



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 072**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>New Beginnings Ltd.</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>04<sup>th</sup>, 05<sup>th</sup> and 14<sup>th</sup> March 2024</b>
<b>Registration Status:</b>	<b>Registered from the 14<sup>th</sup> of March 2023 to the 14<sup>th</sup> of March 2026</b>
<b>Inspection Team:</b>	<b>Anne McEvoy Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>28<sup>th</sup> May 2024</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in September 2007. At the time of this inspection the centre was in its sixth registration and was in year one of the cycle. The centre was registered without attached conditions from the 14<sup>th</sup> March 2023 to the 14<sup>th</sup> March 2026.

The centre was registered as a multi-occupancy service. It aimed to maintain a therapeutic, safe and homely environment for the young people living there utilising a relationship-based approach that met the holistic and assessed needs of the young people. There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.3
6: Responsive Workforce	6.1
8: Use of Information	8.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 1<sup>st</sup> May 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 15<sup>th</sup> 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: without attached conditions from the 14<sup>th</sup> March 2023 to the 14<sup>th</sup> March 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

Inspectors were satisfied that young people's views and preferences in relation to their daily living arrangements were considered and this was reflected across a range of centre records and in interview with two young people. Young people had the opportunity to have an input into their daily plans and the daily logs recorded the voice of the young people. House meetings were held weekly where young people had the opportunity to raise issues in relation to their daily living arrangements.

The centre had up-to-date policies on children's rights, access to information, recognising diversity and consultation with young people. A complaints policy was in place and was most recently updated on the 1st of April 2023. This was consistent with relevant legislation, regulations and best practice guidelines.

Staff interviewed during the inspection stated that there was a culture of openness and transparency in the centre and young people were comfortable to raise concerns. However, in interview, care team members were unsure about the thresholding of notifiable and non-notifiable complaints. Inspectors found that complaints relating to free time were being recorded as non-notifiable complaints despite centre care staff and management not being able to resolve those issues for the young person, as these are decisions that must have social work input and agreement. The centre manager must ensure that the threshold for notifiable complaints appropriately assessed and applied.

Additionally, inspectors reviewed team meeting records available and found that in 2023, while complaints formed a standing item on the agenda, the discussion was limited and there was no indication as to whether the complaint was resolved or if there was any learning from it. An audit completed by the quality assurance officer in October 2023 stated that complaints were regularly reviewed. This was not the finding of the inspectors for the timeframe covered by the audit. On the minutes of



six team meeting records from 2023, there was an ongoing action that complaints were to be “backdated”. Inspectors were advised that this action was to retrospectively review centre records and identify aspects of care provision that young people were unsatisfied with and record them as complaints. Inspectors found that the non-recording of complaints was not resolved until the current management team were appointed in November 2023. At this point the regional manager requested a review of centre records and complaints were identified but there was no opportunity to resolve those complaints as too much time had elapsed. This was evidenced in the complaints register where retrospective complaints were recorded in the last quarter of 2023. While the complaints register did not evidence if complaints and subsequent investigation or resolution were shared with the allocated social worker or parent as appropriate, in interview two social workers stated that they were advised if the young person was unhappy with aspects of care provision. The registered provider and centre manager must ensure that all complaints are identified and recorded, managed and reviewed in a timely manner.

Inspectors were provided with individual work records evidencing that information was provided to the young people in August and October 2023 about the centre’s complaints process and advocacy services. One young person, in interview, stated that they knew how to make a complaint and even when the outcome was not what they had wanted, the reason for the decision was explained to them. Inspectors reviewed key work for a second young person and found written documents at both time of admission and in the young person’s handbook detailing how complaints were made, however when inspectors discussed complaints with the young person, they stated that they did not know how to make a complaint and that no-one had explained to them how complaints were made and processed. The centre manager must ensure that individual work is completed at regular intervals with all young people ensuring that they are aware of how to make a complaint and the various complaint processes available to them through the centre’s own complaints process, the Tusla Tell Us process and advocacy groups such as Empowering People in Care (EPIC).

