Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 020

Year: 2024

Inspection Report

Year:	**2024**
Name of Organisation:	**Ashdale Care Ireland Ltd.**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced Inspection**
Date of inspection:	**30th April, 1st & 7th May 2024**
Registration Status:	**Registered from 31st of March 2023 to the 31st of March 2026**
Inspection Team:	**Mark McGuire** **Sharon McLoughlin**
Date Report Issued:	**17th July 2024**

Contents

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.
The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 31st of March 2008. At the time of this inspection the centre was in its sixth registration and was in year two of the cycle. The centre was registered without attached conditions from 31st March 2023 to 31st March 2026.

The centre was registered to provide a multi-occupancy service to accommodate four young people aged from ten to seventeen years old. There were two young people under derogation as they were outside the age profile for the purpose and function of this centre. The derogation process is overseen by ACIMS through monthly update reports sent to them to review the ongoing suitability of the placement for one of the young people. The model of care was attachment and trauma informed with the availability of psychology, art psychotherapy, education and occupational therapy. The centre operated the CARE framework (children and residential experiences, creating conditions for change). There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2 & 2.3
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

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.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 28th of May 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 12th of June 2024. This was deemed not to be satisfactory and an updated CAPA was received by the inspection service following some clarifications completed with the management on the 25th of June 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 020 without attached conditions from the 31st of March 2023 to the 31st of March 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 8: Accommodation
Regulation 13: Fire Precautions
Regulation 14: Safety Precautions
Regulation 15: Insurance
Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors found that three of the four young people living in the centre had up to date care plans on file, with the most recent care plans absent for one young person, although evidence was seen of efforts being made promptly by management to obtain them. The allocated social worker for this young person acknowledged that there had been a delay in sending on care plans but that child in care review's (CICR's) had been occurring in line with statutory requirements for this young person and committed to forwarding the relevant care plans to the centre. CICR's were mostly conducted in compliance with statutory requirements, albeit with occasional delays attributable to staffing issues within the social work department, as relayed by social workers. Instances of such delays were seen to have been duly escalated by centre and regional management.

Inspectors found that social workers had visited young people in line with statutory requirements for all but one of them. This exception was due to the social worker being on unexpected and extended leave. The social work department addressed this by assigning an alternative student social worker to visit this young person until the allocated social worker returned to their post. The allocated social workers had varying responses when interviewed by inspectors regarding communication, with some mentioning difficulties in communication between the centre and themselves. While inspectors saw evidence of the young people's group impact risk assessment being updated and sent to social work departments to highlight emerging risks related to road safety and absconding, one social worker still expressed a need for more frequent communication regarding group dynamic issues and incidents that could impact their assigned young person. All social workers received relevant

documents such as individual placement plans (IPPs), progress reports, and notifications of significant events concerning their assigned young person. Inspectors observed good practice within the centre of documenting their own minutes during CICR's to assist in the IPP process. Staff demonstrated proactive measures to involve young people in these reviews and IPP's. Inspectors saw evidence of visual tools being used for the younger children to help them understand and staff assisted the young people in completing "me and my CICR' forms. However, staff acknowledged the necessity for an adapted approach to effectively capture the perspectives of the younger children in the centre. Additionally, staff highlighted their advocacy role during CICR's on behalf of young people and how some of the young people's parents were involved in CICR's also.

IPPs were on file for all young people within the centre, although there were variations in the frequency and thoroughness of their review processes. It was evident that IPP's were not always updated following CICR's. While most plans delineated care plan goals, some crucial aspects such as medical follow-ups, weight management, and specialized interventions like art therapy were insufficiently elaborated on. Tracking progress on these goals was challenging for inspectors due to ineffective utilization of tracking systems. Numerous items were listed as ongoing without clear assignment or method. For example, it was not always evident who had been tasked with supporting the young person with their named goals, nor were actions required to achieve goals clearly outlined in all instances. There was no clear evidence of oversight of this process and deficits in the IPP process were not being adequately identified and addressed in the centre. Notably, certain items in the IPPs of the two youngest people were deemed inappropriate for their developmental stage, such as budgeting and cooking skills. Educational goals were adequately addressed for three people, with evidence of positive collaboration with the school to enhance educational placements.

