



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

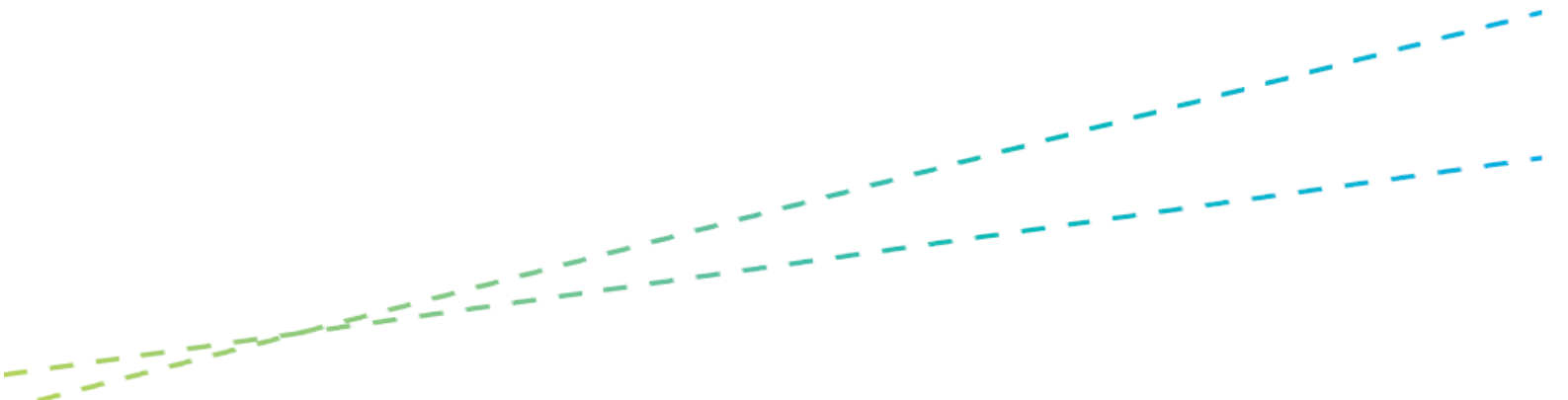
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 070

Year: 2017

Lead inspector: Linda Mc Guinness

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Peter Mc Verry Trust Under 18's service
Registered Capacity:	4 young people
Dates of Inspection:	29th and 30th of November
Registration Status:	4th of March 2015 to 4th of March 2018
Inspection Team:	Linda McGuinness Michael McGuigan Lorraine Egan
Date Final Report Issued:	10th of January 2018

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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 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the on-going operation of the centre in line with its registration. This themed inspection was unannounced and took place on 29 and 30th of November 2017. The inspection focused on standards 2 and 5 of the National Standards for Children's Residential Centres.

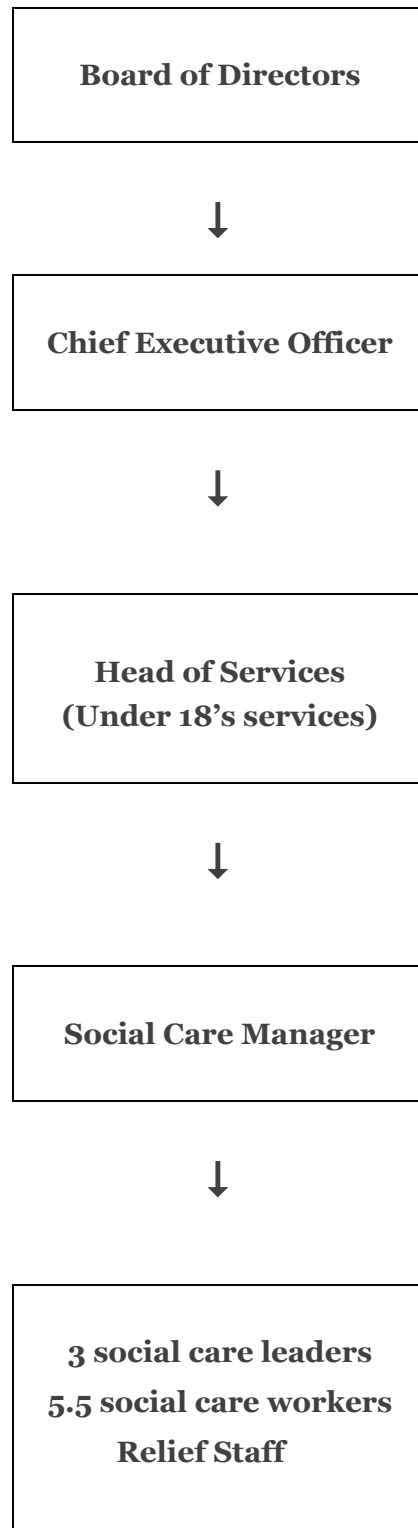
This report is based on a range of inspection techniques including:

