



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

## **Registration and Inspection Service**

### **Children's Residential Centre**

<b>Centre ID number:</b>	<b>063</b>
<b>Year:</b>	<b>2017</b>
<b>Lead inspector:</b>	<b>Noreen Bourke</b>

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Pathways Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>8<sup>th</sup> and the 9<sup>th</sup> of November 2017</b>
<b>Registration Status:</b>	<b>Registered from the 30<sup>th</sup> of January 2018 to the 30<sup>th</sup> of January 2021</b>
<b>Inspection Team:</b>	<b>Noreen Bourke John Laste</b>
<b>Date Report Issued:</b>	<b>29<sup>th</sup> of January 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 on-going 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 ongoing operation of the centre in line with its registration. Registration was initially granted for a period of three years from the 30<sup>th</sup> of January 2015 to the 30<sup>th</sup> of January 2018. The centre was registered to provide mainstream residential care for up to four young people aged between thirteen and seventeen years on admission. Placements were provided to both male and females. At the time of the inspection there were three young people in placement.

The aim of the centre was to work from a relationship and competency model of care. Staff work collaboratively with the young people, their families and professionals based on the needs of the young people.

The centre was previously inspected on the 30<sup>th</sup> of June, and on the 1<sup>st</sup> and 2<sup>nd</sup> of July 2015 and issues identified as requiring action in the report were met in full. This inspection was announced and took place on the 8<sup>th</sup> and the 9<sup>th</sup> of November 2017. The inspection involved a review of policies and practices as governed by standards two, four, seven, nine and ten of the National Standards for Children's Residential Centres (2001) and the accompanying regulations.

## 1.2 Methodology

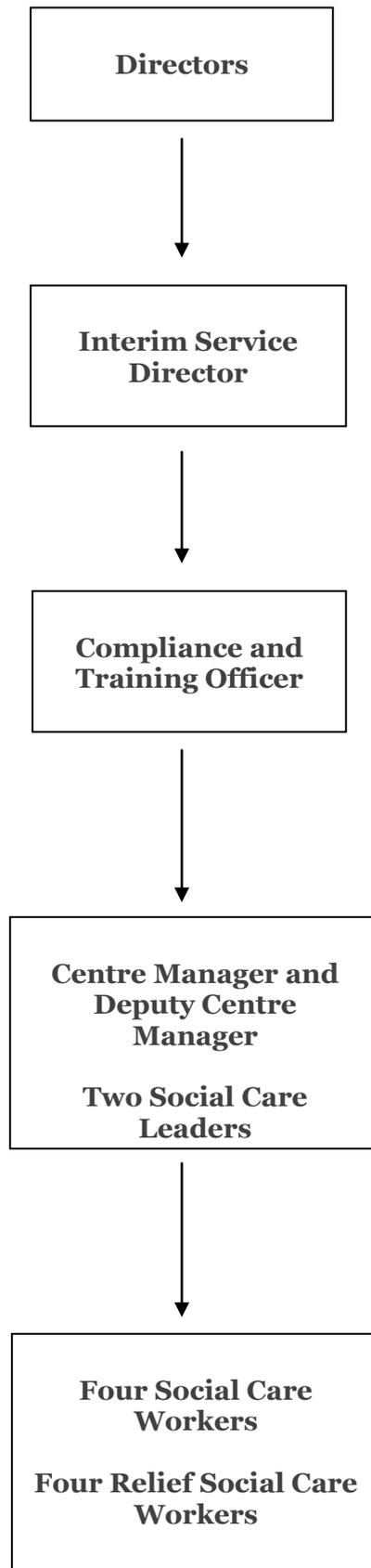
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) Six of the care staff
  - b) Two young people residing in the centre
  - c) The social workers with responsibility for young people residing in the centre.
  - d) The school principals where the young people attended school.
  - e) The general practitioners for the young people.
  
- ◆ 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 having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) The deputy manager
  - c) The deputy interim service director
  - d) The compliance and training officer
  - e) Two social care staff
  - f) Three young people
  - g) The lead inspector with responsibility for oversight of the centre.
  
- ◆ 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.

