



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 003

Year: 2018

Lead inspector: Catherine Hanly

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Fresh Start Ltd
Registered Capacity:	Four young people
Dates of Inspection:	13th and 21st February 2018
Registration Status:	Registered from 8th April 2017 to 8th April 2020 with no conditions attached
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	24th April 2018

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1. Foreword

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

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

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

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

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

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

Registrations are granted by 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 Centre Description

This inspection report sets out the findings of an unannounced inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in April 2011 however relocated to its current location in December 2017. At the time of this inspection the centre was in its third cycle of registration having been registered without attached conditions from 8th April 2017 to 8th April 2020.

The centres' purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission.

The inspectors examined standards 2 'management and staffing', 5 'children's rights' and 7 'safeguarding and child protection' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 13th and 21st of February 2018.

1.2 Methodology

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

- ◆ An examination of inspection related documentation completed by the manager.

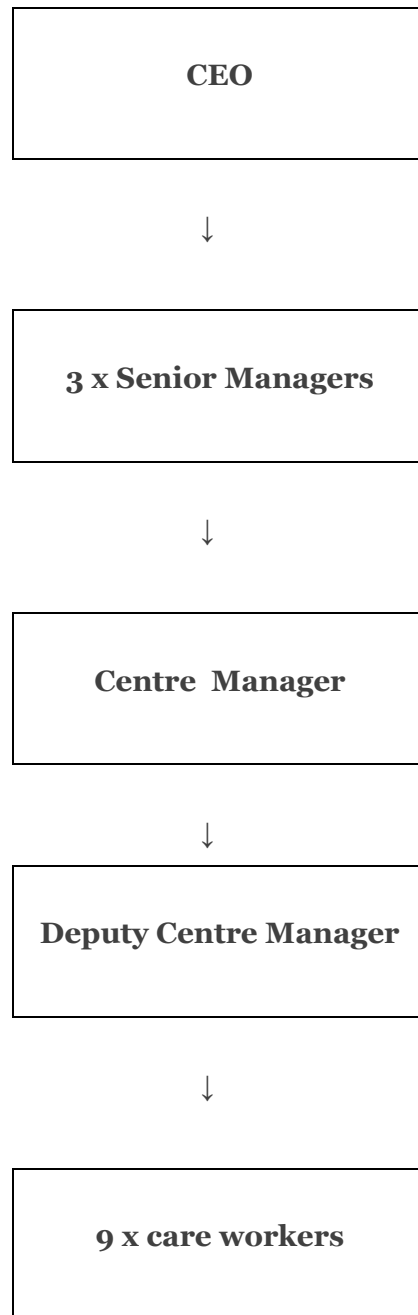
- ◆ An examination of the questionnaires completed by:

- a) Six staff available to work in this centre
- b) One social worker with responsibility for young person/people residing in the centre. All three social workers were issued with questionnaires but only one completed and returned theirs.
- ◆ An examination of the centre's files and recording process including relevant sections of all care files of the young people resident at the time of this inspection; centre registers; staff personnel and supervision records; hand over, team meeting and management meeting records.
- ◆ 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 manager
 - b) The deputy centre manager
 - c) Two staff members
 - d) One of the three young people residing in the centre at the time
 - e) Two allocated social workers and a social work team leader with responsibility for each of the three young people residing in the centre at the time of the inspection.
- ◆ Observations of care practice routines including shift hand over 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

At the time of this inspection the centre was registered from the 8th of April 2017 to the 8th of April 2020. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the centre manager, quality assurance and practice manager and the relevant social work departments on the 29th March 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 10th of April 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to 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: 003 without conditions from the 8th of April 2017 to the 8th of April 2010 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

This centre was being managed at the time of this inspection by an appropriately qualified and experienced person who had been in the role since December 2013. The manager was supported in their role by a full time deputy manager. Internal systems of management in place included attendance at team meetings and staff hand over, staff supervision, regular oversight of recording systems in the centre including young people's records as well as registers, involvement in policy review and a recently introduced monthly manager checklist.

