



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 203

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	Attuned Programmes Ireland Ltd
Registered Capacity:	Single Occupancy
Type of Inspection:	Unannounced
Date of inspection:	23rd, 24th and 25th October, 2023
Registration Status:	Removed from register 18th of March 2024
Inspection Team:	Anne McEvoy Paschal McMahon
Date Report Issued:	June 2024

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 16th June 2022. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 16th June 2022 to the 16th June 2025.

The centre was registered as a single occupancy service to provide a bespoke child centred intervention for a vulnerable young person. It aimed to provide an individualised programme of care to assist the young person in developing physically, socially, morally, emotionally, cognitively, and educationally. This was to be achieved through developing and maintaining a therapeutic relationship with the young person. There was one young person living in the at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.3

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 and staff 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 05th December 2023. 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 20th December 2023.

The findings of this report and assessment of the submitted CAPA deem the centre not to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. This centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies* and Article 16: *Notification of Significant Events*. As such and based on previous inspection findings and a compliance meeting, the Alternative Care Inspection and Monitoring Service escalated this centre to the National Registration and Enforcement Panel (NREP). This report was forwarded to the NREP on the 19th of January 2024.

The NREP were not assured that the governance and the management of the centre was in accordance with the standards expected to ensure the wellbeing of young people at this time. The efforts of the centre management to maintain appropriate oversight and quality of care had been insufficient. Accordingly the agency proposed to remove Ashfield Lodge from the register of services pursuant to Part VIII, Section 61(4) of the Child Care Act 1991.

The service was removed from the register on the 18th of March 2024

3. Inspection Findings

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 policies and procedures in place designed to protect children from all forms of abuse and neglect. These policies were in line with Children First-National Guidelines for the Protection and Welfare of Children and included reference to the role of Mandated Persons, however in interview, staff were not familiar with the protocol and procedure in place to complete and submit a child protection and welfare report form and the practices of identifying and reporting child protection concerns within the centre were substandard.

Child protection and welfare report forms (CPWRF) reviewed by inspectors were not filled out correctly and vital details were missing from these reports. The manager was completing the CPWRF's and was not recording the name of the staff member who received the information. On one form the details of the person subject to abuse allegations was not named despite the centre having this information and, on another form, the young person was named as a co-reporter.

The centre had submitted a CPWRF in relation to a young person who had previously resided in the centre. Inspectors reviewed the CPWRF and found that the details of the staff member who was subject to abuse allegations was not on the report. There was also pertinent information that was not recorded in the CPWRF. It was only through follow up phone calls from the allocated social worker at the time that the details of the alleged person became known, however additional relevant information was not shared with the social work department for the young person. The CPWRF was closed by the social work department based on the information provided and the centre continued with a human resources investigation into the alleged unsafe care practices. On conclusion to the investigation the outcome report was not forwarded to the social work department for the young person involved. During the inspection, the inspector manager issued a letter to the registered provider directing them to adhere to their statutory responsibilities and provide full disclosure of all concerns

and all supporting documentation including the outcome report to the social worker for the young person who was named on the CPWRF. Receipt of same was subsequently confirmed by the social work department concerned. Inspectors found that there was an absolute lack of transparent and honest communication with the social work department around significant child protection concerns and as such, centre management did not work in partnership with the social work department to promote and to safeguard young people from potential abuse and harm.

Furthermore, there was a lack of transparency from management in disclosing current child protection and practice concerns to the inspection team. Inspectors became aware of significant information from documentary review in relation to unsafe practices. This raised concerns regarding the culture within the centre and again, highlighted the lack of open and transparent communication around child protection matters.

A review of the records surrounding the recent disclosure of unsafe staff practice evidenced that staff did not take immediate action to safeguard the current young person in residence and report their concerns. There was a six day delay in reporting the concern and inspectors found that a record was also falsified, in that it failed to mention any concern that had been directly witnessed. It was evident from this incident that staff in the centre did not understand and implement safeguarding policies and procedures and were not compliant with Children First guidelines and procedures. In addition, staff were not familiar with the centre's policy on protected disclosures and they did not understand their role as a mandated person.

The centre had a child safeguarding statement (CSS), however in interview, no staff member was aware of where the CSS was located and only one staff member was able to identify the risks identified in the statement. No staff member had completed training on recognising the signs of child sexual exploitation and understanding the role they played in identifying, preventing and managing such concerns. Only two members of staff had completed training on the centres own policies and procedures on safeguarding and child protection.