### 1.3 Organisational Structure



## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager on the 15<sup>th</sup> of January 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 19<sup>th</sup> of January 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 continue to be registered to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 063 without attached conditions pursuant to Part VIII, 1991 Child Care Act from the **30<sup>th</sup> of January 2018 to the 30<sup>th</sup> of January 2021.**

## 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 inspectors found that there was a clear organisational structure of the centre that comprised of an interim service director, compliance and training officer, centre manager, deputy manager, two social care leaders and four social care workers. The team were supported by four relief staff. The interim service director reported to the directors of the service. The inspectors found that they supported the centre manager in monitoring the centre to ensure that it was compliant with the standards of care.

The centre manager was directly accountable to the interim service director. They had a recognised social care qualification and had obtained the required level of experience in residential care to undertake this role. The inspectors found that the centre manager provided clear leadership in relation to the day to day operations of the centre. In interview the manager was confident and familiar with all aspects of care delivered and the day to day running of the centre. The centre manager monitored and guided practice at the centre through regular team meetings and formal supervision of staff. There was evidence of good communication between the centre manager and the staff. The centre manager had developed good working relationships with school principals, social workers and the general practitioners for the young people. The young people confirmed to the inspectors that the manager was accessible and listen to them.

The deputy manager maintained oversight of the young people's placement plans in order to ensure that the objectives of the care plans were achieved. There was evidence to support that the deputy manager maintained oversight of the individual

work assigned to staff and keyworkers in evaluating individual goals set for the young people.

## **Register**

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate and up to date. The register recorded seven admissions and four discharges since the initial registration of the centre. The National Registration Panel approved derogation to the registration of the centre to permit the placement of two young people under the age of twelve years to the centre, and the details were reflected on the register. There was a system in place where duplicate records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

## **Notification of Significant Events**

The inspectors were satisfied that the centre had a prompt notification procedure in place that provided details in writing of significant events in relation to the young people. Significant event reports were on file at the centre and inspectors found them to be clearly recorded with centre managers comments and direction given. There was evidence of oversight of the significant event reports by the centre manager. There was evidence that the regional management team undertake a review of significant events every two weeks. However, evidence in writing of any identified patterns and trends that can be used by the centre manager to inform staff interventions and as a means of learning was not clearly recorded an issue that must be addressed.

## **Staffing**

The core team were consistent and they were appropriately qualified to work with young people in care. Any changes to the staff team were the result of staff who had taken up posts within the service. Their new roles involved them having oversight of the centre at a managerial level. There was evidence that the team were well managed and supported in their work through regular auditing and oversight by the interim service director and the compliance and training officer. Central to the model of care was the relationship between staff and the young people. Through the use of consistent relationship the young people were supported in achieving their goals and objectives.

There was evidence that the centre manager provided good oversight of staff performance in achieving the agreed goals for the young people as set out in their placement plans. Staff interviewed were clear about the model of care and of its application in practice. The inspectors examined the staff roster over the previous month and found evidence that there were adequate numbers of staff to care for the young people.

The inspectors examined the personnel files and found these to be in compliance with the necessary vetting requirements. All staff received a programme of induction to the centre and inspectors found that it was of a good quality and clearly recorded.

### **Supervision and support**

The centre had a written policy in relation to staff supervision. The inspectors found that the staff received regular and formal supervision every four to six weeks, which was of good quality. There were supervision contracts on file for all staff members. The centre manager received regular supervision from the interim service director. The centre manager and deputy manager provided supervision to the social care team. Both had received training in the delivery of supervision. The inspectors found that there was a structured format for conducting staff supervision and there was evidence that the centre reviewed staff practice and provided feedback to staff within the supervision process. There was evidence that the implementation of the model of care and placement plans for the young people were addressed within the process of supervision.

There was evidence that team meetings took place weekly and a structured handover meeting took place each day. The inspectors reviewed the minutes of the team meetings and found that they focused on the overall care of the young people. The meeting looked at ways to further support the young person in achieving their goals. The minutes of the team meeting had been signed by the interim service director as having been read and feedback was given to the centre manager.

### **Training and development**

There was an effective ongoing staff development and training programme for the staff team. The service had recently appointed a compliance and training officer. Their role was to provide a structured training programme for staff. All staff had received training in the core competencies of children first, behaviour management, first aid, and fire safety. There was evidence that staff were given the opportunity to

participate in further training to include attachment disorder, drug and alcohol awareness, child protection issues, and managing self-harm. The centre manager maintained a record of all staff training undertaken by staff including the dates when refresher training was required.

