



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

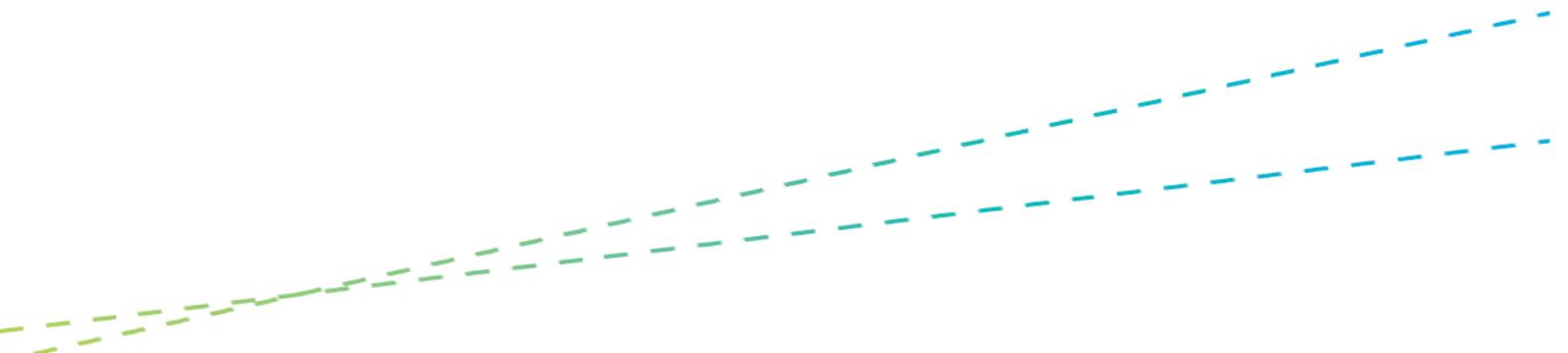
## **Registration and Inspection Service**

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

**Centre ID number: 096**

**Year: 2017**

**Lead inspector: Gary O'Connell**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Three Steps Services</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>28<sup>th</sup> of February &amp; 01<sup>th</sup> of March 2017</b>
<b>Registration Status:</b>	<b>Registered from 20<sup>th</sup> of March 2016 to 20<sup>th</sup> of March 2019</b>
<b>Inspection Team:</b>	<b>Gary O'Connell Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>01<sup>st</sup> of June 2017</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children's residential centres in its functional area (see Part VIII, Article 61 (1)). A children's centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children's Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children's "National Standards for Children's Residential Centres, 2001" provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children's Residential Centres) Regulations 1996.

Under each standard a number of "Required Actions" may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

## 1.1 Methodology

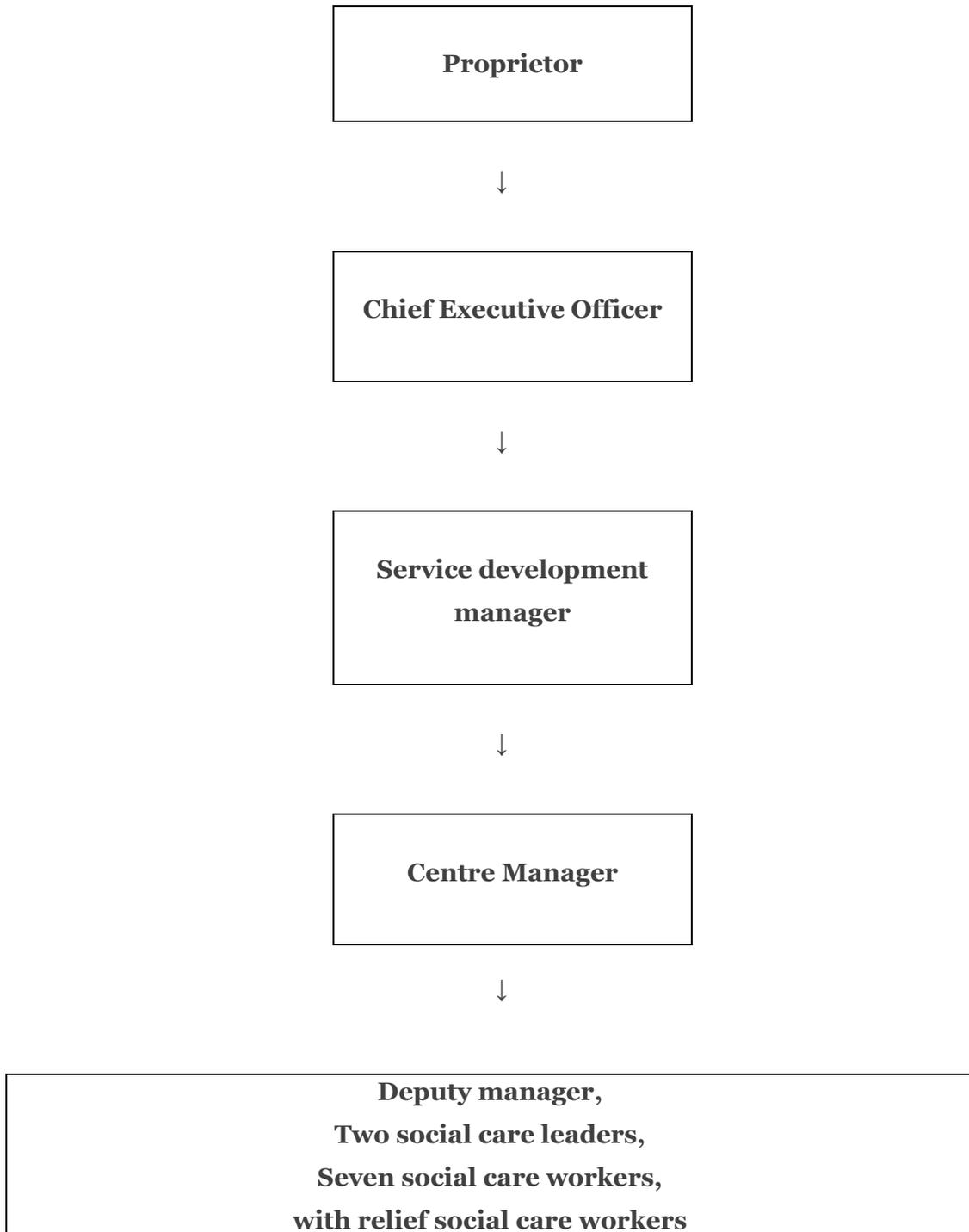
This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was announced and took place over the following dates 28<sup>th</sup> of February and 01<sup>st</sup> of March 2017 over a two day period and this report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Eleven of the care staff
  - b) One young person
  - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ 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) Service development manger
  - c) Two staff
  - d) One young person
  - e) The monitoring officer
  - f) Two allocated 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. As such the centre remains registered from 20<sup>th</sup> of March 2016 to 20<sup>th</sup> of March 2019.

