



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach**  
Child and Family Agency

## **Alternative Care – Inspection and Monitoring Service**

### **Children’s Residential Centre**

<b>Centre ID number:</b>	<b>011</b>
<b>Year:</b>	<b>2018</b>
<b>Lead inspector:</b>	<b>Eileen Woods</b>

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2018</b>
<b>Name of Organisation:</b>	<b>Solis MMC Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>28<sup>th</sup> and 30<sup>th</sup> August 2018</b>
<b>Registration Status:</b>	<b>Registered from 10<sup>th</sup> May 2016 to 10<sup>th</sup> May 2019</b>
<b>Inspection Team:</b>	<b>Eileen Woods Cora Kelly</b>
<b>Date Report Issued:</b>	<b>10<sup>th</sup> December 2018</b>

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## 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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in May 2013. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered with attached conditions from 10<sup>th</sup> May 2016 to the 10<sup>th</sup> May 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as a homely learning culture with an emphasis on positive reinforcement and structured routines underpinned by a person centred approach.

The inspectors examined standards 2 'management and staffing' and 5 'planning for children and young people' of the National Standards For Children's Residential Centres (2001). The centre's compliance with their 'corrective and preventative actions' plan (CAPA) submitted in response to the conditions attached to their registration was also reviewed. This inspection was unannounced and took place on the 28<sup>th</sup> and 30<sup>th</sup> August 2018.

## 1.2 Methodology

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

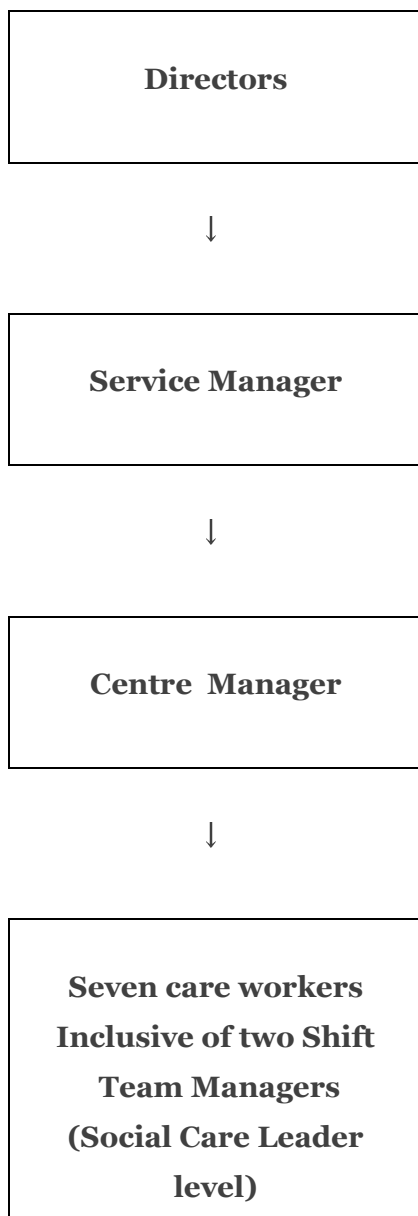
- ◆ An examination of the inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
  - a) Seven of the social care staff
  - b) The service manager
  - c) One of the two social workers with responsibility for young people residing in the centre.
  - d) A parent of a young person living at the centre
  
- ◆ An examination of the centre's files and recording process.
  - care files
  - supervision records
  - handover books, registers and daily logs
  - personnel files (sample)
  
- ◆ 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 management
  - b) Three social care staff
  - c) One of the two allocated social workers
  
- ◆ Observations of care practice routines and the staff/young people'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.

## 1.3 Organisational Structure



## 2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 10<sup>th</sup> May 2016 to the 10<sup>th</sup> May 2019 with attached conditions pursuant to Part VIII, Section's 61(6) (A) (i) of the 1991 Child Care Act. The conditions attached to the registration being:

1. Appropriate and suitable governance structures are put in place to ensure that the care and operational practices are robust and are consistently implemented.
2. The staff teams are stabilised and the number, experience and qualifications of staff are adequate to the number of children residing in the centre and the nature of their needs.

