An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 152

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Teach Nua Care Services Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Date of inspection:	**30th, 31st August & 01st September 2022**
Registration Status:	**Registered from 01st April 2022 to the 01st April 2025**
Inspection Team:	**Joanne Cogley** **Linda McGuinness**
Date Report Issued:	**15th November 2022**

Contents

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 01st April 2019. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 01st April 2022 to the 01st April 2025.

The centre was registered as a multi occupancy service to provide a family orientated therapeutic model of care. This was accomplished through RAP – response abilities pathways, which provides strength-based strategies for young people. Staff were supportive in responding to young people's needs rather than reacting to their behaviours. Staff also used a social learning theory approach in their direct work with young people. There were three children living in the centre at the time of the inspection. One of these young people was placed outside of the centre's purpose and function and a derogation had been approved from the Alternative Care Inspection and Monitoring Service.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	6.4

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 on the 30th September 2022 and to the relevant social work departments on the 30th September 2022. 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 24th October 2022. 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: 152 without attached conditions from the 01st April 2022 to the 01st April 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The layout and design of the centre was suitable for providing safe and effective care to young people. Each child had their own bedroom, two of which inspectors saw. The rooms were nicely decorated and had young people's input evident with paintings, pictures and toys. There was adequate storage for personal belongings. There were lots of recreational options such as a swing and slide set outside, board games and toys in the sitting room. There were lots of photos on display throughout the house. Outdoor spaces were well maintained and accessible and evidence of one young person helping to paint the garden fence. Inspectors found some areas of the house required attention. This included; outside of the house to be repainted, the stairs banister to be repainted, the sofas and coffee table in the sitting room to be replaced and the young persons bathroom to be revamped. This was the only bathroom accessible to the three young people. There was a rusted towel rail dismounted from the wall, cobwebs on the ceilings, mould on the shower tiles and the shower base needed to be replaced. The shower doors were recently replaced. The centre manager and director of services must ensure that the aforementioned items are repaired / replaced in a timely manner.

Inspectors reviewed the centres fire safety and health & safety folders and found all daily, weekly and monthly checks in order. Fire drills were occurring monthly. There was a stable staff team and young people were compliant in participating in drills therefore it would be recommended that the frequency of drills is reviewed in line with *Code of Practice for Fire Safety in New and Existing Community Dwellings Houses (September 2017)*. There was a safety statement on file with environmental risk assessments evident and staff members interviewed demonstrated awareness of this document. There was evidence of monthly health and safety audits being carried

out and actions completed in a timely manner where required. Inspectors reviewed the maintenance records and found items identified were actioned in a timely manner however the aforementioned works identified by inspectors were not identified on the maintenance register despite the registered provider completing weekly visits to the centre.

Inspectors reviewed documents and found that while there had been no accident records completed, one accident had occurred with a young person during an incident on site. This accident was not recorded or reported as same but there was evidence to show the young person was monitored following the incident, medical advice was sought and social workers notified. The centre manager must ensure all accidents are recorded and reported accordingly in line with their policies.

The centre had two cars available for use. Both were taxed, insured and certified for roadworthiness. There was evidence that servicing was carried out as required. There were some staff members on the team who held provisional driving licences and as such were not permitted to drive the centre cars. This was accounted for in daily planning for young people. Inspectors reviewed personnel files and saw evidence of licences on same.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 15** **Regulation 17**
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 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager and director of services must ensure that the identified maintenance actions within the house are repaired / replaced in a timely manner.
- The centre manager must ensure all accidents are recorded and reported accordingly in line with their policies.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

A positive approach to the management of behaviour that challenges was being promoted within the centre. This was supported by a number of policies including policies on sanctions, restrictive practice, physical intervention and significant event notifications. Staff members interviewed were knowledgeable about the young people's needs and challenges and how best to support these.