### **Administrative files**

The inspectors found that the centre had systems in place for the recording and maintaining administrative files. They were organised and maintained to facilitate effective management and accountability. There was evidence that the interim director of services and the compliance and training officer monitored the centres registers, logbooks and centre filing systems. The centre manager and staff stated that they had sufficient financial resources to care for the young people and to provide recreational and educative programmes. There were clear financial management systems and records in place.

#### **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 had 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 had 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.*

### **3.4 Children's Rights**

#### ***Standard***

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

#### **3.4.1 Practices that met the required standard in full**

None identified.

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

##### **Consultation**

There was evidence that staff promote the individual development of young people through the process of consultations. Two of the young people told the inspectors that their views were sought when decisions were being made that affect their daily life and future. For the most part they attended their child in care review meetings. All of the young people told the inspectors that they were visited by their social workers who spoke to them about their placements and plans for their overall care. The third young person stated that they did not agree with the changes made to their care plan. They were not happy with the outcome of a decision to have their placement extended beyond the agreed timeframe. The inspectors found that although there were clear reasons for the changes the young person was not consulted to a level that enabled them to comprehend the reasons for the decision. It is important that the young person is clear as to why their placement was extended and the influencing factors that informed the decision.

The inspectors review the records of house meetings for the young people. The items on the agenda were provided and matters arising were brought to the team meetings which were held on the following day. However, many of the records of entries for the house meetings were blank and did not evidence the interaction between staff and young people. The centre manager confirmed to the inspectors that due to the young age of the residents that their issues were addressed individually and verbally with them. The centre manager must look at ways of how to engage the young people to take a more active part in the meetings. The minutes of house meetings should record decisions taken as a result of issues raised by young people either collectively or individually.

## **Complaints**

There was a written complaints procedure in place. The inspectors reviewed the complaint log from January to October 2017. It was evident from the records that the young people were able to express concerns or complaints about their care. They were provided with a stamped address envelop with the name of the interim service director for use if they wanted to make a complaint about the service they were receiving.

The complaints log contained informal and formal complaints. The inspectors found that the process for dealing with formal complaints evidenced that the centre followed all appropriate procedures. The young people were met by the centre manager. The complaints were investigated by the placing social worker. There was an agreed outcome to the complaint and feedback given to the young person.

However, the inspectors found the staff recorded positive sanctions in the complaints log, which the inspectors found confusing. The complaint register for informal complaints did not consistently evidence as to whether or not the young person was satisfied with the outcome of the complaint. Complaints were reviewed by the interim service director; however, there was no evidence on the informal complaints log of how and when complaints were addressed.

## **Access to information**

The centre had a written policy on the young people's right to access information. All of the young people in placement confirmed to the inspectors that they had received written information about the centre and their rights. They also confirmed that they had received information on Empowering Young People in Care (EPIC) a national advocacy group for young people in care. EPIC had visited the centre. One of the young people stated that they had used the services of EPIC.

The centre manager confirmed that the young people chose not to read their files and were aware of their right to do so. The inspectors found that the staff and centre manager should be more proactive in finding ways of sharing information with the young people, such as their daily log records and in a manner that is appropriate to their age and development. The inspectors found that one of the young people did not have copies of their care plan and the minutes of the review meeting had not been

made available to them. Their placement was not supported by a relevant leaving care plan.

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

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency had not 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**

- The interim service director must evidence their review the register of complaints on an ongoing basis to ensure all complaints are accurately recorded.
- The centre manager must ensure that there is consistent evidence across all complaints that the young person was satisfied or not with the outcome of the complaint.
- The social worker for one of the young people must ensure that the young person is fully consulted by providing them with a copy of their care plan, leaving care plan and a copy of their last child in care review.
- The centre manager must look at ways to engage the young people in house meetings and evidence in the record of house meetings any changes or decisions taken as a result of issues raised by the young people at these meetings.

### **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**

Staff within the centre placed a high value on the educational needs of the young people. Two of the three young people had education placements. One young person was over the age of sixteen years and had disengaged from their school placement. The inspectors found that although challenging; efforts were made by staff to engage the young person in alternative programmes of educations and their efforts were ongoing.

