



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	112
Year:	2017
Lead inspector:	Eileen Woods

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	22nd , 29th June & 3rd July 2017
Registration Status:	Registered from 17th May 2016 to 17th May 2019
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	20/10/2017

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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 Methodology

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 ongoing operation of the centre in line with its registration. This inspection was unannounced and was a second inspection in the first twelve months of this new centres operation once young people are residing in a centre; this is in line with the inspection protocol for newly registered centres. The inspection took place on 22nd and 29th June and the 3rd July 2017.

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

- ◆ An examination of the questionnaires completed by:
 - a) The Manager
 - b) The director of services
 - c) The assistant director of services
 - d) The director of quality assurance
 - e) Seven of the care staff
 - f) One of the two young people residing in the centre

- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.

- ◆ An examination of the centre's files and recording process.

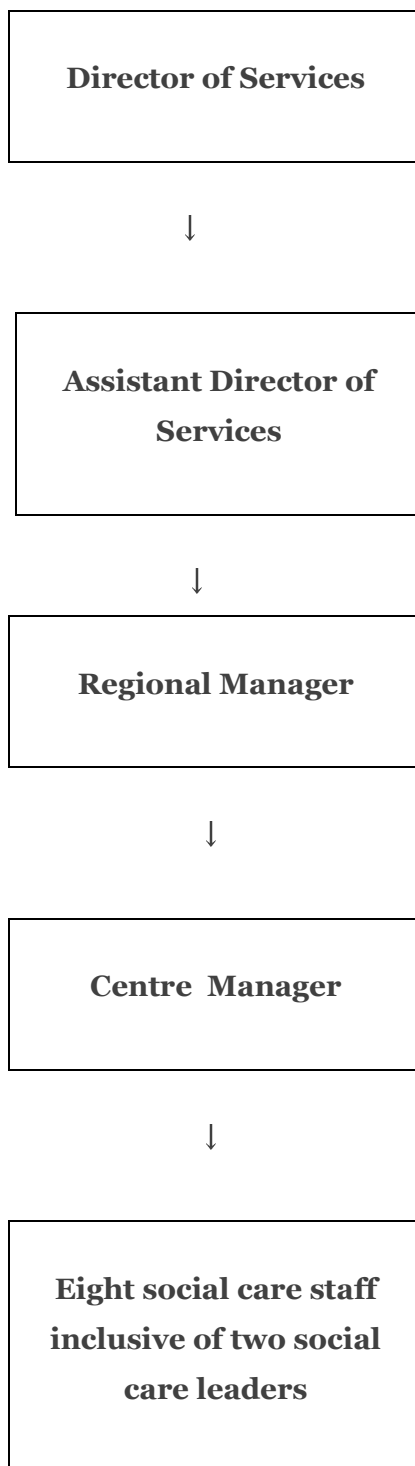
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The manager
 - b) The regional manager
 - c) Two staff
 - d) One young person
 - e) The two social workers

- ◆ Observations of care practice 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. This centre is registered from 17th May 2016 to the 17th May 2019 with a condition attached: the condition being that the CAPA ‘corrective and preventative action plan’ submitted in October 2017 and accepted following this inspection is implemented in full.

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

None identified

3.1.2 Practices that met the required standard in some respect only

This is a short to medium term residential centre for up to four young people in a semi rural setting adjacent to a small town. Two young people were living at the centre at the time of the inspection, only one of whom was present during the inspector's time at the centre. The centre opened in May 2016 and in that time five young people had been admitted of whom three had unplanned discharges. One of the two young people resident at the time of this inspection has been discharged since the onsite visit.

The statement of purpose and function for this centre states that it will provide a "supportive and therapeutically focused" service. It also states that "psycho-social educational programmes" and "case management from the director of services" would be provided. The model of care is called STEM and is a mixed model created by the company combining a number of recognised approaches. Inspectors found that the model as committed to in the statement was not evidenced as being delivered in a coherent manner at the centre and at that time was not presenting as suitable for young people with complex needs. The findings were based on file review, interviews and significant observations of practice at the centre by the two inspectors present.