While staff had completed training on children first, care practice and records reviewed in the centre evidenced that this training was not implemented in the daily operations of the centre. This was evidenced in one particular session of individual work that was undertaken by a staff member with the young person. The staff member advised the young person that they did not wish to hear about an incident from their past. The young person was not supported to speak out and disclose past incidents of abuse. Despite this, the young person continued with their conversation

disclosing information that was later submitted via a CPWRF. The young person asked the staff member that some details would be kept private and not disclosed to the social work department or to An Garda Síochána. The staff member agreed and on review of the CPWRF these details were not recorded. During the inspection, inspectors directed that an updated CPWRF be forwarded to the social work department advising of this additional information. Inspectors noted that the individual work record was signed and approved by the centre manager and there was no challenge to the inadequate response, inaccurate recording, and the staff members practice was not addressed in either supervision or within the managers comment section on the individual work form.

Inspectors reviewed risk assessments undertaken for the young person. Most of these were appropriate and identified some areas of vulnerability and rated each of the risks. However, the risk matrix that provided context to the risk rating was not available to inspectors and in interview staff members were not able demonstrate a clear understanding of the risk matrix and the risk rating process. Inspectors found that not all individual areas of vulnerability for the young person were identified and managed by the centre. The young person was not permitted unsupervised free time due to a risk of harmful behaviours and this was recommended by an external specialist agency and was court directed, however the young person's absence management plan was at difference to this indicating that the young person was only to be reported missing from care to the Gardai after a 30 minute period if they could not be located by staff.

Overall, the inspection highlighted serious failing of the centre to safeguard children from abuse and neglect and ensure their care and welfare was protected and promoted. It is therefore the finding of this inspection that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5 and Article 16.

Compliance with Regulation	
Regulation met	None identified
Regulation not met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed.
Practices met the required	Not all standards under this theme

standard in some respects only	were assessed.
Practices did not meet the required standard	Standard 3.1

Actions required

- The registered provider must ensure that the residential centre operates in line with and complies with the relevant policies as outlined in Children First and relevant legislation.
- The registered provider and centre manager must ensure that all staff in the centre understand and implement safeguarding policies and procedures and receive regular training in safeguarding children and in the prevention, detection and response to abuse.
- The registered provider must ensure that an independent review is undertaken of the centre records to determine if there are additional child protection / safeguarding concerns that have yet to be addressed. This review needs to be conducted by a person with relevant child safeguarding experience and expertise.
- The registered provider and centre manager must ensure that all staff in the centre work in partnership with relevant agencies to promote the safety and wellbeing of children.
- The centre manager must ensure that all staff encourage and support young people to speak out when they are feeling unsafe or vulnerable.
- The centre manager must ensure that staff are familiar with the protected disclosure policy, that staff are aware of who they can report concerns to and that they can do so without fear of consequences to themselves.
- The centre manager must ensure that the risk matrix is available to staff and that all staff understand how the risk ratings are composed.
- The centre manager must ensure that the absence management plan is in adherence to external specialist advice and court directed conditions.

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.

The centre had an auditing process in place which was multilayered. The centre manager reviewed and signed centre records. This was complemented by a manager from a different centre who conducted monthly audits of the centre and the head of services was scheduled to conduct themed audits every six months. At the time of this inspection, the head of services was in position for three months, since September 2023, and had completed one audit. However, the system was inefficient in identifying deficits at all levels and was overly reliant on quantitative data and failed to analyse the quality of care provision. An audit on theme 3 of the National Standards for Children's Residential Centres HIQA (2018) conducted in May 2023 raised some issues with regards to staff signatures on documents and availability of documents but it failed to recognise many of the significant failings identified in 3.1 of this report.

Inspectors were provided with a compliance report for 2023, devised by the quality assurance officer for the company. This compliance plan was based on the outdated national standards for children's residential centres and was not congruent with the National Standards for Children's Residential Centres, HIQA (2018). There was no correlation between the audits conducted either internally or by external managers and the compliance plan. This plan did not measure compliance with the centres' objectives and did not identify any areas for improvement.

In interview, one staff member was unfamiliar with the role of the quality assurance officer and another staff member was unsure if anyone external to the centre reviewed records or complaints. Inspectors reviewed team meeting minutes and found that there was no feedback provided to staff members on audits, discussion on significant events did not include any reference to learning from incidents or how incidents might be managed differently. In interview, one staff member was not aware of any meeting where significant events were discussed and analysed. Inspectors found that the systems in place were not sufficient to highlight deficits in care practice to enable improvements to be made or provide better support and outcomes for young people in the centre.

