



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 031**

**Year: 2021**

## Inspection Report

<b>Year:</b>	<b>2021</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>28<sup>th</sup> and 29<sup>th</sup> April 2021</b>
<b>Registration Status:</b>	<b>Registered from the 09<sup>th</sup> September 2019 to 09<sup>th</sup> September 2022</b>
<b>Inspection Team:</b>	<b>Cora Kelly Eileen Woods</b>
<b>Date Report Issued:</b>	<b>26<sup>th</sup> July 2021</b>

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## 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 Assurance 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 9<sup>th</sup> of September 2013. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 9<sup>th</sup> of September 2019 to the 09<sup>th</sup> September 2022.

The centre was registered to accommodate three young people of both genders from age eleven to seventeen years on admission on a medium to long term basis. The model of care was described as providing specialist residential care through a person-centred therapeutic service to young people with complex emotional and behavioural problems. There were two children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
3: Safe Care and Support	Aspects of 3.3 only
4: Health, Wellbeing and Development	4.1, 4.2, 4.3

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 centre manager, director of services and the relevant social work departments on the 28<sup>th</sup> of June 2021. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12<sup>th</sup> of July 2021 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 031 without attached conditions from the 9<sup>th</sup> September 2019 to 9<sup>th</sup> September 2022 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 7: Staffing**

**Regulation 9: Access Arrangements**

**Regulation 11: Religion**

**Regulation 12: Provision of Food and Cooking Facilities**

**Regulation 16: Notification of Significant Events**

**Theme 1: Child-centred Care and Support**

**Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.**

The inspectors found that staff had a good awareness and understanding of the rights of children as outlined under the United Nations (UN) Convention on the Rights of the Child and legislation. Information was also detailed in the centres policy on children's rights. From the inspector's review of questionnaires and interviews with staff and social workers appointed to the two young people in placement it was evident that staff practices were child-centred and young people were placed at the centre of their everyday work. The young people were informed of their rights at the outset of their placements with relevant information contained in the centres young person's information booklet. Included in this booklet was information relating to their right to be protected and kept safe in the centre and of the ways to disclose if they did not feel safe or were being harmed. Both young people had key-workers, who as members of the staff team, were appointed to them and held responsibility for advocating on their behalf and ensuring their voices were heard and listened to. Further policies on consultation with young people and key working guided staff in these areas. A key-worker in interview demonstrated a clear and good understanding of their key child's needs and wishes over the lengthy duration of their placement in the centre. The inspectors observed the views and wishes held by the newest admission to the centre that was recorded on their review form for discussion at their recent care review. They included wanting access with a sibling, securing a mainstream educational placement and meeting friends which are their rights as included in the UN Convention on the Rights of the Child. Their views were formally recorded at a care review with staff and their social worker working collaboratively in meeting these wishes and rights in an age appropriate and developmental way.



The inspectors observed from the review of the young people's care records that staff supported and protected their rights in an age appropriate way on a daily basis. This was achieved through daily consultation with the young people, daily handovers, young people's meetings, team meetings and care planning systems in place. The staff team was flexible in their approach in facilitating the weekly young person's meetings. Due to the group dynamic in the centre at the time of the inspection meetings with young people were being held individually. It was evident from the review of a sample of these meeting minutes that this approach was effective as the voices of the young people were observed from a variety of discussions held. Permanent agenda items where input from young people was sought included weekly planning and complaints.

There was evidence that a culture of respect for young people was promoted by staff with oversight of this practice provided by centre management. Young people were found to have been provided with age appropriate responsibilities to support their participation in decision-making processes about the care being provided to them. This was found from the inspector's review of young people's team meetings, daily logs and handover meeting minutes. Additional positive mechanisms implemented by the centre to capture the voice of young people was the recent development of a monthly bulletin and a suggestion box with the latter having been used successfully by the young people to date. Details relating to staff supporting the young people participating with their child in care reviews was observed in addition to the voice of the young people included in their care plans and in-house placement plans.

The centre had a policy on recognising diversity and equality. Included in this policy was how each young person's right to self-expression would be supported. It was evident from the review of care records that the centre supported each young person's cultural identity and that a nurturing approach was implemented in this regard with the primary focus on promoting the overall well-being of the young people. Religious beliefs were supported in addition to young people being supported by staff to maintain links with their community in conjunction with their family, significant other, social workers and an aftercare worker who was appointed to one of the young people. For the other young person foods of cultural importance were purchased in accordance with their wishes.