## 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 centre had a written statement of purpose and function of the service it operates. The stated aim of the service was to provide a therapeutic residential service for four young people of either gender for medium to long term placements between the ages of 12 and 18 years. The written purpose and function document outlines a 'person centred approach' describing an individualised, needs led approach to working in collaboration with young people and inspectors evidence same.

There was derogation in place since November 15<sup>th</sup> 2015 to allow the placement of one young person who was under 12 years of age. At the time of inspection there were two young people residing at the centre. The centre accepted referrals from TUSLA, Child and Family Agency.

This centre had a written policy and procedures document which stated was reviewed by the organisational policy review committee in May 2016. Inspector's noted that this document was approved by the director of care services.

There was evidence that care staff had received training in the neuro-behavioural model of care prior to commencing employment in the centre. Inspectors evidenced the 'person centred approach' and advice from the therapeutic support team. This model of care was to be reviewed at the previous inspection and had not been completed at the time of this inspection. Organisational management must complete the revised model of care and implement this model of care into practice.

Organisational management must ensure that care staff are trained in the revised model of care and provide timeframes for completion of same.

The centre had an up to date welcome pack for young people and families' booklet outlining the policies and procedures of the centre.

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

None identified

#### **Required Action**

- Organisational management must complete the revised model of care and implement this model of care into practice.
- Organisational management must ensure that care staff are trained in the revised model of care and provide timeframes for completion of same.

## **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**

The centre maintained a register of all young people in the centre. There had been one planned discharge over the previous year. The inspectors found that the register was in compliance with 1995; Placement of Children in Residential Care Regulations. A duplicate of the register was maintained centrally by TUSLA, Child and Family Agency.

#### **Notification of Significant Events**

The centre had a written procedure for the prompt notification of significant events to internal management and relevant professionals and this had been implemented in practice. Inspectors were satisfied that the care staff had a good understanding of the behaviour that constituted a significant event. Inspectors noted there had been a decrease in significant event since the previous inspection. The inspectors observed from the notification of significant events viewed they had been consistently signed by the centre manager. The supervising social workers found significant event records to be detailed and this mirrored the inspection findings. The inspectors observed the significant event register and found evidence of centre manager comments and signing that they had reviewed same. The centre had a secure server from which to electronically transmit significant events.

The inspectors noted management are to complete significant event notification, restrictive practice and rights reviews monthly. In interview the acting centre manager stated these meeting are attended by the service development manager, acting centre manager and acting deputy manager. This forum was designed to review significant events, what appeared to work, what did not work, complaints, child protection, restrictive practices and consequences. Inspectors evidenced that these meeting were occurring in accordance with the stated timeframes and did have elements of review of significant events, child protection notification, complaints and

restrictive practices. However, inspectors cross referenced a number of significant events which involved assault on care staff, restraint and there was not a consistent staff practice review or learning identified from these significant event notifications and this will be discussed further in the report.

The inspectors noted management are to complete significant event notification, restrictive practice and rights reviews with professionals outside the organisation every six months. In interview the centre manager stated they had completed one of these reviews and these will be reviewed in future inspections.

## **Staffing**

The care staff complement in the centre consisted of an acting centre manager, an acting deputy manger with responsibility, two acting social care leaders and seven social care workers which were supplemented as required by additional relief care staff. The inspectors found from the personal files that the current care staff team all had relevant qualifications.

The previous inspection report 2016 noted that there was a lack of balance of experienced to inexperienced care staff employed to meet the stated purpose and function and therefore could not meet the aim to have at least one care staff member qualified to child care leader level on each shift. Inspectors noted improvements with the current care staff team with six of the care staff with over three years experience and the remaining five care staff having less than two years experience. The inspectors recommend that the care staff rota continues to be reviewed to maintain the current one care staff member qualified to child care leader level on each shift.

Previous inspection reports noted that an unacceptably high level of different care staff members had covered shifts in the centre over a period of time and that there had been issues with the centre's ability to provide a stable care staff team. The inspectors reviewed the rosters from July 2016 to February 2017 and found improvements with a stable care staff team employed over this period. Social workers in interview confirmed the improvement with the centres ability to provide a stable care staff team and this had resulted in a more consistent level of care to the young people. Inspectors noted since the discharge of a young person three care staff members had completed shifts in other centres within the organisation to complete their quota of hours. One of these care staff members was an acting social care leader who had been transferred for a month to a centre within the organisation. Inspectors

recommend the centre confirm that these care staff members have return to a full time role within the centre prior to a new admission to the centre.

The examination of a cross section of personnel files for the core staff team confirmed that the vetting procedures had been compliant with the 'Department of Health Recruitment and Selection Circular, 1994'. The organisation employed a human resource department and matters pertaining to employment law are addressed by this department following consultation with management.

There was a policy in relation to induction of care staff to the centre. Staff induction was being completed in relation to new care staff and this was reflected from review of a cross section of personnel files.

### **Supervision and support**

The centre had a written policy for the supervision of care staff which stated the centre will provide supervision to care staff at no greater than six to eight weekly intervals. The centre manager had responsibility for the supervision of the care staff. They had received training in a recognised model for the delivery of supervision. The acting deputy manager was to attend training in a recognised model for the delivery of supervision and the centre must confirm same. In interview the centre manager stated that once the acting deputy manager had completed this training they will begin supervising a number of the care staff.

