



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 027

Year: 2015

Lead inspector: Sinead Diggin

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	12th & 13th May 2015
Registration Decision:	Registered without conditions from 23rd May 2015 to 23rd May 2016
Inspection Team:	Sinead Diggin Jacqueline Roche
Date Report Issued:	6th October 2015

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1. Foreword

The National Registration & 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 & 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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

This centre had previously been registered with a condition attached and this announced review inspection took place on the 12th & 13th May 2015 over a two day period to determine the ongoing registration status of the centre. This report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaire completed by
 - (a) One of the young people residing in the centre.
 - (b) The Social worker with responsibility for young person residing in the centre.
 - (c) Other professionals e.g. General Practitioner's and therapists.

- ◆ A systematic research of the centre's files and recording process.

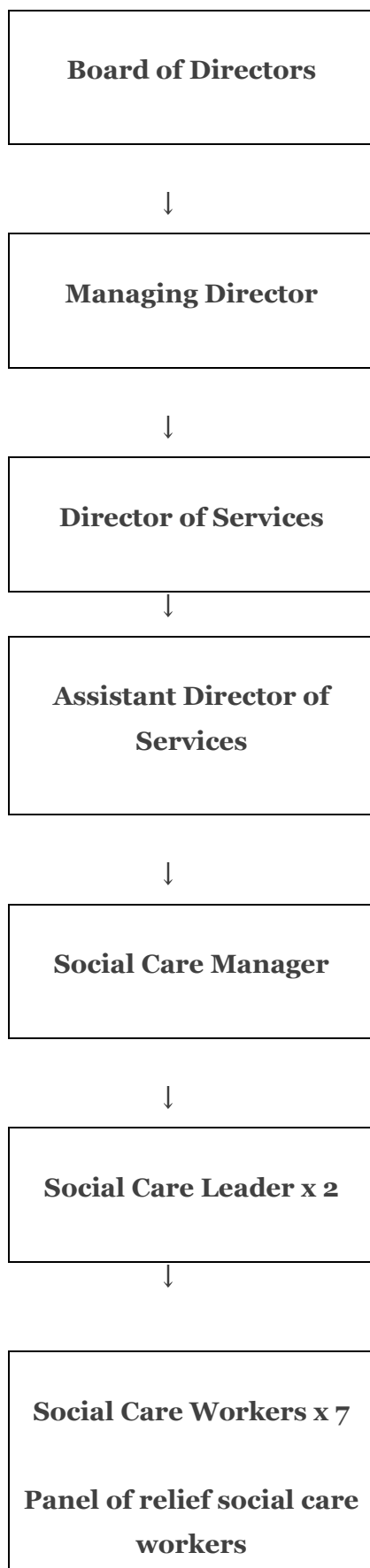
- ◆ Interviews with:
 - a) The Manager
 - b) Two young people residing in the centre
 - c) Two of the care staff
 - d) The Assistant Director of Services
 - e) The allocated social workers

- ◆ Observations of care practices routines and the staff/ young person's interactions.

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

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 11th September 2015 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre, ID Number 027, without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 23rd May 2015 until the 23rd May 2016.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre's purpose and function is to provide short to medium care for up to four young people of mixed gender between the ages of twelve and seventeen on admission. The centre accepts referrals from all areas nationally. At the time of inspection there were three young people residing in the centre, one of whom had been there for over a year. Their model of care is relationship based and has been updated since the last inspection. The agency have integrated components from many models and from this created their own model which has been developed from principles of Response Ability Pathways (RAP) and the Circle of Courage, Therapeutic Crisis Intervention (TCI) as well as incorporating Attachment Theories, and Self Awareness concentrating on Active Listening. The staff team have received training in the model of care which was conducted over four days and Inspectors were provided with a copy of the training manual. Inspectors found from interviews conducted with staff, there was a clear understanding of the purpose and function and the manner in which care is provided. Staff gave examples of how they used the model of care with the young people and Inspectors found evidence of this through centre records. There is information available to parents and social workers about the centre and there is also a young person's booklet. In interview with two of the allocated social workers, they stated that they had not received any written information about the centre and that information given was through discussion with the Manager. In interview with one social worker, they were not aware of the model of care used in the centre.

3.1.2 Practices that met the required standard in some respect only

None Identified.

3.1.3 Practices that did not meet the required standard

None Identified.

Required Action

- Centre management must ensure that social workers are provided with written information relating to that specific centre, to include the model of care.