The external management structure consists of three senior managers with distinct responsibilities for quality assurance, operations and clinical services. The roles and responsibilities of each in relation to the operation of this centre were clearly understood and communicated to inspectors by the centre manager. The centre manager is supervised by the operations manager and will in general raise any day to day issues with them as required. The centre manager completes a monthly checklist which is submitted to the recently appointed quality assurance manager who intends to conduct monthly monitoring visits. At the time of this inspection, one such visit had been conducted and the centre manager had completed an action plan in response to issues identified. The manager reported an increased emphasis on governance within the organisation as evidence in particular by the quality assurance role. Inspectors found evidence of the quality assurance manager's role having impact on service delivery and the operations manager role was evident in particular through the manager's supervision records. The role of the clinical manager was less evident and is in inspector's view an area that requires ongoing development in order to ensure that the quality and effectiveness of clinical services provided to young people by the organisation is regularly assessed from the perspective of established outcomes for young people.

Register

The manager maintains a register of all young people that have lived in this centre since it commenced operations. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre has a clear and prompt notification procedure. Social workers stated that they are promptly notified of events often by telephone call first and written report follows. There has been ongoing liaison since the last inspection between the centre manager and inspector regarding the need to ensure prompt notification of all significant events and the inspector had noted an improvement in this matter of practice in the months prior to this inspection.

Training and development

The manager maintains an updated record of all relevant core training for staff and shares responsibility with the deputy manager for identifying and scheduling training. All staff had completed core training and the manager had scheduled site specific fire safety training.

Whilst the manager and staff stated that the organisation was committed to providing funding for additional training there was limited evidence of any staff member having attended or completed training relevant to their work/the needs of the young people within the previous year. Having said this, the manager was at the time of the inspection in the process of securing identified training for the staff team relevant to the needs of a young person.

Administrative files

Inspectors found that recording systems were well organised and maintained at the centre and readily facilitated effective management and accountability. There was evidence of the centre manager having oversight of the records on a regular basis for the purpose of quality assurance of content.

The organisation has a long term, secure storage facility for archiving relevant records.

The centre maintains clear financial administration records. The manager stated that the budget allocation for this centre is adequate to meet the needs of the service provided to young people here.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre had a compliment of nine full-time at the time of this inspection which the manager stated to be adequate to fulfil the needs of the centre and inspectors found this to be the case at this time. Staffing resources were allocated depending on the assessed needs of the young people and inspectors found evidence of staff ability to communicate effectively with the young people documented in records at the centre. The current staff team has a mix of qualification and length of experience and the manager is conscious of balancing this when doing the staff rota. The manager stated that the level of experience is such that there is a staff member qualified to child care leader level on each shift. Inspectors reviewed the information provided by the manager and advise that the manager will need to continue to be mindful of the balance of staff on each shift as there is only a small number of staff with the requisite qualification and years experience to fit these criteria.

The manager is occasionally involved in the recruitment process of staff. Inspectors found from a review of a sample of personnel files that the vetting process was inconsistently applied – not all qualifications on file had been verified, and some references were not on headed or stamped paper where they reportedly came from and the verification of these contained minimal commentary.

There is a formal induction in place for new staff members and staff reported this to have been of benefit to them in their role.

Supervision and support

The centre manager acknowledged that supervision had not been happening on a regular basis in accordance with the centre's own policy (4-6 weekly) over the previous year. The manager attributed a number of factors to this and had, at the time of this inspection, devised a plan to address this identified deficit of practice in this area with a clear schedule of dates for individual staff supervision for the year ahead. From the files reviewed there was consistent evidence of a discussion on individual young person's placement plans and the implementation of goals

identified within these through the delivery of key working. What was less evident, on a consistent basis, was the input of the clinical team towards placement planning. This latter aspect should be a considered focus going forward.

Team meetings are held on a fortnightly basis with alternate meetings considered to be a clinical meeting by virtue of the attendance of a psychiatrist, assistant psychologist and the organisation's clinical manager. Records from the team meetings demonstrated a focus on consistency via a clear emphasis on placement planning, ongoing issues for young people, regular reviews of practices in the centre and staffing levels and ratios. The clinical meeting records demonstrated clearly the input of the psychiatrist towards the care of young people. The hand over meeting that was observed during this inspection demonstrated clear communication and sharing of information with accountability for practice evident.

