



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 221**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Glenarm Care Ltd</b>
<b>Registered Capacity:</b>	<b>Fifteen young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>30<sup>th</sup> &amp; 31<sup>st</sup> January 2024</b>
<b>Registration Status:</b>	<b>Registered from 5<sup>th</sup> May 2024 to 31<sup>st</sup> March 2025</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Lisa Tobin</b>
<b>Date Report Issued:</b>	<b>26<sup>th</sup> April 2024</b>

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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 on the 5th of May 2023. At the time of this inspection the centre was in its first registration. The centre was registered without attached conditions from the 5<sup>th</sup> May 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 to persons including permission to reside in Ireland for an initial period of one year, access to accommodation, education, medical care, and the labour market for persons seeking international protection. The directive was put in place for a minimum of one year but can be extended depending on the unfolding situation in 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 TPD.

At the time of this inspection the centre was registered in accordance with the 'Registration of Supported Care Accommodation for Young People seeking Protection from the Ukraine Crisis Protocol' ACIMS-GDE01 published 25th of August 2022. This protocol was published by Tusla in response to the EU Temporary Protection Directive/TPD to allow for the registration of TPD centres for young people aged sixteen to eighteen years of age.

The centre was initially registered to provide multi occupancy for twelve young people, this was increased to fifteen young people on application from the registered providers. A certificate of registration was granted to reflect the change of registered capacity on the 30<sup>th</sup> November 2023.

The young people shared four bedrooms up to and including five young people per room. Specific agreements were in place for the minimum amount of personal bedroom space per person and the minimum amount of recreational space. The centre's purpose and function was the provision of short term and emergency care for young people, aged sixteen until their eighteenth birthday, entering the country unaccompanied and under a temporary protection order. The centres model of care was the Welltree model and is trauma informed and therapeutic in approach. The stated aims of the centre were to meet the young people's primary care needs, provide

emotional support and to assist the young people in accessing education, employment, health care and preparation for moving at eighteen into adult services. There were fifteen young people living in the centre at the time of the inspection.

## 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 departments on the 4<sup>th</sup> 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 19<sup>th</sup> March 2024. Inspectors requested further evidence and 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 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 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: 221 without attached conditions from the 5<sup>th</sup> May 2024 to 31<sup>st</sup> March 2025 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### 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 had a child protection and safeguarding policy in place that had been partially reviewed in January 2024. A comprehensive update of the document was scheduled for February 2024. Inspectors found that the child protection and safeguarding policy required improvements so as to be fully aligned to Children First: National Guidance for the Protection and Welfare of Children, 2017 and the Children First Act, 2015. The centre's policy must be updated to comply fully with the requirements and responsibilities of both. For example, the reporting procedures for dealing with disclosures, reasonable grounds for concern, possible child sexual exploitation (CSE) and allegations against staff needed more clarity. These should be delineated more explicitly within the policy so that the steps to take in practice are unambiguous for each procedure. An agreed protocol on when and how to contact parents regarding child protection concerns should also be considered in collaboration with the social work department. A number of procedures such as responding to concerns that do not meet the threshold to report to Tusla, online safety and code of behaviour should also be incorporated as part of the centre's overall child safeguarding policy. In addition, some of the definitions of abuse referred to within the policy related to Children First 2011 and a number of the terms and language in the document require revision.

From interviews staff could describe how they prioritised safety as part of daily living for young people within the centre. However, their knowledge of the centre's child protection reporting procedures must be improved. There was a lack of clarity on the steps they should follow in practice to report concerns of abuse as mandated reporters as well as how to make a protected disclosure. From a review of young people's files, inspectors identified that some child protection concerns that should have been reported to Tusla had not been completed and these must be followed up without delay. In addition, inspectors would recommend that a system is put in place for the recording of all child safeguarding and welfare concerns that do not meet the threshold for reporting to Tusla. This information where it arises can be added to the specific young person's file for review and tracking purposes.