- ◆ An examination of documentation completed and forwarded by the centre manager
- ◆ An examination of the questionnaires completed by:
 - a) All of the care staff (incl. deputy manager)
 - b) Three young people residing in the centre
- ◆ An examination of the centre's files and recording process
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre management
 - b) The Head of Service
 - c) The social workers with responsibility for all three young people residing in the centre
 - d) Three staff members on shift during inspection
 - e) The three young people living in the centre
 - f) One young person who had recently moved to aftercare
- ◆ Observations of care practice routines and the staff/young person's interactions
- ◆ Shared lunch and dinner with staff and young people

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. As such the registration of this centre remains registered without conditions from the 4th of March 2015 to 4th of March 2018.

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

Register

Inspectors found that there was a register in place to record all details of young people admitted to and discharged from the centre. This register was complete and met all regulatory requirements and the National Standards for Children's Residential centres 2001. There was a copy held centrally by the Child and Family Agency as required and the register had evidence of oversight by senior management.

Administrative files

Inspectors found that the administrative files were well organised, maintained securely and facilitated ease of access. Some of the care files reviewed during this inspection were cumbersome and beginning to come apart but centre management indicated that archiving of information had begun. There are systems in place to ensure that all records are kept in perpetuity. The organisation has a dedicated archiving unit off site and all information is coded and labelled for ease of retrieval if required. Records are regularly reviewed during management audits of the centre.

3.2.2 Practices that met the required standard in some respect only

Management

The centre has an established management structure which sees the centre manager report to the head of services who in turn reports to the national director of services. There is a Board of Management which receives regular reports from internal management. The current acting manager is experienced in residential care and is in this post since 2016. This person is appropriately qualified with relevant social care qualification and further specialist education and which they use to support planning and responding therapeutically to the young people in the service. All staff members completed questionnaires and three were also interviewed by inspectors. Staff indicated that they were well supported by centre management both professionally and personally and that there were good communications systems in place. Some

staff commented that the centre manager had made the transition from working in the centre as one of the care team to a management position without any disruption. Inspectors found that the centre manager attends handover, team meetings and other planning meetings for young people. There was some evidence that the centre manager reads and has oversight of administrative records and care files; however, there could be more evidence of oversight of registers, key working and daily log books. This, while not impacting on day to day care provision must be addressed by senior management through auditing processes and support.

During interview the centre manager informed inspectors that management meetings take place each month and they are chaired by the head of services with responsibility for under 18's services. Inspectors reviewed a sample of these records and found that during ten meetings took place in 2017 to date. While there was a good focus on issues such as standardisation of processes, training and staff development, budgeting, the model of care and review of audits, inspectors found that they did not cover topics such as child protection, complaints or health and safety. It is recommended that these are included in line with best practice. The template for the agenda should be revised to include these as standard areas for discussion or review. All staff and young people interviewed were familiar with head of service with responsibility for under 18's services and said they were available to them if they wished. Inspectors noted the external line manager's signature on centre documents including key working and registers to evidence their governance. There was evidence that they regularly audited the service through announced and unannounced visits to the centre. There was an audit tool in place which detailed the function reviewed, (including supervision, files, policies and procedures, daily tasks) the findings and actions required along with a set timescale for completion. While this was a comprehensive and detailed tool, inspectors found that a number of issues requiring attention were repeated from audit to audit without evidence of completion. Inspectors recommend that the auditing processes are reviewed to ensure that all deficits noted are addressed in a timely manner and that issues which still require attention are carried forward with focus.

Notification of Significant Events

All significant events were recorded appropriately and are notified in a timely manner to all relevant people including supervising social workers and the registration and inspection service. All are entered into the centres dedicated significant event register which has evidence of oversight by the head of service with responsibility for under 18's services; however the social care manager had not signed this register since the date it was started on 09/04/17.

While significant events were reviewed at the senior management meetings for all PMVT U-18's services there was usually only one from each centre. This was not a standalone significant review process and did not ensure thorough review of the antecedents, interventions and outcomes of each incident referred for review. The services were not formally reviewing enough significant events to pick up on themes, patterns or practice issues. While it was clear that informal reflective practice was built into the daily culture of the centre there was no formal feedback loop to the team of any learning from review of significant events across the under 18's centres. This significant event review process should be revised to improve systematic review of incidents as was recently recommended in another U-18's PMVT centre.