Inspectors reviewed the care files for the three young people and found that in some instances behaviour modification charts were being utilised. Where this occurred, it was for specific periods of time, reviewed regularly and tracked for progress. It was evident these had contributed to positive behavioural changes. Each young person had an individual absence management plan in place that was reviewed monthly. There had been no instances of absences from the centre since January 2022. Each young person had an individual crisis support plan (ICSP) and practice guidelines in place. While these documents were kept up to date and reviewed regularly, they did not account for the fact a large majority of the team was untrained in the physical intervention elements of a recognised model of behaviour management. These documents should be updated to reflect same. Staff members interviewed were not clear on the direction in relation to physical restraints given the lack of training. It must be clear to staff that in the absence of appropriate and up to date training physical restraint cannot be carried out in the centre. Training deficits are addressed further in this report under Standard 6.4.

Inspectors saw evidence of significant event notifications (SENs) being reported to social workers. These SENs included both positive and negative events in the young

people's lives. From a review of a sample of SENs it was noted there were dynamic issues between the two older young people in the centre. These issues were being recorded and reported appropriately and staff members interviewed were clear on the approaches being utilised. Both young people spoke with inspectors and noted that the others behaviour did not impact on them and they felt supported by the staff team. Social Workers for the two residents confirmed they were satisfied with the management of the behaviours. There was no evidence to show these behaviours impacted on the younger child. Inspectors noted that there wasn't a written risk assessment in place, nor was it highlighted in the ICSP's and these should be updated to reflect the behaviours and approaches being utilised.

Sanctions were utilised in the centre. Staff interviewed confirmed that the focus was on positive rewards as opposed to consequences; however, where consequences were used they were linked to behaviours. From a review of logs and the sanction register in the most part this approach was evident. Inspectors did note in the case of one young person that there was an over reliance on the sanctioning of their mobile phone. In some instances where this was the sanction utilised it was appropriate and linked to the behaviour however in a number of instances it was not linked to behaviour and was instead linked to refusal to take medication, being verbally abusive to staff, missing from care and refusal to attend school. In some instances the young person lost the use of their mobile phone for 48 hours for any of the aforementioned behaviours. The centre manager must ensure sanctions are reviewed and linked to the behaviours being displayed.

A review of individual work records showed that key working and life space interviews were occurring with young people to help them understand their behaviours and demonstrate behaviours that were respectful of others. There was evidence of use of social stories and age-appropriate resources being utilised through key working. Inspectors met with all three young people who were complimentary of the staff team and stated they were always available to help them, support them and make them feel better. Inspectors noted a significant improvement in one young person's presentation since they last visited the centre in November 2021. Social Workers for all three young people noted the significant progress made by the children over the last year within the centre. It was noted that staff worked hard to build relationships with the young people and noted the centre were very good in responding to behaviours and where required provided additional staffing for support.

At the time of inspection two forms of restrictive practice were being utilised. These had been risk assessed and reviewed appropriately.

While there was a template for the auditing of behaviour management in the centre, this had not been completed at the time of inspection. Inspectors interviewed staff and management in relation to the auditing processes and were informed that there was an element of self-audit within the centre with the director of services validating the information on the audits through their own review of care files. There were oversight sheets on each care file however inspectors did not see evidence of the director of services signing off when they had reviewed files. From a review of the audit template this looked at ensuring documents were in place and signed. There was little focus on quality of documents. The director of services must ensure they implement a robust quality driven system to regularly audit the centres approach to managing behaviour that challenges.

A significant event review report was compiled by the deputy manager monthly. This reviewed trends, triggers, approaches to managing behaviour. This was then sent to the centre manager and director of services who reviewed the document as part of their monthly governance meeting and any follow up required was noted. It was unclear how this fed back to the staff team for learning and development as inspectors did not see evidence of this through team meetings and supervision. The centre manager must ensure the staff team receive feedback from significant event reviews.

Compliance with regulations	
Regulation met	**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 3.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The centre manager must ensure the individual crisis support plan includes guidance for the team in relation to carrying out physical restraints in the absence of appropriate training.

- The centre manager must ensure the individual crisis support plan reflects the dynamic issues between the two older young people and that there is a written risk assessment in place to support the approaches being utilised to manage these behaviours.
- The centre manager must ensure sanctions are reviewed and linked to the behaviours being displayed.
- The director of services must ensure they implement a robust quality driven system to regularly audit the centres approach to managing behaviour that challenges.
- The centre manager must ensure the staff team receive feedback from significant event reviews.