The centre manager had been appointed the Designated Liaison Person (DLP). There was no deputy DLP named in the policy. The centre manager said they received relevant DLP training and that all of the staff had completed Tusla's Children First E-Learning modules. However, this was not recorded as part of the centre's training planner but evidence was subsequently forwarded to ACIMS showing the individual training completed. All staff had attended CSE training which had been provided in 2023 by Tusla. The registered proprietor must ensure that all of the staff team receive training on the centre's reviewed child protection and safeguarding policies as well as protected disclosures.

The centre had an up-to-date child safeguarding statement (CSS) in place and had received a letter of compliance from the Child Safeguarding Statement Compliance Unit in 2023. The CSS stated that the centre employed qualified staff and all staff were mandated persons which was confirmed by the centre manager. However, unqualified staff had been employed there and this was in accordance with the Tusla directive for TPO centres for young people aged 16 – 18. The CSS must be reviewed and updated to reflect this. Each mandated person in the centre did not have an individual account created to make a mandated report and this is required for the purpose of data protection as well as fulfilling their responsibility under the Children First Act 2015. Inspectors did not see the CSS or a list of mandated reporters displayed in the centre but the centre manager said this was in place. A child protection and welfare register was maintained by the centre for reports that had been submitted through the Tusla portal. These reports were all closed and there was oversight of the log by the centre and service manager.

The centre had increased its capacity from twelve young people to fifteen and there were supervision and privacy challenges because of the additional admissions. Five bedrooms were shared between the fifteen young people. To mitigate risks and maintain certain levels of dignity and privacy, specific rules and boundaries were in place for sharing these rooms. For example, young people were provided with separating screens and a number of risk assessments (RA) had been developed to provide further protection. However, overall, the interventions described on the RA's lacked detail and the strategies contained within must be more clearly outlined. Bedroom doors were alarmed, and young people were made aware of what to do if they were feeling unsafe. Inspectors spoke to a number of young people, and they said they felt safe in the centre and knew who to talk to if any issues or problems arose regarding their safety. However, space to make private calls to family and friends was a continued dissatisfaction for young people as well as not being able to bring friends back to the centre. Suitable provision for this must be considered by the provider.

Questionnaires were completed by all of the young people and safeguarding was not raised by them as a concern. Young people who spoke to inspectors said they felt “well cared for, liked the staff and were happy living in the centre”. They also said that they “enjoyed the food and the staff were kind”.

There were some additional risks identified by the centre which related to incidents where young people left the centre at night unnoticed by the staff team on duty. A specific risk assessment was put in place and this outlined guidance for staff to follow. However, at interview, staff were unable to describe the steps to take for this nighttime safety routine. This must be refreshed with all of the team as well as any learning shared with staff from the incidents that had already occurred so that a clear system for the regular monitoring and supervision of the young people is consistently taking place.

Absent management plans were on centre files and seasonal curfews identified for each young person. Young people had mobile phones so they were contactable and could remain in communication with staff when out of the centre. Risk assessment, complaints and incident report registers were in operation with oversight by the centre manager. From a review of staffing in the centre and a number of the rotas, there was a centre manager, a part time deputy manager and seven and a half full time social care workers employed there. They also had a panel of eleven relief staff. The shift pattern included two day shifts, one sleepover and one live night. Despite this, the ability to safely supervise fifteen young people with varying degrees of needs and current and emerging risks was challenging and inspectors question the centre’s ability to sustain this appropriately considering the increased numbers of young people living there.

There was a young person’s booklet in place which outlined information on the centre’s CSS and young people were encouraged to speak out and talk to any staff member or a person of their choice should they have concerns about their safety or had experienced harm. Inspectors would recommend that this section also includes more detail on the centre’s overall child protection reporting procedures and insert a specific code of behaviour for young people. There was an anti-bullying policy in place and there were no bullying concerns identified at the time of the inspection amongst the young people or online.

