitation (CSE) and allegations against staff needed more clarity.

There was a child safeguarding statement CSS in place that had been updated on the 10<sup>th</sup> of December 2023 when the new centre manager took up their post. Whilst the child safeguarding statement was well developed anomalies were still present, it stated that only qualified staff work there, that they were trained in recognised model of management of behaviour, that impact risk assessments will take place and refers to a strengths base model with identified key working. The behaviour management training was booked to commence, unqualified staff can and did work there in accordance with the Tusla directive for TPO centres for young people aged 16 – 18. Inspectors did not observe impact risk assessments on file as standard and there was limited key working taking place. Inspectors found that the content of the CSS was not known during the centre interviews and it was not prominently displayed.

The overarching child protection and safeguarding policy and CSS knowledge demonstrated by staff and awareness of young people individual needs was not at a

good standard at the centre interviews. Inspectors found that there was need for policy and procedure training, stabilisation of the team and leadership was required at centre level to underpin the correct principles of practice in this area in line with the centres policies, their model of care and the provisions of its purpose and function. Inspectors acknowledge that the service manager had already identified and booked policy review and policy training and development for early 2024 on the training schedule, within this training plan there was also a date booked for in person training from Tusla in child sexual exploitation. The centre manager had identified the need for training in report writing and in medication management as supplementary training that would support centre safety.

All staff had completed the national eLearning module Introduction to Children First, they had also completed the two additional Children First modules available to Tusla staff. The team had been directed to complete the eLearning module on child sexual exploitation and were in the process of completing this. The centre manager stated that they had access to all training certificates and tracked these to ensure that staff had the necessary training. The staff during interview identified themselves as mandated persons and knew their responsibilities related to reporting. They did not have dedicated email addresses registered per staff member but rather used the general staff email as the access point for reporting.

Inspectors found that child protection reporting was taking place through the Tusla portal and were thereafter being tracked through a dedicated centre register. There was a system of escalation from centre manager to service manager regarding follow up from the social work department linked to the child protection reports submitted. The management team had identified some short time lags in their own reporting and had addressed this with regard to practice expectations in reporting and recording.

During a recent series of child protection and welfare reports submitted through the portal, by the previous centre manager and the service manager, inspectors found that they had acted in accordance with their procedures to approach the separated children seeking international protection, (SCSIP) social work team for safety planning and action to provide a young person with a more suitable placement. The centre management team displayed a good overall capacity to identify and advocate for young people needs. The high numbers of young people and the sharing of rooms increases risk so this centre is not suitable for young people with complex needs.

Inspectors that there was no process agreed between the social work department and the centre regarding who will hold the responsibility to contact parents, or not, to inform them when a child protection report had been submitted. The centre required clarity in this area.

There were documented issues with gaining access to social work personnel or to hold meetings in a timely manner due to personnel shortages within the Tusla SCSIP team. The social work department did engage when the risks escalated and strategy meetings were ultimately held, a principal social worker attended along with other social work personnel. In co-operation with the social work department and the provider temporary arrangements and safety plans were put in place and reviewed thereafter. There remained an ongoing risk to the centre, although reduced, regarding its location being known by unsuitable adults, this was live on the centre risk register. Actions had been taken to make the location more secure. The electric gates had been repaired, external CCTV was being installed, and more external sensor security lights had been installed. The centre management had spoken with the young people to raise their awareness around the need to be vigilant, this took place during a time of crisis and inspectors recommend it is revisited as a general follow up so that all young people are aware of how they, with the support of the centre, can be safest.

None of the seven young people inspectors either spoke with or received written feedback from had a named contact person from the Tusla SCSIP team that was assigned to their care or the centre as a whole. This should be rectified and each young person should have one or two named contacts in the social work department that they can contact if they had concerns about their care or questions to ask.

Inspectors did not find records of safeguarding work completed with relevant young people in a co-ordinated manner. Whilst there were core mechanisms for safety upon admission and some completion of individual work there was poor evidence of educative group or individual safeguarding work. Team meetings evidenced identification of areas of vulnerability and needs for some young people such as self isolation, sleep issues and self harm. Inspectors found that whilst these were discussed and staff alerted to monitor that the actions to reduce or improve these matters were not thereafter tracked to identify if the action was effective.