Inspectors noted an improvement in the consistency and quality of the care staff supervision since the last inspection. The inspectors reviewed a cross section of care staff supervision and found that supervision was recorded, signed by both parties and had a set format. Supervision records were appropriate to the care staff role and referenced supporting care staff with key working, managing behavior, challenging care staff practice and self reflection. In interview care staff stated they felt well supported by the centre management and noted that informal supervision being conducted and this was good practice. From review of the personal files the inspectors noted that performance reviews were being conducted with the care staff to support them with professional development.

It was noted in the care staff personal files that staff members had been on leave due to challenges they experienced in the centre such as assault. From review of the personal files and in care staff interviews the inspectors found that care staff members were aware of the support mechanisms provided with regard to stress or

injury if required. Inspectors evidenced care staff were supported to use these support mechanisms when required.

The centre manager received supervision from the service development manager at no greater than six to eight weekly intervals. The inspectors found from the files that supervision was recorded, placed on file and was happening within the stated time frame. The inspectors evidenced the quality of supervision to be of a good standard with consistent discussions on policy development, leadership role, training needs and staff development.

The inspectors ascertained from the files that shift hand-over occur daily. The inspectors found from the files and attending a hand-over meeting that they were structured and focused on young people daily tasks and plans including focus on professional and family contact, education and health . The inspectors examined the daily logs and they were completed regularly and evidenced the voice of the young people.

Staff team meetings take place every three weeks. The inspectors reviewed a cross section of minutes of these team meetings and found that they were consistently recorded and there was a link between planning and the young people's individualised plans.

Internal review and planning meetings take place every three week and these are attended by care staff and the therapeutic support consultant. There was consistent recording of who attended these meetings with an agenda. Inspectors evidenced from the internal review and planning meeting minutes consistent review actions outlined from the previous meeting. Consultations with the therapeutic support team were conducted post the internal review and planning meeting and this will be discussed further in the report.

### **Administrative files**

The inspectors found that the recording systems had been consistently organised to facilitate management and accountability, having regard to the requirements of the Freedom of Information Act, 1997. This included oversight by the centre manager across care files and centre registers.

The centre management oversees the centre budget which is reviewed weekly in the centre and petty cash is recorded. The centre manager stated that the budget was adequate for the purpose and function of the service.

In interview with the service development manager and from review of managers meetings a documentation system review are to take place within the organisation since July 2016. Inspectors recommend that this documentation system review is completed as soon as possible.

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

#### **Management**

The organisational structure of the centre comprises a proprietor, a chief executive officer, a director of care services; therapeutic supports consultants, service development managers, acting centre manager, acting deputy manager, two acting social care leaders, seven social care workers, and one relief social care staff.

The inspectors noted a change in centre manager and deputy manager since the last inspection. The current acting centre manager had a recognised social care qualification and had been within the organisation for a number of years and in their current post for a number of months. The centre manager was on site from 9 to 5 Monday to Friday. Registration and inspection service were notified of the change of centre manager. The inspectors noted that the centre had a policy on the on-call service and this was provided by centre management.

The centre manager stated they received an induction to their current role from the service development manager and had continued support from the service development manager to adapt to the centre manager role. In interview the acting centre manager and service development manager stated that the acting centre manager will be taking extended leave. The service development manager stated the organisation were currently sourcing an interim centre manager and stated that this centre manager will receive an extended induction to the role. Organisational management must ensure a structured transition, suitable induction, training and supervision to be provided to the new centre manager

The centre manager was supported in their management function by an acting deputy manager with responsibility. The inspectors noted a change in deputy manager since May 2016. The acting deputy manager had a recognised social care

qualification and had been employed within the organisation for a number of years and in their current post for a number of months. In interview the acting centre manager stated that they gave an induction to the role of deputy manager to the acting deputy manager and they were scheduled to receive training in a recognised model for the delivery of supervision. In a management meeting in September 2016 it outlined suggested training for deputy managers and social care team leaders in leadership, significant events, report writing/threshold and national standards and regulations. However, the inspectors did not evidenced the acting deputy manager had received any these training outlined to support the acting deputy manager in their current post. Organisational management must ensure that the acting deputy manager receives training in a recognised model for the delivery of supervision and other training required to support the acting deputy manager with their role.

The management team were supported by two acting social care leaders. The acting centre manager stated they they gave an induction to the role of social care leader to both acting social care leaders. As stated above the inspectors did not evidence training for the acting social care team leaders specific to their role and expectations of this role. Organisational management must ensure that the acting social care leaders receive training required to support the acting deputy manager with their role. The acting centre manger stated that organisational management was currently designing an induction pack for centre managers, deputy managers and social care leaders. Organisational management must confirm when an induction pack has been designed for centre management. The inspectors noted that all the above posts are acting and the inspectors require that a decision is made by organisational management with regard to these posts to maintain a consistent centre management team. Organisational management must make a decision with regard to the current acting roles to maintain a consistent centre management team.

The centre manager was responsible for overseeing daily practice within the centre. The last inspection at this centre took place in February 2016. The inspection found that oversight mechanisms of the centre manager and external management had not been effective to ensure that suitable care practices and operational policies were in place at the centre. The registration of the centre had been restricted to twelve months post inspection. In interview, the acting centre manager advised that improvements had taken place in the implementation of oversight mechanisms implemented in the centre. Inspectors evidenced improvements in oversight of staff practice at the centre through regular supervision of the staff team, observation of staff practice, contact with the young people, attendance at handover meetings, facilitation of team meetings and attendance at care planning meetings for the young

people in the centre. There was evidence that the centre manager consistently signed off on centre records including registers and logs. However, as stated in this report the acting centre manager is to go on extended leave and the roles of the centre management had not been agreed. This lack of clarity within the centre management structure and the lack of training provided to the acting deputy managers and social care team leaders can have the effect of destabilizing the improvements outlined in this report with regard to oversight mechanisms and inspectors recommend that external management must consistently support the centre management structure.