Each young person did not have an allocated social worker but there was evidence that the centre manager worked well with the dedicated social work department and the assigned case worker. At interview the social work team leader said that the young people received a good standard of care from the staff team and there were regular updates and submission of notifications, child protection and welfare reports and monthly reports from the centre. They found centre and senior management to

be open and transparent regarding care provision and collaborated well regarding interventions and safety plans when incidents took place.

Key working was undertaken with young people and where individual areas of vulnerability were identified one to one sessions were put in place to highlight the risks and support self-care and wellbeing. Prior to the inspection taking place, a sexuality and relationship workshop was completed with young people in order to develop awareness and knowledge for self-care and protection. As not all young people were proficient in speaking and understanding English, the use of a translator service must be coordinated for specific programmes organised for young people.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</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 standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required:**

- The registered proprietor must ensure the centre's child protection and safeguarding policy and procedures are reviewed and updated to comply fully with the requirements and responsibilities outlined in Children First and relevant legislation.
- The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.
- The registered proprietor must ensure that all of the staff team receive training on the centre's reviewed child protection and safeguarding policy as well as protected disclosures.
- The centre manager must ensure that a record is provided to ACIMS of all child protection training completed by the staff team.
- The centre manager must ensure that the overall interventions outlined in the individual risk assessments are strengthened. The staff team must receive refresher training on all risk assessments in place for young people as well as shared learning from the incidents that have taken place.

- The centre manager must ensure that suitable provision is made in the centre for young people to have private time and space to contact family and those important to them in their lives.
- The centre manager must ensure that they coordinate the use of translators for young people who need support to understand specific information communicated to them including sexual health and relationship programmes.

## 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 centre had governance systems in place for the management of young people's records. GDPR policies had been developed to ensure that the centre complied with legislation and to provide the best protection for each young person's personal information. The policies included procedures on data protection, data breaches and access to information, however some elements of the policy require review and update. The service manager was the appointed data protection officer and they had engaged with Tusla's data protection personnel to seek guidance on the confidential transfer and management of information on young people who were referred through Tusla's team for separated children seeking international protection. A GDPR transferring register was in operation and links were established with Tusla to notify them of all transfers of young people within the organisation. The service director told inspectors that a policy reflecting this process had yet to be developed and this must be put in place by centre and senior management.

From a review of young people's files, inspectors found that the quality of the written records require some improvement. For example, placement plans were incomplete and should reflect more clearly each young person's needs and progress. As referred to above, risk assessments require additional detail to strengthen the interventions and approaches in place. Young people's records were held securely in locked cabinets within two staff offices and access to each office were for staff only. Both offices were required to be fully locked when staff were not using the space. A data incident did occur in the centre in January 2023. This was assessed by the data protection officer for the centre and procedures were instigated including the development of a risk assessment to prevent any further occurrence. This was shared

with the staff team. It was unclear as to who had access to young people's files and the centre's policy must stipulate who has authorised access in this regard.

There was a process for retention and destruction of young people's records in the centre. While the centre manager outlined the procedure in practice, this was not clearly reflected in the centre's data protection policies. The centre manager described that when young people were discharged from the centre, a hardcopy of their records were archived and returned to Tusla. There was no specific timeframe for this system, however the data protection officer stated this should happen within a two to four week period. At this time all young people's personal data was to be removed digitally from the centre's systems.

There was a policy in place for managing requests and arrangements were in place for young people to access their personal information. A register was maintained of each young person who had lived or was currently living in the centre. However, it did not include where they had been admitted from or any details of where they moved or transferred to and this must be included.

The data protection policy did not clearly reflect the limits to confidentiality in relation to child protection concerns and the 'need to know' principle. At interview staff described how they would share child protection concerns that were reported to Tusla with all staff. Where child protection and welfare concerns arise, staff must be made aware of who this information can be shared with. There should be a clear understanding of the responsibilities for staff with regard to confidentiality and this should be expressed in the child safeguarding and data protection policies.

