



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 230

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis GMC Children's Services
Registered Capacity:	Eight young people
Type of Inspection:	Announced
Date of inspection:	9th, 13th and 14th May 2024
Registration Status:	Registered from 26th October 2023 to 26th October 2024
Inspection Team:	Linda Mc Guinness Lorna Wogan
Date Report Issued:	25th June 2024

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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 26th October 2023. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 26th October 2023 to 26th October 2024.

The centre was registered to provide accommodation for eight young people between the ages of 16 and 18 years who present in the country as separated children seeking international protection. This service was initially established to provide care to unaccompanied young people from Ukraine who were in receipt of temporary protection orders. In the weeks prior to inspection the purpose and function of the centre was expanded to offer care to all separated children seeking international protection. Referrals are received through the Separated Children Seeking International Protection (SCSIP) department within Tusla who determine the suitability of referrals to the service.

The function of the service was to provide a high-quality standard of care that is responsive to the individual needs of children, within a child-centered, supportive, and safe open environment. The young people shared self-contained apartments with the support of the staff team. The statement of purpose set out the objectives of meeting the physical, social, educational, emotional, and behavioural needs of each young person residing within the centre.

There were seven young people living in the centre at the time of inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

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. 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 4th of June 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 17th June 2024. 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: 230 without attached conditions from the 26th October 2023 to the 26th October 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The centre was divided into three shared apartments with four young people sharing a two-bedroom apartment each, and three young people sharing another. With the support of the care team and a translation application inspectors met and spoke with six of the young people living in the centre. All expressed in various ways that they liked living in the centre and they were appreciative of the support of the care team. They outlined how they were supported with all aspects of their lives including budgeting, contact with families, their health and education and preparation for independent living.

The change in the purpose of the centre to accommodate young people seeking international protection from other counties was explained to the Ukrainian residents. Young people who spoke to inspectors confirmed they had no difficulty with this change. Cultural diversity and awareness of bullying was discussed with the young people and there were no issues identified. There was evidence they helped each other out when settling in. Two of the young people were proud to show inspectors their living space, which was bright, comfortable, and well maintained. They cooked for each other and shared cleaning duties. All young people were invited to share a meal in the communal dining area once a week and the care team held 'theme nights' where they learned about and experienced each other's culture.

While it was evident that the team and young people had made a seamless transition to becoming multinational service, the written statement of purpose, name of the centre and policies and procedures remained aligned to its original purpose as a Ukrainian centre. The centre's written documents must be updated as a matter of priority to ensure full inclusivity.

The centre had detailed policies and procedures that included a policy on children's rights that was aligned to the UN Convention on the Rights of the Child. Young people upon admission to the centre, received written information about the operation of the centre and their rights. As English was not their first language this documentation was translated to their own languages. Additionally, a translator was provided to assist the young people to complete important documentation or forms for legal processes.

The care team used a translation application to ensure effective communication in each of their own languages. There were flags and maps of countries of origin displayed in the house and information about advocacy services was displayed in several languages. Young people confirmed they understood how to make a complaint if they were unhappy with any aspect of the service. During the initial weeks of opening three young people were unhappy with the location and some of the house rules. Inspectors found that this was managed effectively by the staff and the centre manager in line with the centre's complaints policy and in consultation with the Tusla principal social worker.

Each young person had a placement plan that established overarching goals to be achieved during their time living in the centre. Keyworkers consulted with them about individual goals such as completing education, securing employment, or supporting their religious obligations. These goals were transferred to a key work schedule for action. Inspectors found there was duplication of information from the placement plans to the key working schedules. The key working schedules must outline the specific tasks to be undertaken to meet the overall placement goal and should evidence the persons responsible for the key working and the timeframe for the work to be completed. One inspector attended the handover meeting and found there was an effective transfer of information and planning was mindful of the young people's individual needs and culture.

The inspectors observed caring and respectful interactions between the care team and the young people. Equally, the young people displayed respect and kindness within the resident group accepting cultural differences and traditions.

Staff supported the young people to access education and facilitated them to undertake equivalency assessments to support their applications for further education and training.