A school placement had been sourced for one of the young people within their local community of origin. This was done in order to maintain links with their school and community. Reports from two school principles to the inspectors confirmed that the centre worked closely with the school in addressing the educational needs of the young people. They stated that the young people were supported by staff to attend school. One school principle reported that the young person was well equipped and well presented for school and the young person seems to be happy and enjoy school. The centre manager maintained close links with the school principles. There was evidence that staff attended all relevant school meetings and functions. There was a routine and structure in place to support the young people in doing their homework and school projects.

One young person required an educational assessment. It was not clear to the inspectors or the staff in the centre as to the timeframe for the commencement of this assessment. This must be reviewed at the next child in care review and agreed timeframes set to have the assessment undertaken.

Education was provided for young people in areas such as smoking cessation and nutrition, which were recorded on their placement plan and of a good quality.

#### **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**

None identified.

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

Staff reported to the inspectors that the young people were in general good health. Evidence of medical assessments on admission to care were on the files of the young people. They were registered with a general medical practitioner and had individual medical cards. Consent for medical treatment was held on the individual care files and staff were clear in relation to consent for medical treatment in situations where a medical emergency arose. The records showed that the immunisation records were on file for two of the young people. The centre was awaiting these records for one young person recently admitted to the centre.

The general practitioners for the young people confirmed through written questionnaires that they were provided with the previous medical history of the young people. They stated that staff act promptly to provide medical attention for the young people and followed advice and direction given regarding the medical needs of the young people. There was evidence that the young people received regular medical, dental ophthalmic and other specialised services as required. One young person recently admitted to the centre required a neurological assessment; no date had been set for this appointment which was an issue being addressed.

The inspectors found that medicinal products were stored securely in the centre. The inspectors found records of the administration of medication however, the system in place was complicated and did not promote the ease of monitoring and oversight of the records. The administration of medication to young people should be individualised. The compliance and training officer had recently begun a review of the administration and recording of medicines. The inspectors require that this review takes account of up to date practices in relation to the administration of medication.

A review of key work reports evidenced that where it was age appropriated the young people were given guidance and information on diet. They were supported in their identity and sexual development. The centre had initiated a smoking cessation programme with one of the young people who smoked. There were clear boundaries in place to discourage the young person from smoking in front of the other residents.

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

None identified.

### **3.9.4 Regulation Based Requirements**

The Child and Family Agency had 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 had 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).*

### **Required Action**

- The placing social worker for one young person must provide evidence that there is a clear and timely plan in place for the required neurological assessment.
- The compliance and training officer must complete their review of how medication is administered within the centre and inform the centre manager of their findings. The centre manager must ensure appropriate strategies are in place for the safe administration of medicines.

### **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 inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. There was adequate space within the centre for the young people to have visits from other professionals and their social workers in private. The young people have their own bedrooms. The centre manager provided evidence that the centre was adequately insured.

The centre had a comprehensive written safety statement. Staff undertook weekly check of the young people's bedrooms; for the most part the young people were present. The checks included the general state of tidiness of their bedrooms to include their laundry and bed linen.

##### **Maintenance and repairs**

Maintenance requirement were carried out routinely by the centre manager and were reviewed by the compliance and training officer as part of the safety audit of the centre. The audit on file indicated that the overall state of the building was in good repair and identified some minor issues requiring attention. A maintenance schedule was in place to address issues in a timely fashion.

##### **Safety**

The centre manager was the named health and safety representative. The inspectors found that the centre had an up to date Health and Safety Statement that was signed as having been read by all staff. Training in first aid was provided to all members of the team.

The centre had two vehicles to transport the young people. A copy of staff driving licences were held on the personnel files. The inspectors reviewed staff insurance certificates and road tax certificate. Both cars were legally insured and were properly licensed.

### **Fire Safety**

The centre and deputy manager were the designated people with responsibility for fire safety within the centre. The building had an appropriate fire detection and central alarm system. Records evidenced that the fire panel was serviced on the 9<sup>th</sup> of October 2017. The detection and fire alarm system were inspected on the 3<sup>rd</sup> of May 2017. A fire planning certificate was issued from the local county council was on file.

Maintenance contracts were in place for the servicing of fire safety equipment. Fire doors had been installed. All fire doors had intumescent strips/seals and automatic closure in the event of a fire occurring. The building had the required fire extinguishers and fire blanket and all fire fighting equipment was situated at designated fire points throughout the building. A copy of the certificate of inspection for fire extinguishers and fire blankets had been inspected and maintained in accordance with the appropriate regulations.