The audit conducted by the quality assurance officer in October 2023 referenced that there was no system in place for young people to provide feedback on the complaints procedure, and it was to be introduced. At the time of this inspection this was still an outstanding action for the centre manager to complete.

The centre manager must ensure that there is a mechanism in place for young people to provide feedback on the complaints procedure and that this mechanism forms part of the discussion with young people on the complaints process.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed.</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed.</b>

### **Actions required**

- The centre manager must ensure that the threshold for notifiable complaints appropriately assessed and applied.
- The registered provider and centre manager must ensure that all complaints are identified and recorded, managed and reviewed in a timely manner.
- The centre manager must ensure that individual work is completed at regular intervals with all young people ensuring that they are aware of how to make a complaint and the various complaint processes available to them through the centre's own complaints process, the Tusla Tell Us process and advocacy groups such as Empowering People in Care (EPIC).
- The centre manager must ensure that there is a mechanism in place for young people to provide feedback on the complaints procedure and that this mechanism forms part of the discussion with young people on the complaints process.

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

**Theme 3: Safe Care and Support**

**Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

Inspectors were satisfied that the centre currently promoted an open culture whereby young people and staff were encouraged to raise concerns, report incidents and identify areas for improvement. Senior management, through supervision and audits, identified deficits in the management and analysis of concerns by centre management for a period of approximately six months in 2023. They initiated corrective actions and inspectors acknowledged that the current management team appointed in November and December 2023 were identifying and improving care practice in the centre.

The registered provider had mechanisms in place for allocated social workers in the young peoples lives to provide feedback and identify areas for improvement. In interview, the allocated social workers for each young person identified that they were satisfied with the care being provided to their respective young person. They noted that they could raise issues with the centre management and these issues were addressed in a timely manner.

At the time of inspection, the centre did not have a feedback form for parents and guardians in place. An audit undertaken in October 2023 listed an action for the centre manager to ensure that there was evidence in the young people's files of parent/guardian feedback being sought out and any communication thereafter recorded in the care record. Following inspection, inspectors were advised that a feedback form had been adopted and would be used going forward. The centre manager must ensure that communication with parents/ guardians is documented where feedback is sought and record the resulting communication and any learning or practice implications coming from it.

Policies and procedures were in place for the notification, management and review of incidents. Inspectors reviewed a timeframe of three months between December 2023 and February 2024 and found that from the 20 significant events notified, the written notification of three Significant Event Notifications (SEN's) to Tusla SEN team took place outside of the centres own agreed timeframe of three working days. There was

no record on file to determine when the notifications were forwarded to the allocated social worker. In interview with social workers, inspectors were advised that while the written notification was not always received within a couple of days, the social workers were advised of the event by telephone in a timely manner allowing for effective responses to occur.

Inspectors were provided with minutes from the multi-disciplinary team meetings where significant events were reviewed. Multi-disciplinary team meetings were attended by the clinical support staff and while they were held monthly and reviewed all SEN's for each young person, inspectors found that the minutes of these meetings were not sufficiently detailed to effectively convey any learning from significant events. A review of team meeting meetings, similarly, did not convey specific learning from the significant events. The registered provider and centre manager must ensure that learning is used to inform the development of best practice and actions are taken to improve the care provided in the centre.

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

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed.</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure that significant event notifications are forwarded to the relevant persons in line with the centre's own policies and that a record is kept of the correspondence.
- The registered provider and centre manager must ensure that learning is used to inform the development of best practice and actions are taken to improve the care provided in the centre.

**Regulation 6: Person in Charge  
Regulation 7: Staffing**

## Theme 6: Responsive Workforce

### Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

There was evidence that workforce planning was built into the strategic planning for the organisation and the centre staffing requirements were subject to on-going review. The staff team comprised of an acting centre manager, a deputy manager, six social care workers and two relief staff. Inspectors were advised that the registered provider was conducting ongoing recruitment, with additional interviews identified to take place in the weeks following inspection. Inspectors found that six social care workers was not sufficient to meet the needs of the children living in the centre and the relief staff members were utilised to cover shifts on an ongoing and consistent basis. This did not allow for contingency cover for sick leave or emergencies and staff from a sister organisation were brought in on a case-by-case basis. The registered provider must ensure Alternative Care Inspection and Monitoring Service is notified when the full complement of staffing is in place.