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

Management

The Management team consist of the Manager, the Assistant Director of Services and the Director of Services. At the time of the last inspection the centre was managed by the Assistant Director of Services in an acting capacity and Inspectors found there was insufficient external oversight and governance. At that time, it was the intention to appoint the deputy manager to the role of manager, once they had completed college and acquired the degree in Social Care in May 2014. Following on from this, the Manager was formally appointed in June 2014. The Manager has a number of years experience working with young people and has been in their current post for a period of one year. Inspectors found the Manager to have a genuine commitment and respect for the young people in the centre. Inspectors found that Management had worked collectively to establish systems, ensuring that suitable and appropriate practices are in place. These include supervision of the staff on a regular basis, daily interactions with the young people, attending the shift handover and coordinating team meetings, observation of staff practice and monitoring of centre paperwork. The Manager is now line managed by the Assistant Director of Services who visits the centre on a regular basis, meets with the young people, is familiar with the staff and attends all management meetings. From interviews conducted and a review of centre paperwork, Inspectors found that there was at this time clear evidence of oversight of practice within the centre, from both the Assistant Director of Services and the Director of Services.

Register

The centre keeps a register of all young people in the centre as required by the regulations. Inspectors viewed the register and found it to be detailed and well maintained. A duplicate copy of the register is kept by the Child and Family Agency.

Notification of Significant Events

The centre has their own model to register significant events. Inspectors found that the type of event was described, including admissions to the centre. The significant events recorded in the register were numbered for cross referencing with the significant event documentation. Inspectors found that the significant event notifications (SEN's) were written to a good standard but more detail and commentary regarding a plan of action is required. There was evidence of external monitoring and the relevant professionals were happy that they received the SEN's promptly. The agency has a significant event review group and the Manager compiles the required information for discussion and analysis.

Staffing

At the time of inspection the centre had a compliment of five full time staff and seven relief staff. The Manager reports that maintaining staff has been a problem. A number of staff had left since the last inspection. The Manager reports that this was due to personal reasons and other employment options. In interview with the Assistant Director of Services, they stated that interviews had been completed with three additional staff and it was intended that two of these positions would be full time. Inspectors found that the retention of staff, in the best interest of young people and for stability within the team, must be a priority for management to focus on. The full time staff are experienced in residential care and have a qualification relevant to social care. One member of staff has one year in college to complete in order to be deemed qualified in social care, and the Assistant Director of Services stated to Inspectors that they will be supported to complete this by the agency. The rota allows for one person on a sleepover, one person on a day shift and another on a live night ensuring there is a minimum of two staff on duty at all times when there are three young people resident. At the time of inspection there were three young people residing in the centre. Inspectors recommend that if the centre operates to full capacity of four young people, staffing levels must be increased to ensure care standards are maintained.

Inspectors conducted an audit of staff personal files and found that all staff had up to date Garda clearance. Although there were copies of qualifications on file, they were

not verified with the colleges. There were references on file but Inspectors found one reference not to be legible. The Manager must ensure that all documentation pertaining to staff and young people is legible for the purpose of oversight and governance. The centre accepts students from colleges but at the time of inspection, there were no students on placement. The Manager informed Inspectors that students are not used as part of the staff rota but work shadow shifts and are never left alone with young people.

Supervision & support

The centre has a policy on supervision and Inspectors found that it was taking place within the agreed timeframe of four to six weeks. The Manager is trained to provide supervision, and Inspectors were informed that supervision can take place both within and outside of the centre. The Manager informed Inspectors that the social care leaders supervise some of the relief staff and have received supervision training. Inspectors viewed a cross section of supervision records and found that there was not enough detail contained in them and some of the notes were difficult to read. More reflection of the model of care is necessary to ensure that it is incorporated into the daily practice with the young people.

The Manager receives formal supervision from the Assistant Director of Services every four to six weeks. There is regular contact between the Manager and the Assistant Director of Services and there are also formal management meetings held. Team meetings are held fortnightly. Team meeting records reviewed by Inspectors reflected that young people and placement plans were addressed but more detail of staff discussion should be recorded.

Training & development

Training for staff is provided by Social Care Training Ireland. Inspectors found that not all staff had received all the core training such as Fire Safety training and First Aid and Inspectors addressed with management the need for this to be completed as soon as possible. Inspectors view that additional training such as Assist, Self Harm and Drug awareness is also a necessity to meet the needs of the young people.