Several members of the team completed cultural and diversity training on HSEland, and the team were self-motivated to learn about young people's cultures and traditions. Inspectors recommend that ongoing training is provided to further develop knowledge, expertise, and skills in the team to assist and further support young people seeking international protection.

The inspectors reviewed the daily logs completed by the team and found they contained limited information about the young people's daily interactions, wellbeing, and achievements. This was identified in an external audit undertaken by the services co-ordinator. The team must ensure they maintain a more comprehensive daily log for young people.

Young people were supported with an orientation in the local community and access to public transport and some young people had secured part time employment in the nearby town. The inspection questionnaires completed by the young people evidenced they felt safe, happy, and well cared for in the centre. The expressed gratitude for all the support they were given. The centre had a system in place to receive feedback from the young people about their care. The feedback received to date about their care was positive. The national advocacy group Empowering People in Care (EPIC) visited the centre and met the young people.

The inspectors found that the young people had no access to a general practitioner (GP) and despite every effort by the staff team they were unable to secure registration with a GP. All applications had been turned down on three occasions due to a lack of GP resources in the area. The policy of the Health Service Executive (HSE) policy outlines that a GP will be allocated by the HSE where three applications for GP allocations have been evidenced as declined. While at the time of writing this report the young people had received their medical cards, but the allocation of a GP remained an outstanding matter. Thus, where the young people required medical advice, treatment, or pro re nata (PRN) medication they had to attend the area's out of hours doctor service or the local hospitals accident and emergency departments. The inspectors found that there is an urgent need for allocation of a G.P. to each young person as this situation did not ensure prompt treatment and was not an appropriate use of public health services.

The inspectors escalated this issue to the social work department and Tusla's Area Manager for National Services and Integration who were aware of the issue and were liaising with the relevant departments. The registered provider and Tusla senior

management must continue to highlight and escalate this issue to the HSE as a matter of priority to ensure young people's right to an allocated GP are upheld.

A social care worker was assigned by the SCSIP social work team as a liaison person for all young people placed in the centre. They confirmed there was good communication with the centre personnel, and they were satisfied the team provided good quality care, upheld their rights, and supported the young people to develop skills for independent living. While they had met with young people who previously lived in the centre, they had not yet met the current group of young people or visited the centre due to resource issues/workload and distance from base. Given that these young people do not have allocated social workers based on their immigration and care status under the EU Temporary Protection Directive (TPD) it is important that they are visited regularly in person by a Tusla representative. Efforts were being made by the social work department to transfer two of the young people who were recently admitted to the children in care team and secure their care status and bring planning for their longer-term care under the relevant regulations.

The inspector also spoke with the social work team leader in the SCSIP service, and they acknowledged there were resource issues that impacted on social work visits to the centre. They stated however, that there was regular telephone and email communication with the centre, and they had no concerns to date about the care provided to the young people. There were no complaints brought to their attention from young people currently living there and they were satisfied the team were proactive in placement planning. They stated they were aware of the deficits in relation to allocation of GP's and were making every effort to resolve this issue with the HSE.

Care was taken to ensure that food was purchased, stored, and prepared in line with the young people's religious beliefs. Young people were involved in meal planning at weekly young people's meetings and twice weekly they were brought to purchase foods of their choice. Where required, the care team facilitated transport to specialist shops to source food from their home countries. Young people were consulted about activities they wished to participate in the community. There was evidence the care team celebrated special occasions and they held farewell gatherings for young people who turned eighteen and moved on to new accommodation. The care team told the inspectors they planned to compile a memory book of the young people's time in the centre.

Compliance with Regulations	
Regulation met	Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required.

- None identified.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centre maintained a stable staff team since admission of the first young person in November 2023 facilitating the development of stable and consistent relationships with young people.

All care staff interviewed were familiar with Children First, National Guidance for the Protection and Welfare of children, 2017 and the procedures in place for the reporting and management of child protection and welfare concerns. However, the written policies and procedures relating to child protection and safeguarding required further development to ensure they were aligned to Children First. The policy reviewed by the inspectors required several additions and adjustments and must be reviewed in its entirety.

