



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 120

Year: 2017

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Dates of Inspection:	16th & 27th November and 7th December 2017
Registration Status:	Registered without conditions from 29th September 2016 to 29th September 2019
Inspection Team:	Catherine Hanly Linda McGuinness
Date Report Issued:	March 2018

Contents

1. Foreword	4
1.1 Methodology	5
1.2 Organisational Structure	7
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	9
3.5 Planning for Children and Young People	12
3.6 Care of Young People	15
3.7 Safeguarding and Child Protection	19
4. Action Plan	21

1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

1.1 Methodology

This inspection report sets out the findings of a thematic inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection focused on selected aspects of Standards 2 and 5, and all of Standards 6 and 7 of the National Standards. It was an announced inspection and took place on the 16th & 27th of November and the 7th of December 2017.

The report is based on a range of inspection techniques including:

- ◆ An examination of the following documents at the centre:
 - Selected sections of both young people's care records
 - Staff supervision records
 - Centre registers – admissions and discharges, complaints, grievances, and physical interventions
 - Clinical meeting minutes
 - Internal quality audits and action plans
 - Team meeting minutes.

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The centre's deputy manager

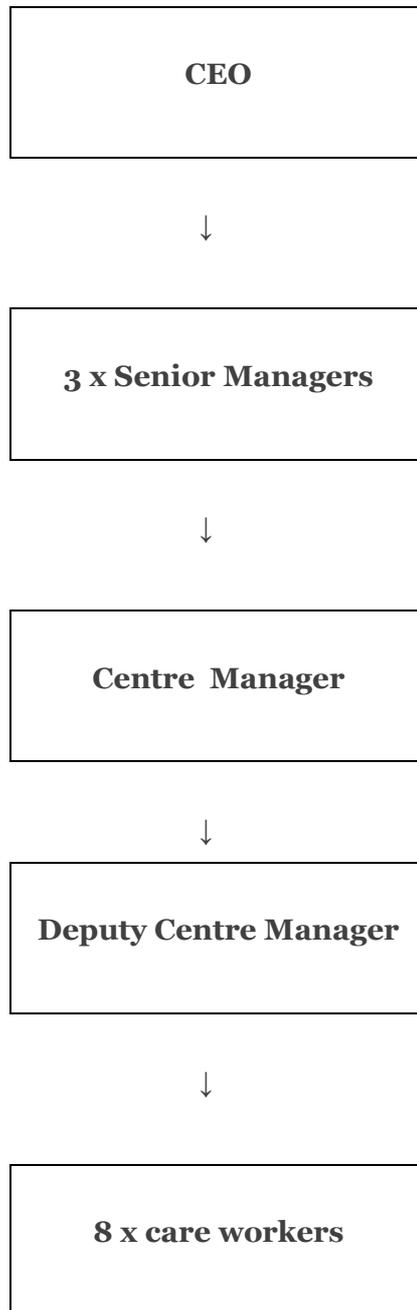
- ◆ Two care staff members

- ◆ Observations of care practice routines and the staff/young person's interactions.
- ◆ An informal discussion with one of the residents.
- ◆ One inspector attended a team meeting.

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.

1.2 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 19th of December 2017. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a completed action plan (CAPA) on the 18th of January 2018. Inspectors were not satisfied with the content of this action plan and met with centre management on 19th February. Following this meeting, centre management submitted a revised action plan which inspectors found to be satisfactory.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the 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: 120 without attached conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from 29th September 2016 to 29th September 2019.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

The manager has been in post at this centre since it commenced operations in September 2016. They are appropriately qualified with relevant experience. The manager was heavily involved in all aspects of the operation of the centre as evidenced at team meeting, from interviews and from review of various records within care files. There was evidence of the manager directing the work of the staff team and of having oversight of the work ongoing in the centre. The external management structure within the organisation had altered since the last inspection of this centre in April 2017. At the time of this inspection in November and December 2017, the external line management consisted of a clinical director, a service director and a quality assurance and practice manager. There was some evidence of the clinical directors signature on documents at the centre and they attend team meetings and clinical meetings for this centre however inspectors have requested an outline of the roles of each senior manager as their respective roles in relation to the operation of this centre was not clearly in evidence during this inspection.