<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 standards under this theme 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 standards under this theme were assessed</b>

### **Actions required**

- The registered proprietor must ensure that the centre's data protection policies are reviewed and updated to comply with all relevant legislation and

best practice. The centre's policy must stipulate who has authorised access to young people and centre records.

- The centre manager must ensure that all young people's records are up to date, complete and of a high quality.
- Senior and centre management must ensure that the policy for the retention and destruction of records is clearly outlined including timelines for archiving of files.
- The centre manager must ensure that the centre's register for young people details all relevant information for each young person.
- The centre manager must ensure that staff have a clear understanding of sharing information and confidentiality and this should be expressed in the child safeguarding and data protection policies.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered proprietor must ensure the centre's child protection and safeguarding policy and procedures are reviewed and updated to comply fully with the requirements and responsibilities outlined in Children First and relevant legislation.	<p>A child protection policy and procedures document review was commenced by the management team on the 26/02/2024.</p> <p>The outcome of the review in relation to child safeguarding comprise of the following changes: • The Clarification of Mandated Persons within the safeguarding policy • The addition of a procedure for creating a Mandated Persons List • The addition of a procedure for Reporting Child Protection Concerns.</p> <p>The reviewed and updated Policy and Procedures was submitted to ACIMS on 12/04/2024.</p> <p>The outcome of the review of the policies and procedures comply fully with Children First and relevant legislation.</p> <p>The Child Safeguarding Statement was reviewed and updated on the 15/03/2024 and submitted to Tusla for compliance.</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.



	<p>The centre manager must ensure that the centre's child protection reporting procedures are consistently followed for all child protection and safeguarding concerns.</p>	<p>Staff have been asked to complete the online Child Sexual Exploitation Training on HSELand by 28/03/2024.</p> <p>The centres child protection reporting procedures for mandated persons, non-mandated persons, and protection concerns that do not meet the threshold have all been updated. To ensure that these are followed, training for the manager is scheduled for April 18th, 2024. Following this, training for the staff team will occur. Centre manager will ensure that effective immediately all reports are sent in consistently in line with Children First and statutory compliance. Consultation will occur with Social Work Department and Service Manager to determine reasonable grounds for reporting and will be recorded.</p> <p>All staff have completed the Mandated Persons Training through TUSLA in March 2024.</p> <p>Child Protection and Welfare Training with an external agency was completed on</p>	<p>A monthly senior management meeting will be convened to specifically review all child protection concerns active within the organisation.</p> <p>Discussion of incidents to be highlighted as an agenda item in team meetings.</p> <p>There will be a standing agenda item that will include discussion on any safeguarding or child protection concerns.</p>
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	<p>The registered proprietor must ensure that all of the staff team receive training on the centre's reviewed child protection and safeguarding policy as well as protected disclosures.</p> <p>The centre manager must ensure that a record is provided to ACIMS of all child protection training completed by the staff team.</p>	<p>07/02/2024.</p> <p>Training on the updated policy document has been scheduled for 25/04/2024.</p> <p>As requested, the centre manager emailed the quarterly audit which includes the training completed by staff on 08/02/2024.</p>	<p>All staff will receive an annual refresher in the organisation's 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.</p> <p>The centre manager retains a record of all staff training through the centre's training matrix. The training needs analysis will be reviewed using the centre manager's quarterly audit template. The organisation will be appointing a quality assurance manager to support the oversight, review and updating of all training, reporting, auditing, and action planning for the centre. Once the quality assurance manager has commenced their role, a full review of all internal and external auditing systems will take place, and recommendations will be actioned accordingly.</p>
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	<p>The centre manager must ensure that the overall the interventions outlined in the individual risk assessments are strengthened. The staff team must receive refresher training on all risk assessments in place for young people as well as shared learning from the incidents that have taken place.</p>	<p>Risk assessment training including discussion of a sample of recent risk assessments to be completed with the team on 25/04/2024. The senior management team is scheduled to meet on 20/03/2024 to review the terms of reference for the incident review group so that risks, incidents, and child safeguarding can be overseen, and feedback/training can be communicated to the staff more efficiently.</p>	<p>When the terms of reference are clarified for the incident review group, a regular schedule of SERG meetings will be arranged. A review of Risk Assessments will be added to the team meetings going forward.</p> <p>Risk Assessments will be reviewed at the senior management level as part of the function of the new child protection monthly meeting.</p>
	<p>The centre manager must ensure that suitable provision is made in the centre for young people to have private time and space to contact family and those important to them in their lives.</p>	<p>Young people have permission to use the manager's office space for any private time. This was communicated to the young people in the weekly meeting on 11/03/2024.</p>	<p>Access to the office for private phone calls, online calls to family or reflective time will be included in the admissions process going forward and will be added to the young person's handbook in multiple translations.</p>
	<p>The centre manager must ensure that they coordinate the use of translators for young people who need support to understand specific information communicated to them including sexual health and relationship programmes.</p>	<p>The organisation has onboarded a Ukrainian speaking teacher (Start Date 20/02/2024) to complete specific information and workshops with the young people. Documents and informational resources will be translated</p>	<p>The centre will continue to utilise the designated translation services when the in-house translator is not available to complete such tasks as admissions, workshops, or doctor's appointments. The quality assurance manager, when the role</p>

