



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 081

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Sherrard House
Registered Capacity:	Five Young People
Type of Inspection:	Announced
Date of inspection:	21st & 22nd of August 2024
Registration Status:	Registered from 31st July 2022 to 31st July 2025
Inspection Team:	Mark McGuire Lisa Tobin
Date Report Issued:	21st October 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support (Standard 1.3 only)	
3.2 Theme 3: Safe Care and Support (3.1 only)	
3.3 Theme 5: Leadership, Governance and Management (Standard 5.4 only)	
4. Corrective and Preventative Actions	19

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 31st of July 2001. At the time of this inspection the centre was in its eight registration and was in year three of the cycle. The centre was registered without attached conditions from 31st July 2022 to 31st July 2025.

The centre was established as a multi-occupancy service, designed to offer short- to medium-term care for up to four young women aged 13 to 17. An additional fifth place was reserved for emergency referrals through the Tusla out-of-hours service. The team adhered to the core principles of this voluntary organisation, focusing on creating a safe, secure, and nurturing environment. This approach aimed to help young people develop trust and build positive life experiences, supported by strong adult relationships and role modelling from the team. At the time of inspection, two young people were residing at the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Client-centred care and Support	1.3
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4

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 24th of September 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 7th of October 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: 081 without attached conditions from the 31st of July 2022 to the 31st of July 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors found clear efforts by centre management and staff to actively involve the young people in decisions about their care. This was reflected in their participation in room decoration, meal planning, young people's meetings, child-in-care reviews, and strategy meetings. Even when young people chose not to engage in professional meetings, staff ensured they were consulted beforehand and advocated on their behalf when necessary. One social worker interviewed during the inspection praised the centre management for making time for a young person to attend a meeting shortly after admission, highlighting the centre's proactive approach.

Monthly placement planning meetings were also held, during which staff sought to include the young people's voices. Social work were also involved in these meetings to ensure that all parties with a vested interest in the young people's care had input.

While inspectors observed good practices in facilitating young people's voices, they identified areas for improvement. The 'young person's voice' section in daily logs was often left blank or underutilized. Social care workers acknowledged this during interviews, noting that these sections were infrequently completed and where utilised, often reflected staff opinions rather than the young people's perspectives. Inspectors recommend that staff collaborate more closely with the young people when completing these sections to better capture their views. Encouraging young people to chair the young person's meetings could further enhance engagement and ownership of decisions also. However, due to the need for separate plans related to high-risk situations, this option was not currently feasible.

Inspectors observed a strong key worker/mentor system in place, led by an assigned social care leader overseeing four key workers/mentors. Significant individual key work was being done with the young people. One social worker interviewed stated that their preferences were considered in the key worker assignment, with

management prioritising a strong relationship with one key worker based on the young person's needs. This tailored approach positively impacted engagement with the key work system.

Inspectors also found that young people were well-informed about their rights through various channels, including a young person's booklet, informational displays throughout the centre, staff communication, and regular discussions on the UN Convention on the Rights of the Child (UNCRC, 1989). Inspectors saw how young people were made aware of their right to access and read their records and how the staff team discussed one right from the UNCRC in detail at fortnightly young people's meetings. Additionally, young people had access to advocacy services, and staff supported their engagement with organisations like EPIC (Empowering People in Care).

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.3
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:

- No actions 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.

Inspectors found that the centre had a comprehensive suite of child protection policies in place, which largely aligned with the requirements of the Children First Act, 2015. These policies clearly outlined the roles of the designated liaison person (DLP) and deputy designated liaison persons (DDLp), along with providing their contact details. They also specified the obligations of centre staff as mandated persons, including a list of all staff members who were considered mandated persons. Additionally, the policies defined the types and categories of abuse as described under Children First and detailed the staff's responsibility to report abuse and reasonable grounds for concern through the Tusla portal.