Centre staff occasionally referred young people to specialized services through the internal therapeutic support team (TST) and sought referrals through GPs for services like CAMHS and other medical specialists. However, while one young person had been engaged with the TST, planned one-to-one support from the services' art therapist and occupational therapist (OT) had not yet commenced for the two youngest people. Inspectors were advised that these OT sessions began shortly after the inspection. The allocated social worker for another young person suggested that the staff team could do more to explore the reasons behind their disengagement from their educational placement. Inspectors noted a lack of support or guidance from the TST on this matter. Additionally, recommendations from specialists, such as speech

and language therapy (SLT) and art therapy for one young person, were not fully incorporated into their IPPs. Centre management need to ensure that specialist supports begin as planned and that recommendations from external specialists and the centre's TST are fully integrated into the young people's goals and placement objectives.

The quality of key working varied. Staff demonstrated dedication to individualized work with the young people, actively pursuing goals outlined in their care plans and IPPs. Notably, age-appropriate visual aids were effectively employed for the youngest to support various aspects of their development. Age-appropriate discussions on topics such as sex education were also initiated with older young people. However, there was room for improvement in planning and follow-up during key work sessions. For example, further sessions on sex education were required for one resident, despite the goal being marked as completed. Similar observations were made for the youngest people's key work goals. Additionally, the absence of a key work calendar and action plans in IPPs underscored the need for enhanced planning, tracking, and follow-up within the key work process, in line with centre policy. This impacted the oversight and management of goal setting and key work for young people. Although monthly IPP reviews and four-monthly TST reviews were conducted, improvement was needed to address deficits identified in the IPP and key work process.

Findings from staff interviews showed a positive attitude toward supporting the young people in the centre and engaging them in activities. The young people also highlighted in the inspection questionnaire forms that for the most part they enjoyed living in the centre and had good relationships with the core staff team. However, common concerns were raised by staff, including insufficient time to implement TST recommendations, challenges posed by disruptive behaviours during handovers, and a lack of preparatory planning and guidance from the TST to meet the needs of the young people effectively. A guardian ad litem (GAL) interviewed, indicated insufficient planning to address the current group dynamic, expressing concerns about staff retention and the turnover's destabilizing effect on young people. This sentiment was echoed by social workers and centre staff. One young person mentioned in their inspection questionnaire form feeling unsettled by frequent changes in staff. The centre's current staffing levels included a centre manager, deputy manager, one social care leader in training, four full-time, and two part-time social care workers. The regional manager informed inspectors of an ongoing recruitment campaign to fill vacant posts. Senior management were addressing this directly with ACIMS management. However, the registered provider must submit a

plan outlining how staffing deficits and high turnover will be addressed to ensure stability and consistency of care. Inspectors found that the identified staffing deficits were impacting on the continuity of care for the young people and that plans were not put in place before the admission of the younger children to ensure that there was adequate staffing in place to meet the needs of the children in line with their care plans and IPP.

Inspectors noted a lack of preparatory planning and training for the staff team regarding the developmental needs of the two youngest people placed there under derogation. Centre staff interviewed during the inspection expressed feeling underprepared and lacking necessary training on how best to respond to the developmental needs of this young age range. Furthermore, safety concerns for these two young people were observed by inspectors on the day of inspection, and information provided during interviews with centre staff, management, and one of the young people also emphasised these concerns. Details regarding these safety concerns are discussed later in this report. Staff received no training on early childhood development or practical approaches for working with this age group. Although play-based training was identified in SERG documents and during a TST debrief, inspectors found a reactionary rather than planned approach to practice and training delivery. For instance, play-based training, identified as a need two months prior, had not been provided at the time of inspection. Inspectors were informed that TST recommendations and training had not been delivered due to the need to react and respond to staffing crises and the impact of the group dynamic on the centre. While seen as a supportive response to the staff team, this hindered the implementation of planned care practice supports.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Inspectors observed the staff as being welcoming, and the centre was well-lit, featuring five bedrooms, each with its own bathroom or ensuite. Three bedrooms were notably spacious, with ample room for personal belongings. Additionally, there was a staff bedroom upstairs with a dedicated bathroom, and a pull-out bed was available in the main sitting room for staff use.