The centre manager was named as the designated liaison person (DLP) on the child safeguarding statement and had completed specific training in relation to this role. The role of the Deputy Liaison Person was set out in policy however there was no person holding this responsibility at the time of inspection. All the care team were

identified as mandated persons by virtue of the roles they held in the centre. Care staff interviewed were aware of their roles as mandated persons.

Inspectors interviewed the social care manager and social care staff during the inspection process, and they were familiar with the categories of abuse and reporting mechanisms to Tusla, the Child and Family Agency. There was a centre-based account to log into the Tusla portal for the care team to report suspected harm or allegations of abuse. It is recommended that each team member creates an individual log in account to ensure confidentiality. There was no agreement in place with the relevant social work department to inform families of any incident or allegation of abuse as required. This must be agreed with the relevant social work team.

There was a child safeguarding statement (CSS) as required. This had an identified review date of 30/04/24 however it was not reviewed or updated at the time of the inspection. The statement of purpose was expanded to include all young people seeking international protection and the child safeguarding statement must be reviewed and updated to consider any additional risks associated with this change. The inspectors found that those interviewed were not familiar with the risks of harm or abuse that were set out on the centre's CSS, or the measures identified to mitigate such harm/abuse. The centre manager must ensure they periodically review the centres CSS with team members and involve them in its review and development.

Following a review of personnel files, the inspectors found the care team had not completed Tusla's e-Learning programme for mandated reporting under Children First National Guidance for the Protection and Welfare of children, 2017. The centre manager must ensure all staff complete this online training.

Inspectors reviewed a sample of nine personnel files and found that there were robust vetting practices in place in line with organisational policy. Staff files reviewed were found to be fully compliant with vetting requirements.

The care team were made aware of Tusla's Child Sexual Exploitation (CSE) Procedure, 2021 (including CSE as it pertains to Child Trafficking). They had undertaken Tusla's online training and in person training was scheduled in the coming months. Child sexual exploitation was incorporated into the centre's CSS and child protection policy document. Inspectors found that the absence management plans for the young people were not reviewed monthly as required under the joint

national protocol for children missing in care and this should be included alongside regular planning processes.

The child safeguarding and child protection policy included anti-bullying procedures and indicated that bullying would be reported under Children First, National Guidance for the Protection and Welfare of Children, 2017 if the threshold of harm was reached. Care staff confirmed this in interview with inspectors. Inspectors did note however, that this policy also stated that staff could be victims of bullying and recommend that this is removed and placed within human resource (HR) policies to avoid confusion. The inspectors found that care staff were alert to bullying behaviour and the potential for incidents of bullying occurring within the centre. The child protection policy highlighted the risks relating to access to the internet and social media and this would be built into placement plans and key working plans as required.

The team carefully monitored young people during the transition of purpose and function to ensure there were no incidents of bullying between the existing resident group and the new residents of different nationalities. Despite language barriers there was evidence that discussions were undertaken with the young people about diversity, tolerance, and respect.

The centre maintained a register of child protection concerns however no mandated reports were submitted since the centre opened in October 2023. Areas of individual vulnerabilities for the young people were identified and evidenced in placement plans. There was evidence of planned key working and opportunity led conversations with young people to develop self-awareness and alert them to any potential risks or dangers in the community. The care team members who met with inspectors were confident the young people would speak out if they felt unsafe.

An audit under Theme 3 of the National Standards for Children's Residential Centres (HIQA) 2018 had not yet been undertaken at the time of inspection. As part of the planned developments for undertaking external audits of the centre against the national standards, the registered proprietor must ensure that they audit the centre's capacity to safeguard young people in line with their own safeguarding policies, Children First legislation and national guidelines.

There was a protected disclosure policy in place and the care team members who spoke with inspectors were aware to whom they could make a protected disclosure without fear of adverse consequences. No protected disclosures were made since the

centre opened in October 2023. There was evidence that the centre adhered to the agreed rota and there were always three care staff and waking night staff on duty and available to young people.