While inspectors saw evidence of good practice of child protection concerns being notified promptly through the Tusla portal, inconsistencies were also observed. During interviews with inspectors, staff responses regarding reporting policies and procedures for child protection concerns were inconsistent. In particular, when and to whom to notify and informing young people's parents of concerns. Clear and accurate guidance for staff on responding to concerns is essential, and refresher training on child protection policies is advised by inspectors. Staff had completed the core Tusla Children First training online, covering three key modules. Inspectors recommend that to further enhance their understanding of legal obligations, Mandated Persons Training be completed also. Inspectors saw how policies were being regularly reviewed and distributed to staff. Staff interviewed were clear on the roles of the DLP and DDLp, though it was recommended that the DLP and DDLp undertake a refresher of the Tusla DLP training module also, which they had originally completed in 2019.

Inspectors saw how a safeguarding plan, including a safe word system for young people when outside the centre, was in place and actively used by staff. However, inspectors observed that the quality of these safeguarding plans required improvement. Specific concerns, such as health and safety risks and risks related to childhood sexual exploitation (CSE), were not detailed adequately for one young person, despite these being current risks. Inspectors saw one incident where staff and

management failed to identify or report a child welfare concern for this young person, highlighting the need for more consistent application of child protection and safeguarding policies. The young person's social worker also expressed concerns to inspectors about the incident being reported only through the Significant Event Notification (SEN) system, without informing An Garda Síochána or submitting a Child Protection Welfare Report Form (CPWRF). According to the centre's own policy, this should have also been reported using the Childhood Sexual Exploitation (CSE1) form. Inspectors advised centre management to review all significant events in line with their child protection policies to identify any further incidents not submitted through the Tusla portal. Inspectors also recommend that to improve oversight and consistency in safeguarding practice, a more robust safeguarding plan that clearly identifies high risks with specific actions for staff is needed and developed in collaboration with social work.

Inspectors observed some good practices in identifying individual vulnerabilities of young people through documents such as mental health plans, education plans, placement support plans (PSP), and absence management plans (AMP). However, tracking complete response details was challenging because the information was spread across multiple documents. While some risk assessments were conducted by management, these were not stored in the young people's care files, nor were all relevant risks assessed. To address this, safeguarding risk assessments and associated risk management plans need to be further developed and appropriately risk rated. These documents should be maintained in each child's care file to ensure consistency of care across the team. Inspectors found that detailed risk assessments and staff response procedures were needed for areas like CSE, nighttime health and safety concerns related to drug use, and self-harming behaviours. This need was acknowledged by both staff and social work teams. These risk assessments and response procedures should include clear instructions for staff to ensure consistent responses, especially given the increased use of occasional agency personnel due to shortages within the centre's core team. These must be recorded in such a way that it allows for tracking by management and learning for the care team.

Inspectors found from interviews, variations in how concerns for one young person were managed by staff, particularly regarding monitoring timelines for the associated health and safety concern, and when to notify on-call of concerns. Collaboration with social work on risk management plans would help align responses and strengthen existing safeguarding measures. Inspectors identified inconsistencies in decision-making regarding free time arrangements in young people's AMPs. One young person had their free time restricted as a safeguarding measure, while another was allowed

unlimited free time despite significant safeguarding concerns. While inspectors acknowledge differences in age and developmental stages, as well as the regular contact maintained with the young person during free time, they recommend reviewing these arrangements alongside other risk management plans. Additional staff training on self-harm, CSE, and drug use was recognized as a requirement by centre staff, management and a representative of the Board during interviews as part of the inspection. Centre management had already arranged for an external service to provide drug training in September 2024 and were exploring in-person CSE training with a dedicated CSE trainer from the ACIMS team.

Social workers informed inspectors that there was strong engagement from the centre, with prompt notification of concerns in most instances. They felt the centre worked in partnership with them. Although one social worker acknowledged that more could be done regarding safeguarding measures, they expressed confidence that improvements would be implemented following the inspection process and committed to having a collaborative meeting to follow up on same.

Inspectors found a robust anti-bullying and whistleblowing policy in place. Staff demonstrated a strong understanding of these policies and the centre's zero-tolerance approach to bullying. They were well-informed about protected disclosures, understanding how to report concerns about centre management to the Board and the procedures for making protected disclosures regarding colleagues.