Three of the four young people's bedrooms, including those of the two youngest, lacked homely and/or sensory furnishings. While the sitting room offered a comfortable space for relaxation and recreation, many items were stored away due to instances of property damage. Inspectors acknowledged this difficulty but noted that

there was no clear plan in place to address it with guidance from the TST. The sofas were worn and needed replacement, although a new sofa had been ordered with input from the eldest resident and inspectors were advised this had been replaced post inspection. The OT had recommended sensory items and tents for the two youngest residents' bedrooms. Although these items were initially purchased, they were not replaced following property damage, and again, no plan was in place for their replacement or reintroduction. Inspectors recommend exploring practical alternatives with guidance from the TST, extending to communal areas. Additionally, there was a scarcity of updated pictures of the children on the walls, and some visual aid imagery of centre staff was outdated. One of the other young people's bedrooms was very well furnished and typical of a teenage room. The other young person had a TV and gaming equipment, and their room was scheduled for painting and decorating in a colour of their choosing.

The kitchen was large enough for communal cooking and dining, with a conservatory adjacent to it. However, the sofa in this room had been drawn on with pen and requires cleaning or replacement to enhance the homely feel. Nearby, there was a pantry, downstairs toilet, and laundry facilities. Some quality fixtures and fittings such as cushions, throws, lamps, and side tables were observed, contributing to a cozy and well-lit environment. Outside, there was a spacious play area with suitable equipment enjoyed by all children, accompanied by a medium-sized lawn and picnic bench for summertime use. Maintenance logs indicated prompt attention to identified issues.

Evidence of compliance with fire safety and building regulations was provided upon registration in 2023, with no changes to the building since. Due to the age of the children, PEEP's (personal emergency evacuation plans) were in place.
Fire safety measures were also in place, including regular checks on escape routes, fire extinguishers, and alarm systems by external contractors. Staff were uncertain about the frequency of required fire drills, and the submitted fire safety policy and safety inspection and safety audits policy lacked compliance with minimum requirements of two drills per year and one during darkness. Records showed that when new children and staff came to the centre, they took part in a fire drill. Safety audit checklists were being used monthly and annually, however these did not note the correct frequency of required fire drills either. Inspectors highlighted concerns requiring immediate attention, including a compromised fire door and strips, missing fire action point signs, an obstructed exit door, and the need for thumb locks on emergency exits. Although keeping the front door locked was deemed necessary, no risk assessment supported this decision.

Environmental risks were identified and monitored through centre risk registers. Inspectors observed an incident highlighting a significant health and safety risk to the young people. However, the response to this risk was not robust enough to ensure appropriate safeguarding, particularly concerning the nearby road, surrounding farmland, and young people exiting the premises to access same. While individual risk management plans were in place, they lacked sufficient accuracy of the risk rating and comprehensive action plans for the staff team's response. Implemented control measures, such as a new fence and gate, were not effective in addressing or mitigating the identified risk. Centre and senior management must review this risk and submit a clear, detailed action plan, outlining how it will be managed going forward to ensure appropriate safeguarding measures for the youngest residents.

There was a system in place for recording accidents, however inspectors observed that this procedure requires review. Behavioural incidents, such as young people hitting each other, were being logged in accident report logs. Accidents were also reported through SEN's and inspectors observed unnecessary duplication of records. Social workers interviewed expressed satisfaction with the team's prompt notification and response to injuries and accidents.

Only one of the centre vehicles was observed during the inspection, this was clean and there was evidence of regular car checks being recorded. However, the insurance disc had expired and an updated schedule of insurance was seen in the centre. The nominated car representative assured the provision of a copy for the vehicles while awaiting new insurance discs. A site-specific safety statement was displayed, including relevant contact details and the name of the person in charge. Staff were delegated health and safety tasks, yet the statement had not been updated to reflect changes to include these named people. This must be updated to ensure the health and safety statement is correct. The reporting of incidents was also not clear or directive only stating to ‘refer to accident and incident reporting policy’. It must be updated to provide a concise overview of the reporting procedure.

All staff in the centre had undergone fire safety training. While the majority of staff had completed first aid responder (FAR) training, as recommended in the previous inspection, inspectors found some staff had not received basic first aid training. Given the high incidence of slips, trips, falls, and aggression observed among the young residents, it is imperative for all staff on shift to have mandatory training, including basic first aid. With a high number of support staff from sister centres, inspectors were assured that practical fire safety training was being provided by the service's qualified fire safety trainer. While no specific training had been delivered for

