



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 232

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis SMC Children's Services
Registered Capacity:	Ten young people
Type of Inspection:	Announced
Date of inspection:	8th and 10th April 2024
Registration Status:	Registered from 6th November 2023 to 6th November 2024
Inspection Team:	Linda Mc Guinness Joanne Cogley
Date Report Issued:	28th May 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 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 6th November 2023 to the 6th November 2024.

The centre was registered to provide accommodation for 10 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 as they had left home due to the ongoing war. 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.

The function of the service is to provide care and supervision and support through an individualised approach. The statement of purpose sets out the objectives of meeting the medical, health, behavioural, social, and emotional needs of each young person residing within the centre.

Referrals are received through the Separated Children Seeking International Protection (SCSIP) department of Tusla who determine the suitability of referrals to the service. There were 10 young people living in the centre with one moving to independent living on the first day 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 30th April 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 15th May 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: 232 without attached conditions from the 6th November 2023 to 6th November 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.

Since the service expanded the statement of purpose, inspectors found that individual and group work was completed with the original seven young people to explain the change and support them with the transition away from being solely a Ukrainian transition service. Young people who spoke with inspectors said they initially found this difficult but *'things were settling now'*. All said they liked living in the centre and that they were supported with all aspects of their lives including education and preparation for aftercare/independent living. They were supported to keep links with their families and to travel within Ireland and abroad to meet up with them.

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 centre and their rights while living there. As English was not their first language they were, when necessary, provided with a translator and the care team used a translation app to ensure effective communication in their own languages. Additionally, information leaflets were available in English and Ukrainian and were being prepared in other languages at the time of inspection. There were flags of country of origin displayed in the house and information about advocacy services was displayed in various languages. Inspectors met with three young people and all confirmed that they were aware of their rights and were informed how to make a complaint if they were unhappy with any aspect of the service.

Each young person had a placement plan that was devised in consultation with them using an interpreter to ensure that they fully understood and contributed meaningfully to the process.

The team completed cultural and diversity training on HSEland and were self-motivated to learn as much about young people's cultures and traditions as possible. Inspectors observed practice during the two days in the centre and found caring respectful interactions between young people and the care team. It was evident that there was great respect for cultural differences and traditions. Three of the young people were observing Ramadan and the routines of the centre were adjusted to accommodate dawn to sunset fasting. The care team went to great lengths to explain the traditions to other young people to help them understand the changes in the house. Care was taken to ensure that Halal food was purchased, stored, and prepared in line with permitted religious practices of the Muslim faith. All three young people were brought to Dublin to celebrate Eid al-Fitr and mark the end of Ramadan and new traditional clothing was bought for them in preparation for this.

There was evidence that one young person was supported to make a complaint when they felt they were mistreated in a local Health Centre. The centre manager was waiting for the outcome of this at the time of inspection and was advocating to ensure the young person was heard and received an appropriate response.

Young people were supported with an orientation in the local community and access to public transport. They regularly completed feedback forms and from review of these and a questionnaire provided to inspectors it was clear that they felt happy and safe in the centre. The only issue of dissatisfaction for all young people was related to the quality of the internet. Inspectors found that the care team had advocated strongly for the young people and every effort was being made to source a more reliable service especially as having reliable and accessible internet was crucial to some young people who were continuing their education on line in their home countries. The building in which the service was located was owned by Tusla, the Child and Family Agency and their capacity to directly resolve issues was limited due to operational protocols. Young people informed inspectors that they felt the team were doing everything they could to resolve the issue and the manager and director were sure that it would be resolved imminently. There were plans in place for the advocacy group Empowering People in Care (EPIC) to visit the young people.

There were risk assessments relating to young people sharing a room and both young people who shared a bedroom informed inspectors they were consulted and satisfied with the arrangement.

Inspectors found that as well as Ramadan, the young people's dietary requirements and preferences were taken into account. They were involved in meal planning at

weekly young people's meetings and their foods of choice from their home countries was sourced in specialist shops if necessary. Some of the young people worked in local employment and they were consulted about activities they wished to participate in the community. There was evidence that the care team celebrated birthdays and special occasions with young people and on day one of the inspection there was a farewell gathering for a young person who had turned eighteen and was moving on to new accommodation. They were given a memory/photo book and mementos celebrating their 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 had 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. Inspectors met with three of the young people and reviewed a questionnaire returned by another and they all reported that they felt safe in the centre and had key people that they could talk to or report any concerns they may have. Notwithstanding this, inspectors found that improvements were required

relating to policies, procedures, and practices in respect of safeguarding and child protection.

Inspectors found that the centre's policies were adapted from another service within the organisation and had not been subject to adequate review and scrutiny to ensure they were relevant and fit for purpose. Due to 'find and replace' errors there were inaccurate titles for legislation and for specific roles in respect of child protection. The child protection policy contained an inaccurate and misleading statement in respect of sexual activity between adults and minors that must be removed immediately.