The manager informed inspectors that they had been responsible for devising and implementing the Corrective and Preventative Action plan (CAPA) document in response to the previous inspection report and that the operations manager had oversight of this. Inspectors found at the time of this inspection that some of the matters identified in the CAPA had not been implemented in a timely fashion or in full. This included evidence of an ongoing audit of staff training needs and attendance to same in a prompt manner; evidence of alteration to the structure of the team meeting and minutes of same; and ongoing robust oversight of centre recording

systems. In addition to these matters, inspectors found that there was inconsistent application of the approach to behaviour management in the centre and corrective action in the form of training for staff or a specific programme of learning for young people had not been implemented by management in the wake of bullying behaviour that had been happening in the centre amongst the young people. The centre manager and external management must adequately demonstrate their capacity to exercise their respective roles in relation to robust oversight and governance of this centre.

Supervision and support

Staff members reported that they are very well supported by their manager and external management. Team meetings take place regularly and hand over occurs on a daily basis. Staff in general reported good communication at a team level. Direction had been given to centre management following the last inspection in April 2017 regarding the structure of team meetings with particular attention required to effectively demonstrate the recording of decisions and outcomes. Inspectors found from a review of team meeting minutes on file and that the structure to the recording of this forum only changed the week prior to this inspection. The agenda for the team meeting is set by staff members adding issues they wish to bring to the forum prior to it taking place. There did not appear to be consistently set and repeated agenda items at all meetings which included issues as child protection, complaints or health and safety and inspectors recommend that this is incorporated into the new system. From the observation of the team meeting and a review of minutes of previous meetings, inspectors recommend that management implement a more robust structure to this process that encourages the participation and inclusion of all present and the minutes should clearly represent the topic discussed and any decision or outcome arising from same.

Staff reported to inspectors that supervision occurs regularly and the manager confirmed that this is the case. Records demonstrated that previous feedback given at the time of the centre's last inspection with regard to this area of practice had been taken on board, with frequent reference to placement plans noted within the records. However this was referenced in a broad way and did not make specific reference to the implementation of goals within same and did not support that there was accountability for the delivery of the key work task. This latter finding was also reflected within the examination of the key work records and by comparing those to the placement plan goals with little correlation existing between the two. The centre manager will need to review the delivery of supervision and take particular account of

how this process can ensure accountability for practice and maintain oversight of placement plan goals being attended to.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies.*

Required Action

- The centre manager and external management must adequately demonstrate their capacity to exercise their respective roles in relation to robust oversight and governance of this centre.
- The centre manager must implement a more robust process including recording system in relation to the team meeting.
- The manager must ensure that the supervision forum adequately demonstrates delivery of the key work task and implementation of specific tasks detailed within the placement plans.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

Each of the allocated social workers for the young people and the centre manager stated that the placement was currently suitable for each and was capable of meeting their needs.

The centre had been operational for approximately fourteen months at the time of this inspection and has had five admissions and three discharges, two of which were unplanned. The manager informed inspectors that learning had been taken from these previous placements through a post-crisis debrief and had influenced the most recent admission to the centre. This was reflected in a more phased transition and admission process, including an opportunity for all relevant parties to meet at the centre and at the young person's previous placement prior to admission. In addition, the centre manager communicated their decision not to take any further admissions until the current residents have had a period of time to settle.

Young people are provided with an information booklet on admission and there was evidence in records reviewed of staff assisting them to understand the reasons for their placement in this centre.

The manager has implemented pre-admission risk assessment processes to inform decision making and guide practice in ensuring the safety of young people in advance of their admission to this centre.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Both of the young people resident at the time of this inspection had up to date statutory care plans on file that demonstrated consideration of the needs of the young person and how this current placement would endeavour to support the meeting of those. Both young people and their respective parents had been facilitated to participate in the statutory care review process that informed the development of these plans. Additionally each social worker was convening regular reviews of the placement through separate but similar forums, for individual reasons.

Inspectors reviewed the current placement plans for each of the young people and found that overall they had a good structure and the content of each was clear and purposeful. Both appeared to fit broadly within the respective statutory care plan documents. One of the social workers stated at the time of the inspection in November that they had not been provided with a copy of the placement plan however later clarified that they would not have anticipated this at the outset of a placement. Additionally however the social worker did not demonstrate a familiarity with its contents or its relationship to any key working that may have been taking place with that young person. This social worker must ensure that they are adequately familiar with all aspects of the young person's placement. The other social worker had received a copy of the placement plan for their child and whilst they were of the view that it fit broadly within the statutory care plan, they felt that it lacked a required multi-dimensional approach inclusive of the clinical team. They informed inspectors that they had verbally given feedback on the placement plan towards this end and had requested that it be included in the overall plan. It appeared at the time of this inspection that this had not been comprehensively taken on board.