the young age cohort regarding the health and safety risks associated with that age range, such as paediatric first aid, those interviewed indicated that this was included as a component of their main first aid training.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 13** **Regulation 14** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 2.2** **Standard 2.3**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure there is robust oversight of the planning, tracking, and monitoring of young people's placement objectives and goals to ensure they are carried out more effectively as part of the centre's practice.
- The registered provider must ensure appropriate training is provided pre-admission for staff members working with a younger age cohort which takes into account their developmental needs and how best to support them.
- Centre management must ensure that all social workers are made aware of emerging risks within the centre that impact directly on the day to day care of each individual child.
- The registered provider must promptly address the repair of the fire door, fire strips, fire action point sign, and thumb locking mechanisms for the emergency exit doors.
- The centre manager and regional manager must review the frequency of fire drills and associated policies, subsequently all staff must be informed and trained on these policies.
- Centre management must carry out a risk assessment for the practice of locking the front door of the premises.
- Centre and senior management must review road safety risks, including exiting the premises, and submit a detailed action plan for future safeguarding measures.

- The site-specific safety statement requires updating to include assigned health and safety roles, with centre staff duly informed.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

All young people had been allocated to local General Practitioners (GPs) and had been attending appointments since admission. The staff team were actively following up on outstanding issues regarding routine dental work and ophthalmic appointments. Centre management informed inspectors that they were progressing medical card applications for the two youngest individuals. There were outstanding vaccination records for three of the young people, and internal escalation procedures were being followed for delays in social work responses. Inspectors addressed this issue with the relevant social workers, who have assured that they will expedite the forwarding of relevant medical information to the centre. Referrals were also being made for health service executive primary care services for confirmed medical needs.

One young person expressed concerns to inspectors regarding dental work, feeling that their needs in this area were being overlooked. Additionally, inspectors noted that the long-term medication treatment plan for this young person required review and input from the assigned GP. This concern was raised with the young person's allocated social worker, who liaised with centre staff during the inspection process. Inspectors were assured that plans to address these matters had commenced. Additionally, a referral to external specialist services was underway for this young person.

As previously noted, individual support for art therapy and occupational therapy (OT) had been identified as necessary interventions for the youngest children. These supports were scheduled to begin the week before the inspection, as indicated in TST documents and the children's care plans. However, inspectors observed that these sessions had not yet commenced. During interviews with centre staff and management, it remained unclear when this support would begin. Similarly, the regional manager could not provide a definitive timeline for its initiation at the time of the inspection but advised that OT sessions commenced shortly afterward.

Additionally, recommendations from a speech and language therapist (SLT) had not been formally integrated into the plans for another young person. Staff members were aware of this and were addressing it on an ad-hoc basis. This young person had positive engagement with the TST, participating in one-to-one work and group-based activities.

A medication management policy was in place, and staff members had signed it. Medication audits were being conducted by the centre manager instead of the designated medication representative, who was found to be unaware of their role due to being on leave. Centre audits revealed deficits in medication training, with no follow-up actions noted. Medication administration and dosage were logged by the team with two signatures, and both records and medication were securely stored in a locked cabinet in the office. Medication errors identified had been discussed with the team for learning purposes, with oversight from the regional manager regarding these errors observed by inspectors. As previously mentioned, a social worker felt that more work was needed to understand the underlying reasons behind one young person's disengagement from school and activities. This issue had not been addressed with the service's TST or any external specialists. However, positive efforts had been observed from the team in attempting to engage this young person in activities and addressing their educational needs.

Compliance with Regulation	
Regulation met	**Regulation 10**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 4.2**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- Centre management must ensure that specialist supports begin as planned as outlined in the care plan.
- Centre management must ensure that recommendations from external specialists and the services own TST are fully incorporated into the young people's goals and placement objectives.

- Medication management training must be provided to all staff members, with additional focused training for the person identified with responsibility for overseeing medication management.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure there is robust oversight of the planning, tracking, and monitoring of young people's placement objectives and goals to ensure they are carried out more effectively as part of the centre's practice.	Regional manager will review care planning documents with home manager by 20.6.24. The review will ensure they are reflective of goals and a system is in place to track and monitor progress.	Manager will provide placement planning training to all staff over the course of June and July to support understanding of the procedure. Management will complete monthly audits of the care planning files and provide feedback and guidance to staff where required. Keywork will be reviewed as part of monthly supervision. Regional management as part of their monthly visits will temperature check the correct process is followed.
	The registered provider must ensure appropriate training is provided pre-admission for staff members working with a younger age cohort which takes into account their developmental needs and how best to support them.	Training for staff teams has been developed by the TST to inform and guide understanding of the younger cohort developmental needs. This will be rolled out the team on the 19.6.2024. An experiential training session will be followed up in July 2024	The preadmission needs assessment completed by the Home Manager and placing Social Work departments, will incorporate staff training needs to facilitate an admission to the home.