Regulation 10: Health Care
Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

At the time of inspection, two young people were returning to full time education following the summer break. They attended school daily and were supported in getting the school bus independently to and from the centre. Inspectors found communication with the school to be to a high standard. School reports, certificates and achievements were kept on file and celebrated within the centre. Both young people were supported, where required with homework and extra educational activities in the evenings. Inspectors spoke with both young people who confirmed they enjoyed school for the most part and that they had support of staff where required. Both young people had maintained their current educational placement when they moved to the centre. Their case manager was the assigned person to liaise with the school where required.

In relation to the third young person, they had completed state examinations in 2021 and chose not to return to school. Inspectors saw evidence of a number of options explored with the young person such as alternative educational settings, online courses, part time jobs etc. The young person had completed a number of courses during the summer that could assist with part time work and was due to begin employment the week post inspection. Inspectors met with this young person who spoke very highly of the support they had received from the staff team and stated that

they wanted for nothing when it came to their education and options available to them.

Compliance with regulations	
Regulation met	**Regulation 10** **Regulation 12**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 4.3**
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 action required

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors reviewed aspects of standard 6.4 onsite and found there to be deficits in training completed by staff members. Inspectors reviewed personnel files and found there to be significant gaps in the evidence of training certs. Inspectors were assured training had been completed and allowed additional time for the submission of evidence. Adequate evidence was not received at the time of issuing the draft report.

Inspectors found there were a number of certificates on staff files where training was provided by previous employers. This training did not translate to the current practices employed within this centre. Inspectors also noted there were a number of duplications of certificates on file and that in some instances these duplications, while for the same course, provided difference expiry dates.

Inspectors reviewed eleven personnel files for mandatory training certs. This included: training in a recognised model of behaviour management, Manual Handling, HACCP, Tusla's E-Learning module: Introduction to Children First, 2017, First Aid and Fire Safety. Inspectors made the following findings from the eleven personnel files:

- Four staff had no training certs on file
- No staff had first aid responder training, three staff had up to date emergency first aid training
- Five staff had completed the Children First module, six had no evidence of Children First training on file
- Six staff had no fire safety training certs
- One staff member had current up to date behaviour management training that included the physical aspects. Five staff members training had expired since May 2022 and five staff members had no behaviour management training certs on file. Refresher training in a recognised model of behaviour management had been scheduled for the 13th of September 2022.
- There was no evidence of HACCP training.
- Seven staff had no manual handling training, one staff training was expired, and the others had duplicate certs with different expiry years noted on them.

Inspectors reviewed a Theme 6 audit that had been completed in April 2022 and found none of the aforementioned deficits in training or personnel files were identified at the time. While there was evidence of the lack of training in a recognised model of behaviour management identified on the corporate risk register, the control measures focused on a date being provided for training and staff members attending. It did not account for roster planning, update of ICSPs to reflect the deficit, guidance being provided to staff on what elements of the behaviour management model they could / could not use in the absence of up-to-date training.

Inspectors also noted that in a number of instances, staff members were scheduled on training earlier in the year and chose not to attend for various reasons such as distance, tiredness, illness. Inspectors did not find adequate recorded discussions of non-attendance with staff members either through team meetings or supervision records. Attendance at team meetings was also noted to be poor with two staff members having not attended the last seven team meetings. There was no evidence of discussion with these staff members as to why meetings or training were missed, action that was to be taken as a result or a plan moving forward.

The centre manager must ensure certificates kept on file are relevant to current employment, up to date and not duplicated. The centre manager and director of services must ensure all staff members mandatory training is brought up to date as a matter of priority. The director of services must review the current auditing system to ensure it is robust enough to identify the centre's deficits in all aspects of theme 6.

The centre had a formal induction policy in place for all new staff.