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

The inspectors found that staff practices relating to respecting each young person's dignity and privacy complied with the principles as laid out in the centres policy on intimate and personal care. This was observed from the review of centre documentation and interviews conducted. Each young person had their own bedroom where they could spend time by themselves and keep their personal belongings. Facilities were available in the centre for personal communication and for young people to meet with family, friends and professionals. The inspectors observed when onsite a young person's choice of spending time in their room that was respected by staff in line with their age and stage of development.

The inspectors found that restrictive practices in place were in line with individual risk assessments and individual crisis supports plans where relevant. They related to restrictive access to specific areas of the centre, phones, physical interventions and sharp objects. There was evidence that such practices were reviewed and either closed or extended based on the assessed needs of the young people.

The centre manager stated in interview that young people had been informed about who their personal information was shared with and the reasons for this. It was outlined in the young person's booklet that information was only shared with professionals involved with their care. Staff in the centre maintained memory boxes for young people that were stored securely in the centre. This comprised of gathering photographs, certificates of achievement and other memorabilia. At the time of this inspection staff were finalising the contents of a memory box for one young person who had commenced their transition in returning to the care of their family.

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

Policies in place that guided staff in encouraging and supporting young people to exercise choice included key working, access to information, children's rights and consultation with young people. These also contained procedures creating opportunities for young people to participate and contribute to decisions about their care and support. Staff in interview and through questionnaires described the mechanisms in place where young people could share their views and make decisions about their care. These included for example utilising the key working system which included assigning suitable staff as key workers at the pre-admission stage of a young person moving to the centre, key workers supporting young people to attend their

care meetings, providing information booklets upon admission, seeking young people's input to weekly plans for themselves and the centre. Young people were also supported to share their views with their social workers during their visits and at care meetings.

The centre manager stated in interview that both key workers who had been appointed to the young people in a careful and considerate manner had developed positive relationships with the young people. One of the inspectors observed the positive interaction between one of the young people and their key worker during their visit to the centre and also in interview with the key worker to the other young person. Young people had the opportunity to select a co-keyworker of their choice.

It was found that information that was provided to young people to support their participation in decision making was appropriate to their age, stage of development and communication needs. Weekly young people's meetings were being held with the voice of the young people recorded across the sample of records reviewed in addition to their voices being captured in the daily logs maintained by the centre. Information that was recorded about young people across care and centre records was outlined in the young person's booklet. There was a system in place whereby young people could access information recorded about them upon request.

Information about advocacy services such as Empowering People in Care (EPIC) and the Ombudsman's Office was detailed in the young person's information booklet. It was evident that one of the young people had engaged with EPIC on a number of occasions during their placement with the other young person being provided with an EPIC information pack about. EPIC was a standing agenda item at the young people's meetings and regular discussions were found. Information relating to Voices of Young People in Care, the Northern Ireland based advocacy service, was not contained in the young person's booklet. The inspectors recommend that the booklet is updated to include the relevant details.

**Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.**

The inspectors found that information communicated to young people was done in an age appropriate manner and in a way that young people understood. The child friendly information booklet contained information across several topics including the role of the key worker, as well as boundaries and expectations in relation to behaviours and advocacy support services as listed above. The key workers held

responsibility for providing young people with the booklet and explaining the content.

The inspectors found that the young people were provided with information about themselves and their families and why they were living in the centre. Work completed in this area was in consultation with individual social workers and from discussions at care plan meetings. There was evidence that staff strongly advocated, encouraged, and facilitated young people's relationships with their families and significant others. It was found that young people were provided with appropriate information about their previous life experiences. For the newest admission to the centre this work was found to have been undertaken in a careful and considerate way that was in line with their best interests.

Young people had not been provided with a child-friendly booklet on the National Standards for Children's Residential Centres, 2018 (HIQA). Copies of the child-friendly booklet were provided to the centre by Tusla Alternative Care Inspection and Monitoring Team following the inspection which staff need to explain to the young people in placement and further admissions.

**Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.**

It was clear to the inspectors that staff in the centre promoted family relationships for both young people in placement. This extended to staff supporting the role of significant others in the lives of young people. There was a system in place that ensured for one young person where a significant other played an important part in their life there were no discrepancies in care being provided by them and consistency of care was promoted. The significant other regularly visited the young person and attended important events at the request of the young person. In line with their care plan staff were supporting family relationships for this young person and advocating for them regarding contact and access arrangements. For the other young person, the staff team had consistently facilitated family access over the course of their placement. Staff worked closely in maintaining positive relationships between the young person and their family with their key worker actively seeking input by family members in decision-making instances. There was evidence that families and friends were encouraged to visit young people in the centre with staff facilitating this also.