Inspectors found that the model of care was not clearly understood by staff or reliably supported by a standard of specialist guidance and robust review of its implementation. There are model mentors on the team and the roll out of the training for the model has been adjusted to a longer roll out in recent months. There

was poor evidence on the files of the recognition of assessed needs and lack of insight into developmental and attachment difficulties by the team. There was some evidence at interview of an insight into a number of the difficulties and of individual interventions designed to address these. The previous inspection report finalised on the 20th March 2017 stated “systems to support young people were not consistently timely to ensure the safety and positive experience of young people” and inspectors found this was remained an urgent issue requiring additional attention at the centre.

Inspectors noted that in the questionnaires gathered from management and staff that they described the centre and the service in very positive terms. They also highlighted that trust and mutual support was in place amongst the team. Inspectors note a distinct disparity therefore in our findings compared to the teams and the organisations own view. The standard of verbal engagement heard by inspectors, the number of placement breakdowns and the lack of evidence on file of a cohesive implementation of the model highlights that a programme of re evaluation of the service delivery at the centre must be completed. The findings of the inspectors must be closely examined in this context and the delivery and ongoing expert guidance of the model of care must be strengthened.

Inspectors at the first inspection for this centre included issues requiring action surrounding the strengthening by the company of the supports for young people and staff and on this follow up visit those initial actions to address this have been found to be inadequate.

3.1.3 Practices that did not meet the required standard

None identified

Required Action

- The management must ensure that prompt action is taken to strengthen, support and quality assure the delivery of the model of care as named within the statement of purpose and function by the management.

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

Absence without authority

The team had well developed individualised absence management plans in place to complement the document from the joint protocol on young people missing from care. These were updated at minimum on a monthly basis and involved good consultation with the social workers, the families and took account of the access arrangements in place.

3.6.2 Practices that met the required standard in some respect only

Individual care in group living

Practices and planning at the centre met the individual care needs of the young people well in the area of their interests, sports and educational needs. There were strong connections with families and good organisation and support for family access and contact. Families are invited to visit the centre and friends or potential friendships are strongly encouraged. Specialist sports interests for the young people were enthusiastically resourced and supported by the team. In general where it came to clearly defined areas of practice the team were found to be positive and proactive. Both social workers noted positives in support for education/training, family access, interests and one social worker noted that the young person had built relationships with the team.

The young people had key workers and plans developed by the centre. These were underpinned by a document called a developmental audit and by another called practice guidelines, one of the audits was not signed or dated, there was a lack of

evidence of their use as a guideline for practice or as a tool for measuring outcomes and progress. The complexities of the young people – their histories and identified issues and needs – were not well represented on any one document reliably. This created a disconnect when it came to devising placement plans and inspectors found that key working tasks were not reliably consistent with the needs of the young people.

The scope of the key workers and staff role under the headings in the developmental audit and in the placement plans lacked specificity or actions that inspector could discern as being consistent with the history, the assessed needs, the care plan or the purpose of the placement. The young people's views are also recorded but inspectors found that often their comments were interpreted, for example, a quote followed by an interpretation by staff. There were also young people's meetings held and recorded and these presented as a positive information sharing forum.

Managing behaviour

There were clearly identifiable risk management documents in place around the management of behaviour. There were individual crisis management plans that were regularly reviewed and updated in response to changes in behaviours displayed by young people. All such plans and documents were signed, dated and co –signed by management and line management. Following incidents life space interviews are completed where young people were willing. The regional manager and manager consulted on the young people daily by phone and in person at regional management meetings. The regional manager attended at the centre also from time to time. The crisis management plans were business like and generally clear although the designation of certain behaviours to the category of proactive aggression should have been reviewed. The staff did not identify the plans as being successful at the time of the inspection due to the ongoing issues for both young people and consistently getting drawn into a conflict cycle with one young person. They felt that one young person was responding to a limited but still measureable extent. Both social workers noted a high level of contact with the centre around behaviour management and intensive involvement in planning for one young person in particular. This contact was evidenced on file and areas of disagreement were evidenced as negotiated and resolved between the parties. Both social workers also noted that improvements could be made to strengthen the team's insight into presenting behaviours and patterns of same.