Staffing

The centre has a core staff team consisting of an acting full time social care manager, three social care leaders, 5.5 care workers, a cook and a cleaner. The roster is also supported by a panel of relief staff. Inspectors found there was a balance of experienced staff on each shift and that every effort was made to ensure there were staff members qualified to social care leader level each day. Each day sees two staff members on a sleepover shift and a day shift person is allocated flexibly according to need. Centre management and staff interviewed were of the opinion that there were sufficient staff numbers in the centre. Two staff members did not hold a relevant social care qualification and both had been encouraged and supported to return to attain a qualification. Each of these people had many years' experience in residential care and had attended supplementary training in support of their roles in the centre. One staff member was considering and researching their options at the time of this inspection.

Staff vetting is completed by the dedicated human resources department and each social care manager in the agency also reviews the personnel files for their centre. From a review of a sample of staff personnel files, it was found that Garda vetting for one staff was not up-to-date in line with best practice and centre management indicated that this has been applied for and they were awaiting a response. Inspectors noted that on one of the references, the section relating to 'would you re-employ this person' was left blank and this should be followed up or have some commentary. There was evidence of formal inductions into the organisation and also a 'service' induction to the centre of deployment.

Supervision and support

The social care manager provides supervision to all the staff team. While inspectors found that there was a policy in place in respect of supervision of staff, there were differing accounts provided by team members interviewed, about the frequency of these sessions. As part of this inspection a review of a sample of supervision records was completed. Inspectors note that some staff members did not receive supervision in line with best practice timeframes or in line with organisational policy. Inspectors observed that the supervision recording template being used at the time of inspection needed to be improved to better reflect discussions in respect of young people's placement plans and a focus on key working. The template did not have a space for recording the decisions made and actions agreed and it did not adequately facilitate review of the decisions made during previous sessions. Centre management must review and revise the supervision process to ensure that all supervision facilitates effective planning and accountability. There were also additional support mechanisms in place to facilitate informal supervision and support of staff and they also had 'group supervision' with a psychotherapist on a monthly basis. There was an employee assistance programme to support staff who had experienced stress in the workplace. Further, all staff interviewed found these processes very helpful in support of their work particularly in times of crisis.

A review of the staff team meeting minutes was completed and it was observed that during some periods they were occurring weekly and during others they were taking place fortnightly. Attendance at the staff meeting was mandatory but it was noted that only four or five staff were present on a number of occasions in October and November 2017. Centre management must ensure that meetings take place in line with centre policies and procedures and that attendance is maximised. Team meeting records showed that issues discussed included; child protection concerns, safety plans, aftercare, building work, complaints and household tasks. Inspectors observed that there was very little detail of the content of the discussions, decisions made, who was responsible for tasks and timeframes for completion. There were no recorded direct discussions in respect of placement plans, individual crisis management plans or young people's absence management plans. Further, there were no details about review of decisions made at previous meetings or if issues were outstanding. It was clear to inspectors from interviews with staff, review of key working and interviews with young people and their social workers that a great deal of proactive work was taking place with each of the young people and that positive outcomes were being achieved. Nonetheless, the planning process was not evident through review of the supervision records and minutes of meetings. It should be noted that young people are afforded the opportunity to bring issues to the team

meeting but records showed that they rarely do so. All young people informed inspectors that they could trust the staff team and that the manager was available to them.

One inspector attended the handover meeting and found that there could be improvements to the system to facilitate effective planning and oversight of same. There is a template in place for staff to use day to day but this was not being used as intended. Staff should be signing to take responsibility for keys, petty cash and knives but the sections for signing were often left blank and this was not picked up during internal auditing processes. There were brief notes for each young person but generally the handover was focused on the practical tasks for the day and not on implementation of young people's plans. Many of the handover records had the same information passed over from day to day which should have been removed weeks earlier. These issues relate to required improvements in governance as noted above. They should be addressed at management meetings and internal audits and reviewed regularly.