A sample of personnel files for the centre were reviewed as part of the inspection process and were found to be incomplete. One personnel file was completely empty with no documents contained within it. A second file did not have any verification of references or verification of qualifications completed. A third personnel file did not have the staff member's curriculum vitae or application form seeking employment at the centre and there were no interview notes on file for this staff member. A fourth personnel file did not have an application form or curriculum vitae on file. The registered provider must ensure they maintain a full and complete personal file for each staff member working in the centre in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.

Inspectors were informed that the centre had an agreement in place with a sister organisation to utilise staff members from there. The acting centre manager and the deputy manager as well as a number of the team were staff members who had come across from this organisation. The Garda vetting for those staff members had been completed by a vetting agent for the sister organisation and not for the corporate entity that is New Beginnings. The registered provider must ensure that they remain compliant with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016 and all care staff members working in the centre are appropriately vetted for working with the young people resident.

There were arrangements in place to promote staff retention such as access to psychological support, increasing pay grades depending on experience and mentoring roles within the centre. Staff turnover in the centre was low with four of the six social care workers working in the centre in excess of twelve months, however, in interview care team members struggled to name any of the staff retention initiatives. Inspectors recommend that the centre manager advise care staff of supports available to them to promote retention and continuity of care. There was also evidence that the organisation was conducting exit interviews and efforts were being made to use that information to inform practice moving forward.

The centre had an on-call policy and there were formalised procedures for on-call arrangements at evenings and weekends. There was an agreed on-call schedule to ensure staff were aware of who to contact in an emergency.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified.</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed.</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed.</b>

### **Actions required**

- The registered provider must ensure Alternative Care Inspection and Monitoring Service is notified when the full complement of staffing is in place.
- The registered provider must ensure they maintain a full and complete personal file for each staff member working in the centre in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.
- The registered provider must ensure that they remain compliant with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016 and all care staff members working in the centre are appropriately vetted for working with the young people resident.

## Regulation 17: Records

### Theme 8: Use of Information

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

The centre had a policy for the retention and destruction of organisational records, but this did not cover centre records or the personal information of young people resident in the centre. Inspectors were advised post inspection that the centre operated under the Tusla Data Returns Policy for the management of young people's information. Inspectors recommend that the centre amends its policies and procedures to include reference to the Tusla Data Returns Policy to evidence their compliance around information governance.

Inspectors examined centre records for 2023 and up to the end of February 2024 for the purpose of this inspection. There was a gap of five months from July 2023 to December 2023 where inspectors could not be provided with management meeting records. The absence of these records lessened inspectors ability to make an informed judgement on the effective management and delivery of child-centred care and support to the young people resident in the centre at that time. Additionally, when inspectors arrived to conduct the inspection, it was noted that all centre records up to the end of December 2023 had been archived in early January 2024. The quality assurance manager noted that this was highlighted by them as it impacted on their ability to conduct audits in January 2024 for the months preceding. Inspectors acknowledged that this matter was raised internally and was to be addressed by senior management going forward. The registered provider must ensure that centre records are held in the centre for a sufficient period of time to ensure that records can be adequately audited and monitored and are available for the purposes of inspection.

The centre held a hard copy register detailing the relevant information of young people living in the centre. However, the centre opened a new register and this was not in line with statutory requirements. The current register did not list all young people who had lived or were living in the centre and the admissions were not in chronological order. The centre manager must ensure that if a new register is opened, it lists all children who had lived in the centre and the relevant details are recorded in chronological order of dates of admission.



There were no records indicating that management meetings had occurred for a five month period in 2023. Inspectors found that the management meetings that occurred in the first five months of 2023 were held in a local café. This presented an increased risk of a data protection breach, where information discussed was at risk of being overheard and the confidentiality of information relating to young people living in the centre and care team members could not be protected. Inspectors were informed that this practice had ceased since November 2023 and it was acknowledged by the current management of the centre, the unacceptable risk that this practice presented.