Documents on file were contradictory about the nature of the quality of the relationships with staff for example regarding one young person “building positive relationships” in another “ does not engage in any meaningful relationships” in a third “inconsistent” relationships with staff. Within centre records and in observations by inspectors of staff practices during times of crisis found that responsibility was placed back on a young person to regulate themselves. The clear frustration being expressed by staff did not present as being tempered by an understanding of the underlying drivers for behaviours. Inspectors found that in this the practices reflected the uneven quality noted above in the planning and guidance documents.

Sanctions were used and although these were individually related to the exhibited behaviours one young person had none since April despite ongoing challenging events and the other, who was continuously present in the centre, had episodes of almost daily sanctions. Their effectiveness and young person’s view of the outcomes were not well recorded and inspectors did not see evidence of where these were reviewed in the context of the young person’s attachment difficulties.

Specific interventions for aspects of behaviour like anger management had been started for one young person and staff had completed research to assist them in best delivering this to the young people. Inspectors found that in this and other areas of intervention that the team would benefit from regular expert guidance and review taking account of the needs of the young people. The initial outcomes of a number of unplanned discharges in less than twelve months supports that this along with the model of care must be robustly strengthened. Inspectors found that the manager and the staff did not want this to be the situation and wanted the placements to be a safe place for children to live.

One young person described that they had been bullied by other young people within the centre, they complained about it, named it to staff and told inspectors about feeling unsafe and bullied and believing they had money taken from them. The young person also relayed positive experiences of how staff and their key worker treated them but still felt frustrated about their experiences with other young people at the centre at different times. Other files within the centre noted that a number of young people felt at least intimidated if not bullied by other young people. And that this cycled from one young person to another. Specific training in anti bullying strategies and other complementary approaches had been identified by staff and were being commissioned at the time of the inspection and must be completed. There

should be specific tracking introduced to ensure that any emergent trends in such behaviours are rapidly addressed.

Staff had researched a number of intervention tools and were trialling some at the time of the inspection. Other actions were taken appropriately by the manager and staff including for example incentives, increasing staffing levels, calling strategy meetings, reviewing plans and sanctions but these had limited success at that time.

Serious incidents have occurred at the centre, have involved the calling of the Gardaí to contain the behaviours and some of the actions of previous young people had impacted on the community. The staff had experienced unexpected and challenging incidents for which facilitation was provided afterward. Discharges have been reviewed with the team and the staff explained to inspectors that the three, at that time, discharges were for different reasons that they felt were beyond their control or in one instance could be seen as positive. Staff also stated though that they felt advances could be made in identifying best fit in placements for the centre.

Restraint

The crisis management plans clearly identified where contra indicators to the use of restraint existed for both young people. In the case of one young person restraint did take place despite this and had not been ruled out in the crisis management plan. The holds safe to use as deemed by the centre were listed. A number of restraints had been conducted with one young person and these were recorded and reported to the appropriate parties. Not all restraints were successfully conducted and at times the Gardaí had to be called to contain the behaviours of a variety of young people. One record of restraint highlighted staff practice and decision making deficits whilst another was poorly detailed. The manager had noted these and had addressed these with the individual staff. The organisation had also instituted reviews of some restraints. There must be a full review of these issues and of staff practice in this area. Inspectors find that additional work on the behaviour management approach alongside the model of care must include learning from poor outcomes for young people from restraints. The social worker for the young person who had experienced the restraints and complained that they had been hurt during one did not find evidence to support this complaint. They had spoken with the young person and were satisfied that they were offered medical attention and not hurt during restraint. The staff questionnaires named to inspectors that staff starting without, or waiting to complete, the training in behaviour management and restraint was an issue management needed to address. Inspectors also found that the timeframes for

completion of this core training can extend beyond what could be said to be safe. For example at the time of the inspection three relief staff had not completed their training in this or in the model of care.