The manager stated that there are additional support mechanisms available to the staff team should these be required including post-crisis debriefing by trained personnel within the organisation.

Contracts were on file for those records of staff reviewed by inspectors. There are forthcoming changes to employment law which will have an impact on current working conditions for existing staff that the organisation must comply with these.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

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

- Centre management must ensure that vetting of staff is consistently completed in accordance with the relevant guidelines prior to the commencement of employment.
- The centre manager must ensure that staff supervision is conducted on a regular basis in accordance with the centre's policy.

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 manager was of the view that each of the young people resident in the centre at the time of this inspection were appropriately placed there. Each of the social workers concurred with this view and cited individual progress that the young people had made whilst in this placement. Referrals to the centre are made via the National Private Placement Team to whom referring social workers must provide all relevant background and up to date information on each young person. One young person had been placed in this centre from another jurisdiction and the inspector is awaiting confirmation from the social work team to verify that this was done in accordance with the requirements of Article 56 of the EC regulation 2201/2003.

The centre itself has a clear admissions procedure, including written information that is provided to young people. The young person most recently admitted to this centre described their experience of a clear admission process with information provided to them regarding all relevant aspects of the centre.

Each of the young people had a clear understanding of the reasons for their placement in this centre, although what was less clear for some particularly those closer to eighteen was their future. This matter has been highlighted with the relevant social workers who must ensure that the young people have an opportunity to discuss their future care planning options.

Contact with families

Contact with families formed a significant part of each of the three young people's statutory care planning arrangements and was similarly accounted for within placement plans. There was evidence on file of the centre manager and staff supporting young people's contact and access with their respective family members.

Additionally there were clear records of family contact maintained and of regular updates being provided by staff to parents where appropriate and required. Social workers for each of the young people acknowledged the positive work being done by staff in this area.

Discharges

The centre has discharged two young people since the time of the last inspection in February 2017. Extensive efforts had been made by the manager and staff team to prevent the end of both of these placements at the centre and to move each young person on in a planned manner.

Aftercare

All three young people residing in this centre at the time of the inspection were over sixteen years of age. Two of them, one during the weeks of the onsite inspection, had been allocated aftercare workers. The social worker for the third young person was due to discuss this matter at the forthcoming statutory review and following that, make a referral to aftercare services.

Emotional and specialist support

Inspectors found that the manager and staff demonstrated a keen awareness of the emotional needs of the young people at the time of this inspection. This was evidenced in particular through key working records as well as team meeting minutes and supervision records. The organisation has a dedicated clinical manager who is responsible for overseeing the delivery of clinical resources within the organisation and ensuring that the staff team are clear of the theory behind the interventions implemented by the clinical team in their work with young people. None of the young people were accessing therapeutic interventions available directly within the organisation at the time of this inspection. Nonetheless the organisation's contracted psychiatrist was providing guidance and direction to the staff team in their interactions and interventions with young people. This direction was evidenced in minutes of clinical meetings reviewed by inspectors over the previous year. One social work team in was particularly complimentary of the extensive therapeutic support provided to the young person during their placement by the care team and with the input of the psychiatrist. Inspectors found that these specific therapeutic interventions could be better reflected in placement plans at the centre and the

manager stated that this has been acknowledged by the organisation and will be accounted for in revised planning documents going forward.

One young person was accessing therapeutic services externally and the manager was at the time of this inspection attempting to secure arrangements to organise a strategy meeting to ensure a coordinated approach to the delivery of service for this young person.

Preparation for leaving care

The placement plans reflect the individualised approach to preparing young people for leaving care in accordance with their respective age, understanding and maturity. No specific move on plan/ placement had yet been identified for any of the young people and none of them had completed a formal leaving care needs assessment in accordance with the aftercare policy. Therefore preparation for leaving care accounted for within placement plans was more generalised and aimed at skills acquisition as opposed to targeted towards a specifically identified aftercare arrangement. When leaving care/aftercare needs assessments are conducted and formalised, it will be important that these are taken account of and closely integrated with the individual placement plans.