While the child safeguarding statement contained a risk assessment in respect of potential harm and abuse it signposted staff to incorrect policies identifying mitigating measures to prevent and manage risk.

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. A social care leader was the identified deputy DLP. A list of all mandated persons was provided during inspection.

Inspectors interviewed the social care manager and four social care staff during the inspection process and while they were familiar with the categories of abuse, improvements were required in respect of knowledge of safeguarding policies and the whereabouts, purpose, and content of the child safeguarding statement.

While the team were provided with organisational training in safeguarding and child protection, inspectors were not confident that all the team were familiar with the centre policy and the requirements of the legislation as it applied to their role. There was a lack of clarity about reporting reasonable grounds for concern or disclosures relating to abuse and harm.

From review of personnel files, inspectors found that care staff had not completed Tusla's e-Learning programme Introduction to Children's First prior to commencement of employment and some were working in the centre for up to five months before undertaking this training. The child protection policy provided to inspectors may be contributing to confusion as it indicated only that staff '*may avail of the E-Learning Introduction to Children's First online module through the Tusla website*' and did not specify it as mandatory training.

Additionally, most of the care team had not completed Tusla's online training for mandated persons and, in interview, some staff believed that the designated person (DLP) would make a report on their behalf despite being aware they were a mandated person. They were not clear that they could make a report independent of their designated liaison person and that they could not discharge a reporting obligation to someone else.

Inspectors found too that there were deficits in practices and procedures to safeguard and protect young people living in the centre. The centre manager was employed prior to receipt of their Garda vetting. While it is acknowledged that there was a risk assessment relating to this and they were not alone with young people, this is a breach of National Vetting Bureau (Children and Vulnerable Persons) Act 2012 that states *'A relevant organisation shall not employ (whether under contract of employment or otherwise) any person to undertake relevant work or activities, unless the organisation receives a vetting disclosure from the Bureau in respect of that person.'*

The organisations recruitment policy referenced the requirements of the aforementioned legislation, however, the above example and other vetting practices were not in line with the policy, or the risk assessment set out on child safeguarding statement. Inspectors reviewed a sample of five personnel files and found that in four of these, references were not verified prior to them taking up employment in the centre. In some instances, there were delays of two and five months before references were verified. One reference was not obtained for this employment and was dated 2012 but employment commenced in 2023.

The organisation's policy in respect of the provision of a safe environment was not adhered to. The visitor book was not properly maintained, and inspectors found that the premises did not have adequate measures to ensure people could not enter the premises unknown to the care team. There was no doorbell, and on day one, an inspector did not get an answer when they knocked and was able to enter the premises and speak with a young person before a staff member was aware of their presence. A second example of this occurred during inspection when a work person was in the house unknown to the care team. The social care manager wrote to the lead inspector following the visit to confirm that a doorbell was installed. The centre manager must ensure the entrance to the centre is adequately secure as to ensure all persons entering the premises can make themselves known to the team. There were inaccuracies in the recording of which care staff were present in the centre upon review of young people's daily logs.

Inspectors found evidence that there were significant gaps in fulfilling the rota with 'live night/waking night' staff in line with the service level agreement. On many occasions there was no waking night staff in the centre and there were inconsistencies in how this was managed. On some occasions those on sleepover duties shared the waking duties over their 25-hour shift meaning they only slept for four-hour periods. On other occasions no member of the team remained awake and there was the possibility that young people could be open to abuse or harm as there were no alarms on bedroom doors. The registered provider did not formally notify the funding body or the supervising social work departments about the number of times or occasions when waking nights were not in place. This risk was not noted on the corporate or centre risk register.

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 the online training, and it was incorporated into the centre's policy document.

The child safeguarding and child protection policy centre included reference to bullying and indicated that it would be reported under Children First, National Guidance for the Protection and Welfare of Children, 2017 if it was assessed that it met the threshold of harm. 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 staff were alert to bullying behaviour and possible incidents of bullying within the centre. They were carefully monitoring young people during the transition of purpose and function to ensure there was no incidents of bullying between the existing group and new young people of differing nationalities. There was also good oversight of the group dynamic by centre managers and evidence of discussions with young people about tolerance and respect. Two young people who spoke to inspectors stated, *'it was a place where respect for each other was expected'*.

The child safeguarding statement and child protection policies highlighted the risks relating to access to the internet and social media. Conversations around appropriate use of social media and the internet was evidenced in individual work and key working records. There was a risk assessment relating to young people sharing a bedroom.

The centre maintained a register of child protection concerns that included reported concerns and those that were assessed as not meeting the threshold. 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 possible risks or dangers in the community. The care team members who met with inspectors were confident the young people would speak out if they were feeling unsafe.