The inspectors found from the review of daily logs, individual plans, and young people's house meeting minutes that there was evidence that each young person was supported and encouraged to develop their interests and partake in hobbies of their choice. The Covid-19 pandemic had placed some constraints on this at the time of the inspection. However, staff were resourceful in securing alternative activities within the community. The inspectors observed records relating to birthdays and personal achievement's being celebrated. The young people were found to have had appropriate access to a telephone and a television. Access to the internet was appropriate to the age of one of the young people with the other young person having their own internet access. Following an incident in the centre where one of the young people was exposed to inappropriate sexual material by the other resident appropriate interventions and strategies to reduce the risk of this reoccurring were put in place by centre management in consultation with their social worker.

**Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.**

There was evidence that young people were listened to and that their views were sought with respect to their daily plans and decisions about care provided to them. This was observed from the review of young people's meeting minutes, the recently implemented suggestion box, team meetings and daily logs. Social workers stated in interview that they were satisfied that young people were being listened to and that staff were responding to their wishes.

The inspectors saw evidence of a number of feedback forms completed by social workers, a significant other and a family member. Social workers were positive of the care being provided to the young people with comments by families and a significant other also being complimentary of the centre. In addition, they indicated they were aware of the complaints process and expressed satisfaction with the level of consultation they had on the day-to-day care given to their child.

The centre had a policy on complaints that was last reviewed in March 2021 as part of the organisations updating of all operational policies and procedures. Following review, the inspectors have identified some deficits that require action. From the review of centre documentation and young people's care files it was evident that the complaints system in operation in the centre was supported and promoted at team meetings, young people's meetings, and the monthly bulletin. Staff in interview and through questionnaire were knowledgeable of the complaints process. However, the inspectors found that there were discrepancies in complaints terminology to what was outlined in the complaints policy. The process for managing formal complaints

was clear with development of the procedures for managing non-notifiable complaints requiring further work.

It was found from the review of the complaints register that the register was not fully connected to the notification of significant events register and the inspectors were not able to identify if the complaints were formal or informal. As part of this inspection the inspectors reviewed two recent complaints that had occurred for the centre, one by a parent that had been concluded and one that was made by staff on behalf of a young person that was open. For the complaint that was closed it was observed that the procedure for managing the complaint was followed in full and actions required were undertaken in consultation with the relevant social work department until it was concluded. In interview the social worker stated that they were in the process of concluding their investigation into the second complaint. Details of all complaints were held confidentially. There was evidence that learning for the staff team had resulted from the two complaints.

Improvement is required with respect to recording the voice of young people as it was found that the format of the complaint form itself did not include a section to record their feedback upon the conclusion stage of the complaint. Opportunities for them to provide feedback on the complaints procedure was absent.

**Compliance with Regulations**

<b>Regulation met</b>	<b>Regulation 7</b> <b>Regulation 9</b> <b>Regulation 11</b> <b>Regulation 12</b> <b>Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

**Compliance with standards**

<b>Practices met the required standard</b>	<b>Standard 1.1</b> <b>Standard 1.2</b> <b>Standard 1.3</b> <b>Standard 1.4</b> <b>Standard 1.5</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.6</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

## **Actions required**

- The director of quality and care must strengthen the complaints system to ensure that procedures for non-notifiable complaints are expanded, that young people's views of outcomes are sought and that young people's experiences of the complaints system is captured.

## **Regulation 16: Notification of Significant Events**

### **Theme 3: Safe Care and Support**

#### **Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

The centre had policies and procedures in place for the notification, management and review of incidents that was in line with regulations and national policy. They were connected to other relevant policies for example risk assessment, unauthorised absences and child protection. Prompt reporting of incidents ensured that practice complied with guiding policy. Social workers confirmed this finding in interview.

Internal significant incident review mechanisms included centre management reviewing all incidents and discussions at handovers, team meetings and during supervision. Externally, incidents were discussed at senior management meetings, governance meetings and dual review mechanisms were in place; a significant event team and a significant event review group with both having responsibility for providing feedback and guidance to centre management and staff team. Staff in interview did not give clear examples of any learning that was gained from these review mechanisms. This issue had been identified in an inspection carried out in another of the organisations centres. The organisation has been directed to review their external processes for reviewing incidents to ensure that each group had clear responsibilities in reviewing incidents, that learning was effectively communicated back to the centre and that staff are aware of the processes. For this centre, the registered provider must ensure that changes to the significant event review processes are implemented in the centre and that learning from reviews held is clearly communicated to the staff team.