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 12<sup>th</sup> November 2018. 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 satisfactory completed action plan (CAPA) on the 26<sup>th</sup> November 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be now operating 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 remove the conditions from this registration and register this centre, ID Number: 011 without attached conditions from the 10<sup>th</sup> May 2016 to 10<sup>th</sup> May 2019 pursuant to Part VIII, 1991 Child Care Act.



## 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**

##### **Management**

The present manager took over the role, following an interview process, on 28<sup>th</sup> May 2018, the manager was in a senior role called a shift team manager post at this centre prior to this and had commenced employment at the centre in 2015. The manager described a rolling induction from the preceding manager and noted that additional induction support was being provided by their service manager and informal support from an experienced centre manager from within the company.

Since the last inspection that had been another change of manager, this change took place on the 24 April 2017 and this manager undertook to complete the programme of action in response to the conditions attached to the registration of the centre in 2016. This manager and their team incrementally restored stability in practice and staffing thereby enhancing the experience of young people and staff at the centre. This manager worked closely with the registration and inspection service, social work departments, suitable professionals and their own team to respond to the needs within the centre. This manager and the new manager had worked closely together during this time and had an orderly transition of role designed to sustain and build on the stability established at the centre. Therefore Inspectors found evidence of good quality management being maintained at the centre since the last inspection visit which took place in November 2016.

The company had a monthly governance report that managers complete, this report was reviewed by the service manager and the internal quality assurance auditor. The report looked at all aspects of the planning for young people at the centre and represented a comprehensive governance review mechanism. There were some minutes of organisational manager's meetings, these did not display a pattern or timeframe but the manager informed inspectors that these are intended to be fortnightly. Senior management must ensure that the meetings take place regularly

in accordance with the timeframes. The director of the service also visited the centre at intervals to meet staff and young people and to review the property. The service manager visited the centre typically every four to six weeks and attended some team meetings and handovers. There had been a recent gap in the summer months of meetings, provision of the manager's supervision and senior visits and it is important that the schedules are restored fully. The manager described the service manager as being readily available for discussion, advice and support. Other staff referenced the service manager's visibility and availability to staff should they require access to them.

Inspectors found that the manager executed their role effectively through their daily presence, provision of supervision and upholding of the centre approach to planning and care of young people. They had undertaken the role in a planned and organised manner and displayed a commitment to standards and to maintaining the stable and supportive environment established at the centre. Internal management meetings have been held at the centre and the records suggest that these were monthly. The minutes showed that they were a key mechanism to maintaining the person centred culture and progression at the centre as well as being a safeguard around staffing changes and how these are managed. There were one senior shift team manager post vacant at the centre at the time of the inspection and it is important this role is filled. There was a clear connection between the external management meetings to the senior in-house meetings through to the staff meetings and individual supervision and this has been central to the development at the centre.

The young people provide monthly feedback through their key working sessions and there were young people's house meetings which inspectors found were clearly linked to the staff and managements roles and actions.

The company have an auditing system with an auditor assigned and this involved both announced and unannounced visits that were themed. The manager received written report and responds to any actions noted in these. The centre had an unannounced visit in August 2018 with the one prior to this having taken place in March 2018. The manager expected that another audit visit would take place before the end of 2018. Actions required after the most recent audit related to training timeframes for new staff and supervision, the manager had responded to these and other actions required and noted to inspectors that the auditing process was a positive experience. Inspectors found that the auditing procedures acted as an internal safeguard as well as a potentially robust governance mechanism. Inspectors also noted though that there are still significant delays in the completion of core

training in the approved method of crisis management TCI, therapeutic crisis intervention, and that the completion of audits had not impacted on this delay and this must be looked at by the service at senior level.

Inspectors found that the manager and the company were planning for the future of the centre and were committed to continuing to uphold good practices in governance and staffing. Staffing remains an area that requires consistent focused actions due to regular changes in personnel. A small number of staff have moved to centres opened by the company closer to their home area, for promotion or for other natural reasons. The manager was tracking the possible impact of the changes on the two young people resident at the time.

Inspectors found that the action plan submitted in response to the conditions attached to the registration of the centre in late 2016 had been implemented within the centre. The outstanding item related to completion of one area of core training and this must be addressed.

### **Register**

The centre had an up to date and well maintained centre register in place.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

### **Notification of Significant Events**

The centre maintained a prompt, clearly expressed and well defined system of notification of significant events. The rates of incidents had dropped significantly as 2017 progressed and was maintained through 2018. The records viewed at the centre confirmed that this was an accurate reflection of life at the centre for the young people. There was a well maintained register of significant events and there was evidence of communication with and feedback from social workers for the young people in response to those significant events that did take place.