Children's case and care records

Inspectors found that young people's care records at the centre were very well organised, easily accessed and maintained in a way that demonstrated prioritisation of privacy and confidentiality. Records were clearly written and for the most part signed by the author and the manager on a regular basis. The files clearly showed evidence of the young people's views being sought and recorded.

Care files contained copies of birth certificates and care orders.

The organisation has a long term secure and confidential storage facility for archiving of files and records.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Only one of the three young people resident at the time of this inspection had an up to date statutory care plan on file. Their care plan had been reviewed twice since their placement commenced in this centre however on both occasions there were significant delays, four and three months respectively, from the date of the statutory

review to the date the centre received a copy of the care plan. The social worker stated that it was the responsibility of the Social Work Team Leader to complete and forward updated statutory care plans and whilst acknowledging the administrative delays here stated that the decisions of both reviews had been communicated to centre management.

Of the other two residents, one young person had had their statutory care review approximately three weeks prior to this inspection and the centre had not been provided with the updated care planning documentation. The social work team responsible indicated that this was as a result of a lack resources within the social work team combined with an extensive case load and stated that it would be with the centre within a matter of weeks. The social work team were also confident that in the absence of updated documentation, the decisions arising had been clearly communicated to all persons relevant.

The third young person had an outdated statutory care plan on their file at the centre that did not reflect this placement. There was evidence on the file of centre management pursuing this matter on several occasions with the social work department. The social worker stated that there was a more updated statutory care plan on the social work file that reflected this placement and stated they would forward this to the centre. The social worker also stated that a statutory care review had been scheduled for the month following this inspection.

There were up to date placement plans on file for each of the young people. In general, inspectors found that these were well structured, inclusive of the young person's views regarding their care, representative of a mixture of practical daily tasks and more global outcomes to be achieved. There were some specific areas of care provision that inspectors identified could be strengthened more within these planning documents by way of explicit description and inclusion. There was evidence within daily and weekly plans as well as in key working planning and records of the goals stated in placement plans being addressed with individual young people. Placement plans are reviewed on a monthly basis and there was evidence from the records reviewed that measurable outcomes is a focus of these documents.

Supervision and visiting of young people

Two of the three young people have been visited on a regular basis by their allocated social workers in accordance with the timeframes specified in the Regulations. One social worker uses these visits to take the opportunity to read records in the centre and inspectors would encourage all social workers to do this. The third young person has had a Social Work Team Leader holding responsibility for the case for the

duration of their placement in this centre. This young person has refused to engage with representatives of the social work team on all occasions where efforts were made hence a conscious decision was made to continue this allocation with the Social Work Team Leader. The social work team has maintained close liaison with the centre manager and staff team and has continued to offer quarterly visits to the young person whilst maintaining a good working relationship with the centre.

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.

The centre is provided with the required background information on young people prior to their admission via the Tusla National Private Placement Team. As stated previously, not all young people had an up to date statutory care plan on their file at the centre however statutory care reviews had been occurring within the required timeframes. Young people had been encouraged and provided the opportunity to participate in their individual reviews and to have their views considered within same. As previously stated, not all of the young people in this centre were being regularly visited by their allocated social work team. One young person did not in fact have an allocated social worker; their case was being managed by a social work team leader.

All social workers were satisfied that each of the young people were safe and well cared for in the centre and were receiving all necessary notifications of all significant events.

Social workers maintain updated case files however not all of them regularly read records at the centre and inspectors recommend that they take the opportunity to do this on occasion.

There had been a number of such child protection concerns reported within the last year, since the centres last inspection. The centre manager has experienced inconsistent, conflicting and delayed responses to these matters by the various social work teams involved in these matters. Since the centre relocated in December 2017, they are located within the remit of a different Tusla duty social work team than previously. The current duty social work team have refused to take responsibility for matters of a child protection concern reported to them by the centre however this

contravenes the guidelines Tusla 'Interim Child Protection Practice Note' issued in October 2016 which stipulates that the intake social work team must conduct an initial inquiry upon receipt of such a notification. Tusla social work management must ensure that social work teams are acting in accordance with current guidelines in this area of practice.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 22, Case Files.