The care records for each young person were held in the staff office in a lockable cabinet and accessed only by the centre's staff team, allocated social worker of each young person and relevant professionals with a bona fide interest in the information.

The centre had an agreement in place with a sister organisation to utilise staff members from that organisation. There was a data processor contract in place to facilitate the sharing of relevant information relating to young people living in the centre with staff from the sister organisation. Inspectors found that this contract was rigid in the information to be shared and potentially this could impede effective decision making should information not be available on foot of the contents of the contract. Additionally, inspectors found that the data processor contract allowed for the sharing of sensitive personal data relating to staff employed by the centre with the staff members of the sister organisation. Inspectors were assured that no sharing of employee data had occurred and the matter was an error which was overlooked. The registered provider must ensure that the data processor contract is reviewed and amended to allow for the sharing of all relevant data of young people living in the centre with staff from the sister company and to protect the sensitive data of centre employees. The centre manager must ensure that all staff from the sister organisation who work in the centre understand the new data processor agreement once it is amended.

A confidentiality policy was in place as part of the centres' policies and procedures. This policy governed the management of information relating to each young person in the centre and the requirement for this information be stored in private and only those with a valid and purposeful interest could have information relating to the young people shared with them. Care team members were required to sign confidentiality agreements as part of their employment contract indicating their



agreement to the confidentiality policy and they were advised that any person found in breach of this confidentiality policy would be subject to disciplinary proceedings.

The centre had a policy in place governing young people's access to their care records and outlining the procedures to be followed. Inspectors were provided with key work records demonstrating where young people were facilitated to view their own care records where this was considered appropriate.

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

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

### **Actions required**

- The registered provider must ensure that centre records are held in the centre for a sufficient period of time to ensure that records can be adequately audited and monitored and are available for the purposes of inspection.
- The centre manager must ensure that if a new register is opened, it lists all children who had lived in the centre and the relevant details are recorded in chronological order of dates of admission.
- The registered provider must ensure that the data processor contract is reviewed and amended to allow for the sharing of all relevant data of young people living in the centre with staff from the sister organisation and to protect the sensitive data of centre employees.
- The centre manager must ensure that all staff from the sister organisation who work in the centre indicate that they understand the new data processor agreement once it is amended.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure that the threshold for notifiable complaints appropriately assessed and applied.	The centre manager has ensured that all complaints have been reviewed and appropriately distinguished into notifiable or non-notifiable complaints. This was completed on 10.04.24.	The Centre Manager discussed the threshold for notifiable and non-notifiable complaints with the Care Team at a team meeting on 10.04.24. This will be reviewed on a regular basis through team meetings and supervision.
	The registered provider and centre manager must ensure that all complaints are identified and recorded, managed and reviewed in a timely manner.	The Centre Manager has conducted a retrospective review of paperwork on 10.04.24 and all complaints have been identified and recorded.	The Centre Manager will ensure that complaints are identified, recorded and managed as per policies and procedures. The Complaints policy will be reviewed at team meetings and through supervision.
	The centre manager must ensure that individual work is completed at regular intervals with all young people ensuring that they are aware of how to make a complaint and the various complaint processes available to them through the	On 01.05.24 Centre Management implemented the complaints procedure into each young person's monthly key working plan as a part of the agenda. A referral form for EPIC to visit the Centre was completed on 07.05.24.	This piece is now a standing item on each young person's individual key working plan. A piece of work will be carried out on a monthly basis in relation to complaints with the young people.