### **Staffing**

The staff complement at the centre was seven staff plus a manager and access to relief staff. This staff complement included two shift team managers (STM) posts only one of which was filled, on an acting basis, at the time of this unannounced visit. There were two fulltime posts vacant on the team in total and the manager stated that there would be no new admissions until the two fulltime STM's were in role and the full time complement of staff recruited. At the time of the inspection the centre was operating double cover which was suitable to the needs of the two young people resident. The manager was present Monday to Friday and there was an on call

system in place to support staff outside of these times. The centre will be implementing new rota structures and as seven is generally the minimum required to operate a dual sleepover cover system the need for review of the staffing complement must be considered. Also the centre is located in a rural area adjacent to a number of large towns so regular travel was required. Therefore, whilst adequate at the time of the inspection it must be kept under review that an additional full time staff member may be required under new rota structures. Inspectors found that all staff were qualified and that some had experience. Three staff had the requisite post qualifying experience to fulfil the requirement to have a staff member available at social care leader level on each shift.

Staffing remains impacted by change but this has been named and risk managed in a manner designed to maintain culture and positives. In their feedback to inspector's staff noted improved governance, clear lines of communication and a stronger sense of the team's role in the whole organisation as elements contributing to the settled period.

Inspectors reviewed three personnel files for the three most recent employees, one from 2017 and two from 2018. The vetting was completed in compliance with the Dept of Health 1995 requirements and inspectors requested that one set of qualifications be checked with the FETAC system to confirm their equivalency to Irish qualification levels.

There was evidence of inductions completed with incoming staff and a six-month appraisal system in place to support review of suitability to the role. Incoming staff receive fortnightly supervision for an initial three-month period before moving to monthly supervision schedules. There was an organisational induction and a centre specific induction and both are tracked through checklists and through supervision over the six-month period.

### **Supervision and support**

The centres policy on supervision allowed for monthly to six weekly schedules for sessions and inspectors found that this was implemented within the centre. Records of sessions were on file, these were signed and dated and most had supervision contracts on file. The manager was conducting the majority of the supervisions and the content of the sessions were structured to facilitate cohesive and effective care of young people and the support and development of the staff member. The manager had previously trained in the provision of supervision but the acting STM had not and this should be scheduled for them as part of ongoing development. Aside from some small gaps in general supervision had been maintained on a monthly rotation for

staff. There were gaps in the manager's supervision from the service manager and this represented a gap also in their induction to their new role so it is important that structures to support the manager are adhered to.

Induction into the key working role was found to be supported through the supervision sessions. Staff had contracts for supervision signed and available on file, new staff had supervision contracts referencing that there would be fortnightly supervision for the first three months of their employment. These additional sessions had been completed with new staff, their induction had been tracked throughout the initial six months and all were co-signed by the service manager for oversight and governance.

There were handovers held every second day due to the system of forty-eight hour shifts employed historically by this company. This system will be changing to daily handovers once twenty-four hour shifts are in place. Team meetings were held fortnightly and significant event debriefing and support to staff was available through the services forensic psychologist. Staff members noted a positive and supportive management culture at the centre in their feedback to inspectors. The team meeting minutes displayed a focused and well used forum with promotion of open discussion and contributions by the team generating actions and decisions that were implemented.

### **Administrative files**

Inspectors found that the records reviewed during this unannounced inspection were safely maintained and were well organised. They were up to date and filed in accordance with the system in place. The records displayed evidence of oversight by the management and there was follow up at team meetings and in supervision with regard to record keeping and report writing. The quality of the standard of care being provided to the young people was also evidenced as monitored through the records. There were no complaints regarding the finances in place for the centre although the inspectors cannot fully comment on this as we did not receive direct feedback from the young people themselves.