Based on the overall findings of the inspection with regard to the purpose of the respective placements and the delivery of the service within this centre, inspectors recommend that the manager review these documents and bear the following in mind: both placement plans should be clearly task-oriented; they should account for the input and guidance of all relevant professionals to the delivery of the goals identified; they should clearly identify persons responsible for the implementation of the various aspects of the plan; there should be an obvious connection between goals/areas of need identified and the delivery of the key work task; they should measure outcomes and there should be evidence of clear oversight and accountability for implementation within the supervision forum.

Emotional and specialist support

Inspectors found through interviews and from observation at the team meeting that there was a good level of awareness of the day to day emotional well being of the young people and there was some evidence, though not consistent, within placement plans of how the staff team intended to respond to these. What inspectors found to be lacking significantly was evidence of the clinical input and oversight within the organisation which is reported to be available to the young people in this centre. Records of clinical meetings lacked consistent evidence of clear direction by the clinical team onsite. Where decisions were recorded within these minutes, the records lacked evidence of a link to young person's placement plan or how the key work task should address the relevant goals/issues. The manager and clinical director will need to address these issues.

The behaviour support plans are devised by the onsite psychologist. Inspectors found that these were implemented inconsistently – one young person had two, one each for positive and challenging behaviours displayed; the second young person had none. The staff team did not demonstrate to inspectors a clear and consistent understanding of the role of behaviour support plans in relation to the delivery of care in this centre. Given the complexities that young people present with, it is important that the input from the relevant professionals is adequate to direct and support the interventions of the care team and that such input is clearly understood by the care team. The clinical director must address this issue of inconsistency and the implementation of clearly understood behaviour support plans through their oversight of the delivery of therapeutic services within the centre.

3.5.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must take the necessary action to ensure that placement plans are outcome-driven and consistently implemented.
- Senior management must ensure that clinical input is consistently applied, appropriately recorded and robustly overseen.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The individual care of young people in this centre at the time of this inspection was reflected in many ways including their daily and weekly plans, placement plans, key working, family contact arrangements, behaviour and absence management plans. Inspectors found that the manager and staff team were particularly attuned to the emotional well being of young people and social workers confirmed that there was a sense of genuine care towards the young people.

Staff endeavour to provide young people with opportunities for social engagement similar to that of their peers including researching and sourcing clubs and hobbies that may interest the young people.

Race, culture, religion, gender and disability

The manager and staff team endeavour to provide the young people with the same opportunities and access to education, activities and social engagement as their peers. They are cognisant of each young person's background, respective abilities and cultures and how this may have implications for lived experiences. Through relationships, staff aim to teach young people the importance of respect for self and others. It was apparent from evidence gathered that family relationships and contact is prioritised and supported for young people.

The centre has a clear written policy on anti-discrimination that was reflected in practice at the time of this inspection.

Absence without authority

The centre has a clear written policy on responding to episodes of absence from the centre. This policy takes cognisance of the joint protocol between the Gardai and the HSE. Each young person had an absence management plan on file that is regularly reviewed and updated. These plans were devised in consultation with the respective allocated social workers and took account of the individual circumstances, including developmental stage and age, of both young people. One of the young people resident at the time of the inspection was regularly being reported as absent and meetings with the Gardaí had taken place in agreement with the relevant protocol. Their social worker, the manager and staff team were actively attempting to address the matter of absences with the young person in question.

3.6.2 Practices that met the required standard in some respect only

Provision of food and cooking facilities

Inspectors were informed that due to the young people's individual and separate schedules, breakfast and lunch routine varies at the centre although there is usually an effort to provide an evening meal for the group to participate in. Inspectors were present in the centre for lunch on one day and there was plenty of choice and food available, however only one young person was present at the time and they did not eat with inspectors. One social worker also confirmed that there is always plenty of food available when they visit. Inspectors received a consistent message from staff and the allocated social worker that one young person was a 'picky eater'. It was apparent from speaking with staff, the manager and social worker as well as from reviewing records at the centre that this young person had particularly poor eating and sleeping habits, eating poor quality foods and not at regular intervals, often the first meal of the day is late in the afternoon. Although diet had been identified as an area that required support and intervention and was documented as a task area in the placement plan, there was little evidence of a structured and robust approach to addressing this matter with the young person concerned. The eating habits of this young person did appear to have improved a number of weeks after the onsite inspection when inspectors returned to observe the team meeting; however a more structured approach to responding to this area of need is required. The social worker for the second young person indicated that although there were no specific concerns regarding diet, there would be an ongoing need to monitor diet and ensure healthy eating habits. Whilst it was early in this young person's placement and there was a placement plan on file, similarly a structured approach to targeting this area was not

evident. Inspectors recommend that this area is more robustly planned for on an individual basis as required and is overseen by the centre manager.