**Compliance with Regulation**

<b>Regulation met</b>	<b>Regulation 16</b>
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**Compliance with standards**

<b>Practices met the required standard</b>	<b>None identified</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.3</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

**Actions required**

- The registered provider must ensure that organisational changes to the significant event review processes are implemented in the centre and that learning from reviews held is clearly communicated to the staff team.

**Regulation 10: Health Care**

**Regulation 12: Provision of Food and Cooking Facilities**

**Theme 4: Health, Wellbeing and Development**

**Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.**

In line with the centres statement of purpose the inspectors found that staff practices focused on promoting and protecting the health, safety, development and welfare of the young people in placement. Staff in interview demonstrated a good knowledge and understanding of the policies and procedures guiding this work for example policies on emotional and specialist support, health and well-being, sexual health, medication and drug and alcohol misuse. From the review of young people’s files, it was found that key working completed with young people was planned and outcome focused. It was evident to the inspectors that individual work was age appropriate, child focused and was in line with the actions identified in care plans and individual development plans. It was observed from a review of a sample of key working records focus had been placed on healthy relationships, exercise, and fitness, coping skills and self-care. This work was completed in consultation with young people and in line with their developmental capabilities. There was evidence of good multi-disciplinary working with statutory and non-statutory agencies that promoted the health, education and development of both young people. Such agencies included child and adolescent mental health service (CAMHS), various education agencies,



general practitioners and occupational therapists. Centre management in interview were clear of their roles when liaising with these agencies and were found to have advocated strongly for the young people. This was observed from the review of young people's records and during interview with social workers.

Inspectors found from review of samples of menus planning staff were providing the young people with nutritious foods and snacks. Weekly menu planners enabled the staff team to plan wholesome meals. The individual wishes and physical needs of young people were considered when purchasing food and preparing meals and snacks. It was important to one young person that food items from their community of origin was purchased. Staff in interview identified the foods of particular importance and where they were purchased. Mealtimes were viewed as positive social events for staff and young people and were promoted on an ongoing basis. Young people were encouraged and supported to help staff prepare meals.

At the time of the inspection one of the young people had commenced their transition plan to return to the care of their family. The staff team were proactively supporting them in developing their independent living skills across practical, education, emotional, social and physical areas. This work was found to have been outcome focused and staff were committed to progressing their skills across the areas. This was in collaboration with the young person, their family, the clinical team and external support services the young person was connected to. The work completed by staff was supportive of the young person and their wishes. In interview, their social worker spoke positively of the work completed by the staff team in preparing them post placement. In line with their leaving care plan the young person was supported by staff to make decisions about their care, open a bank account and making various personal appointments.

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

It was observed by the inspectors that the staff team placed a good emphasis on meeting the physical and mental needs of the young people. The inspectors viewed the various assessment reports on file for both young people. They found that actions and recommendations from the reports were included in their care plans and placement plans for implementation in the centre in collaboration with clinical team input and guidance by specialist support services the young people were linked to. At the time of the inspection the centre manager expressed queries about a diagnosis that one of the young people had and they were in the process of following it up with the relevant CAMHS team in consultation with the social worker.

It was outlined in policy that young people are to be medically assessed upon admission to the centre. The inspectors found that one of the young people had been medically assessed upon their admission to the centre, all of the required medical documentation was held on their care file and they had a medical card and a general practitioner. They were in the process of changing general practitioner in line with their plan to transitioning to their place of origin. For the newest resident who was admitted to the centre in September 2020, they had yet to undertake a medical assessment at the time of this inspection with the Covid-19 pandemic cited as the reason for the delay. They had no recorded medical concerns that warranted immediate medical assessment. Medical documentation held on file included some information that related to medical, paediatrician, psychiatric and dental services. Detailed information relating to immunisations and an early medical condition was absent. The inspectors observed that a request had been made to the social worker to receive vaccination records. At the time of the inspection the young person had not been assigned a general practitioner and they were experiencing delays in getting them a medical card. A private general practitioner was available if required. During the preliminary feedback meeting with the centre manager and regional manager the inspectors were informed that a general practitioner had been assigned the week following this inspection and a medical card had been received. The centre manager must arrange a medical assessment for the newest resident as soon as possible and secure details of both their vaccination and medical history.

The centre had a policy on the storage, administration and disposal of medication. The inspectors observed that of a full staff team of 14, including centre management just two had been provided with administration of medication training. The centre manager advised this deficit was included in the centres risk register. The regional manager advised in interview that the organisation was experiencing delays in training provision but that it had recommenced. The centre manager must ensure that all members of the staff team are provided with medication management training. Staff in interview detailed the procedures in place for the storing and administering of medication. Both prescribed and over the counter medication was securely stored in a locked cabinet in the locked staff office. Individual medication logs that were in place for the young people were organised well and it was clear to the inspectors that prescribed medication was managed safely. The inspectors found that staff in the centre worked collaboratively with specialist support services to meet the individual needs of both young people. Social workers in interview shared similar findings.

**Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.**

The centre had a policy on young people attending education and a separate policy for young people who had difficulty attending education. One of the young people was engaging with their training programme online and the second young person was receiving education support provided through the organisations educational programme. In collaboration with social workers the inspectors found from education related records including the young people’s individual development plans that staff were supporting their learning and development and that this occurred at times when young people were experiencing challenges.

The centre was proactively exploring a suitable mainstream educational placement for one of the young people to transition to from the organisation’s own education programme. Despite the onerous task and the challenges faced to date the centre was committed to securing the most suitable placement for the young person in conjunction with their social worker and the relevant educational authority. In the interim, staff were clear of the specific goals that needed to be met to best prepare the young person for mainstream education. These goals were outlined in their individual development plan and included for example encouraging and supporting their reading. Staff in interview named the ways informal learning was completed with the young person mainly reading and learning through play. The inspectors did not observe this from the review of their daily log and recommend that this section on the log could be better utilised to record the information about informal learning. For the other young person staff were supporting them with their transfer to a training centre closer to their family home and had purchased a desk and a suitable chair to facilitate their training.

**Compliance with Regulation**

<b>Regulation met</b>	<b>Regulation 10 Regulation 12</b>
<b>Regulation not met</b>	<b>None Identified</b>

**Compliance with standards**

<b>Practices met the required standard</b>	<b>Standard 4.1 Standard 4.3</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 4.2</b>
<b>Practices did not meet the required standard</b>	<b>None identified</b>

**Actions required**

- The centre manager must arrange a medical assessment for the newest resident as soon as possible and secure details of both their vaccination and medical history.
- The centre manager must ensure that all members of the staff team are provided with administration of medication training.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The director of quality and care must strengthen the complaints system to ensure that procedures for non-notifiable complaints are expanded, that young people's views of outcomes are sought and that young people's experiences of the complaints system is captured.	ASAP – The Director of Care and Quality alongside Regional Management have reviewed this policy to ensure procedures for non-notifiable complaints and the views/experiences of young people are sought/captured.  This policy will be ratified at the governance meeting in September 2021.	Continuous review of policy as language changes.  Updates to policy following inspection.
3	The registered provider must ensure that organisational changes to the significant event review processes are implemented in the centre and that learning from reviews held is clearly communicated to the staff team.	With immediate effect. The policy & procedure subcommittee met on the 5.5.2021 and devised a flow chart outlining the process for review of SEN's and the process within same.  Furthermore, in respect of processes for reviewing incidents the organisation has developed a working group to review same as we found a deficit in information being feedback via the SEN team and there was a gap in information being shared between	The flow chart will be attached to policy on SEN's and will be reviewed by the P&P subcommittee on an annual basis or more regular if an update is required. The flowchart was ratified at the governance committee meeting on the 27.5.2021.  Regional management/SEN team alongside Home Management will ensure that following the review of incidents that there will be a robust system in place to ensure that learnings are feedback.

		<p>management teams. The review that is in process has already identified that we need to have more robust mechanisms in place for tracking incidents as well as sharing information from incidents to the team for additional learning.</p> <p>In the interim period we are ensuring better communication between or SEN team/Regional Manager and Home Management teams in respect of learning being feedback to the team.</p>	<p>A second Social Worker has been appointed to the SEN team with extensive experience in auditing and risk management. This Social Worker is commencing the post on the 2.8.2021 and will take the lead in implementing new systems on the in respect of SEN reviews.</p>
4	<p>The centre manager must arrange a medical assessment for the newest resident as soon as possible and secure details of both their vaccination and medical history.</p> <p>The centre manager must ensure that all members of the staff team are provided with medication management training.</p>	<p>ASAP – Medical completed on the 11.5.2021. SW confirmed via LAC review on the 29.6.2021 that all vaccinations are up to date. Awaiting all of this information plus medical history to be forwarded to the new GP.</p> <p>ASAP – Centre management has liaised with the training team to advise of those who are still outstanding the training.</p>	<p>Policy and Procedure subcommittee to discuss amending the policy to ensure that in as far as possible medicals are conducted before a young person moves into their placement.</p> <p>The training team are aware of those on the team who are still outstanding this training and have ensured that they are included in the training schedule going forward.</p>