		for all to access.	commences, will review the use of translators as a function of their audit.
<b>8</b>	<p>The registered proprietor must ensure that the centre's data protection policies are reviewed and updated to comply with all relevant legislation and best practice. The centre's policy must stipulate who has authorised access to young people and centre records.</p> <p>The centre manager must ensure that all young people's records are up to date, complete and of a high quality.</p> <p>Senior and centre management must ensure that the policy for the retention and destruction of records is clearly</p>	<p>The Theme 8 policies were reviewed and updated 26/02/2024 with the addition of specific policies and procedures. Training for the staff team on the updated policies and procedures has been scheduled for 25/04/2024.</p> <p>All staff have completed two training sessions (self-facilitated and webinar) in Professional Report Writing on 24/01/2024 and March 2024. The policy on report writing has been updated to include using a blank template when writing any new document.</p> <p>Theme 8 policies were reviewed and updated on 26/02/2024. The following additions were made: • Policy on Data</p>	<p>An annual review of the policies and procedures will be scheduled for February 2025. Training for staff will then be scheduled once this is completed.</p> <p>All young people's files will receive a full audit including the implementation of an updated filing system to be introduced. The manager will continue to review files and corrective measures and edits to be completed by the team for ongoing learning. The Service manager with support from the new quality assurance manager will review all care records and make appropriate recommendations to the centre manager.</p> <p>The policies and procedures document will be reviewed and updated in February 2025 and staff training will be scheduled once</p>

	<p>outlined including timelines for archiving of files.</p> <p>The centre manager must ensure that the centre's register for young people details all relevant information for each young person.</p> <p>The centre manager must ensure that staff have a clear understanding of sharing information and confidentiality and this should be expressed in the child safeguarding and data protection policies.</p>	<p>Retention and Destruction • Procedure for Archiving Young Person Data Training on the updated policies has been scheduled for 25/04/2024.</p> <p>The register of young people living in the centre has been adapted to include details specific to the admission or discharge of each young person. This was changed on 06/03/2024.</p> <p>The child safeguarding GDPR policies have been updated to include the sharing of information (26/02/2024). Training on Policies and Procedures for staff has been scheduled for 25/04/2024. The service manager has requested a meeting with the social work department (08/03/2024) to discuss reporting procedures, contact with family, and other items relevant to the care of the young people. The service manager has confirmed with senior a Tusla manager, that reporting escalations are to be submitted to him and his colleague for oversight.</p>	<p>completed.</p> <p>The centre register will be reviewed by the centre manager (monthly) and service manager (quarterly).</p> <p>Annual policies and procedures review and staff training (February 2025). Centre manager audits will review and oversee care records and reporting procedures. 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>
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