Inspectors found that there was an absence on the part of the registered provider to provide effective governance arrangements including a lack of oversight of the quality assurance functions resulting in a systemic failure of the centre to safeguard young people. Inspectors must highlight that the registered provider failed to engage in any aspect of the inspection process despite repeated requests from the Alternative Care Inspection and Monitoring Service.

It is therefore the finding of this inspection that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5.

Compliance with Regulation	
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	Not all standards under this theme were assessed.
Practices did not meet the required standard	Standard 5.4

Actions required

- The registered provider must ensure that there is an effective governance system in place.
- The registered provider and head of services must ensure that robust, effective auditing systems are implemented to inform improvements in practices and to achieve better outcomes for children and young people.
- The registered provider must ensure that all staff and managers are familiar with the National Standards for Children's Residential Services HIQA (2018) and all staff practice and audits are in line with these standards.
- The centre manager must ensure that learning from complaints, concerns and incidents are communicated to all staff in the centre to promote improvements.
- The registered provider must ensure that an annual review of compliance with the centre's objectives is conducted and timely action is taken to promote better outcomes for children and young people.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Inspectors reviewed staffing records since the last inspection in November 2022. There were three people occupying the head of service position in the last twelve months and four centre managers with the current manager appointed to the role in September 2023. The centre currently had eight staff members, one deputy manager and one centre manager. The deputy manager was appointed to the role in August 2023. Five of the current eight members of staff were in their positions for periods of three months and one month.

One staff member who was working in the centre for two years had three supervision records on file. Inspectors further found evidence that although supervision records had different dates, they contained the same information, indicating inaccurate record keeping.

Inspectors found from a review of the records available that supervision was not effective, there was limited discussion on care or placement planning, records were not always signed, limited discussion on significant events, no discussion on previous supervision sessions and actions agreed. In addition, when staff members raised concerns regarding care practices and poor practice of other staff members, there was no follow up from management regarding how these matters would be addressed or how they would be actioned.

As previously discussed under standard 5.4 above, team meeting records did not evidence a culture of learning and development. One staff member raised a concern in supervision about staff not adhering to the daily plan for the young person and they sought clarity on whether or not the young person could be left unsupervised. Clarification was provided to the staff member and it was agreed that the issue of young person supervision would be raised at the next team meeting. The team meeting record demonstrated that the issue was simply noted that the daily plan was to be adhered to. There was no evidence that there was effective communication in relation to supporting and caring for the young person in a consistent manner or addressing the issue that staff members were not adhering to procedures in place.

The centre had an employee assistance programme in place to support staff to manage the impact of working in the centre but in interview staff were not aware of this programme or how to access it.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
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	Not all standards under this theme were assessed.
Practices did not meet the required standard	Standard 6.3

Actions required

- The registered provider and centre manager must ensure that all staff are aware of policies and procedures to be followed at all times.
- The registered provider and centre manager must ensure that a culture of learning and development in the residential centre is encouraged to develop their skills and practice.
- The centre manager must ensure that a team-based approach is promoted through reflective learning and effective communication in relation to supporting and caring for the young person in a consistent manner.
- The centre manager must ensure that staff receive supervision training, receive regular supervision, that records are printed, signed by both parties and filed for tracking and follow up purposes.
- The centre manager must ensure that all concerns raised by staff members in supervision in relation to poor care practices by other staff members are addressed by management and actions taken in response to these are recorded.
- The registered provider and centre manager must ensure that staff are made aware of supports available to them to manage the impact of working in the centre.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure that the residential centre operates in line with and complies with the relevant policies as outlined in Children First and relevant legislation.</p> <p>The registered provider and centre manager must ensure that all staff in the centre understand and implement safeguarding policies and procedures and receive regular training in safeguarding children and in the prevention, detection and response to abuse.</p>	<p>The centre manager requested all team members to complete mandated person e learning module & Child exploitation training. Certificates placed in Child protection folder.</p> <p>In-house Childrens first training scheduled to be completed Wednesday 3rd January.</p> <p>Centre manager completed external Child Protection training 12.12.23</p> <p>The registered provider is undergoing a thorough review of Child protection training and will develop a robust training program that covers the implementation of safeguarding policies and procedures. This training will be rolled out in January 2024. This training includes Attuned</p>	<p>Induction process will include all team members completing Childrens first, mandated person e learning module, child exploitation training and in house Childrens first training.</p> <p>Specific children's first training will be put onto the training schedule and completed during Child protection training.</p> <p>Ensure all staff members attend mandatory and regular training sessions on safeguarding children.</p> <p>Audits will include assessing staff understanding and application of safeguarding principles in day-to-day operations by short interview/questions asked.</p>