Feedback was given to the manager about inspector's observations in a number of recording areas, with reminders for staff to record their full names on handover sheets and about the feedback received about the amount of time paperwork can take due to the manner in which some of it is structured. In particular, the present daily log structure requires continuous updating across each day and is not typically

reflective of the care being provided at the centre. This perhaps is an area senior management can explore with the centre management.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Training and development**

Three staff were awaiting training in TCI, therapeutic crisis intervention, a core training requirement for staff. One of those waiting had been outstanding, according to the records, since their start in October of 2017. A plan of action is required to ensure that long gaps in the provision of such essential training do not continue, this could result in two staff being on duty together for forty-eight hours with neither trained in the management of crisis behaviour. There was evidence of one of the affected staff members raising the lack of this training in supervision. The centre cannot use physical intervention until such time as the deficits in training are redressed and all staff are certified in the full training.

Other records reviewed confirmed that training in first aid, fire safety and Children First online briefing had been completed by the team or were scheduled for new staff. No confirmed dates for the outstanding TCI training were observed on the records. Additional complementary training and briefings had been completed by the team suitable to the needs of the young people. The services forensic psychologist provided training and relevant information to staff also upon request.

### **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 and Qualifications)
- Part III, Article 16, Notification of Significant Events.

## **Required Action**

- The service must ensure that staff are trained in the chosen method of crisis management, TCI, without delay. Systems must be put in place that require new staff to be so trained before commencing at the centre.

### 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**

Inspectors found that the centre had made progress over the preceding two years in how they implemented their matching procedures and the quality and impact of their pre admission risk assessment procedures. A period of instability in placements ended in 2017 and the time that has followed has seen a group of three young people live in relative stability with each other and few incidents occurring. The manager named that increased auditing, reviews of outcomes, awareness of pre admission procedures and need to match young people as carefully as possible to their own requirements and to each other has assisted the centre in making the progress it has made. Inspectors found that the pre admission risk assessments for resident young people were updated upon new admissions and that there was still room for ongoing development of actions generated from these risk assessments, for example in the area of safeguarding and supervision of young people as a group.

It was evident from the records, from a social worker and from a family member's feedback that the two young people at the centre at the time of the inspection knew why they were living there and both had individualised plans emerging for the next stage of their lives. Their wishes in this regard were known by their social workers and the centre and the records support that their guardian ad litem were involved in supporting the expression of the young people's views.

##### **Statutory care planning and review**

Both of the young people had care plans on file that were up to date and reflective in differing levels of detail regarding the plan for the young people. One young person's care plan had been delayed due to their case being unallocated for a period of time, their previous social worker was reassigned by direction of the court and this social worker knew the young person and their needs well. The second young person has



been placed outside their area for nearly two years and their request to move back closer to their home was recently made formally part of their care plan. Both young people attended their care plan meetings or part of them and voiced their opinions. One young person's child in care review has been re-scheduled and was due to take place after the inspection.

The placement plans were on file for each young person and had been updated in accordance with any child in care reviews held. The plans fed a monthly action plan for the young people and both files displayed attention to detail in the placement planning. Both young people's files also showed evidence of change for the young people and reflected if their priorities had changed. Staff completed a weekly report and tracked the type and number of both formal and informal sessions completed to support the young people in their specific areas of need. All staff presented as viewing the placement plan and the monthly planning folders as live and relevant documents that guided their day to day work. This is reinforced through the fortnightly team meetings. The young people's involvement in their own plans was evident to some extent through the individual work completed with them and through their monthly feedback if they choose to complete this. One young person accessed their files and plans on a regular basis also.

### **Contact with families**

One young person had been living at the centre for nearly two years and the family and team were very familiar with each other. One of the parents who responded to inspectors stated that they had been invited to the centre and praised the dedication and empathy the centre had shown to their child.

The centre had access plans on file for both young people, they stayed in close contact with one social worker in particular regarding plans for access. The team provided significant support to enable regular access to take place. They also advocated for young people in their access requests. Inspectors found the files reflected the young people's families respectfully and fairly.

## Social Work Role

### **Standard**

Supervising social workers have clear professional and statutory obligations and 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.

Inspectors found that the young people were kept informed by their social workers about changes in, for example care status and family access in particular. One social worker was co-ordinating further clarity and specialist feedback for the team on a specific identified area of risk for a young person. The social worker stated they hoped to complete this during the Autumn of 2018, this will help the team interpret and implement recommendations from a previous assessment report.

The second young person was awaiting developments in planning in response to their request to move back to their home region. This as stated has now become formally part of their care plan.