	<p>centre's own complaints process, the Tusla Tell Us process and advocacy groups such as Empowering People in Care (EPIC).</p> <p>The centre manager must ensure that there is a mechanism in place for young people to provide feedback on the complaints procedure and that this mechanism forms part of the discussion with young people on the complaints process.</p>	<p>The centre has added complaints as a standing agenda item to be discussed at a house meeting monthly, this was agreed at a team meeting on 08.05.24.</p>	<p>Feedback from the young people in relation to the complaint's procedure will be recorded as part of the house meetings.</p>
<b>3</b>	<p>The centre manager must ensure that significant event notifications are forwarded to the relevant persons in line with the centre's own policies and that a record is kept of the correspondence.</p> <p>The registered provider and centre manager must ensure that learning is used to inform the development of best practice and actions are taken to improve the care provided in the centre.</p>	<p>The centre manager has ensured that all Significant Event notifications are forwarded in line with the centre's policies and procedures.</p> <p>On 15.03.24 Centre Management amended the SEN monitoring report forms to include, discussion regarding SEN and the learning outcome for same.</p>	<p>The centre manager will ensure that that the forwarding of significant event notifications is prioritised and sent in a timely manner, in line with policies and procedures. Emails will be printed to evidence the notification been sent.</p> <p>The Centre Manager will ensure that the SEN monitoring form is completed on a regular basis and that outcomes are discussed at team meetings for learning and development.</p>

6	<p>The registered provider must ensure Alternative Care Inspection and Monitoring Service is notified when the full complement of staffing is in place.</p> <p>The registered provider must ensure they maintain a full and complete personal file for each staff member working in the centre in line with the requirements set out in the ACIMS Guidance to Registered Providers Part VIII Child Care Act 1991 Staff Vetting Requirements issued in March 2023.</p> <p>The registered provider must ensure that they remain compliant with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016 and all care staff members working in the centre are appropriately vetted for working with the young people resident.</p>	<p>Staff recruitment is ongoing, and interviews continue to take place. The most recent interview took place on 10.05.24.</p> <p>Audits on staff personnel files occurred on 10.05.24 &amp; 13.05.24. A checklist has been added to all files and any outstanding documentation is now in place.</p> <p>All staff working in New Beginnings on short term basis from the sister company have signed the updated data processor agreement. All those working on a medium-long term basis from the sister company have applied for Garda Vetting through New Beginnings. This process commenced on 15.03.24</p>	<p>The registered provider will notify Alternative Care Inspection and the Monitoring Service is notified when the full complement of staff is in place.</p> <p>Centre Manager will review all staff personnel files on a monthly basis to ensure all is up to date.</p> <p>All staff members working in New Beginnings on a long term basis through the sister company will be Garda Vetted through New Beginnings. All new employees of New Beginnings will be Garda Vetted in line with the National Vetting Bureau.</p>
8	<p>The registered provider must ensure that centre records are held in the centre for a sufficient period of time to</p>	<p>The previous six months of files are now available in the centre.</p>	<p>Six months' worth of records will be held in the centre, along with the current paperwork in place to ensure that records</p>

	<p>ensure that records can be adequately audited and monitored and are available for the purposes of inspection.</p> <p>The centre manager must ensure that if a new register is opened, it lists all children who had lived in the centre and the relevant details are recorded in chronological order of dates of admission.</p> <p>The registered provider must ensure that the data processor contract is reviewed and amended to allow for the sharing of all relevant data of young people living in the centre with staff from the sister organisation and to protect the sensitive data of centre employees.</p> <p>The centre manager must ensure that all staff from the sister organisation who work in the centre indicate that they understand the new data processor agreement once it is amended.</p>	<p>On 15.03.24 the centre manager ensured that one house register was completed and used within the centre. All young people who have lived in the centre are noted and in chronological order with all relevant details included.</p> <p>The data processor contract was updated on 28.03.24 and reviewed by the QAM and RM. The amendments allow for the sharing of all relevant information relating to the young people and ensure the protection of sensitive data of centre employees.</p> <p>Staff in the centre understand the data processing agreement.</p>	<p>can be adequately audited and monitored.</p> <p>This house register will be used going forward.</p> <p>The updated data processor agreement will be used for all staff members completing shifts from the sister company.</p> <p>The centre management will ensure to meet with any staff member completing shifts from the sister company and explain the data processor agreement prior to shift commencing.</p>
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