The safeguarding procedures for when the young people were out of the centre were though clear and contained within an absence management plan, these were updated regularly. These identified good practice in contacting the young people when they were out, ensuring that they knew their curfew, knew their travel arrangements, had a travel card and were oriented to the area. The young people had read and signed these with the staff and those interviewed noted that staff contact at night when they were out.

Overall ancillary recording linked to child protection needed improvement regarding follow up with specific affected young people. Three young people most directly impacted by specific events said that they had been spoken with at the time but that

no one had followed up with them afterwards to see how they were now. They described the experience of being approached for information as difficult and had been upset by it at the time, describing the events overall as “so stressful”. It is important that where centre and organisational management are concerned that a serious risk is live and that they require information to act on it that they do so with due recognition of the procedures in their child protection policy and with a sensitive approach.

Inspectors asked questions of the staff and centre manager about the routine monitoring of the large numbers of young people within the centre and were told that there was no specific named system for the daily monitoring and supervision of the young people within the centre. Therefore, it was not part of consistent daily practice, the staff noted it was something that was done as part of everyday work but not necessarily named or discussed.

The service manager had completed a quality improvement plan but there had been no dedicated audit of child protection as yet. There was evidence of discussion of child protection at senior team meetings which were held weekly with all managers and the service manager. There was discussion at these regarding learning from child protection events some of which had trickled down to the centre level but will need to be reinforced at upcoming training for newer staff.

The social work personnel that inspectors spoke with stated that they found the centre management and staff to be child centred and fair with young people and open about complaints. That the centre management were decisive and acted in vulnerable young people’s best interests and worked collaboratively with social work and the Gardaí to that end. The young people told inspectors that overall they were happy at the centre, that it was fun and that the team helped them with courses, activities and their legal and practical needs. Three had highlighted their overall confusion following a period of crisis and their experience of a lack of follow through on offers of support, whilst also noting that they were well cared for and liked the house day to day.

The centre had a policy on protected disclosures, this policy was not known during interviews with the centre manager and staff. This must be prioritised for discussion at team meetings, supervisions and during training.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 3.1</b>

### **Actions required**

- The organisational management must ensure that the child protection and safeguarding policies and procedures and the child safeguarding statement are reviewed and updated in line with the relevant guidelines.
- The centre management and the organisational management must ensure that the staff team are trained in the policies and procedures of the centre in child protection, safeguarding and direct care of the young people.
- The centre manager must ensure that the child safeguarding statement once updated is clearly displayed and known by staff. A translated copy should also be available for young people to see.
- The centre manager must ensure that there is a consistent and methodical programme of follow through on centre child protection and safeguarding knowledge and practices in team meetings, supervisions, centre communication systems and handovers.
- The centre management and senior management must ensure that they further develop the means, approach to and staffing for direct work and follow through with those young people that require it. There must be arrangements in place to ensure that young people be given information in order to keep themselves and others safe in person or online.
- The social work department in co-operation with the centre and organisational management must agree a structure for who will contact parents regarding child protection reports.
- The centre management must ensure that there is a daily process agreed and known by all staff for the regular monitoring and supervision of the young people within the centre.

- The organisational management and the centre management must ensure that all staff are fully briefed in the policy and procedure of Protected Disclosures.

## Regulation 17: Records

## Theme 8: Use of Information

### **Standard 8.2 Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.**

The service manager had taken significant steps to put a company wide information management and governance framework in place. They met with senior Tusla GDPR management during which they clarified roles and responsibilities related to the client group and their records. They discussed the relevant legislation, General Data Protection Regulation 2018, and the rules, roles and related risks from which a series of updated and new policies were agreed and implemented. The service manager is the centres named data protection officer, DPO. This work was completed by the end of 2023 and had been rolled out to staff in a presentation by the service manager at a team meeting in January 2024 and circulated by email.

The policies included a data subject access request policy and this identified Tusla as the data controller and the centre as a data processor. The new centre manager was not familiar as yet with the content and roles within the updated policies and was committed to understanding their responsibilities at centre level in supporting the company and Tusla in ensuring good data management.

Inspectors found that there was also a range of additional policies within the staff handbook, including but not limited to security, confidentiality and intellectual property policy, communication policy, social media policy. The staff interviewed knew the principles of GDPR, including that the centre process data on behalf of Tusla.