Administrative files

Inspectors found that the administrative files are in general well organised and were easy to navigate. Records in the centre are overseen by the Manager and the Assistant Director of Services and there was signed evidence of this in young people's

files. Young people in the centre are given an allowance for each day they attend school. Inspectors recommend that petty cash payments take into account the requirements of the young people residing in the centre, which may fluctuate from week to week.

3.2.2 Practices that met the required standard in some respect only
None identified.

3.2.3 Practices that did not meet the required standard
None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*
Part IV, Article 21, Register.

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
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience & Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The centre Manager must ensure that SEN's contain more detail and commentary regarding the plan of action.
- Centre management must work towards retaining a full time core staff team in the best interests of the young people and the staff in the centre.
- Centre management must ensure that should the centre operate at full capacity, staffing levels are increased to ensure that care standards are maintained.
- Centre management must ensure that all qualifications are verified with the associated colleges.
- The centre Manager must ensure that all supervision records contain more detail, are legible, and that the model of care is reflected in supervision sessions.
- Centre management must ensure that the remainder of staff complete Fire Safety and First Aid training as soon as possible.

3.3 Children's Rights

Standard

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

3.3.1 Practices that met the required standard in full

Consultation

The young people have a key worker allocated to them on admission to the centre. Inspectors met with two young people who confirmed that they spend time with their key worker, can go to them with any issues they may have and can do individual pieces of work with them. Young people's meetings are held once a week. Inspectors were informed that young people do not always contribute but their voice is heard when they do. Inspectors found a lack of evidence in centre records that any response was given to young people following any requests or issues and more commentary is needed to support this. Inspectors heard from young people that they can, and do contact their Social Worker should they wish to and one young person said that their Social Worker comes to see them in the centre regularly. There was information on Epic (Empowering People in Care) in the young people's files as well as in the young people's handbook.

Complaints

The centre has a policy on complaints. The booklet available to young people explains how to make a complaint and who they can contact outside of the centre should they want to. There are no contact details listed in the booklet and Inspectors recommend that this information is included in the booklet. Young people were aware of how to make a complaint and felt confident that they could speak to the Manager about any issues they were unhappy with. The Manager reported to Inspectors that at one stage complaints were made that involved more than one resident and all social workers were informed and involved in the process. Inspectors viewed the complaints which evidenced oversight of complaints made. In interview with one Social Worker, they stated that a young person had made a complaint but refused to meet with their social worker regarding this so it was difficult to reach a conclusion. At the time of interview the Social Worker had arranged another time to

meet with the young person and had a plan in place to respond to the young person should they refuse to meet with them. The Social Worker stated to Inspectors that the centre had responded to this in a timely manner and kept them fully informed.

3.3.2 Practices that met the required standard in some respect only

Access to information

The centre has a written policy on access to information and there is information in the young person's booklet informing them of their rights regarding accessing their file. Inspectors note from the file of one young person that a request had been made but there was no evidence to support that this was responded to or had taken place. Inspectors addressed this with the Manager who made assurances that this would be followed up on.

3.3.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- Centre management must ensure that young people are responded to following a young person's meeting with an outcome recorded to evidence this.
- Centre management must ensure that contact details are included in the young person's handbook alongside the named external people.
- Centre management must ensure that young people's requests to access their files are responded to and facilitated by staff.

3.4 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.

3.4.1 Practices that met the required standard in full

Suitable placements & admissions

Referrals for the centre are identified through the National Placement Team. The referrals are first reviewed by the Director of Services and the Assistant Director of Services. This is then reviewed by the Manager and an impact risk assessment is carried out. The Manager informed Inspectors that their view is taken in to account should they deem the referral of a young person unsuitable to the centre. Social workers for other young people resident in the centre are informed verbally by the Manager, with a view on how the placement will work. Inspector's view that more consideration in relation to impact assessments should be given, and in using information from previous placements identified, naming the risks and planning how these risks will be best managed.

Contact with families

There was good evidence of contact with family. Young people in general were happy with the amount of contact with their families. Staff facilitate family contact and there is adequate space within the centre for families to meet in private. The young people's records reflected that staff in the centre are in regular contact with families and keep them updated about all aspects of the young person's care.