Emergency lighting and a smoke detection system were in place throughout the building as were sight specific evacuation plans were. A review of the fire safety compliance and related documentation were kept in a standalone register in line with the 'HSE Fire Safety Guidelines and Requirements, Fire Safety Register'. It evidenced that daily visual inspection of the central alarm system were undertaken by care staff. Staff were also undertaking a daily visual inspection of the means of escape from the centre. Fire prevention and evacuation procedures were being carried out by the team.

The centre had a fire safety statement. The statement outlined procedures for staff to follow in the event of a fire occurring. The statement was signed as having been read by all staff. All staff were trained in fire safety.

#### **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 had 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.*

#### **Required Action**

- None identified

## 4. Action Plan

Standard	Issues Requiring Action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3-4</b></p>	<p>The interim service director must evidence their review the register of complaints on an ongoing basis to ensure all complaints are accurately recorded.</p> <p>The centre manager must ensure that there is consistent evidence across all complaints that the young person was satisfied or not with the outcome of the complaint.</p>	<p>This is currently in place as the Interim Service Director (ISD) visits the centre regularly to review the house registers to ensure that all complaints are accurately recorded. When registers are reviewed the ISD signs them. Since January 2018 all reviews by the ISD is logged in the contact document which is filed in the compliance folder in the centre. Actioned on 5<sup>th</sup> of January 2018.</p> <p>This process is currently in situ. The headings at the top of the register asks is the YP ‘satisfied with the outcome? Changes made to practice or routine?’</p>	<p>The ISD will continue to do weekly reviews of the complaints register to ensure all complaints are accurately recorded.</p> <p>The ISD will evidence these reviews in the weekly contact form.</p> <p>All complaints will continue to be reviewed by Senior Management and the Interim Service Director in the SEN review that occurs every four to six weeks.</p> <p>Going forward when staff are filling in the complaints log instead of typing yes or no, all staff have been directed to type the YP response and reference the IW/KW for further clarification on this matter.</p>

	<p>The social worker for one of the young people must ensure that the young person is fully consulted by providing them with a copy of their care plan, leaving care plan and a copy of their last child in care review.</p> <p>The centre manager must look at ways to engage the young people in house meetings and evidence in the record of house meetings any changes or decisions taken as a result of issues raised by the young people at these meetings.</p>	<p>The young person has engaged in a placement planning meeting with their key worker exploring the goals of their placement from the care plan.</p> <p>The young person has to date not received a copy of their leaving care plan. The centre is working from a leaving care plan developed by the key worker for the young person.</p> <p>On review of the draft inspection report, it has been agreed that:</p> <ul style="list-style-type: none"> <li>A. The young people will be encouraged to actively engage in the young person’s weekly meeting, either as a community or as an individual and evidenced in the YP meeting book.</li> <li>B. Any issues brought up at the young person’s meeting are reviewed at the weekly team meeting, discussed and actions clearly identified and recorded. The outcome of the team meeting will be discussed with the</li> </ul>	<p>Going forward all actions will be reviewed weekly by the Management team of the centre, coupled with the support from the Compliance and Training Officer during the weekly visits to the centre.</p> <p>Going forward all decisions taken as a result of issues raised by the young people at the YP meeting will be logged and evidenced in the YP meeting book and the Team Meeting book.</p>
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		<p>young people through a piece of key work/individual work.</p> <p>C. There will be a weekly check-in with each young person to discuss with them their week and any issues which may arise. This will be conducted through key work as a planned piece of work. Actioned Wednesday 10<sup>th</sup> of January 2018.</p>	
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<b>3.9</b>	<p>The placing social worker for one young person must provide evidence that there is a clear and timely plan in place for the required neurological assessment.</p> <p>The compliance and training officer must complete their review of how medication is administered within the centre and inform the centre manager of their findings. The centre manager must ensure appropriate strategies are in place for the safe administration of medicines.</p>	<p>The assessment was completed; however, the social work department are awaiting the report.</p> <p>This review was completed on the 15.11.17 and actioned on the 01.12.17.</p> <p>All team members will engage in Medication training provided by the Compliance and Training Officer on the 30<sup>th</sup> of January 2018</p>	<p>Going forward this action will be continuously monitored to ensure that the care team are adhering to the protocol put in place.</p>
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