	Centre management must ensure that all social workers are made aware of emerging risks within the centre that impact directly on the day-to-day care of each individual child.	With immediate effect, going forward where there is an increasing risk pertaining to a young person, home management will escalate this to relevant social work departments. To note the GIRA was updated and shared with the Social Work department on the 30.3.2024 outlining the increasing risks regarding absconding and road safety awareness.	Regional managers at next managers meeting (27.6.24) will reiterate the importance of reporting escalation of risk pertaining to a young person to relevant social work departments. Regional managers as part of visits to the homes will ensure that risks are managed and escalated in line with policy.
	The registered provider must promptly address the repair of the fire door, fire strips, fire action point sign, and thumb locking mechanisms for the emergency exit doors.	30.5.24 A comprehensive review of all fire doors and signage was completed, and repairs made by maintenance. Following on from this inspection we are developing an action plan to include a schedule of works for thumb locks to replace current locks within identified doors in the home. Once confirmed this action plan will be forwarded to ACIMS	A bi-annual review of all fire doors is completed by maintenance and a record of same will be held in the maintenance folder. Environmental checks completed in the homes by the management team have been reviewed to include specifics in relation to fire door checks. Regional managers as part of their monthly visits to the home will complete safety checks of fire doors as part of the environment walk around. Compliance manager as part of yearly audits will complete environmental checks

			and ensure relevant risk assessments are in place.
	The centre manager and regional manager must review the frequency of fire drills and associated policies, subsequently all staff must be informed and trained on these policies.	The Fire Safety policy and checklist has been reviewed and updated to reflect the correct frequency of fire drills. This will be ratified at the next policy & procedure review meeting on the 25.6.2024	The updated policy will be reviewed with all home managers at the Managers Support Meeting on the 27.6.24 and thereafter disseminated among all teams across the organisation through team meetings, handovers, and supervision.
	Centre management must carry out a risk assessment for the practice of locking the front door of the premises.	A risk assessment was completed with home manager and regional manager on 23.5.24. This will be shared with all staff via handover. All staff to sign off on an informal supervision to confirm that this information has been shared	Home management along with regional management will review this restrictive practice at a minimum of monthly via a team meeting
	Centre and senior management must review road with safety risks, including exiting the premises, and submit a detailed action plan for future safeguarding measures.	10.6.24 A Safety plan was completed and submitted to ACIMS. Safety plan has been shared with all staff.	Where there is a presenting risk, home management will ensure there are appropriate control measures in place to mitigate risk and kept under review to ensure efficacy. Review of risk assessments will be supported by regional management and shared with allocated social worker.

	The site-specific safety statement requires updating to include assigned health and safety roles, with centre staff duly informed.	The statement was reviewed by Regional Manager on 14.5.24 to include necessary amendments. Regional manager will meet with assigned staff member for health and safety on the 4.7.2024 to discuss role and responsibility and enrol them in Health and Safety training.	Site Specific Safety Statement will be discussed with all staff members via handovers in June and incorporated into induction to the home. Any further changes to assigned staff will be amended on the safety statement thereafter.
4	Centre management must ensure that specialist supports begin as planned as outlined in the care plan.	22.5.24 young person attended OT session and is due to attend weekly.	As part of the pre-admission, a needs assessment will be completed to identify required therapeutic support. Agreement at this stage will be sought on the therapeutic plan for a young person along with expected timelines.
	Centre management must ensure that recommendations from external specialists and the services own TST are fully incorporated into the young people's goals and placement objectives.	Home Manager and Regional Manager will conduct a full review of all young people's placement plans by 20.6.24. This review will ensure all recommendations are incorporated with clear actions.	Home management will ensure all recommendations from care planning are included on placement plans and updated accordingly as care needs evolve. Regional manager will review this process with all managers at the next managers meeting on the 27.6.2024 Compliance manager as part of their audits will reviews to ensure this process is followed.

	Medication management training must be provided to all staff members, with additional focused training for the person identified with responsibility for overseeing medication management.	One staff member outstanding medication training which is due to take place on 16.6.24. Home manager will review roles and responsibilities with staff allocated additional responsibilities pertaining to medication management on the 17.6.2024	Where staff have been allocated additional responsibilities, home management will ensure they are provided clear guidance on their role and responsibilities. This will be reflected in their supervision Regional management will review this with all home managers at next management meeting 27.6.24.