The centre's Child Safeguarding Statement (CSS) was prominently displayed and reviewed annually. While inspectors observed that the centre had conducted risk assessments on areas such as peer interaction and social media usage, it lacked consideration of CSE risks, despite known environmental concerns highlighted earlier in this report. During interviews with staff and a Board member, all acknowledged that CSE risks were not explicitly addressed and must be included in the CSS, with staff noting that this had been a recurring issue with past residents. Although staff have received online CSE training and a related policy was in place, a clearer risk assessment procedure was needed. As part of the service's legal requirements under the Children First Act, 2015, the centre must conduct a risk assessment for all areas where children could potentially be exposed to harm. Therefore, centre management must include the risk of CSE in their CSS going forward.

Inspectors identified that low staffing numbers were affecting safeguarding practices at the centre. Centre management had notified Tusla through a 'Need to Know' form

about a placement at risk and had held several strategy and placement-at-risk meetings. Despite additional funding for extra night staffing and efforts to strengthen the core team, recruitment was unsuccessful. The centre failed to meet the minimum staffing requirements outlined in the ACIMS Regulatory Notice - Minimal Staffing Level & Qualifications CRC Settings, August 2024. At the time of inspection, the centre was funded for eleven full-time equivalent care staff but had only four full-time, two part-time, one staff working three-quarters of a full-time schedule, one agency staff member, and one relief staff member on full-time lines—leaving staffing below the regulatory minimum. Agency staff covered thirty-six shifts over six weeks, with centre management stepping in for overnight shifts. Despite these challenges, the centre initially pursued the admission of another young person. Following discussions between centre and ACIMS management, the centre agreed not to accept further referrals. While ACIMS management was satisfied with the staffing for the current group, addressing shortages and reducing reliance on agency staff would likely improve safeguarding consistency and the overall quality of care. Strengthening staffing would also ensure that child protection policies are applied uniformly across all shifts

Inspectors observed that, as part of a risk assessment and management procedure to safeguard one young person when they were dysregulated, centre staff were providing them with cigarettes as a regulation method. Inspectors raised concerns about the legal, health, and safety implications of this practice and instructed centre management to cease it immediately. Centre management acknowledged these concerns and confirmed the practice would be discontinued. The young person's social worker also confirmed awareness of the practice and agreed it should be stopped and committed to collaborating with the centre to explore alternative ways to support the young person during periods of dysregulation.

Despite the areas identified for improvement, inspectors observed the clear dedication and care that the staff team consistently provided to the young people in their care. The staff teams efforts to engage and protect the young people were commendable, particularly given the challenges posed by the current dynamics. Centre management and social work have recognized that one young person's placement presents too high a risk for the centre to manage effectively. An alternative placement is actively being pursued to address the risks associated with the current geographical area. Inspectors also spoke with the area alternative care manager, who outlined their commitment to supporting the centre through ongoing recruitment campaigns and closely monitoring the centre's stability before pursuing further admissions. This proactive approach reflects a shared commitment to improving the

quality of care and ensuring the safety and well-being of the young people, even in the face of significant challenges.

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:

- Centre management must ensure that all staff complete Mandated Persons Training and that the Designated Liaison Person (DLP) and Deputy Designated Liaison Person complete a refresher on the DLP training module.
- Centre management must conduct refresher training sessions on their child protection policies with the staff team. This training should include clear, written guidance on the procedures for reporting child protection concerns, detailing when and to whom staff should notify, as well as the process for informing young people's parents of concerns.
- Centre management must develop more robust safeguarding plans and detailed risk assessments, particularly for high-risk areas such as Childhood Sexual Exploitation (CSE), drug use, and self-harm. These plans should clearly identify all high-risk areas, provide explicit actions and protocols for staff to follow, and be regularly reviewed, updated and integrated into each child's care file. Collaboration with social workers must be ensured to align these plans with external oversight.
- Centre management must conduct a thorough review of recent incidents to ensure that all child protection concerns have been appropriately reported through the correct channels. Any discrepancies or missed reports should be identified, rectified, and used as learning opportunities for the team.
- Centre management must ensure that the upcoming review of the Child Safeguarding Statement (CSS) includes explicit consideration of Child Sexual Exploitation (CSE) risks, addressing known environmental concerns and reflecting the specific vulnerabilities of past and current residents.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that the centre manager and deputy manager had systems in place to assess the quality and safety of care provided in the centre. They conducted all service audits in alignment with national standards for children's residential centres (HIQA, 2018) and performed an annual review of compliance with the centre's objectives. Inspectors observed good practice in developing action plans from these audits, with specific individuals assigned to follow up. However, this process was not consistently reflected in the compliance report. Both centre management and a representative of the Board agreed that exploring external auditing would provide an additional layer of oversight and clinical governance, supporting the already significant workload of centre management. Inspectors were informed that this area is being actively pursued, with a Board member with expertise in quality assurance assisting centre management in the interim. Inspectors also identified gaps in the audits, such as the health and safety audit not addressing risks of harm to staff and response protocols, which an external auditor could help address.