		<p>Programmes Child protection/safeguarding policy training along with Children's first and other relevant policies/legislation.</p> <p>The centre manager has scheduled Child protection training for the Ashfield team for January the 9th, 2024.</p>	<p>The audit template for theme 3, used by Attuned Programmes during audits will be updated with improvements.</p>
	<p>The registered provider must ensure that an independent review is undertaken of the centre records to determine if there are additional child protection / safeguarding concerns that have yet to be addressed. This review needs to be conducted by a person with relevant child safeguarding experience and expertise.</p>	<p>The Head of services has made arrangements for an independent review to be completed in the centre specifically looking at theme 3, child protection/safeguarding concerns. This audit will take place on January 31 2024.</p>	<p>All findings of external safeguarding/child protection audit will be reviewed by centre manager and senior management team.</p>
	<p>The registered provider and centre manager must ensure that all staff in the centre work in partnership with relevant agencies to promote the safety</p>	<p>The importance of team members working in partnership with relevant agencies to promote the safety and wellbeing of children will be discussed with the team by</p>	<p>In-house child protection training will include the importance of staff working in partnership with relevant agencies to promote safety/wellbeing and will include</p>

	<p>and wellbeing of children.</p> <p>The centre manager must ensure that all staff encourage and support young people to speak out when they are feeling unsafe or vulnerable.</p>	<p>the centre manager in team on 20.12.23</p> <p>Individual work sessions / young person's meetings reviewed by centre manager to ensure that young person is encouraged to speak out when they are feeling unsafe/vulnerable.</p>	<p>examples of what this looks like in practice.</p> <p>Manager will implement continuous review of daily records, individual work, young persons meetings, complaints to ensure that the young person is supported by staff members to speak out when feeling unsafe or vulnerable. The manager will complete a training piece on key-working/individual work focusing on how to ask questions and explorative in nature. The PACE model will be introduced to the team to support with this also.</p>
	<p>The centre manager must ensure that staff are familiar with the protected disclosure policy, that staff are aware of who they can report concerns to and that they can do so without fear of consequences to themselves.</p>	<p>The centre manager has printed a copy of the protected disclosure policy for all team members to read. This has also been sent to them via email. This policy has been reviewed with the Team during child protection training on November 14th and reviewed again at the team meeting on Wednesday 6th December.</p>	<p>In-house Child protection training will include comprehensive training for staff on the protected disclosure policy and procedures. To ensure all staff members are aware of their rights, whom they can report concerns to, and the protection they have against repercussions for reporting - the training will be refreshed 4 times per year.</p>

	<p>The centre manager must ensure that the risk matrix is available to staff and that all staff understand how the risk ratings are composed.</p> <p>The centre manager must ensure that the absence management plan is in adherence to external specialist advice and court directed conditions.</p>	<p>Centre manager reviewed all risk assessments to ensure that the risk matrix is present on all risk assessments. The centre manager will provide comprehensive training to all staff members on how the risk matrix is used and the ratings. Risk management training is scheduled for the team on 19th January 2024.</p> <p>The centre manager reviewed the absence management plan and updated so that it is in line with court directed conditions. The IAMP will be reviewed monthly unless required sooner.</p>	<p>In-house risk management training will be included in the 6 monthly policies and procedure training completed by attuned programmes staff teams.</p> <p>IAMP to be reviewed weekly, and following any updates received from social work department, court conditions etc.</p>
5	<p>The registered provider must ensure that there is an effective governance system in place.</p> <p>The registered provider and head of services must ensure that robust, effective auditing systems are implemented to inform improvements in practices and to achieve better outcomes for children and young people.</p>	<p>The head of services met with the head of quality assurance on 12.12.2023 to discuss the auditing system and improvements needed based on inspection feedback. A follow up meeting is scheduled for 22.12.23 with HOS, head of quality assurance and director to agree final quality/auditing plan for 2024.</p>	<p>Updated quality plan implemented for January 2024.</p> <p>Audits will be an agenda item on team meeting minutes going forward where feedback will be provided to staff members on audits.</p>