Managing behaviour

The manager described a ‘therapeutic’ approach to behaviour management in the centre and staff confirmed that the behaviours of the young people are discussed at the monthly meeting which is attended by the clinicians within the organisation that are involved in the care of the young people. Inspectors did not receive a clear and consistent message from staff interviews or evidenced throughout records of a definitive approach to behaviour management in this centre and recommend that the manager and senior management conduct a piece of work with the team to ensure that this is the case. The behaviours expected of young people are clearly outlined in the policy document and staff confirmed that there are clear expectations regarding behaviour. Sanctions are utilised and records of these are maintained separately for monitoring purposes. Inspectors noted that opportunities for learning are provided to young people and positive behaviours are also rewarded. There was evidence of oversight by the manager in this area of recording.

There were behaviour support plans on file for one young person but not for the other representing an inconsistent application of this approach within the centre. It was unclear from a review of the plans on file who had devised these however inspectors were informed that this was the responsibility of the organisations’ psychologist. The plan which was in place for one young person did not identify who was consulted in regard to this, the date of the plan or a proposed review date. It was unclear if the staff team could update or change these plans without input from the clinical team. Inspectors were informed that behaviour support plans were in the process of being devised for the second young person and that they had not required any to this point. Both inspectors and the allocated social worker for this young person strongly disagree with this view and there is significant evidence on file of behaviours being displayed that would benefit from the support of a structured behaviour support plan and overseen by the clinical team. Centre management must review their approach to the implementation of plans and practice in this area of care delivery and ensure that their approach is consistent and is appropriately directed towards meeting identified needs.

Restraint

The centre has a written policy on the use of physical restraint which clearly sets out the parameters for its use, the oversight of its delivery and the rationale for using it.

Staff are required to attend training in its use over a 4-5 day period with bi-annual refreshers. The manager informed inspectors that there were three staff at the time of this inspection that had not completed the training. Inspectors reviewed staff training records provided and noted that whilst all staff had completed appropriate training, not all had completed it in advance of commencing work in this centre. Centre management must ensure that all staff are provided with the necessary level of training prior to commencement of employment. Staff members should not be in a position whereby they are on shift and unqualified to physically intervene with a young person where it is identified as a required intervention. Inspectors found that physical restraint is not a regular feature in this centre and where physical interventions have occurred it has been with minimum force and for short periods. It was apparent from the significant event records that the intervention was required to maintain the safety of the young person concerned. There were separate records maintained and evidence within these records of post-crisis reviews being conducted.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager must ensure that there is a robust and structured plan to address identified matters regarding the diets of young people.
- Centre management must review their approach to the implementation of behaviour management and their approach must be consistently applied and appropriately directed towards meeting identified needs.
- Centre management must ensure that all staff are provided with the necessary level of training prior to commencement of employment.

3.7 Safeguarding and Child Protection

3.7.1 Practices that met the required standard in full

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Safeguarding

The centre has a written policy on safeguarding young people which is inclusive of a range of practices and policies in operation in the centre including recruitment, supervision and training of staff, complaints and consultation with young people, and guidance for staff in their professional engagement with young people.

Inspectors found that the manager and some staff members interviewed had a clear understanding of safeguarding practices and were able to demonstrate examples of it in their practice. This understanding was not consistently replicated across all staff members interviewed and the manager must ensure that there is a strong and clear understanding of safeguarding in the centre. There is an internal monitoring alarm system that issues an alert when it senses movement in the hallway outside bedrooms. The manager stated that the use of this system is determined by a risk assessment as the noise it makes disturbs the whole house. This is not documented within the centre's policy and procedures and a policy specific to this matter should be devised and implemented to prevent any subjective interpretation of its use.

Both social workers confirmed that they, and each young person's family members, had ongoing contact with the young person which was facilitated in private.

Staff members from Empowering Young People in Care had been to the centre and met with one of the young people there and the manager had arranged for a further visit. In addition, the manager and staff team were actively attempting to create opportunities for both young people to engage with local groups and organisations that would facilitate opportunities for activities.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre had written policies and procedures that were consistent with Children First 2011. This policy gave clear direction to all staff in notifying any matter of a child protection concern. The centre will need to revise these and ensure that both policy and practice is compliant with the most recent version of Children First which was launched in October 2017.