Compliance with Regulation	
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 registered provider must ensure that policies and procedures in respect of safeguarding and child protection are in line with Children First, National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation.
- The registered provider must ensure that all the staff team are familiar with the purpose and content of the child safeguarding statement.
- The registered provider must ensure that the staff team undertake the Tusla online mandated persons training.

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

Theme 5: Leadership, Governance and Management

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

There were clearly defined governance structures in place. The centre manager was appointed when the centre was registered in October 2023. They were appropriately qualified to undertake the role and had extensive experience in residential care provision. They were responsible for the day-to-day care and overall delivery of the service. There was no deputy manager and staff who spoke with inspectors in interview were uncertain who would deputise for the manager for periods of planned or unplanned leave. They surmised it would be the social care leaders in charge or the registered proprietor if it was for an extended period. While there was a document that set out individual roles and responsibilities for all roles in the organisation there was no system in place to delegate the management tasks when they were on leave. A written record must be maintained when the person in charge delegates some of or all their duties to one or more appropriately qualified staff members and a record of any key decisions made when the manager is on extended leave. There was evidence that all care staff were inducted into their specific roles and that probation meetings were undertaken in line with centre policy. Young people were familiar with internal and external managers and the director of service who visited the centre regularly.

There were a range of systems in place including monthly governance reports, team meetings, internal management meetings and announced and unannounced audits to ensure governance and oversight of the service. Inspectors reviewed audits completed by the service manager and the compliance officer since the centre had opened. These had identified some deficits and areas requiring improvement as well as highlighting areas of good practice. Notwithstanding this, a review of some aspects of external management/auditing was needed to ensure that governance and oversight of the service was streamlined and facilitated effective change when required. There were several auditing templates, some duplication of work and some deficits identified for action and improvement were still outstanding at the time of inspection. It was difficult to track actions and see how audits were closed out. A

clear system to benchmark the operation of the centre against the National Standards and to report on compliance with regulations was required. Organisational management had already identified similar issues and had planned a review of how external managers monitored the service. A new IT system was planned and would facilitate remote review of all centre documents as well as centre visits. This will be beneficial as the service co-ordinator held responsibility for several services nationally and significant travel distances were involved.

The centre manager reviewed team practice and records within the centre. They provided a daily update on all aspects of service provision to the service co-ordinator and the director/proprietor. They also submitted a monthly governance report to the director and service co-ordinator. This provided an overview of the young people's progress and identified child protection concerns, complaints, staffing information, supervision, team meetings and health and safety concerns.

Inspectors found that internal management meetings took place regularly and were attended by the manager and three social care leaders. This was a positive space for internal managers to plan, address issues, improve systems and respond to any matters arising. Regional managers meetings took place on a bi-monthly basis and facilitated review and learning across teams.

There was evidence that the director ensured governance of the service through frequent contact with the centre manager, availability for on-call support and they were included in all correspondence issued from the centre. There was not however, at the time of inspection a written record of senior managers meetings to discuss strategic planning for the organisation.

There was evidence of positive team morale and team building days were built into strategic planning for the service. A team development day took place in February 2024 which identified areas for action and improvement including policy review. These actions were ongoing at the time of inspection and must be prioritised for completion.

The internal management structure was appropriate to the size and purpose and function of the centre with three social care leaders to support the manager and mentor less experienced team members.

The care team interviewed by the inspectors stated the centre was well managed and that there was a focus on learning and development. The supervision records of team

members evidenced they were supported, guided, and held to account for their practice. There was evidence that findings from audits was communicated to team members across supervision records.

As mentioned previously, there were deficits and errors in policies and procedures. The entire suite of policies and procedures must be relevant to the service, aligned with the National Standards for Children's Residential Centres (HIQA) 2018, Children First, National Guidance for the Protection and Welfare of Children, 2017, and current relevant legislation. Additionally, documents, forms and processes must be relevant to a service specifically providing care to separated children seeking international protection. Senior management informed inspectors that this process was planned and due to commence.