Training and development

The organisation has a training and development programme in place for care staff and management. The centre manager provided a training audit which included child protection, first aid, fire safety, daily life events training, a recognised behaviour management programme and training in the use of a ligature knife. This audit had dates of when staff members were due updates or refresher training in the above courses but it did not factor the revised version of Children First: National Guidance for the Protection and Welfare of Children, 2017. Centre management must ensure that all staff members have received this training and that relevant policies and procedures reflect all responsibilities under the 2017 guidance. Review of staff files showed other supplemental training that team members had received in support of the work with young people to include motivational interviewing, food safety and understanding and managing challenging behaviour. It was not clear from review of the staff files or training audit if all staff had received suicide awareness training which was relevant to the care provision at this time. There is a training officer in place who has been actively sourcing further training programmes to support the team. Sexual health training and mental health awareness was planned for 2018. Inspectors recommend that the training needs analysis and training programmes are reviewed, co-ordinated and recorded to facilitate effective review and planning.

3.2.3 Practices that did not meet the required standard

None identified

3.2.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

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.***

Required Actions

- The head of service with responsibility for under 18's must ensure that auditing processes are reviewed to ensure that all deficits noted are addressed in a timely manner to ensure robust governance.
- The social care manager must ensure evidence of oversight of registers and other records.
- Centre management must ensure that the system for review of significant events is a formal process across services with a robust feedback loop in respect of any learning for staff or for service development.
- Centre management must ensure that all supervision takes place in line with policy and that all staff members have a shared understanding of same.
- Centre management must review and revise the supervision process to ensure that all supervision facilitates effective planning and accountability
- Centre management must ensure that team and management meetings take place in line with centre policies and procedures and that attendance is maximised.
- Centre management must ensure that the training needs analysis and training programmes are reviewed, co-ordinated and recorded to facilitate effective review and planning.

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

Suitable placements and admissions

There is a policy in place governing referrals and admissions to the centre. All referrals to this centre come through the resource panel in the Child and Family Agency, Dublin North East area. Review of records and interview with centre management showed that adequate information was made available prior to placements. At the time of this inspection there were three young people living in the centre and one young person had moved to an aftercare service in the weeks prior to the visit. Young people were provided with age appropriate information about the centre and about their rights and responsibilities. The centre manager and supervising social worker completes a robust risk assessment prior to the placement to ensure that the impact of a new referral on other young people already resident is fully considered and vice versa. The pre-admission risk assessments reviewed were detailed and provided enough information to devise detailed risk management plans with robust guidance to assist staff to manage behaviours of concern. Generally these risk management plans were well written and collective in nature as they considered the joint risks between young people. There was evidence that social workers for all young people were consulted as part of this process. Inspectors found that this was a meaningful process and that a recent referral had been refused as the risks and their possible and probable impact were considered too high.

Young people are supported to understand the reasons for their placement and each of the young people who spoke to inspectors were clear about this and indicated that they were happy living there and felt they were doing well. The centre manager and supervising social workers were satisfied that the placements were suitable and meeting the needs of the young people and it was evident to inspectors that each was making progress in identified areas of need.

Statutory care planning and review

During this inspection of the centre, a review of the case and care records for all young people was completed. Inspectors found that there were good quality up-to-date care plans which detailed the needs of young people and actions required to meet specific areas of need. The care plans contained substantial detail relating to young people's social history, interest and talents, family relationships, need for specialist support, parents views and a comprehensive summary/analysis. There was evidence that young people were consulted in preparation for their review meetings and that some chose to attend their child in care reviews which took place within regulatory timeframes.

Inspectors found that these care plans informed the development of comprehensive placement plans which guided day to day work with young people. These documents were created on a month by month basis. These plans reflected the purpose of each young person's placement and addressed areas of need including, health, identity, independent living skills, safety, relationships, education and any specialist support which may be required. The template is set out to name each area of need, identify specific goals relating to the needs, steps to achieve these goals and a timeframe and review of same. It was observed that many of the goals and tasks could benefit from being more specific in terms of *who* would do the task and *how* it was to be achieved as often it was stated 'all staff responsible'. There was evidence of implementation of the 'daily life events' model of care and that staff had built strong relationships with young people during their time in the centre. they has 'stuck with' the young people during times of crisis and very challenging behaviour and all young people were making positive progress. Inspectors found that regular key working taking place with the young people in respect of issues such as health, hygiene, self-care, independent living skills, drug and alcohol use, sexual health, identity, education and training.

The social workers received a copy of each weekly key working report forms although inspectors found that these could be more specific in terms of *how* to achieve named goals. Often these goals were recorded as 'support the young person with' but were without specific guidance or direction and tended to be repeated from week to week. Inspectors observed that there was a culture of therapeutic supportive relationships and that this was clearly working for young people. There was evidence that the team had the ability to engage with and encourage young people. All young people interviewed including one who had recently moved on from the centre said the staff team were 'great' and 'did their best'. Nonetheless the planning documents did not clearly reflect whether work had been completed and how the progression of the

placement plan was being tracked. There must be a stronger emphasis and evidence of the implementation of placement plans and key working in the day to day operations of the centre. As such, the management must review the placement plan and how implementation of the goals is to be tracked in centre records and through the supervision process.