The Child and Family Agency has not 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 24, Visitation by Authorised Persons.

The centre has 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 management must ensure that all statutory aspects of the social work role are met in full.
- Social work management must ensure that updated statutory are planning documentation is forwarded to the centre in a timely manner.
- Tusla social work management in the Dublin South Central area must ensure that social work teams are acting in accordance with current policy guidelines in the area of child protection practice.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full

The organisation has a clear written statement on safeguarding young people in this centre. This statement is complimented by a range of policies and practices in that inspectors found to be in operation at the centre. These included risk assessments, regular reviews of staff levels, management encouraging an open working in environment where staff questioned one another's practice where necessary, clear complaints processes and a clear understanding of the need to safeguard young people at all times was evident. There are also clear written guidelines on the nature of appropriate relationships with staff. Inspectors found that the staff and manager reflected a clear and consistent understanding of their role and responsibilities with regard to safeguarding. The manager stated that safeguarding had recently been implemented as a standing item for discussion at team meetings.

Young people have good levels of contact with family members, their social workers and other professionals outside of the centre. Some of the resident had been and continued to be involved with the agency EPIC.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre had its own policy and procedure document that was consistent with the Children First guidelines. The centre policy will need to be reviewed in order to ensure that it continues to be consistent with the revised Children First National Guidance for the Protection and Welfare of Children issued in October 2017. The centre manager and staff members were clear regarding their respective responsibilities to accurately record and promptly report any matter of a child protection concern relating to young people in this centre. As previously stated in this report, there had been a number of such child protection concerns reported within the last year, since the centres last inspection. Tusla social work management

must ensure that all social work teams are acting in accordance with current guidelines in this area of practice.

A number of child protection matters that had been reported by centre manager pertained to two young people that had since been discharged from this centre. These matters had not been closed by the respective social work teams responsible for each of these young people at the time of this inspection. Inspectors contacted both social work teams regarding these outstanding matters as part of this inspection process. Both social work teams subsequently wrote to the centre manager and inspectors confirming with them that all identified child protection concerns notified had been concluded by each social work department.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre management must ensure that vetting of staff is consistently completed in accordance with the relevant guidelines prior to the commencement of employment.</p> <p>The centre manager must ensure that staff supervision is conducted on a regular basis in accordance with the centre's policy.</p>	<p>The outstanding verification of a qualification has been requested from the relevant staff member.</p> <p>The centre manager had devised a plan prior to the time of inspection, to address the identified deficit of practice in the area of supervision, with a clear schedule of dates for individual supervision for the year ahead.</p>	<p>All newly recruited employees are required to provide verification of their qualification as part of the recruitment process.</p> <p>The schedule of supervision has been identified, to ensure supervision is conducted in accordance with the organisations policy.</p>
<p>3.5</p>	<p>Social work management must ensure that all statutory aspects of the social work role are met in full.</p> <p>Social work management must ensure that updated statutory are planning documentation is forwarded to the centre in a timely manner.</p>	<p>The social work team from the South Eastern Trust stated that a needs assessment and Pathway Plan regarding Aftercare to be completed within a 4 week period and referral made to Aftercare team dependent upon legal decisions. They also stated that all Lac documentation has now been sent to the centre.</p>	<p>PSW to prioritise Lac minutes for young person in centre and complete within 14 day period. Should this not be possible due to Administration staffing issues PSW will inform the centre in writing.</p>

	<p>Tusla social work management in the Dublin South Central area must ensure that social work teams are acting in accordance with current policy guidelines in the area of child protection practice.</p>	<p>The social work team from North Dublin responded confirming that statutory care plan review minutes had been forwarded to centre.</p> <p>Inspectors did not receive a response from this SW area despite several attempts and will pursue this matter at a national level.</p>	
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