There was a risk management framework and systems in place for managing risk in the centre. The team received training and direction on the risk management framework and depending on their individual roles conducted or participated in risk management planning. The absence of registration of the young people to a GP service was not identified on the risk register and must be incorporated with identified control measures. Additionally, there was no structured system in place to review identified risks. There were ad hoc reviews of risk assessments and the inspectors found that some risks were not closed off when the risk no longer existed.

The service was contracted with Tusla's Separated Children Seeking International Protection Team and the managers reported to them on a weekly basis to provide updates on the young people, review service provision and discuss any issues arising. As the service level agreement was for a twelve-month period a full review was planned with Tusla in late summer 2024.

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

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

Actions required.

- The registered provider must ensure during periods of leave by the centre manager, there is a written record of delegation duties to appropriately qualified persons and of any key decisions made.
- The registered provider must ensure that policies and procedures, forms and processes are reviewed and updated. They must be relevant to a service specifically providing care to separated children seeking international protection.
- The registered provider must ensure that the system of auditing to ensure effective governance and oversight is streamlined. Identified deficits/areas requiring improvement should be addressed promptly and there should be evidence they are tracked to conclusion.
- The registered provider must ensure that there is a formal system for the review of risk in the centre.

4. Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	None identified.		
3	<p>The registered provider must ensure that policies and procedures in respect of safeguarding and child protection are in line with Children First, National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation.</p> <p>The registered provider must ensure that all the staff team are familiar with the purpose, and content of the child safeguarding statement.</p> <p>The registered provider must ensure that the staff team undertake the mandatory mandated persons training.</p>	<p>The social care manager has reviewed the safeguarding and child protection policies to ensure adherence with Children First, National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation.</p> <p>Child Safeguarding statement is now a permanent agenda item in Staff Team Meetings and is now discussed with all staff during formal Supervision with the PIC.</p> <p>Mandatory training has been identified (HSE Land) for all staff to complete. Associated certificates will be placed in relevant training folders / supervision files by 30th June 2024.</p>	<p>Safeguarding and Child Protection policies updated and will be quality assured annually.</p> <p>Child Safeguarding Statement is now added to supervision and team meeting agendas. Supervision will take place monthly and team meetings will occur fortnightly.</p> <p>Training certificates will be reviewed and refreshed as necessary.</p>

5	<p>The registered provider must ensure during periods of leave by the centre manager, there is a written record of delegation duties to appropriately qualified persons and of any key decisions made.</p> <p>The registered provider must ensure that policies and procedures, forms and processes are reviewed and updated. They must be relevant to a service specifically providing care to separated children seeking international protection.</p> <p>The registered provider must ensure that the system of auditing to ensure effective governance and oversight is streamlined. Identified deficits/areas requiring improvement should be addressed promptly and there should be evidence that they are tracked to conclusion.</p>	<p>A written delegation of duties register has been developed to ensure that during periods of leave by the SCM , another SCM or DSCM will assume responsibility for associated tasks and decision making in the centre.</p> <p>A full review of the centres policies and procedures and associated templates is being carried out to ensure relevance to the bespoke service providing care to separated children seeking international protection centre. This will be completed by 31st July 2024.</p> <p>The Service Coordinator has now devised an auditing process format to enhance governance and oversight of the centre when all actions completed will be verified.</p> <p>This process will identify deficits and areas requiring improvement with associated timelines for completion and then reviewed and verified by Service Coordinator on return visits.</p>	<p>The delegation of duties register is a permanent feature in the Centre moving forward and will be viewed annually. The Service Coordinator will provide oversight of same.</p> <p>All policy and procedure are being reviewed currently and amended as necessary, as the service continues to evolve.</p> <p>Auditing will occur quarterly on schedule by Service Coordinator. Recommendations and actions completed will be verified during centre visits and SCM supervision.</p>
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	The registered provider must ensure that there is a formal system for the review of risk in the centre.	A monthly review of risks has now been developed to reflect the changing nature of risk and to review all risks in the centre.	All risks associated with the centre will be reviewed monthly and quality assured to reflect the changing nature of the service and its service users.
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