Inspectors did not find that the records maintained at the centre were of good quality and accurate at all times. In relation to the young people's individual files inspectors found evidence of copy and paste, direct work stored on the wrong files. Signing, dating and full completion of certain intake and core file documents were unevenly done, it was not possible to establish from the records if the core information related to the centres function and remit had been gone through with the young people. The files reviewed showed that a number did not have a recorded PPS number, a medical

card number or an up to date record of their educational arrangements noted on their file. A recent internal file audit process had been commenced on some files and must be extended to all with actions and named persons on the team identified to complete them. The senior management team updated inspectors, post our onsite visit, that additional experienced staff were being actively recruited with a view to enhancing key work and improving records.

The centres register of young people must be reviewed to note the locations of the centre and the date it moved, it must also accurately identify when a young person moves from one centre to another within the company. The complaints and incidents registers also required oversight from the centre management and to be quality assured on an ongoing basis. Inspectors found that there was some but not regular oversight on the centre records from management external to the centre, there was limited evidence of feedback based on that oversight. The registered proprietor must ensure that there are adequate resources for quality assurance given the change in size of this centre. The centre manager and service manager were aware that the centre required development and training to further and embed better standards of report writing in line with the organisations policy guidelines for record keeping and for key working. There were plans in plans to implement report writing training and this should be progressed to meet the unique needs of the centre.

The centres current policy on record keeping and report writing outlined a structure for the young people's folder that is not in line with the type of record keeping in place for this group of young people who do not have a care status and this should also be updated.

The centres office, where all centre records were stored, had some deficits in supporting an appropriate level of security and confidentiality. Inspectors found that it must be made more secure and adapted more completely to a functioning office space in a manner in line with the centres purpose and function. The office did not have routine use of locked cabinets when they first moved property, and this had been addressed. The proprietor committed to a review of the office area functionality and safety whilst keeping it young person friendly. They were also addressing security at an adjacent news used by the manager for storing confidential records.

The centre manager informed inspectors that all files related to young people who have left the centre were prepared for archive and taken to a facility identified by Tusla and that thereafter all electronic files were deleted. The service manager detailed that they would be updating their policies to reflect the approach to the retention and destruction of files.



The centre team have an agreement with the SCSIP social work team to send incident reports directly to their department. The team also report on child protection through the Tusla portal and alerted the social work department to this having taken place.

The young people had been informed that they could see the records maintained about them, staff stated to inspectors that pages would be photocopied and then shown to them. This is not in line with the centres access to information policy and must be revised with staff to ensure that they implement the open access approach laid out within that policy.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all areas under this standard were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 8.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas under this standard were assessed</b>

### **Actions required**

- The registered proprietor must ensure that sufficient resources are available to support the ongoing implementation and quality assurance of the information governance and good record management within the centre.
- The centre manager must ensure that good daily record keeping is in place through oversight, direction and training for staff.
- The centre manager must ensure that the staff are familiar with the policy and expected practice in relation to young people's right to access to information.
- The registered proprietor must ensure that the office area is made more secure and suitable for day to day functions of good record keeping and secure storage of files.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The organisational management must ensure that the child protection and safeguarding policies and procedures and the child safeguarding statement are reviewed and updated in line with the relevant guidelines.</p> <p>The centre management and the organisational management must</p>	<p>The Policies and Procedures document was reviewed by the management Team on the 26.02.2024. The outcome of the review in relation to child safeguarding comprise of the following changes:</p> <ul style="list-style-type: none"> <li>• The Clarification of Mandated Persons within the safeguarding policy</li> <li>• The addition of a procedure for creating a Mandated Persons List</li> <li>• The addition of a procedure for Reporting Child Protection Concerns</li> </ul> <p>The Child Safeguarding Statement was reviewed and updated on the 15.03.2024 and submitted to Tusla for compliance.</p> <p>All Staff are trained in the 3 modules of Children First. Policies and Procedures</p>	<p>Child protection reporting procedures will be included as part of supervision for all staff on an ongoing basis. Child Protection, Policies and procedures will be added to the team meeting agendas going forward. Terms of Reference for incident review group meetings has been clarified 20.03.2024 and a regular schedule of incident review meetings has been finalised.</p> <p>All staff will receive an annual refresher in the organisations Policies and Procedures.</p>