### **Emotional and specialist support**

Inspectors found that the team spent individual time with young people, this was routine as part of the work and was done by the key workers and by the whole team. Relationships with the young people were built at the young people's pace according to the records seen by inspectors and there was an awareness of the impact of staff changes on the young people.

Young people had been supported to complete therapy and attend support groups specific to their interests and needs. The team were aware of any previous assessments and had worked in conjunction with other professionals to either access or plan for further assessments at the young people's readiness. The team had also recently supported a young person with complex health, social and emotional needs prior to their move on.

The services forensic psychologist input was evident through specific areas of the records in response to requests by social work departments.

### **Preparation for leaving care**

One young person had recently left the centre a few weeks after their eighteenth birthday and had been supported with preparation for young adulthood through education, health, social and emotional development plans. The team had advocated for aftercare planning to take place and had consistently communicated the young person's concerns regarding leaving care to their social work department. The centre remained open to the young person for a period of time after their eighteenth birthday to support a good transition.

A second young person had turned sixteen and their area had assigned them an aftercare worker. The centre was implementing areas of life skills work suitable to their age.

### **Discharges**

In 2017 there were three discharges outside the original plans upon admission and these were not positive due to a variety of contributing factors some individual to the young people themselves and some related to unsuitable mix of young people. The team and their service manager completed a full review of the centres 2017 placements, this was done in January of 2018. Since then there have been three young people stable in placement and in 2018 to date one planned discharge had taken place. The centre and the young person along with their family worked together toward this as a positive ending and as reflective of a stabilising placement in a challenging period of this young person's life. The team had put plans in place to mark this transition and to mark the eighteenth birthday appropriately. There was a leaving party and a memory box compiled by the staff.

### **Aftercare**

One young person had been deemed to be in care for less than a cumulative twelve months in the five years prior to their eighteenth birthday and therefore not eligible for aftercare in the first instance by Tusla. This was formally appealed and latterly a level of support was provided by the social work department and the Tusla aftercare team. The young person was advised of routes to raise their dissatisfaction about the lack of aftercare in their case. The centre had worked to ensure a number of actions had been completed related to family, health, outreach support, employment, education, transport and housing applications.

A second young person aged sixteen who has been living at the centre for two years and in care long term has had an aftercare worker assigned.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Supervision and visiting of young people**

Two social workers were contacted for this inspection with a questionnaire and a request for interview, one social worker responded and met with inspectors. This social worker confirmed that they have met with the young person on occasion outside the centre and visited them at the centre on at least one recorded date since their reallocation to them in early 2018.

The second social worker and team saw the young person at some of their family accesses or at meetings. Inspectors could only find one record for 2018 of a visit at the centre for this social work department also. It is essential that regular and reliable visits are made to young people at the centre in which they reside.

### **3.5.3 Practices that did not meet the required standard**

None identified

### **3.5.4 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 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, 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**

- Social workers must visit young people at intervals not exceeding three months in the first two years of their residential placement.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The service must ensure that staff are trained in the chosen method of crisis management, TCI, without delay. Systems must be put in place that require new staff to be so trained before commencing at the centre.	All 8 Staff working in our Centre are now fully trained in TCI. 3 out of our 8 staff who had not completed this training at the time of our inspection have attended a Full TCI course facilitated by in house training facilitators on the 15-19th of October 2018. This action is now complete.	TCI Refresher Training will continue to take place for all staff every 6 months to ensure their training does not lapse. All new staff will be fully trained in TCI within a strict timeframe of their employment commencement and prior to working in a designated centre with vulnerable young people.
3.5	Social workers must visit young people at intervals not exceeding three months in the first two years of their residential placement.	Due to the importance of Social Work visits, all staff have been made aware of the time frames in place for social work visits and the expectations around this. Keyworkers have contacted all Social workers to inform them of their inconsistencies in relation to visiting young people and noted how improvements in this area must be in line with National standards and not exceeding the timeframe in place.	All Staff will keep a record of Social worker Visits in YP main files section 18 and through use of our visitors sign in register. Key workers and Centre Manager will endeavour to ensure visits occur within the timeframe specified. Keyworkers will follow up with Social Worker visits by use of effective communication to ensure these visits are taking place. Young people will be reminded of the roles and expectations of their social workers and their

			rights as a child in care to be afforded this time to meet with their Social Workers in person.
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