Inspectors spoke with the social work team leader for all young people placed. They were confident that there was good communication with the centre and that the care team identified work to be completed with young people to develop resilience, keep themselves safe and prepare them for independent living.

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. Therefore, deficits in respect of child protection and safeguarding in policies, procedure and practice identified during this inspection were not highlighted or targeted for attention.

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 2023.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	Regulation 5

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

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. All staff must be fully aware of their responsibilities under the legislation.
- The registered provider must ensure that all the staff team are familiar with the whereabouts, purpose, and content of the child safeguarding statement.
- The registered provider must ensure that the staff team undertake all mandatory training relating to safeguarding and child protection.
- The registered provider must ensure at all times that recruitment of staff is in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016 and organisational policies and procedures.
- The registered provider must ensure the provision of a safe environment. The entrance to the centre must be adequately secure to ensure all persons entering the premises can make themselves known to the team.
- The registered provider must ensure the maintenance of accurate records relating to persons present in the centre including daily logs and visitor records.
- The registered provider must ensure that the rota complies with the service level agreement and that waking night staff are in place at all times.

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 took up post in November 2023 and the person who previously held the person in charge position took up the service manager post with responsibility for this centre. The centre manager was appropriately qualified to undertake the role and had extensive experience in health and social care. 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 but surmised it would be one of the four social care leaders.

Inspectors found that while internal social care leader meetings were taking place regularly there were aspects of the service that some social care leaders were not familiar with and therefore could not support less experienced staff with. Senior managers had identified this as a deficit and a social care leader training day was planned for May 2023.

At the time of inspection, the team was still forming and establishing and had expanded to accommodate the increase in capacity when the statement of purpose changed. There was some evidence that the centre manager and service manager had highlighted and were managing initial difficulties that if not addressed could lead to poor morale. There was evidence that the centre manager was both supportive and challenging and held people accountable for responsibilities specific to their roles. Team building days were planned at the time of inspection.

There were a range of systems in place including monthly governance reports, team meetings, external and in-house management meetings, announced and unannounced audits to ensure governance and oversight of the service. A comprehensive audit by a service manager (based on six standards across four of the themes of the National Standards for Children's Residential Centres, 2018, HIQA) was completed in March 2024. Identified actions requiring attention were being addressed in a timely manner at the time of inspection.

The internal management structure was appropriate to the size and purpose and function of the centre with four social care leaders however as mentioned previously further training and development was required to ensure that all were clear of their roles and responsibilities to the extent that they could mentor other staff. Consideration should be given to reviewing recruitment and induction processes to ensure that people have the experience, skills, and competencies for specified management support roles.

The care team interviewed by the inspectors stated the centre was well managed and that there was a focus on learning and development. There was evidence upon review of supervision records of team members being held to account for their practice. The social work team leader also indicated that there was effective communication with the centre in support of planning for young people.

As mentioned previously, there were deficits and errors in policies and procedures which was particularly concerning in respect of child protection and safeguarding. Additionally, the induction process was intended to be aligned to the policy document however, when the induction checklist was cross referenced with the policies, they were not corresponding meaning the approval and sign off of the induction, process was not accurate. The suite of policies and procedures must be 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. Senior management informed inspectors that this process was underway, and policies were being reviewed at the time of inspection.

There was a risk management framework and systems in place for managing risk in the centre. There was some evidence that social care leaders received guidance and direction from the centre manager on the risk management framework, however, this did not translate into a sound knowledge base and confidence to use the system in practice. At the time of inspection, the service manager and centre manager had completed the majority of the risk assessments and social care leaders, and social care workers were not confident to use the framework in practice. This was acknowledged by the centre manager who felt there was some trepidation about risk management and completing risk assessments. They had begun to address this at team meetings and through individual supervision. Staff members must all be confident in the identification, assessment, and management of risk.

The social work team leader was confident that the team were alert to risks for the young people placed there and stated there was good consultation with them to manage identified risks such as risks in the community or being targeted with racial abuse. The inspectors found that the organisational risk register did not identify or assess the impact of the staffing (night time) deficits mentioned previously in this report.

The service was contracted with Tusla's Separated Children Seeking International Protection Team (SCSIP) and met with them regularly to review service provision. As mentioned previously there was no evidence of correspondence with the funding body regarding the inability to fulfil the agreed rota with waking night staff although the registered provider indicated that this took place verbally.

The centre maintained a task list (delegation log) that set out specific roles and responsibilities that were assigned to staff. There was evidence that specific roles assigned to staff were discussed in staff supervision and in team meetings.

Compliance with regulations	
Regulation met	Regulation 6
Regulation not met	Regulation 5

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 that staff induction and training is aligned to organisational policies, procedures and specifically assigned roles.
- The registered provider must ensure that the staff team is confident in the identification, assessment, and management of risk and familiar with the risk management framework in place.