During interviews, staff were aware that internal audits were being conducted but indicated that the findings from these audits were not always shared with them for group learning. However, inspectors found evidence of audit findings being discussed at team meetings to promote collective learning. Inspectors recommend that findings from both internal audits and external processes, such as ACIMS inspections, be regularly revisited with the team to further enhance collective learning and continuous improvement. Inspectors observed that the centre had implemented regular supervision, team meetings, and internal Significant Event Review Group (SERG) meetings. Staff reported feeling well-supported by centre management, with flexibility in responding to staff needs, including offering additional supervision when quality and safety issues were identified. This was noted as a positive practice.

Inspectors also reviewed the centre's complaints policy, which was in place and included guidelines for handling various scenarios. However, the policy lacked clarity on when to notify social workers of complaints. Interviews with centre staff revealed

confusion regarding this aspect, indicating a need for policy review to ensure that staff were fully aware of their responsibilities. Inspectors saw that there were no formal complaints logged by young people in the centre throughout 2024 and social workers noted to inspectors that their allocated young people both enjoyed living in the centre and spending time with centre management and staff there.

Inspectors found that the process for logging informal complaints or expressions of dissatisfaction needed clarification. Some expressions were recorded in the complaints log, while others were not. Centre management indicated that they were logging these to capture and follow up on young people's views, despite the policy specifying that expressions of dissatisfaction should not be included in the complaints log. Inspectors recommended implementing a separate log for informal complaints to address this issue more effectively. They also advised a review of the complaints policy followed by staff training to ensure consistency in handling all complaints and concerns. While inspectors saw that young people were made aware of the complaints process through the young person's booklet and information stands with helpful posters and forms, they found that more detailed information about Tusla's Tell Us feedback and complaints system should be incorporated into the booklet for greater clarity.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.4
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- Centre management must conduct a comprehensive review of the complaints policy to clarify when and how social workers should be notified of complaints. The policy should be revised to ensure that staff are fully informed of their responsibilities regarding complaints and expressions of dissatisfaction.
- Centre management must ensure that findings from internal audits and external processes, such as ACIMS inspections, are regularly revisited with the staff team to promote collective learning and support continuous improvement within the team.
- The centre needs to update the young person's booklet to include more detailed information about Tusla's Tell Us feedback and complaints system. This will provide greater clarity and ensure that young people are fully informed about how to provide feedback and make complaints.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	No actions identified.		
3	Centre management must ensure that all staff complete Mandated Persons Training and that the Designated Liaison Person (DLP) and Deputy Designated Liaison Person complete a refresher on the DLP training module.	<p>The DLP and DDLP completed the refresher DLP training on 8/10/24.</p> <p>Mandated Persons Training was not accessible through HSEland, however this has been sourced through Tusla.ie and the majority of the staff team apart from those on annual leave have completed this. All staff will have completed this by end of Oct 2024</p>	<p>DLP and Mandated Person's trainings will be recorded in our Training needs analysis and included in our Specific Training Strategy in relation to Child Protection and Child Safeguarding. The Centres Child Protection Policies and Procedures will be reviewed to include updated mandated training</p> <p>The plan going forward is for DLP refresher training to take place yearly and this will be included as part of the training strategy for DLP.</p> <p>The SCM and DSCM will ensure that all staff complete the Mandated Persons Training in conjunction with the three modules of the Children's First Training at commencement of employment.</p>