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 manager must ensure that the individual assessed needs, histories, working hypotheses or actual clinically diagnosed needs of the young people are considered in a manner designed to improve their overall quality of life at the centre.
- The management must review the sanctions policy and practice.
- The management must review the behaviour management approach to ensure that interventions are timely, regularly evaluated and suitable to the young person's needs.
- The Directors must ensure that enhanced supports are provided to the team as demanded by the complexities of the needs of the young people and the staff team's clear ambition to provide a high standard of positive care to young people.
- The Directors and managers must ensure that training in the method of behaviour management and restraint is completed without delay for new and existing staff. A recent comparison of start dates and completion of training dates to be submitted as part of this response.

3.7 Safeguarding and Child Protection

3.7.1 Practices that met the required standard in full

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 company have a child protection policy in place and the manager is the identified child protection officer within the centre. A register of child protection matters and tracking of responses was maintained by the manager. At the time of the inspection visit a total of eight standard reporting forms, sent to referring social workers, were awaiting a response for the centre records. These related to two previous residents and related to matters both inside and outside the centre. Additionally an allegation had been made and retracted by another young person and this was recorded in a clear manner on file. There was evidence of the manager pursuing closing information for the files from the respective social work departments. This should be pursued until resolved. A significant number of the team had received training in Children First and the manager must ensure that the whole team is trained without undue delay.

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.

3.7.2 Practices that met the required standard in some respect only

The list of staff submitted by the centre for the registration of the centre differed by four names by the time of this inspection, approximately one year later. Inspectors reviewed the vetting for three of those staff and found that the quality of completion on the personnel files varied. One file did not seek the most suitable work references in favour of testimonials and the manager should review this file to establish the best source of references.

Eight issues requiring action relating directly to the role of the centre team were identified, responded to at the last inspection and reviewed during this inspection. Inspectors found that actions had been implemented seeking to improve the care experience for the young people and thereby safeguard them and their placements. Some of those actions had not been successful at bringing about short term improvements sufficient to safeguard further placements. Those areas requiring additional action are named in the relevant sections of this report. The continuum between the model of care, the expert support and review of complex cases for the team, the reflection of same in supervision and in planning are the key areas presenting for ongoing improvement.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Management must review the delivery of safeguarding policies and practices in this centre and in doing so ensure that the sense of safety felt by the young people is prioritised.
- The personnel files must be reviewed by the manager.
- The manager must continue to take action to seek closing comments from social work department with regard to standard reporting forms sent.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

Promotion of education and acting on this in the young people's best interests was an area of strength in practice at the centre. The team worked to secure school or training placements for young people and to support them to attend these regularly. Creative action was taken to develop training interests and to promote young people to focus on this area. Work experience is also considered and relationships developed around this in the community.

Inspectors found that staff should take more account of any impairment to working memory, language and expression and concentration for example that young people may have and how that impacts on their education but also their day to day life.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

A local GP service is sourced for young people upon admission; both young people came from a significant distance from the centre and could not easily retain their original GP. One young person's receipt of a GP service for blood tests was delayed by the transfer of records from one GP practice to the other. The social worker was to deal with this and with dental and speech and language transfer from the young person's region. One young person was being over seen by their own original local CAMHS service and their medication was due to be reviewed once the GP transfer issue was resolved. A transfer to a new CAMHS service was reported to be delayed also due to the transfer of documents. Staff and management had followed up with the social work department on this and other issues and supported the young person to pursue this through the young people's advocacy service EPIC. Ultimately with staff action and support both young people were linked to the local CAMHS and both were in receipt of medication.