Contact with families

There was evidence from review of the records and from interviews with staff, social work teams and young people that family contact was supported and facilitated. There was proactive work to rebuild damaged relationships where possible. Family members were updated on the progress of their young people where appropriate and they were encouraged to attend their review and planning meetings.

Supervision and visiting of young people

All supervising social were meeting their statutory requirements to visit the young people in the centre and read their records from time to time as required. Each young person's care file had records of social work contacts and visits with the young person which detailed any required follow up action.

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.

Social Work Role

The centre was provided with sufficient background information in respect of each young person prior to referral to facilitate effective risk assessment, risk management planning and placement planning. All supervising social workers had prepared an up- to-date care plan and child in care review meetings were taking place within statutory timeframes. There was evidence that social workers and the care team had worked closely with young people to prepare them to participate in review meetings and have their voices heard. Centre management and staff members who were interviewed and who completed questionnaires indicated that there were positive working relationships and good communication with each supervising social worker. Inspectors received questionnaires from social workers and interviewed them following the inspection and each one informed inspectors that they were satisfied that the placement was suitable, that their young person had built positive relationships and were making measurable progress. One social worker noted that

their young person had very complex needs and that it had been discussed many times if mainstream residential care could continue to meet their needs. They were satisfied that the right decision was made to leave the young person there and felt that much of the required therapeutic work was being done through relationships with the manager and the staff team. Social workers confirmed that they were included in all the planning processes and that significant events were received promptly. There was evidence that they attended strategy meetings in response to issues of concern.

While many relevant documents such as weekly reports, placement plans, ICMP's and absence management plans were sent on a regular basis for review, this does not meet the requirement for social workers to visit the centre from time to time and evidence their review of young people's care files.

Emotional and specialist support

Inspectors found from interviews, observation, attendance at handover, review of case files and key working that the team were keenly aware of the needs of young people. Reflective practice was used to analyse the meaning behind challenging and difficult behaviour and despite having complex needs and presentations, each young person was making positive progress.

Each young person had been referred to appropriate specialist support services in a timely manner. These included the Child and Adolescent Mental Health Service (CAMHS), Pieta House, anger management, teen counselling and other psychology services. There was evidence that the team had received advice from clinical specialists who had been working directly with young people. This was discussed at team meetings and incorporated into individual work and key working. Some were engaging with support services at the time of inspection; however, others felt that they did not need to 'go' somewhere and that they got all the help and support they needed from the staff team. The young person who recently moved on from the centre to a formal aftercare arrangement told inspectors that she wished she had taken more heed of support and advice of the staff team who were always there for her. The social care manager informed inspectors that they were looking to source attachment training to support young people who had experienced disruption or disordered attachments.

Preparation for leaving care and discharges

The management and team were aware of the National Aftercare Policy in place in the Child and Family Agency. Two of the young people living in the centre were preparing to move on from care to independent or supported aftercare arrangements. Both young people had allocated workers in line with the national aftercare policy. The team were very focused on this issue and understood the importance of young people being prepared as early as possible to face challenges they may meet when they move on from residential care. The 'daily life events' (DLE) approach was being used to educate and prepare young people for aftercare. The team also conducted an 'end of placement life skills assessment' with young people preparing to turn 18. This assessment considered issues such as health and safety, housing and community, DIY, shopping and budgeting, paying bills, sexual health, practical tasks, cultural identity and social and emotional development. Two staff members were recently appointed 'aftercare officers' within the centre recently and the intention was that they could provide a structured approach to aftercare planning. This role and their specific responsibilities was being developed at the time of this inspection but it was envisaged they would oversee the aftercare tasks and ensure that key workers were progressing tasks in line with each young person's aftercare plan.

One young person had moved on from the centre in the weeks prior to inspection and they returned to meet with inspectors. They spoke highly of the support offered and wished that they could have seen more clearly how important it was to engage with this process. There was a formal system in place to conduct exit interviews with young people after they move on from the centre, however staff interviewed by inspectors were inconsistent as to what this information was collected for and how it was used to improve service development.