Staff members had attended child protection training at various different times however not all had completed this training prior to their commencement of employment in the centre and centre management should ensure that all relevant and necessary training is prioritised for all staff prior to or immediately after commencement of employment.

There had been a number of child protection concerns that were appropriately reported to the social work department on the correct documentation. All matters pertaining to the young people resident at the time of the inspection had been investigated by the social work team and concluded with evidence of this on file at the centre.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre manager and external management must adequately demonstrate their capacity to exercise their respective roles in relation to robust oversight and governance of this centre.</p> <p>The centre manager must implement a more robust process including recording system in relation to the team meeting.</p> <p>The manager must ensure that the supervision forum adequately demonstrates delivery of the key work task and implementation of specific tasks detailed within the placement plans.</p>	<p>Revised governance systems have been implemented within the centre through the use of internal audit tools and internal monitoring to ensure there is robust governance of the centre. This has been implemented from the 1st of January 2018</p> <p>The centre manager and organisation have developed a new robust format for the team meetings. This includes a set agenda to ensure all key areas are addressed, recorded and responsibility for outcomes assigned. This has been implemented from the 1st of January 2018.</p> <p>Placement Plans will be reviewed within supervision with tasks assigned for each care staff. Key Workers will receive additional supervision from the Clinical Manager to ensure oversight of Placement Plans. Implemented from the 1st of January 2018.</p>	<p>Quality Assurance & Practice Manager reviews the centre manager's monthly auditing tool. This is then further audited and cross referenced with monitoring visits to the centre by the Quality Assurance & Practice Manager. Clinical Manager holds governance over all clinical aspects of the centre. Operations Manager maintains governance of the overall running of the centre.</p> <p>House Manager and Quality Assurance Manager will review this process on a quarterly basis to ensure it is robust and efficient.</p> <p>The key workers to attend Keyworking meetings with Clinical Manager with goals set and outcomes reviewed. Placement plans to be reviewed in Supervision and at Team Meetings with Clinical Manager.</p>
3.5	<p>The centre manager must take the necessary action to ensure that placement plans are outcome-driven and consistently implemented.</p>	<p>Placement Plans to be reviewed within supervision with tasks assigned for each care staff. Key Workers will also be separately supervised by the Clinical Manager to ensure oversight of Placement Plans. This has been</p>	<p>Placement plans are shared and discussed as part of the set agenda for the team meetings. Separately they will be reviewed between the key workers and the Clinical Manager.</p>

	Senior management must ensure that clinical input is consistently applied, appropriately recorded and robustly overseen.	implemented from the 1 st of January 2018. Senior Management have developed a revised robust system of review, oversight and application to ensure clinical input is consistently applied, appropriately recorded and robustly overseen through the Clinical Team Meetings. This has been implemented from the 1 st of January 2018.	Minutes of Multi-Disciplinary Team Meeting minutes are recorded with actions and responsibilities clearly defined and shared with the Clinical Teams for review.
3.6	<p>The centre manager must ensure that there is a robust and structured plan to address identified matters regarding the diets of young people.</p> <p>Centre management must review their approach to the implementation of behaviour management and their approach must be consistently applied and appropriately directed towards meeting identified needs.</p> <p>Centre management must ensure that all staff are provided with the necessary level of training prior to commencement of employment.</p>	<p>Each young person is provided with a healthy balanced meal plan/weekly menu in which they aide the care team when being devised. Both young people are weighed monthly and this is logged on a weight chart. Daily food diaries are maintained for both young people and any concerns are addressed accordingly.</p> <p>Young people in the centre have multi-disciplinary reviews which have oversight of interventions for behaviour management of the young people. This process will ensure they appropriately meet the identified needs of the young people.</p> <p>All new staff attend development training when they commence employment. Shadow shifts are completed and mandatory training needs are determined at this point. Should a staff member not be trained in TCI there will be a clear risk assessment outlining this and it will be detailed in the young person's ICMP.</p>	<p>There is a very comprehensive and robust plan in place for the young people in respect of their diets. This plan will be regularly reviewed at team meetings to ensure consistency and cohesion.</p> <p>The multi-disciplinary team will meet monthly and agree intervention plans for each young person.</p> <p>The organisation provides training to all staff to meet the needs of young people in line with the National Standards. Prior to commencement of work all staff attend an induction day and complete shadow shifts to familiarise themselves with the centre, young people, placement plans, routines ICMPs and Policies and Procedures. They also complete the new Children First E-Learning Programme. Within the first three months they should attend a new staff development course which includes manual handling and TCI. Fire safety and first aid is provided for all staff. Training identified specific to centres is also</p>

			provided as required.
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