The inspectors observed from the files that the acting centre manager attended monthly management meeting within the organisation. The inspectors reviewed a cross section of the monthly meeting minutes and found they were happening within the timeframe stated and were structured. These meetings cover areas such as staffing, training, supervision and budgeting. The centre manager completes monthly key performance indicators for external management. The inspectors reviewed a cross section of the key performance indicators and found they were happening within the timeframe stated and were a check list format.

The findings of the previous inspection reflected that adequate oversight and support from external management had not been consistently in place to support the centre manager. Deficits in external management systems in this organisation had been a recurring theme found in previous inspection reports. In response, the chief executive officer had made a number of changes to the organisational structure including the appointment of a director of care services and of services development managers. Re-structuring and changes had also taken place in the therapeutic support team.

The centre manager was accountable for practice in the centre and reports directly to the service development manager. In interview the centre manager stated they felt supported in their role by external management. The inspectors evidenced that the service development manager had a recognised social care qualification and had been within the organisation for a number of years with suitable experience for the role. The service development manager had been in post since May 2016 and inspectors evidenced they had begun to develop into the role. In interview the service development manager stated the structure of the service development manager role was currently under review. Organisational management must provide the inspectorate with the revised structure of the service development manager role.

Inspectors evidenced improvement in the external oversight for the centre. From interview with management and review of the centre files the service development manager maintained regular contact with the acting centre manager, visited the centre on a regular basis and supervised the centre manager. Inspectors evidenced the service development manager supporting the centre manager in care planning and other external meetings. Inspectors evidenced the service development manager carried out monthly reviews of both young people files and care staff practice. The service development manager conducted one unannounced audit since the last inspection with issue requiring action and response to same. In interview the service development manager stated the organisation was moving towards a pro-active approach to service delivery. Inspectors acknowledge that the service development manager role was a new development from the re-structuring of the external management. However as outlined further in this report inspectors did not evidence consistent pro-active service delivery as a young person had not attended a educational placement for a extended period of time, there was not a clear plan on how to engage this young person on a daily and weekly basis. Acting centre management had not received training to support them in this role and care staff had not received workshops to implement recommendations from professionals and this needed to be proactively addressed by the service development manager.

The service development manager stated they report to the director of care services. Inspectors evidenced that the service development manager attended weekly senior meeting in relation to all aspects of the service provision. These meetings are to be attended by the chief executive officer, director of care services, service development managers, human resource manager, operations manager and head of finance. Inspectors noted that these meeting had not be consistently attended by the chief executive officer or the director of care services until October 2016 and recommend that this is reviewed by organisational management.

The director of care services attended bi-monthly senior development manager meetings in relation to all aspects of social care. Inspectors noted that these meetings were not consistent until November 2016 and recommend that they are consistently held within the stated timeframe.

### **Training and development**

The centre had a policy and procedure in relation to training and development. The inspectors reviewed a training audit provided by the centre manager. From review of this document the inspectors were able to verify that care staff had attended up to

date training in core areas such as fire safety, child protection, first aid and a model of behaviour management

As stated in this report care staff are to attend training in the new model of care once it had been completed. The acting deputy manager was to attend training in a recognised model for the delivery of supervision and this had been identified in a management meeting in October 2016 and still not completed at the time of inspection. In interview the acting centre manager stated they had attended a two day training course in attachment and trauma training and were looking at the centre management team attending this training. In interview care staff stated they attended an attachment workshop in February 2017. Inspectors noted that both young people had diagnosed attachment issues. Given that the centre had a number of new care staff inspectors recommend that training in young people's known diagnosis training needs to be provided in a more timely fashion.

From review of assessments completed of the young people inspectors did not evidence that workshops had been offered to care staff on known diagnosis and implementing recommendation of an occupational therapy assessment. This is a concern as the requirement of specialised training had been outlined in the previous inspection reports. Management must ensure that care staff are trained to a level that they can understand the diagnosis of young people and are trained to effectively implement the recommendations from professionals and clearly reflect this within the consultation with the therapeutic support team.

### **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.***

## **Required Action**

- Organisational management must ensure a structured transition, suitable induction, training and supervision to be provided to the new centre manager
- Organisational management must ensure that the acting deputy manager receives training in a recognised model for the delivery of supervision and other training required to support the acting deputy manager with their role.
- Organisational management must ensure that the acting social care leaders receive training required to support the acting deputy manager with their role.
- Organisational management must confirm when an induction pack has been designed for centre management.
- Organisational management must make a decision with regard to the current acting roles to maintain a consistent centre management team.
- Organisational management must provide the inspectorate with the revised structure of the service development manager role.
- Management must ensure that care staff are trained to a level that they can understand the diagnosis of young people and are trained to effectively implement the recommendations from professionals and clearly reflect this within the consultation with the therapeutic support team.

### **3.5 Planning for Children and Young People**

#### ***Standard***

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

##### **Suitable placements and admissions**

The centre accommodates four young people both males and females aged 12 to 18 years on a medium to long term basis. Referrals for the centre were accepted nationally from all TUSLA, Child and Family Agency areas.

There were two young people residing in the centre at the time of this inspection, one young person had been discharged in a planned process, and there had not been any admissions to the centre since the previous inspection in 2016.

The two young people presented with significant and differing complex emotional and psychological needs as well as behavioral difficulties. This was consistent with the specialist purpose and function of the centre. One young person had resided in the centre on a long term basis and the other young person had been placed in the centre for over a year. In interview the service development manager stated the admission policy had been reviewed and a new pre-admissions process was in place with evidence of clear planning and progress in all recent referrals.

In interview centre management stated that new care agreement documents had been designed to outline the purpose of the young people placement and they were in the process of being agreed by the social work department.

From interview with professionals inspectors noted that the organisation had requested that a young person resident be discharged from the service. The service development manager stated the organisation decided a young person had to be discharged due to group dynamics and concerns discussed during court proceedings for a young person resident.