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 6.4**

Actions required

- The centre manager must ensure certificates kept on file are relevant to current employment, up to date and not duplicated.
- The centre manager and director of services must ensure all staff members mandatory training is brought up to date as a matter of priority.
- The director of services must review the current auditing system to ensure it is robust enough to identify the centre's deficits in all aspects of theme 6.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and director of services must ensure that the identified maintenance actions within the house are repaired / replaced in a timely manner.	The DOS (Director of Service) and Centre Manager will ensure that all the identified maintenance actions and household improvements will be repaired or replaced. The DOS and Centre Manager will ensure the outside of the house is repainted. The outside of the house was power hosed during the summer which faded the paint in areas. The DOS has liaised with the Landlord and asked for this to be permitted and prioritised. Time scale as soon as weather permitting. The DOS and Centre Manager will ensure the replacement of the outdated couch and replacement of coffee table. Timescale 30.10.2022. The DOS and Centre Manager will ensure that the banister on the stairs will be sanded down and repainted.	The DOS and Centre Manger will continue to follow our maintenance policies and procedures and ensure all maintenance needs are identified and addressed in a timely matter. Ongoing refurbishment and decoration of the property will be reviewed monthly by our environmental officer and a time frame /plan implemented.

		Timescale 30.10.2022. The DOS and Centre Manager will prioritise the updating of the bathroom and the noted issues regarding the towel rail, and full shower unit. The shower has required maintenance over the past number of months. The grout between the tiles, within the shower unit began to show dampness/decolourisation and mould spots. The tiles were regrouted 6 months ago to address this issue. However, the same issue arose indicating that this was an underlying issue with dampness due to the house being an old farmhouse. The DOS and Centre Manager will prioritise the repair the shower unit. Timescale- DOS has sought costings/ is awaiting professional do give date for work to be done/ approval from the landlord sought to remove the original tiles and shower base to address issue with dampness and update the bathroom. Completion as soon as possible. Timescale DOS prioritising 30.10.2022.	

		The DOS and Centre Manager have ensured a deep clean to address cobwebs in the bathroom and remove current towel rail. New towel rail will be fitted during renovation of the bathroom as tiling will need to be completed prior to fitting. Towel rail not currently in use due to covid guidelines (YP have their own towels adequately stored and paper towels present for use and disposal).	
	The centre manager must ensure all accidents are recorded and reported accordingly in line with their policies.	As Noted, this accident was notified as a SEN notification, all relevant parties informed, and medical attention sought. However, this was not recorded on an accident form and recorded within the health and safety folder. The DOS and Centre Manager note this completed 16.09.22 .	DOS and Centre Manager will ensure the recording of accidents within the health and safety folder. This will be reviewed monthly by the health and safety officer and safety representative to ensure high quality of care.
3	The centre manager must ensure the individual crisis support plan includes guidance for the team in relation to	The Centre Manager will review ICSP's and include information/guidance for staff regarding the use of physical restraint in	The Centre Manager and Case Managers will continue to review the full therapeutic processes monthly.

	carrying out physical restraints in the absence of appropriate training.	the absence of staff being trained in physical restraint within TCI and staff notified within Team meeting. Timescale ICSP's updated September 2022 and at team meeting on 17.10.2022.	Moving forward a line will be added to the ICSP to make note of staff's training and impact this could have on physical restraints.
	The centre manager must ensure the individual crisis support plan reflects the dynamic issues between the two older young people and that there is a written risk assessment in place to support the approaches being utilised to manage these behaviours.	The Centre Manager and staff will review current risk factors and record risk management plans for clear direction for staff approach/intervention. Completed 07.10.22. The Centre Manager and the Case Managers will update ICSP's to include the dynamic issues between the two older young people. Timescale as above 07.10.22.	The Centre Manager will ensure a line will be added to record the impact one young person may have on another and further expand if required. This will be monitored monthly by Centre Managers and Case Managers. The Centre Manger will continue to review risk assessments and possible risks monthly or as needed to ensure safe care practices.
	The centre manager must ensure sanctions are reviewed and linked to the behaviours being displayed.	Sanctions are discussed and reviewed monthly. The over reliance of one sanction will be reviewed at the next staff meeting. The use of this sanction has been discussed with the Centre Manager, Case Managers, staff, The young person's Social	The Centre Manager and the team will continue to review and discuss the use of sanctions to ensure the appropriateness of same. Use of sanctions may be discussed with Social Workers when deemed necessary. Sanctions will be reviewed by