	<p>The registered provider must ensure that all staff and managers are familiar with the National Standards for Children's Residential Services HIQA (2018) and all staff practice and audits are in line with these standards.</p> <p>The centre manager must ensure that learning from complaints, concerns and incidents are communicated to all staff in the centre to promote improvements.</p>	<p>The National Standards for Childrens residential services HIQA (2018) document shared with the team for their own knowledge and learning. The head of quality is currently undergoing a piece of work, ensuring that all audits are in line with these standards. This piece of work is scheduled to be finalised by December 29th 2023.</p> <p>Centre manager has put in place weekly team meetings instead of fortnightly meetings to ensure that there is constant learning and guidance and that any concerns or incidents will be communicated to all staff to promote improvements and transparency. Manager will communicate information to the team during team meeting on 20.12.23 on Significant event review meetings and what they entail. Significant event record form has been updated to ensure discussions reference learning from incidents or how incidents</p>	<p>National standards for Childrens residential services will be on the agenda once per month in team meetings. Team members will be asked to review a section of the standards/themes each week and a quiz will be completed by SCM.</p> <p>Updated audits to be used in January 2024.</p> <p>Weekly Significant event review meetings, team members will be encouraged to join.</p> <p>Learnings from complaints, concerns, incidents will be shared with the team during team meetings.</p>
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	The registered provider must ensure that an annual review of compliance with the centre's objectives is conducted and timely action is taken to promote better outcomes for children and young people.	might be managed differently. Annual review of compliance scheduled to take place in January 2024.	Annual compliance will be completed yearly.
6	<p>The registered provider and centre manager must ensure that all staff are aware of policies and procedures to be followed at all times.</p> <p>The registered provider and centre manager must ensure that a culture of learning and development in the residential centre is encouraged to develop their skills and practice.</p>	<p>Centre manager shared Attuned Programmes Policies and Procedure with the team and asked them to review. Policy and procedure training will be put onto the training schedule every 4 months.</p> <p>Supervision record form will be reviewed on 22.12.23 by Head of services and management group to ensure that it is effective in promoting learning development and is supportive of skill development for the social care teams.</p>	<p>Policy and procedures are given to team members in the induction stage, and they are asked to read and sign.</p> <p>Policy and Procedures will be an agenda item on the Ashfield team meeting and a policy/ part of policy reviewed weekly. Full policy and procedure training will be on the training schedule for Attuned Programmes, refreshed every 4 months.</p> <p>New supervision template to be used from January 2024.</p> <p>Team meetings to encourage learning and development for team members.</p>

	<p>The centre manager must ensure that a team-based approach is promoted through reflective learning and effective communication in relation to supporting and caring for the young person in a consistent manner.</p>	<p>Team meetings will be a space for each team member to address the SENS, give feedback to other members. Different approaches are discussed to give effective care and support to young person. Programme of care will be updated to show changes in plans as they occur. Weekly SERG meetings take place and staff members are encouraged to attend. Team members scheduled to attend reflective session with company child and adult psychotherapist on 16.01.24</p>	<p>SENS are reviewed weekly in team meetings looking at learnings, reflections and what could have been done differently. SERG meetings weekly. Monthly reflective sessions with Child and Adult Psychotherapist. SENS reflected on in supervision sessions.</p>
	<p>The centre manager must ensure that staff receive supervision training, receive regular supervision, that records are printed, signed by both parties and filed for tracking and follow up purposes.</p>	<p>Supervision schedule in place to ensure that all team members receive adequate supervision. Centre manager will ensure that records are printed and signed and filed appropriately. Centre manager has completed supervision training. This will be sourced for the Deputy manager.</p>	<p>All supervision training notes are sent to staff to confirm supervision held between both parties. This will now be signed by both parties and filed follow up. Weekly managers operational report sent weekly to HOS that shows supervisions completed during that week. Monthly KPIs include supervision</p>

	<p>The centre manager must ensure that all concerns raised by staff members in supervision in relation to poor care practices by other staff members are addressed by management and actions taken in response to these are recorded.</p> <p>The registered provider and centre manager must ensure that staff are made aware of supports available to them to manage the impact of working in the centre.</p>	<p>Centre manager will ensure that supervision completed is effective. The head of services will review the supervision template in group supervision with the management team on 22.12.23 to ensure the template is effective and provides a space for discussion on care/ placement planning, discussion on significant events, previous supervision sessions and clear actions agreed.</p> <p>Current supports available shared with the Attuned Programmes team by the head of services.</p> <p>Centre manager will remind team members of supports available through supervisions and team meetings.</p>	<p>numbers from the team.</p> <p>Staff practice concerns addressed in supervisions will be discussed at team meetings to improve on care given to YP and to encourage a culture of transparency. All staff practice concerns and practices raised by other staff members will address and all actions will be recorded clearly in the supervision notes for follow ups.</p> <p>The induction process will include a section on supports available and relevant information on how to access these supports.</p>
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