From review of the care files and in interview with organisational management and social workers they stated in November 2016 a review of the current young peoples' placements had been completed and agreement made on how these young people will reside together and for the staff to be able to meet the competing needs of the young people. Given the current and historical issues with the group dynamics of the young people resident the inspectors recommend that the group dynamics of the young people resident are continually reviewed and all professionals must agree on any new admission to the centre. Robust pre admission risk assessments must be used to inform whether the young people can safely be cared for together and that there are adequate safety plans in place to respond to known presenting behaviours that may pose a risk to the young people when they are living together in a group setting

Inspectors evidenced that follow on placement had been discussed with professionals for both young people resident and agreement had yet to be made for both young people. The inspectors recommend that follow on placement are sourced for both young people as soon as possible. The centre provides a welcome pack to young people and booklet to parents outlining the centre's policies and procedures, including rights and responsibilities.

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

All of the young people residing in the centre at the time of the inspection had statutory care plans on file. From review of the care planning they were in line with statutory requirements and in general were inclusive of an overall needs assessment for the young people. The quality of the detail of the young people's care plan was appropriate to meet the needs of the young people. The care plans did outline how the placement will support and promote the welfare of the young people.

Inspectors did find evidence young people being involved in the development of their statutory care plans. In interview a young person stated that they attend there care planning. The care files noted that young people at times refused to attend there care planning and in interview the centre manager and social workers stated they are informed of decisions of their care planning by both external professionals and care staff. Inspectors noted that some parents do not consistently attend care plan reviews. In interview social workers stated that parents receive copies of care plans and all parents are informed verbally of decisions from the care plans.

All of the young people had statutory care plans review minutes on file. From review of the care planning they were in line with national protocol of placement of young

people 12 years or under in residential care. As with the care plan the quality of the detail of the young people's care plan review were appropriate to meet the needs of the young people. As stated above at time young people and parents refused to attend care plan reviews and professionals and care staff informed them of decisions of care planning. Inspectors noted that care plan reviews did not have consistent timeframe for completion of action and recommend that this needs to be amended.

Each young person had a placement plan on file. In general inspectors found that although lengthy the placement plans had a link between the care plan and the placement plan goals. There was evidence of efforts to consult with young people in the development of these placement plans and there was a clear link between the placement plans and the care plans. In interview social workers stated they did consistently receive a copy of an up to date placement plan. As requested in the previous inspection report due to the needs of a young person resident the centre designed a young person friendly format of the placement plan so they can engage with their placement plan and inspectors evidenced same. However, as outlined in the previous inspection report the placement plan did not consistently outline whether or not progress was made by young people and inspectors recommend this is reviewed by centre management.

### **Contact with families**

There was an ethos of collaborative working in the centre which was inclusive of parents. There was evidence of regular contact with families. The inspectors found evidence of planning and co-operation with families and professionals in the young people's lives to facilitate contact and maintain relationships. The care staff worked closely with social work departments to risk assess and implement the agreed access arrangements between young people and their families. The inspectors found that the centre had space for young people to meet their family and social worker in private.

A young person in interview stated that they wished to have increased access with family. In interview the social worker for this young person stated that this was consistently being reviewed. A young person residing in the centre was a long geographical distance from their family of origin. In interview centre management and the assigned social worker stated that access for this young person was consistently being reviewed by both external professionals and care staff. Inspectors recommend that centre management and external professionals must continually review the access arrangement to effectively meet the needs of the young person.

## **Social Work Role**

### ***Standard***

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

All of the young people in the centre had allocated social workers. Centre management reported an effective working relationship with all allocated social workers. The inspectors did not receive completed questionnaires from the allocated social workers. In interview a social worker stated positive feedback about the service since the last inspection, identifying a stable care staff team, centre management and the care provided to the young people as being in their professional opinion of a good standard.

Social worker's confirmed receipt and knowledge of key documentation regarding young people at the centre including significant events, complaints and planning documents. However, one social worker stated they did not receive behavior management documents and this will be discussed further in the report.

In interview the social workers were familiar with the notifications and current issues for their young person. The impact of the dynamics of young people was acknowledged as an issue between the young people resident and this was to be kept under review by the social workers involved.

### **Preparation for leaving care**

The centre had a written policy in relation to preparation for leaving care. One young person resident had turned sixteen years of age. Inspectors observed from the care files care staff engaging this young person with preparation for leaving care skills in an age and developmentally appropriate way. In interview this young person stated that they had been engaging with preparation for leaving care work with care staff.

### **Discharges**

One young person had been discharged from the centre since the last inspection and this was a planned discharge. The inspectors reviewed the discharge report and found

it was of a good standard with analysis of the young person's diagnosis, supports offered, interventions and recommendations for the young person future care.

### **Children's case and care records**

Inspectors found that the care files were well organised and facilitated ease of access to frequently used records. All records were typed and in chronological order and the systems in place facilitated effective planning. There were social work reports, social histories, photos, birth certificates and consents for each of the young people.

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

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

The centre manager in interview stated a record was maintained at the centre of contact with social workers and this was evidenced in the care files. All young people had an assigned social worker at the time of inspection. Inspectors evidenced that a social worker had visited the centre in line with statutory requirements. In interview the other social worker stated they had visited the centre on three occasions over the past five months and facilitated access at times for the young person with family members. Inspectors recommend given the age profile of this young person and the complexity of their care needs that the social worker visit the centre on a monthly basis.

A young person interviewed by the inspectors stated they had a working relationship with their social workers and met with them regularly. The inspectors observed from the files that young people can make contact with their social worker if they wished. The allocated social workers did not consistently review the young person's records in the centre. Social work departments must from time to time review the care files of young people resident.

#### **Emotional and specialist support**

In interview care staff demonstrated an awareness of the presenting emotional needs of young people and were focused on establishing positive working relationships to continue to support young people emotionally. As stated previously in this report care staff will require training in the new model of care. In interview social workers stated in their professional opinion that care staff can emotional support young people.