Statutory care planning & review

Of the three young people resident in the centre, two had an up to date care plan on file. The other young person had a care plans on file relevant to their last placement which had not been updated to reflect the change or the purpose of the current placement. In interview with the social worker following the onsite inspection, they stated that a care plan review had taken place following the inspection and the care plan had been forwarded to the centre. The Manager of the centre informed Inspectors that strategy meetings had taken place and minutes of these meetings had been requested by the centre. There were placement plans on file and Inspectors found that they could be more goal orientated with evidence of individual work carried out and progress made. Two of the social workers stated to Inspectors that they were consulted regarding placements plans. In interview with one social worker, they informed Inspectors that they were not involved or consulted in the generation of the placement plan. The Manager must ensure that all social workers

are consulted when the placement plan is being developed to ensure it is congruent with the care plan.

Social Work Role/Supervision & visiting of young people

Standard

Supervising social workers have clear professional & statutory obligations & responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The three young people in the centre had allocated social workers. There was evidence of social work contact in the young people's files and the young people confirmed that they could contact their social workers outside of scheduled visits. There was no evidence on file to show that decisions regarding young people were made in consultation with social workers, and Inspectors recommend that evidence of working in partnership should be referenced in centre paperwork.

Emotional & specialist support

The young people all had individual key workers. Individual pieces of work were taking place with the young people and there was evidence of the manager overseeing case management.

Inspectors advise that key workers seek relevant community based services to strengthen the skills necessary to complete current relevant pieces of work. Two of the young people were attending specialist services. The Manager informed Inspectors that one of these specialist teams offer support and guidance to the staff to aid them in their work with the young person. The third young person refused to attend appointments offered by specialist services.

Preparation for leaving care

Two of the young people in the centre were over 16yrs and as part of their placement plan reviewed by Inspectors, staff were working with them to develop life skills in preparing them for independent living.

Children's case & care records

The young people had a copy of their birth certificate, care order and photograph on file. There was a record of their history and other relevant documents were also

maintained. Inspectors found that there was evidence of oversight from external management.

3.4.2 Practices that met the required standard in some respect only

Aftercare

Of the two young people preparing to leave care, one young person had been allocated an Aftercare Worker from the Child and Family Agency in the area they were originally from. This young person was not intending to return to their place of origin and wanted to remain close to their current location. The Social Worker informed Inspectors that they had approached the Aftercare services in a particular region for an Aftercare worker and were refused. There was an aftercare plan in place and staff and the relevant professionals were working with the young person on their future accommodation and education options. The other young person did not have an allocated Aftercare Worker and the Social Worker informed Inspectors that they would be approaching the Child and Family Agency resource panel for an aftercare placement.

3.4.3 Practices that did not meet the required standard None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1&2, Care Plans

-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan

-Part V, Article 25&26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The centre Manager must ensure that all social workers are consulted when the placement plan is being developed.
- Centre management must ensure that evidence of working in partnership with the social work department, is referenced in centre paperwork.

3.5 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.

3.5.1 Practices that met the required standard in full

Individual care in group living

The young people each had their own bedrooms and were encouraged to choose how they would like to have it decorated. Each young person has their own key worker assigned to them. Staff promote involving young people in activities of interest to them and endeavours to engage young people in positive friendships. Young people are given the option of attending church or cultural events of their choice. Birthdays and other special occasions are celebrated and there are recreational facilities in the centre for the young people to avail of.

Managing behaviour

The Manager reports that the team encourage the young people on taking pride in their environment and having respect for the other residents in the centre. One young person in the centre stated to Inspectors that there was a time when property and contents were consistently damaged or destroyed. They stated that this is not the case now and things are much better, with the centre homely and much nicer.

The Manager reports that any damage to property is repaired or replaced quickly and there are consequences for young people if they do not respect the environment or cause any damage. Inspectors found that the young people were clear about the rules in the centre and what sanctions would be imposed for inappropriate behaviour. Inspectors reviewed from centre paperwork a cross section of sanctions given and found them to be age appropriate and fair. The staff combine the Circle of Courage

model along with intervention techniques from Therapeutic Crisis Intervention (TCI) to de-escalate any inappropriate behaviour. They also use individual sessions with young people to look at the behaviour and encourage them to take responsibility for events that have taken place. Social Workers interviewed by Inspectors were aware of the sanctions that young people might receive, and felt that they were fair and appropriate.

Restraint

There has been one intervention of physical restraint since the last inspection which was a small child restraint and lasted for approximately one minute. This was reported to the relevant professionals as an SEN. The Manager reports that the ethos in the centre is to avoid restraint and use as a last resort when all other intervention techniques have been exhausted. All staff have completed training in TCI.