Children's case and care records

Social workers maintain an individual case record on each child. Inspectors found that each young person's file within the centre was well organised and facilitated ease of access and effective planning. Centre management should ensure that files that contain large numbers of documents have some information archived. Files contained all required information and there were systems in place to ensure records were kept safely, securely and in perpetuity. Records were well written and showed and there was evidence that they were audited by senior management and that direction was given if deficits were noted.

3.5.2 Practices that met the required standard in some respect only

None identified

3.5.3 Practices that did not meet the required standard

None identified.

Required Action

- Each supervising social worker must ensure that they visit the centre to read the young people's records from time to time as required.
- The centre manager must ensure that the placement plan and other planning documents clearly reflect how goals are to be achieved and that there is evidence of progression of required actions.
- Centre management must ensure that there is a more effective link between placement planning and the supervision process.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The head of service with responsibility for under 18's must ensure that auditing processes are reviewed to ensure that all deficits noted are addressed in a timely manner to ensure robust governance.</p> <p>Centre management must ensure that child protection, complaints and health and safety are included in auditing processes and management meetings.</p> <p>The social care manager must ensure evidence of oversight of registers and other records.</p> <p>Centre management must ensure that the system for review of significant events is a formal process across services with a robust feedback loop in</p>	<p>Head of Services has included an agreed time frame for review of deficits and oversight with SCM to be formally completed and signed off following each audit will be used for audits in 2018.</p> <p>Centre management will ensure that child protection, complaints and health and safety are included in auditing processes and will be brought to each management meeting.</p> <p>Social care manager will ensure to continue signing off on all registers and will sign and date SEN register as part of this review.</p> <p>Centre management are in the process of drawing up a procedural guiding document in relation to SERG review. The</p>	<p>Action Plan template for managers to complete following each audit with a section to sign when action is completed is now in place</p> <p>Set agenda will ensure these aspects are always included in management meetings.</p> <p>Manager sign off on registers will be reviewed when Head of Services completes audit.</p> <p>New process will be reviewed in June 2018.</p>

	<p>respect of any learning for staff or for service</p> <p>Centre management must ensure that all supervision takes place in line with policy and that all staff members have a shared understanding of same.</p> <p>Centre management must review and revise the supervision process to ensure that all supervision facilitates effective planning and accountability</p> <p>Centre management must ensure that team and management meetings take place in line with centre policies and procedures and that attendance is maximised.</p>	<p>objective of this will be to consolidate learning outcomes, and formalise feedback to the staff team, promoting a robust system. This will be completed by 31st January 2018.</p> <p>Centre management will ensure that supervision takes place in line with policy – on a 6-8week basis and will ensure all staff are aware of time frames. This will be completed by 31st January 2018.</p> <p>Centre management will ensure that the supervision process oversees staff planning around young people’s care and ensuring this is recorded in an effective and structured manner for oversight purposes by 31st January.</p> <p>Team meetings will continue to take place weekly and attendance will continue to be prioritised (leave arrangements may at times</p>	<p>Supervision time table will be reviewed as part of Head of Services audit.</p> <p>Supervision records will be focused on as part of Head of Services audit.</p> <p>To be reviewed as part of audit.</p>
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	<p>Centre management must ensure that the training needs analysis and training programmes are reviewed, coordinated and recorded to facilitate effective review and planning.</p>	<p>impact this). Record of placement plans being updated at team meeting will be recorded. Management meetings will continue to take place on a monthly basis.</p> <p>Manager will continue to review training needs analysis and training programmes. Training Needs Analysis will be reviewed at management meetings to identify areas of training required by 31st Jan.</p>	<p>To be reviewed as part of audit.</p>
<p>3.5</p>	<p>Each supervising social worker must ensure that they visit the centre to read the young people's records from time to time as required.</p> <p>The centre manager must ensure that the placement plan and other planning documents clearly reflect how goals are to be achieved and that there is evidence of progression of required actions.</p> <p>Centre management must ensure that there is a more effective link between</p>	<p>Each supervising social worker will be offered the opportunity to visit the centre to read the young people's records from time to time as required.</p> <p>The centre manager will ensure that the placement plan and other documents clearly reflect the steps of how goals are to be achieved and that there is evidence of progression of required actions and review by</p> <p>Centre management will focus in supervision sessions on</p>	<p>Manager will send email to all social workers advising that they should visit and sign documents.</p> <p>Manager will review placement planning process at a team meeting and individually at supervision.</p> <p>Manager will review placement planning process at a team meeting and individually</p>

	placement planning and the supervision process.	creating an effective link between placement planning and the supervision process by 31 st January.	at supervision.
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