Inspectors noted since the last inspection the structure of the therapeutic support team had been reviewed and the interface between the social care and therapeutic support team. In interview the acting centre manager stated that the therapeutic support team guides the care staff and it was the care staff that provided the therapeutic support to the young people and the therapeutic support team do not meet the young people. Inspectors reviewed meeting minutes with the therapeutic support team and the care staff post the internal review and planning meetings and also one to one meetings with young people's key workers and the therapeutic support team. Inspectors evidenced discussion on how to emotionally support young people post incident and action points for care staff to engage young people. However, there was not consistent reference to, young people's known diagnosis and any link to behaviour patterns, who was to complete actions agreed actions, or discussion on how to support young people post aggressive behaviour. Centre management must ensure that the therapeutic support meeting minutes consistently reference young people known diagnosis with link to behaviour pattern, who is to complete actions agreed, and discussion on how to support young people post aggressive behaviour.

In interview care staff stated the new interface between the social care and therapeutic support team had improved the care staff ability to meet the emotional needs of the young people. In interview social workers for the young people stated they had observed improvements with the care staff ability to emotionally meet the young people's needs since the previous inspection. Social workers stated that a member of the therapeutic support team attended strategy meetings with professionals every six weeks and this had improved the interface between external professionals and the therapeutic work being completed with young people. However, inspectors found that a clinical assessment required for a young person took ten months before it was completed and only on request of the social work department through care planning prior to this young person proposed discharge. Inspectors are concerned due to the lack of evidence that this young person had made improvements from over a year therapeutic input with the young person still not in a structured routine, not in an educational placement, isolating themselves and not consistently engaging in activities with concerns for their mental health. In interview the services development manager stated this assessment was delayed due to the restructuring of the therapeutic support team and the organisation. However, inspectors noted that timely completion of clinical assessment had been a recurring issue with this organisation and evidenced in previous inspection reports. As stated in this report inspectors evidenced that specialised training in regards to young

people known diagnosis to support young people placed in the centre had not been completed. Centre management and social work department must continually ensure that clinical assessments are completed in a timely fashion.

The therapeutic support team completed a therapeutic placement plan for each young person resident. Social workers stated in interview they were consulted in the design of the therapeutic placement plans and were in the process of ratification of the therapeutic placement plan.

### **Aftercare**

None of the young people resident were seventeen years of age and therefore care plan and review care plans remained the method of care planning for the young people resident. One young person was over sixteen years of age. In interview with centre management and social worker they stated that a referral had been made for an aftercare worker for this young person. Inspectors evidenced that an aftercare proposal had been put forward to the social work department from the organisation for this young person. Centre management must ensure that an independent living skills assessment be conducted with this young person as soon as possible. The inspectors recommend that as soon as possible an aftercare worker be assigned and aftercare plan be designed for this young person.

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

None identified

### **3.5.4 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 23, Paragraphs 1and2, Care Plans***

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

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

**Required Action**

- Social work departments must from time to time review the care files of young people resident.
- Centre management and social work department must continually ensure that clinical assessments are completed in a timely fashion.
- Centre management must ensure that the therapeutic support meeting minutes consistently reference young people known diagnosis with link to behaviour pattern, who are to complete agreed actions, and discussion on how to support young people post aggressive behaviour.
- Centre management must ensure that an independent living skills assessment be conducted with a young person as soon as possible.

### **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 centre had a written policy on absence without authority informed by the TUSLA Child and Family Agency and Garda joint protocol on reporting young people missing from care. In interview the acting centre manager stated there had been a decrease in absences of young people from this centre since the previous inspection.

The inspectors found in general agreements on care files with regard to individual absence management plans and they took account of the age and personal circumstances of each young person. Social workers in interview stated they were aware of the strategies in place to avoid absences. However, the acting centre manager and social worker for a young person in interview stated a recent absence by a young person was currently being reviewed with regard to care staff practice.

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

##### **Managing behaviour**

The centre had a policy related to managing behaviour. Young people at the centre were supported to understand their rights and the behaviour expected of them through the young person's welcome pack, individual work and key work following significant events. The inspectors found that the care staff valued the relationship as a key tool in managing the behaviour of young people. All the care staff had received training in a model of behaviour management.

The acting centre manager described the approach to managing behaviour as being informed predominantly by behaviour support plans and risk assessments.

Inspectors found these documents were individually tailored, updated regularly and related to a range of presenting behaviours. The behaviour support plans and risk assessments on file were well detailed and informed by internal review and planning meetings, clinical support team meetings. Inspectors noted a decrease in the levels of significant events being notified from this centre. The centre had a consistent care staff and in interview social workers stated this had supported the care staffs ability to manage young people behaviour consistently. The inspectors noted that incident recovery plans were conducted with young people and these reflected in the young person's voice strategies they and the care staff can use to support behaviour management. Inspectors evidenced the use of a point system and social stories to support young people with managing their behaviour.

Inspectors evidenced that both young people resident were on separate programs Inspectors noted that one young person had been engaging with their program and had a structured routine. Inspectors noted care staff engaging another young person to different degrees of success. The young person did not have a structured routine and inspectors could not find recorded evidence of a daily or weekly plan being designed to support this young person with managing their behaviour. As stated in this report this young person was not in an educational placement, isolating themselves and not consistently engaged in activities with concerns for their mental health. Centre management must ensure that a young person has a daily and weekly plan to support with behaviour management and to meet the stated needs of their therapeutic support plan. Social workers in interview stated they had not received a copy of young people's behaviour support plans. Social worker must request up to date copies of young people behaviour support plans.

The centre had a policy on the use of appropriate consequences. Inspectors reviewed the consequence log and evidenced they were recorded signed, dated the acting centre manager oversees all consequences given to ensure they are proportionate and effective. In interview social workers stated they had reviewed the young people's consequence and were in agreement with the approach adopted. The acting centre manager stated they are currently reviewing the effectiveness of consequences with a young person resident due to the ineffectiveness of the consequences to responding to behavior change. Centre management must inform the inspectorate of the outcome to the review of consequences for a young person resident.

## **Restraint**

The centre had a detailed written policy on the use of physical intervention that stated physical intervention can only take place as a last resort in managing a crisis situation by suitably trained staff using recognised methods of restraint. The use of restraint was structured by individual crisis management plans that are developed for each young person and contain clear contra-indicators to restraint. All the care staff had up to date training in a recognised and recognised model of crisis prevention, management and physical restraint.