Clinical and specialist reports had been provided to the staff and management prior to young people's admission to the centre. Inspectors founds that for at least one of the young people in particular a variety of reports gave working hypotheses and outlined a complex young person but in the main did not definitively agree a diagnosis. In these situations clear clinical or expert guidance should have been provided to staff from the outset from the social work department or the company. The company's policy is to await direction to and sourcing of specialist assessments to the social work departments and if funded the company will source a suitable

professional. Whilst this policy is clear and is implemented it has been evidenced as lacking an early intervention and staff support element that should be considered by the company.

Once resident a number of months in accordance with this policy the manager had consulted with the social work area and art therapy had been sourced. The manager felt that items like this being timelier could have assisted the placement and the young person. The manager in particular had a good awareness of the conditions affecting the young people.

Elsewhere within records the health and diet of the young people is given due regard and prioritised as named goals within placement planning and daily planning. The team were aware of the need to include health and sexual development information as part of the young people's plans. At the time of the inspection one young person was receiving this at school and it was due to be delivered for the other young person.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency have met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The property in which the centre is operated is of a good standard, it was homely and had adequate space for both shared living and private space for visitors and friends to visit. At the time of the inspection visit the house had suffered some impact and general damage in particular to door frames, doors, and the stairs and in a variety of areas. As the inspection visit was unannounced it was clear that repairs and strategies to minimise damage were under way. The young person who spoke and wrote to inspectors liked the house and the team. The grounds around the house were mature and well tended and it was obvious that the garden was used by at least one of the young people for recreation with staff.

Proof of adequate insurance was provided for the registration and opening of this centre.

Maintenance and repairs

The company operate a maintenance service for its centres. Maintenance request forms completed and submitted to maintenance, no delays were noted by inspectors. According to inspectors review of records the maintenance sheets seen did not tally fully with damages named in significant event reports and the identified health and safety staff should be careful to ensure this is tracked.

Safety

The centre has a health and safety policy and procedures in place and persons identified to complete the health and safety roles. Inspectors reviewed health and safety environmental audits that were completed up to April 2017. There were records that weekly and daily car safety checks are done and at the time of the inspection there were three cars in operation. The staff and young people travelled long distances to their home areas. A sufficient number of the staff are trained in occupational first aid and the first aid boxes are regularly checked and replenished. Arrangements had been upgraded for the safe storage of medication and there was evidence of the manager tracking any deficits in recording of the administration of medication or any misuse of medication by young people.

Fire Safety

The centre has a fire officer who undertakes the oversight and audit of all fire safety matters. The team are trained in basic fire safety at the centre itself. There are contracts in place for the maintenance of the fire alarm, the fire equipment and emergency lighting and sensors. There were up to date records on file of checklists completed at the centre by staff in accordance with their fire safety procedures. Evidence was submitted for the registration of this centre of compliance with building control and planning regulations.

3.10.2 Practices that met the required standard in some respect only

None identified

3.10.3 Practices that did not meet the required standard

None identified

3.10.4 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 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	The management must ensure that prompt action is taken to strengthen, support and quality assure the delivery of the model of care as named within the statement of purpose and function by the management.	<p>As an immediate response a one-day introductory STEM training course was scheduled for the 26.10.17. The new centre manager and 2 additional full time staff completed the full 3-day STEM training course on the 10th, 11th and 12th of October. 6 of the core team of 8 our now fully trained in our model of care. In addition, a STEM Induction manual has been introduced and is completed by all new staff over the first 4 months of their employment.</p> <p>The quality assurance department have supported the response through the provision of local training and direction. The company have also strengthened the management team through appointments.</p>	All new staff as part of the induction process will complete a STEM training work book with the support of the identified STEM leader and social care manager. Following completion of induction, the staff member will attend a full 3-day STEM training course. The management team have developed systems to ensure staff are immersed in the model of care throughout the working day. These include the inclusion of a STEM focus in weekly reports, various forms of supervision, and the development of a STEM induction programme spanning approximately four months.
3.6	The manager must ensure that the individual assessed needs, histories, working hypotheses or actual clinically	As of the 14.09.17 all staff members in the centre completed placement planning and developmental audit training. This	Case management, centre auditing, internal and external management will oversee the implementation of this process. This