		Worker, principal in school and CAMHS psychiatrist. (SW can confirm discussions and decisions). Timescale completed in September 2022 via staff communication log and in Team meeting 17.10.2022 and for ongoing review.	Centre Manager within Monthly Management Checklist for Auditing.
	The director of services must ensure they implement a robust quality driven system to regularly audit the centres approach to managing behaviour that challenges.	The DOS currently follows a Quality Assurance Auditing Tool in line with The National Standards for Children's residential centres. This Auditing tool covers the 8 themes. The DOS has a planned yearly schedule, outlining themes/standards that are being audited. The DOS will review the Auditing Tool to ensure standards that require quarterly/bi-monthly or monthly attention such as 'Auditing challenging behaviours' within the auditing tool is completed. Timeframe immediately. The DOS currently reviews/governs the full therapeutic process monthly:	The DOS will ensure review of the Quality Assurance Auditing Tool to ensure high quality standards of care are maintained throughout consistent auditing of the centre.

		-Placement plans/outcomes, monthly calendar/behaviour modification charts, delegated duties, interventions for young people, keyworking plans, ICSP's, IAMP's and practice guidelines. Including the review of the significant events within the SERG in the governance meeting. However, this is not currently being recorded in an auditing tool. The DOS will record feedback and review of his governance and oversight of behaviours that challenge and record same in written format giving feedback to staff (after monthly review) Timescale immediately.	
	The centre manager must ensure the staff team receive feedback from significant event reviews.	The Centre Manager will add a standing item to the team meeting agenda to discuss the findings of the SERG meetings. Timescale immediately from October 2022.	The centre manager and DOS will ensure SERG's are added to the team meeting agenda and learning outcomes discussed with the team.
4	No action required		

6	The centre manager must ensure certificates kept on file are relevant to current employment, up to date and not duplicated. The centre manager and director of services must ensure all staff members mandatory training is brought up to date as a matter of priority.	The Centre Manger will ensure certificates kept on file are relevant to current employment. Older transcripts will be removed, including any duplications. Timescale immediately by 30/10/22 for completion. The Centre Manager will ensure all certificates are up to standard and have clear expiry dates. Timescale immediately. The Centre Manager acknowledges that training was scheduled to be completed in May 2022 However, with high levels of annual leave over the summer months, it was scheduled for September/October 2022. The Centre manager will ensure adequate number of staff will be trained in First Aid Response while the remaining team will be trained in Emergency First Aid. Timeframe Immediate training schedule commenced September 2022.	The Centre Manager and DOS will ensure all mandatory training is complete and up to date. The Centre Manager will review training needs monthly to ensure all training dates are scheduled as required. Monthly Training checklists and quarterly schedules will be implemented. DOS will be notified of training needs and schedules. This will be reviewed at governance meetings. The DOS will complete a forensic review of training when completing and audit on the training records and will ensure that all training audits are clear and in line with centre filing of certificates. DOS will enforce the need to have mandatory training which is provided by Teach Nua and address non-attendance. Clear discussions and action plans recorded and stored within personnel files

		Teach Nua have not scheduled training in HACCP as it was not deemed as a mandatory training. The Centre Manager will have a clear record of discussions and actions with staff if they do not attend mandatory training. Open discussions within team meetings and closed discussions within supervision. Timeframe immediately. Teach Nua, DOS and Centre Manger will ensure that all mandatory training is brought up to date. Immediate, training schedule commenced September 2022.	
	The director of services must review the current auditing system to ensure it is robust enough to identify the centre's deficits in all aspects of theme 6.	The DOS will review the Auditing tool to ensure it is robust enough to forensically review and identify deficits within Theme 6 of the National Standards. 30.10.2022.	