	<p>ensure that the staff team are trained in the policies and procedures of the centre in child protection, safeguarding and direct care of the young people.</p>	<p>training has been scheduled for 02.04.2024. The Centre Manager has allocated mandated persons training, this is expected to be completed by 27.03.2024. The centre staff have completed CSE workshop with inspector on the 29.02.2024. Senior Management meeting 20.03.2024 service manager delegated online CSE training to managers for staff to complete.</p>	<p>Training in the Policies and Procedures will be provided to any new staff members as part of their onboarding to the organisation.</p>
	<p>The centre manager must ensure that the child safeguarding statement once updated is clearly displayed and known by staff. A translated copy should also be available for young people to see.</p>	<p>The Child Safeguarding Statement was reviewed on the 15.03.2024 and submitted for compliance. This will be displayed at the front door of the centre above the sign-in book. The Centre will access our organisations Ukrainian/English teacher to ensure the document is translated to the Ukrainian language. The Centre Manager will bring the updated safeguarding statement to the team meeting for discussion with the staff team on the 26.03.2024. This will be discussed at the</p>	<p>The Child Safeguarding Statement will be reviewed in March 2025 or sooner if required. The Child Safeguarding statement will be discussed with all new admissions going forward as part of the admission process. The Child Safeguarding statement will be included as part of group and individual inductions going forward. Child Safeguarding policies and procedures will be discussed as a regular agenda item in team and senior management meetings.</p>

	<p>The centre manager must ensure that there is a consistent and methodical programme of follow through on centre child protection and safeguarding knowledge and practices in team meetings, supervisions, centre communication systems and handovers.</p>	<p>young person's meeting on the 30.03.2024. Copies of both English and Ukrainian versions will be retained on each young person's file.</p>	
	<p>The centre management and senior management must ensure that they further develop the means, approach to and staffing for direct work and follow through with those young people that require it. There must be arrangements in place to ensure that young people be</p>	<p>Child Protection will be added to the Team meeting agenda as a rolling item from the 12.03.2024. Child Protection will be discussed in supervision sessions as a rolling agenda item from the 12.03.2024. Following completion of new terms of reference for incident review groups (20.03.2024), a system of feedback to the staff team will be facilitated by the centre manager in the next team meeting following the SERG.</p> <p>The senior management team have reviewed the rostering system in the centre and will be moving towards a day and night roster. This will ensure there are 3 staff on daily with more consistent working patterns to complete and follow up with direct work with the young people.</p>	<p>Annual training on the organisations policies and procedures will be completed with the staff team. Where additional training needs are identified for staff through supervision, this will be facilitated by the centre manager and service manager. A monthly Senior Management Meeting will be convened to specifically review all child protection concerns active within the organisation. Discussion of incidents to be highlighted as an agenda item in team meetings.</p> <p>Following the review with the Consultant in April 2024, the Case Working procedures will be formulated into a policy and added to the main document. The new policy will be brought to the staff team for discussion and planning. This will be added to all policy training and inductions</p>

	<p>given information in order to keep themselves and others safe in person or online.</p>	<p>Safety Talks and topical items appropriate for group discussion will be identified and allocated at the team meetings and will be brought by staff to the young person's meetings. This has commenced from the 16.03.2024 with a group discussion in the young person's meeting around safety ahead of St Patrick's Day. File reviews have been implemented in March 2024. This will be increased to a weekly oversight piece from the 16.03.2024. The file reviews will be used to identify individual case working pieces for the young people and for the manager to delegate practical tasks such as coordinating employment applications, arranging appointments, making referrals if needed and supporting the young people in their education. A meeting has been scheduled with the organisations Consultant for April 2024 to review case working procedures. This will be followed by staff training in the new case working procedures.</p>	<p>(group and individual) going forward. The centre manager will complete a monthly file review to cross check the weekly staff file reviews and identify relevant case working for each young person. The service manager with the assistance of the new Quality Assurance manager (commencing April 2024) will review case working in the centre on a quarterly basis.</p>
--	---	---	--