	<p>diagnosed needs of the young people are considered in a manner designed to improve their overall quality of life at the centre.</p> <p>The management must review the sanctions policy and practice.</p> <p>The management must review the behaviour management approach to ensure that interventions are timely, regularly evaluated and suitable to the young person's needs.</p>	<p>training will assist the team in identifying individual care needs and designing suitable placement plan with a view to enhancing the quality of life for the young person. This up skilling is supported by a robust case management system which features specific collaboration between the social care manager and regional manager</p> <p>A review of the sanctions policy to be completed by the management team within the centre. The review will focus on the consultation, implementation and higher learning outcomes. This review will include consultation with the residents and the full staff team and will be completed at the staff team meeting on the 19.10.17.</p> <p>A review of the behaviour management approaches to be conducted by the management team on the 17.10.17. The findings of this review to be incorporated into the individual crisis management plans and support plans for the individual young</p>	<p>process with also be supported and evaluate by the quality assurance department as part of their function.</p> <p>Sanctions to be a standing item on staff team and young person's meeting agendas effective September 2017. This action will give both the young person and the staff an opportunity to review and asses' the effectiveness of the sanction implemented. The use of sanctions, positive consequence and adopting a strengths based approach are key elements within the model of care training</p> <p>Behaviour management and its implementation to be addressed and brought in line with a strength based approach. The interventions and their outcomes to be evaluated via the individual work sessions, key working weekly and</p>
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	<p>The Directors must ensure that enhanced supports are provided to the team as demanded by the complexities of the needs of the young people and the staff teams clear ambition to provide a high standard of positive care to young people.</p>	<p>person. A strength based approach to key working and individual work which will be underpin by key elements of model of care will ensure interventions are timely and evaluated with outcomes and responses recorded for further development and learning.</p> <p>The directors will ensure that enhanced supports are provided to the team and have identified the following measures to support same. Provision of specialist training relating to the identified needs of the young people through early liaison with social work departments. The development of early warning indicators both internally and externally prompting case management review has been established</p>	<p>monthly reports. In addition, behaviour management to become a standing item on the biweekly team meeting and also recorded in monthly regional SERG meeting.</p> <p>The directors have developed stronger systems to ensure there is adequate and regular case management evaluation such as the introduction of a more robust placement planning process, the development of a weekly governance report. The directors have also developed stronger systems to identify and support staff teams in up skilling where required and in the interests of the young person's needs.</p>
<p>3.7</p>	<p>Management must review the delivery of safeguarding policies and practices in this centre and in doing so ensure that the sense of safety experienced by the young people is prioritised.</p>	<p>The safeguarding policies and actions implemented to ensure the sense of safety for the young people will continue to be a priority for the staff and management team. With the up skilling of the team in key areas identified i.e. model of care and the placement planning it will create a robust foundation for safeguarding the young</p>	<p>The safeguarding policies and actions implemented to ensure the sense of safety for the young people will continue to be a priority for the staff and management team. With the up skilling of the team in key areas identified i.e. model of care and the placement planning it will create a robust foundation for safeguarding the young</p>

	<p>The personnel files must be reviewed by the manager.</p> <p>The manager must continue to take action to seek closing comments from social work department with regard to standard reporting forms sent.</p>	<p>people and their placements.</p> <p>A full review of all personnel files has been completed by the social care manager to ensure relevant references are present.</p> <p>The social care manager to again request from relevant social work departments closing comments in relation to outstanding standard reporting forms.</p>	<p>people and their placements.</p> <p>Social care manager in conjunction with the HR department to ensure the most relevant references are requested and verified.</p> <p>Social care manager will continue to carry out due diligence in relation to requesting follow up action from the relevant social work departments</p>
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