At the time of inspection 11 physical interventions had taken place over the last 12 months. Nine of these physical interventions had taken place with the young people resident at the time of inspection. Inspectors noted there had been a decrease in physical intervention over the previous 12 months.

Inspectors reviewed the notification, restrictive practice and rights reviews and post incident reviews and noted that they were take place and the documents viewed were general signed and dated. They did give an account of the incident, who was involved and what techniques were used. However, these reviews did not analysis the restraint, what worked or not, reviewed antecedents or a focus on the physical and emotional impact on the young people of these incidents. Centre management must ensure that all physical interventions are subject to a system of review to track patterns or issues of concern in relation to antecedents, staff interventions and learning outcomes.

From review of the care files and in interview with social workers they stated they had responded and reviewed restraints and they were satisfied that a restraint was proportional and merited.

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

None identified

### **3.6.4 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 16, Notifications of Physical Restraint as Significant Event.*

**Required Action**

- Centre management must ensure that a young person has a daily and weekly plan to support with behaviour management and to meet the stated needs of their therapeutic support plan.
- Social work departments must request up to date copies of young people behaviour support plans.
- Centre management must inform the inspectorate of the outcome to the review of consequences for a young person resident.
- Centre management must ensure that all physical interventions are subject to a system of review to track patterns or issues of concern in relation to antecedents, staff interventions and learning outcomes.

### **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**

None identified

#### **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**

The centre had a policy on young people attending education. Of the two current residents' one young person had a school placement. Inspectors found evidence of care staff supporting this young person with attending their educational placement, this required ongoing support and encouragement from care staff which was being provided.

The second young person was not in an educational placement since being placed in the centre. Inspectors evidenced an educational assessment had been completed with this young person and they were in the normal or average intellectual ability. Inspectors noted that it had been more than two years since this young person had attended an educational placement. The inspectors evidenced that professionals had made efforts to source an educational placement for this young person with care staff making over 10 applications for educational placement and had applied the decisions of these educational placements. Inspector's evidenced external management giving a presentation to centre managers on home education in September 2016. A home tutor had been provided to this young person for a five week period from September and October 2016 since they had been placed in the centre. Centre management must ensure that they continue to source an educational placement for this young person as a matter of urgency. Given the time period this young people had not engaged in education the centre management or social work department must provide home tuition as a matter of urgency to provide a structured educational routine for this young people.

**Required Action**

- Centre management must ensure that they continue to source an educational placement for a young person as a matter of urgency.
- Centre management or social work department must provide home tuition as a matter of urgency to provide a structured educational routine for a young person.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.1	Organisational management must complete the revised model of care and implement the model of care into practice.	The model of care has been revised and is currently under review with all management and social care teams for feedback and input. This feedback was provided on 04.05.2017, during the monthly managers meeting and the model has since being updated to reflect the feedback. The model of care is already in practice through the implementation of therapeutic practice with the child and adolescent psychotherapists and the internal review and planning forum's. All employees are due to attend training with a specialist clinical psychologist in trauma and attachment from 29.05.2017-02.06.2017 for a two day training course on the model of care. Following the training the other aspects of the model of care will be implemented into practice by the social care team.	

	<p>Organisational management must ensure that care staff are trained in the revised model of care and provide timeframes for the completion of same.</p>	<p>All employees are due to attend training with a specialist clinical psychologist in trauma and attachment from 29.05.2017-02.06.2017 for a two day training course on the model of care.</p>	<p>Training will take place on a six monthly basis to help ensure all new recruits are trained in the model of care. This will also be reviewed every quarter in team meetings.</p>
<p><b>3.2</b></p>	<p>Organisational management must ensure a structured transition, suitable induction, training and supervision to be provided to the new centre manager</p>	<p>The new centre manager was identified since the 05.05.2017. A complete and thorough induction and training will take place over a six week period which commenced on the 08.05.17. An internal and external recruitment process was completed to identify an acting manager to provide cover for the centre managers extended leave. The identified manager that was successful in this process was the deputy manager at the time of inspection. This person has a degree in social care and ten years' experience of working within the social care sector. Supervision training took place on 25<sup>th</sup> and 26<sup>th</sup> April 2017 with the deputy manager.</p>	<p>The induction and handover process will continue to be monitored at weekly senior meetings.</p> <p>An outcome of the deputy manager role is due to be finalised in the coming week and the inspectorate will be notified of same. A similar induction process will take place within a five week timeframe.</p>
	<p>Organisational management must ensure that the acting deputy manager receives training in a recognised model</p>	<p>As mentioned in previous response the acting deputy manager received supervision training on 25<sup>th</sup> and 26<sup>th</sup> April 2017 in order to</p>	<p>A training needs analysis will be completed on a six monthly basis to determine any deficits within the centre.</p>