Absence without authority

Each young person has an Individual Absence Management Plan (IAMP). Inspectors found that there have been a number of absences for all three young people in the centre. From reviewing the IAMP for the young people, Inspectors found that many absences occurred after family access. Each young person had a curfew in which they were expected to adhere to and agreed times in which they would be reported missing in care. The centre follows the joint protocol between the Child and Family Agency and the Gardai for reporting young people missing from care and there was evidence that staff regularly kept in touch with the Gardai during any absences. Centre records reviewed by Inspectors displayed that staff regularly attempt to maintain contact with young people while they are absent from the centre. There was little reference on file to meetings or agreements that were made collectively between the centre and social work department and Inspectors view that this needs to be evidenced more. From interviews with staff and social workers, Inspectors found that curfew times are reviewed regularly in order to meet the needs of the young people.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 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.***

4. Action Plan

Standard	Issues Requiring Action	Response
3.1	Centre management must ensure that Social Workers are provided with written information relating to that specific centre, to include the model of care.	All social workers have been provided with a copy of the young person's booklet which contains information relating to the centre. In addition all social work departments and relevant professionals have received an overview document on our model of care. As part of our admissions process both documents will be provided to social work department for their perusal
3.2	<p>The centre Manager must ensure that SEN's contain more detail and commentary regarding the plan of action</p> <p>Centre management must work towards retaining a full time core staff team in the best interests of the young people and the staff in the centre</p> <p>Centre management must ensure that should the centre operate at full capacity, staffing levels are increased to ensure that care standards are maintained.</p> <p>Centre management must ensure that all qualifications are verified with the associated colleges.</p> <p>The centre Manager must ensure that all supervision records contain more detail, are legible, and that the model of care is reflected in supervision sessions.</p> <p>Centre management must ensure that the remainder of staff complete Fire Safety and First Aid training as soon as possible</p>	<p>All SEN's are subject to review by both internal and external monitoring. All feedback from Inspectors was noted. Report writing training is to be provided to the staff team on 13th October 2015 with a focus on documenting and recording of SEN's.</p> <p>Following inspection there were three full time Social Care Worker appointments made. Currently the centre has eight full time staff with a supporting panel of seven relief staff. This staffing complement is adequate to meet the needs of the Centre at full occupancy. The centre recruited care staff post inspection.</p> <p>Current staffing levels at full occupancy exceed the requirements of the Service Agreement with Tusla. Care standards are consistently monitored by Centre Manager & external Managers who will increase staffing in line with risk escalation process.</p> <p>All outstanding verifications have been obtained by the social care manager. In addition, the organization has developed a HR department to ensure that all recruitment requirements, inclusive of qualification verification, are in line with policy.</p> <p>The supervision record form has been reviewed and revised to encompass the model of care and all supervision records will reflect same. The manager will ensure specific detail of supervision is recorded and the notes are detailed and legible.</p> <p>Staff team to attend Occupational First Aid training over two sessions in September and October 2015. Staff team to attend fire safety training on 15th September 2015</p>
3.4	<p>Centre management must ensure that young people are responded to following a young person's meeting with an outcome recorded to evidence this.</p> <p>Centre management must ensure that contact details are included in</p>	<p>Following verbal feedback post inspection in May a young person's weekly meeting book was developed. This document specifically records outcomes, evidence and feedback given to young people.</p> <p>In addition to the young person's handbook all new residents receive a Welcome pack on admission.</p>

	<p>the young person's handbook alongside the named external people.</p> <p>Centre management must ensure that young people's requests to access their files are responded to and facilitated by staff.</p>	<p>This pack contains contact details and stamped addressed envelopes for the following organisations: EPIC, Ombudsman for Children and Monitoring Officer.</p> <p>All request made by a young person to access their files are to be documented in the following manner: Request to be noted in the young person's daily log book and Social Care Manager in conjunction with Social Worker (if required) to facilitate same. Individual work report to be completed and young person's response recorded.</p>
<p>3.5</p>	<p>The centre Manager must ensure that all Social Workers are consulted when the placement plan is developed.</p> <p>Centre management must ensure that evidence of working in partnership with the Social Work department is referenced in centre paperwork</p>	<p>Following admission of a resident, a Child in Care (Review) meeting is requested and held. The outcome of this meeting is documented and minutes taken and forms the basis of the updated placement plan. On a monthly basis social workers are forwarded a copy of the updated monthly placement plan and are requested to read, comment and amend same</p> <p>While daily and weekly contact is made with Social Work departments the recording of same is to be addressed by Social Care Manager and the staff team. Contact forms will be completed in addition to notes made in the young person's daily log book.</p>