	<p>Centre management must conduct refresher training sessions on their child protection policies with the staff team. This training should include clear, written guidance on the procedures for reporting child protection concerns, detailing when and to whom staff should notify, as well as the process for informing young people's parents of concerns.</p>	<p>The Centre has a Specific Training Strategy in relation to Child Protection and Safeguarding which includes training on the Centres Child Protection Policies and Procedures which will take place at the monthly Staff Training Meetings. This will be broken into sections over the year and rolled out accordingly. This is subject to ongoing training to ensure that staff have a clear knowledge of the procedures involved. Currently at each supervision session discussion takes place in relation to the various Child Protection Policy documents.</p>	<p>A review of these training sessions will take place annually and form part of the Specific Training Strategy for the coming year. At the beginning of each year the modules will be planned for each training session.</p>
	<p>Centre management must develop more robust safeguarding plans and detailed risk assessments, particularly for high-risk areas such as Childhood Sexual Exploitation (CSE), drug use, and self-harm. These plans should clearly</p>	<p>SCM and DSCM have developed a Risk Management Plan to replace the various Risk Assessments which are already in place in order to ensure that they are easier to track. This is being piloted presently and training will take place with</p>	<p>This will be overseen and reviewed by SCM, DSCM and SCL's on a regular basis. This new Risk Management plan will be presented to the Board of Management for governance and oversight.</p>

	<p>identify all high-risk areas, provide explicit actions and protocols for staff to follow, and be regularly reviewed, updated and integrated into each child's care file. Collaboration with social workers must be ensured to align these plans with external oversight.</p> <p>Centre management must conduct a thorough review of recent incidents to ensure that all child protection concerns have been appropriately reported through the correct channels. Any discrepancies or missed reports should be identified, rectified, and used as learning opportunities for the team.</p>	<p>the staff team, with the aim to have it fully implemented by end of Oct 2024. These will be completed in collaboration with each young person's Social Worker.</p> <p>Centre Management are in the process of conducting a review of recent incidents to ensure that all Child Protection concerns have been appropriately reported. This is expected to be completed by the end of Nov 2024. The findings of which will be discussed with the staff team and the learning from these will be reviewed. Reviews take place of SEN'S and Child Protection Notifications at Monthly Staff Training Meetings and this will continue. These are also discussed at weekly Team Meetings and monthly Management Meetings .</p>	<p>Centre Management will share the learning from this review with the Board of Management and update policies as required.</p>
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	Centre management must ensure that the upcoming review of the Child Safeguarding Statement (CSS) includes explicit consideration of Child Sexual Exploitation (CSE) risks, addressing known environmental concerns and reflecting the specific vulnerabilities of past and current residents.	The Child Safeguarding Statement was reviewed to include CSE Risks.	This will continue to be shared with the Board of Management and reviewed annually or when required.
5	Centre management must conduct a comprehensive review of the complaints policy to clarify when and how social workers should be notified of complaints. The policy should be revised to ensure that staff are fully informed of their responsibilities regarding complaints and expressions of dissatisfaction.	Centre Management will conduct a comprehensive review of the Complaints Policy. This will be completed by end of Nov 2024 and will form part of the Staff Training Meetings.	The Board of Management will review this yearly and ongoing training will take part with the staff team.

	<p>Centre management must ensure that findings from internal audits and external processes, such as ACIMS inspections, are regularly revisited with the staff team to promote collective learning and support continuous improvement within the team.</p>	<p>Centre Management will continue to ensure that the findings from internal Audits and external processes are shared with the Staff Team to support collective learning and improvements within the team. Clarification of staff understanding will take place in supervision.</p>	<p>Centre Management will review and ensure that staff are informed of these findings following completion of each audit. This will now be included in the agenda of staff monthly inhouse training meetings.</p>
	<p>The centre needs to update the young person's booklet to include more detailed information about Tusla's Tell Us feedback and complaints system. This will provide greater clarity and ensure that young people are fully informed about how to provide feedback and make complaints.</p>	<p>The young person's booklet will be reviewed to ensure it contains more detailed information on Tulsa's Tell Us. This will also form part of the Young People's Meetings. This will be completed by the end of Oct 2024</p>	<p>Centre Management will continue to ensure that the staff Team are up to date in their Tell Us Training and the learning from this is passed on to the Young People's Booklet and the Young Peoples Meetings.</p>