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	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. All staff must be fully aware of their responsibilities under the legislation.	<p>The safeguarding statement was updated immediately and has passed Tusla compliancy standards on 15.04.24.</p> <p>Mandated person training has been tasked to the entire staff team and will be completed by the 31/5/24.</p> <p>With regards to the child protection policy, this has been reviewed on 3rd May 2024 and all deficits have been addressed. At the team meeting on 30th May 2024 the new updated Policy will be discussed with the team.</p>	<p>All future child safeguarding statements will be sent to Tusla for a compliancy check.</p> <p>As part of new employee induction process, all relevant staff will be assigned the mandated persons training to complete.</p> <p>Child protection and safeguarding will continue to be an outstanding item on the staff team meeting agenda.</p> <p>Child protection and safeguarding policy will be reviewed every 6 months with the team, and their knowledge and understanding will be tested, either verbally or in written form.</p>

	<p>The registered provider must ensure that all the staff team are familiar with the whereabouts, purpose, and content of the child safeguarding statement.</p>	<p>All staff were issued a copy of the updated safeguarding statement on 7th May 2024. A copy has also been placed on all five notice boards throughout the house.</p> <p>The child safeguarding statement has been added to the organisational Childrens First training on 14th May 2024.</p>	<p>When the child safeguarding statement is updated or reviewed staff will receive a copy, and this will be reviewed at the following team meeting, as well as each of their next supervision sessions.</p>
	<p>The registered provider must ensure that the staff team undertake all mandatory training relating to safeguarding and child protection.</p>	<p>All staff will have completed online HSEland 'Introduction to Children First' training, mandated persons training and updated CSE training by 30th May 2024. Team also to complete in person CSE training by 21st May 2024.</p>	<p>All staff will complete all relevant safeguarding and child protection training on an ongoing and timely basis. The centre manager will keep aware of updates to training and will ensure that all staff continue to update their training and knowledge.</p>
	<p>The registered provider must ensure at all times that recruitment of staff is in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016 and organisational policies and procedures.</p>	<p>A review was undertaken on 7th May 2024 in Head Office of personnel files, and the issues outlined in the inspection. There were some administrative errors found in the personnel files, however this will be rectified immediately.</p>	<p>The service manager will ensure on an ongoing basis that all personnel files are double checked prior to a staff member commencing employment.</p>

	<p>The registered provider must ensure the provision of a safe environment. The entrance to the centre must be adequately secure to ensure all persons entering the premises can make themselves known to the team.</p>	<p>A doorbell is now in place as of 10th April 2024.</p> <p>A private residence “no unauthorised entry” is also on display as of 11th April 2024.</p> <p>As of 11th April all visitors must pre-arrange access with Manager or entry is not permitted.</p>	<p>Tusla campus manager will continue to alert centre manager of any potential need to enter premises.</p> <p>Staff will make sure IDs are checked and book is signed.</p> <p>The sign in book has always been in place and in use, however there will be more diligence around this.</p> <p>No visitors are permitted to walk around the Centre unsupervised.</p> <p>The centre has a thumb lock on the front door and will use the same to keep the door locked.</p>
	<p>The registered provider must ensure and the maintenance of accurate records relating to persons present in the centre including daily logs and visitor records.</p>	<p>Centre manager has reviewed systems in place and will retrain staff in how to accurately “save as” so fresh templates are used at all times within the daily logs.</p>	<p>Centre manager will complete report writing training with the team. A training needs analysis will be completed to see if staff need a further computer skills course. If any deficits are identified the centre manager will ensure adequate training and supports are provided.</p>

	<p>The registered provider must ensure that the rota complies with the service level agreement and that waking night staff are in place at all times.</p>	<p>This issue has been addressed directly with staff at the team meeting on 18th April 2024.</p> <p>The service now has two night duty staff in place since 01.03.24 who alternate nights on a rotating 4/3 basis.</p>	<p>Interviews are taking place for a relief panel for this geographical region.</p>
5	<p>The registered provider must ensure that staff induction and training is aligned to organisational policies procedures and specifically assigned roles.</p> <p>The registered provider must ensure that the staff team is confident in the identification, assessment, and management of risk and familiar with the risk management framework in place.</p>	<p>The induction template has been reviewed and amended to ensure that it is aligned to organisational policies & procedures. This was completed on 30th April 2024.</p> <p>A training day for Social Care Leaders within the company is being held on the 16/5/24.</p> <p>Staff to complete Tusla Organisational Risk Management training via Hse Land by 31/5/24.</p> <p>Manager will also complete training with the team for centre specific risk assessments on the 12/6/24.</p>	<p>The updated induction template will be utilised with all new employees and reviewed on a yearly basis.</p> <p>Risk assessments will be reviewed under Health and Safety on team agenda at each team meeting.</p>