	<p>for the delivery of supervision and other training required to support the acting deputy manager with their role.</p> <p>Organisational management must ensure that the acting social care leaders receive training required to support the acting deputy manager with their role.</p> <p>Organisational management must confirm when an induction pack has been designed for centre management.</p>	<p>effectively support the team within the centre. Training that has been identified within centre's team meetings will be reviewed with senior management. Centre management is awaiting feedback from an online training 'hub' in order to confirm and complete same.</p> <p>Induction training for all social care team leaders will take place in June 2017. The current team leaders within centre also completed supervision training on 25<sup>th</sup> and 26<sup>th</sup> April in order to support the management team within the centre should the need arise. Training that has been identified within centre's team meetings will be reviewed with senior management. Centre management is awaiting feedback from an online training 'hub' in order to confirm and complete same.</p> <p>An induction pack for centre management has been designed, completed and in practice for any newly appointed centre manager. This will be completed with the newly appointed acting manager of the centre, with a timeline of actions also included.</p>	<p>For all new appointed managers a 3 month induction process will be completed.</p> <p>For all newly appointed roles a performance review will be completed during a six month period. Upon completion of this roles will be confirmed if deemed appropriate.</p>
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	<p>Organisational management must make a decision with regard to the current acting roles to maintain a consistent centre management team.</p> <p>Organisational management must provide the inspectorate with the revised structure of the service development manager role.</p> <p>Management must ensure that care staff are trained to a level that they can understand the diagnosis of young people and are trained to effectively implement the recommendations from professionals and clearly reflect this within the consultation with the therapeutic support team.</p>	<p>Since the time of inspection, all acting roles have been confirmed and accepted by all parties. The director of care services has informed case manager of the organisational structure and outcome of all roles.</p> <p>The director of care services has provided the inspectorate with a copy of the revised organisational structure of the service development manager role on the 25.04.17.</p> <p>Social care team is due to complete two training days with a specialist clinical psychologist in trauma and attachment on the 29<sup>th</sup> May and 2<sup>nd</sup> June 2017. This will consider the model of care, attachment and trauma. Further to this, any recommendations made by professionals following assessments will be discussed and completed with the team by 1<sup>st</sup> June to ensure the staff team are fully confident and aware of the young people's known diagnosis.</p> <p>Further to this the consultation notes with the child and adolescent psychotherapists</p>	<p>The director of care services will notify the inspectorate of any future changes to the organisational structure.</p> <p>This will continue to be reviewed and tracked in the internal review and planning meeting process.</p>
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		have been adapted to incorporate the young person's diagnosis and possible link to behaviors'presentation etc. Therefore this will consider all aspects of the young person's therapeutic care needs and supports required.	
<b>3.5</b>	Social work departments must from time to time review the care files of young people resident.	No response from social work departments.	The centre stated a schedule of dates will take place between management and social work team to review the young people's files, risk assessments and support plans, to ensure appropriate oversight. This will be reviewed at child in care reviews and core professional meetings, where appropriate.
	Centre management and social work department must continually ensure that clinical assessments are completed in a timely fashion.	Any assessments required for young people will be reviewed with all professionals involved in young people care and will be discussed during internal review and planning meetings to ensure appropriate thought and consideration is made in completing any future assessments and rationale for same to be provided to all parties. This process and decision will be completed within a three week timeframe.	This will continue to be reviewed at child in care reviews and core professional meetings, where appropriate.
	Centre management must ensure that the therapeutic support meeting	Since the time of inspection a new form has been devised in relation to ensuring adequate	This will continue to be reviewed and tracked at the internal review planning meeting

	<p>minutes consistently reference young people known diagnosis with link to behaviour pattern, who are to complete agreed actions, and discussion on how to support young people post aggressive behaviour.</p> <p>Centre management must ensure that an independent living skills assessment be conducted with a young person as soon as possible.</p>	<p>and informative data is evidenced through consultation sessions with the child and adolescent psychotherapists, therefore referencing diagnosis, link to behaviour patterns and actions to be completed with a timeframe in place. The agreed actions will be reviewed at the start of all team consultation forums to help measure progress and outcomes for the young people.</p> <p>A young person is completing an aftercare programme with their key workers. Since the time of inspection an aftercare professionals meeting took place with all professionals involved in their care. An aftercare worker will be identified by the end of May 2017 and an independent living skills assessment will be completed at this time.</p>	<p>process. Should any areas of the young person's diagnosis, presentation and care needs be identified, the document will be updated to highlight same to ensure further learning and oversight.</p> <p>This will continue to be reviewed and tracked at internal review planning meeting.</p>
<p><b>3.6</b></p>	<p>Centre management must ensure that a young person has a daily and weekly plan to support with behavior management and to meet the stated needs of their therapeutic support plan.</p>	<p>This area of the young person's care has been discussed with the behavioral analyst in order to best meet his needs. A daily plan is completed with the young person and divided into three sections throughout the day due to this young person's level of engagement. This has been implemented since time of inspection.</p>	<p>The young person's daily plan will continue to be reviewed at tri weekly meetings, team consultation times and in monthly child in care review meetings.</p>

	<p>Social work departments must request up to date copies of young people behaviour support plans.</p> <p>Centre management must inform the inspectorate of the outcome to the review of consequences for a young person resident.</p> <p>Centre management must ensure that all physical interventions are subject to a system of review to track patterns or issues of concern in relation to antecedents, staff interventions and learning outcomes.</p>	<p>No response from social work departments.</p> <p>A review of consequences for a young person has been completed in conjunction with the centre staff team. This review focused on the new model of care for the organisation, considering all areas of the young person's therapeutic care and the guidance and support received from the consultation team. Consequences are also reviewed during the monthly audit process and six-monthly rights and restrictive practice committee with external professionals.</p> <p>A newly devised physical intervention review document has been completed; this includes all aspects of the incident which may identify patterns of behaviour, presentation of young person, level of interventions and the learning outcomes for both staff team and the young person. As part of the monthly audit process this form will also be reviewed in collaboration with all other relevant</p>	<p>The centre stated all reviewed support plans and risk assessments will be provided to the social work team during all visits to the centre to review the young people's files.</p> <p>This will continue to be reviewed and tracked at the internal review planning meeting, team meetings and consultation time. It will also be a focus area in the training regarding our model of care.</p> <p>This will be continued to be reviewed and tracked in monthly audits and internal review planning meeting.</p>
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<b>3.8</b>	<p>Centre management must ensure that they continue to source an educational placement for a young person as a matter of urgency.</p> <p>Centre management or social work department must provide home tuition as a matter of urgency to provide a structured educational routine for a young person.</p>	<p>The young person is currently availing of 5 hours per week home tuition. Application completed to request an additional 15 hours in order to support the needs of this young person. All professionals still awaiting a response from the department of education. A school placement for this young person is being sought in the local primary school. This placement will be supported with resource hours and an SNA. Since the inspection additional funding has been sourced for extra home tuition hours.</p> <p>As mentioned in previous point, this young person is currently availing of 5 hours home tuition per week.</p>	<p>This will continue to be reviewed at monthly child in care review meetings.</p> <p>This will continue to be reviewed and tracked in monthly audits and internal review planning meeting.</p>