	<p>The social work department in co-operation with the centre and organisational management must agree a structure for who will contact parents regarding child protection reports.</p>	<p>The service manager has requested a meeting with the social work department team leader to agree this structure. The request was sent 08.03.2024. While this meeting is pending, once completed a policy will be drafted by the organisation to formalise the notification to parents</p>	<p>The Service Manager has identified and agreed with 2 senior Emergency Placement Coordinators on the SCSIP Team regarding escalation of child protection and safeguarding concerns. The centre manager and service manager where required will follow up with the social work department regarding the notification of CPWRFs to parents/guardians.</p>
	<p>The centre management must ensure that there is a daily process agreed and known by all staff for the regular monitoring and supervision of the young people within the centre.</p>	<p>As part of the policy review, a new policy on the Routine of the Centre and a corresponding procedure has been drafted. This incorporates the monitoring and supervision of the young people including key checks throughout the day, floor monitoring, room checks, and other routine pieces and the recording of same. Room and centre checks have been added to the handover book.</p>	<p>The Centre Manager will review health and safety checks as a function of their audits and feedback will be provided to the team. The Service Manager with the support of the Quality Assurance Manager will review Health and Safety Checks as a function of the external oversight and feedback will be provided to the Centre Manager.</p>
	<p>The organisational management and the centre management must ensure</p>	<p>The protected disclosures policy was reviewed as part of the complete policy</p>	<p>All staff will receive an annual refresher in the organisations Policies and Procedures.</p>

	that all staff are fully briefed in the policy and procedure of Protected Disclosures.	review on the 26.02.2024. Training in the policies and procedures training has been scheduled for Fina Hata on the 02.04.2024.	Training in the Policies and Procedures will be provided to any new staff members as part of their onboarding to the organisation.
8	<p>The registered proprietor must ensure that sufficient resources are available to support the ongoing implementation and quality assurance of the information governance and good record management within the centre.</p> <p>The centre manager must ensure that good daily record keeping is in place through oversight, direction and training for staff.</p>	<p>The management team have scheduled a meeting to review the quality assurance procedures in place which will be held on the 26.03.2024. The organisation will be appointing a full time Quality Assurance Manager. It is anticipated that this role will be operational by April 2024.</p> <p>Online Report Writing Training has been scheduled for the staff team commencing the 21.03.2024. The Centre Manager will oversee the weekly file audits, delegate tasks arising from those audits and cross check that actions items have been completed. Areas for improvement in recording will be addressed by the centre manager in real time as well as through supervisions, team's meetings and audit recommendations as made by the centre manager, service manager or the future</p>	<p>The Service Manager will work with the Quality Assurance manager when the role commences (anticipated start April 2024) in designing and implementing a more robust external oversight procedure. Once finalised this will be used to communicate actions to the centre managers and staff.</p> <p>The Centre Manager will periodically review samples of reports written by staff in supervision and give recommendations and support for improvement. The Centre Manager will conduct a monthly file review where the assessment of the quality of report writing will be completed and guidance/feedback will be given to staff. Recommendations for amendments will also be provided.</p> <p>The Service Manager with the support of the Quality Assurance Manager, will review</p>

	<p>The centre manager must ensure that the staff are familiar with the policy and expected practice in relation to young people's right to access to information.</p>	<p>Quality Assurance Manager.</p> <p>The centre manager will discuss the policy on Access to Information at the next team meeting which is scheduled for the 26.03.2024. Young people will continue to be offered access to their files both in young person's meetings and individual case working session. A log will be added to the front of each young person's file for staff to offer young people access to their files on a monthly basis.</p>	<p>the quality of report writing as a function of the external audit and written feedback will be provide to the Centre Manager.</p> <p>All staff will receive an annual refresher in the organisations Policies and Procedures. Training in the Policies and Procedures will be provided to any new staff members as part of their onboarding to the organisation. The Centre Manager will complete a monthly file review to ensure the offering of files and accurate recording of this is completed.</p>
	<p>The registered proprietor must ensure that the office area is made more secure and suitable for day to day functions of good record keeping and secure storage of files.</p>	<p>A new procedure on Office Security has been drafted as part of the policy. The Service Manager has liaised with the Director to remove and replace the offices doors to enhance the security of the office. This has been requested of the maintenance personnel. Additional lockable and fireproof cabinet have been</p>	<p>The staff will be trained in the update policies and procedures in April 2024 which will include office safety procedures. The Centre Manager will complete an environmental audit as a function of their audits. The Service Manager with the support of the Quality Assurance manager will assess GDPR recording and storage</p>

		ordered for the manager's office. A lock has been added to the Centre Manager's office in the external building The Mews.	procedures as a function of the external oversight audit.
--	--	---	---