An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 022

Year: 2018

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	**2018**
Name of Organisation:	**Freshstart**
Registered Capacity:	**Three young people**
Dates of Inspection:	**7th and 8th of March 2018**
Registration Decision:	**Registered from the 6th of October 2017 to the 6th of October 2020**
Inspection Team:	**John Laste** **Linda McGuinness**
Date Report Issued:	**12th of July 2018**

Contents

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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.1 Centre Description

This inspection report sets out the findings of an intelligence led 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 registration in its current location in 2014. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from the 6th of October 2017 to the 6th of October 2020.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. The centre's model of care was described as relationship based and the provision of a high quality placement experience for children and young people placed by the Child and Family Agency and for whom residential care is viewed as being in their best interests. The principal goal of the service is to provide the essential life skills to the young people living there in order to prepare them to live in the least restrictive environment possible. This is to be done through providing a consistent, structured environment while providing opportunities to empower the young people in making decisions affecting their life.

At the time of the inspection, there were no young people living in the centre. The previous four young people that were admitted to the centre had been discharged in an unplanned manner and two of the young people were moved to alternative placements at short notice after a number of reported serious incidents and expressed concerns from An Garda Síochána regarding safety at the centre. These significant event notifications prompted this unannounced inspection.

The inspectors examined standards 1 'Purpose and Function' , 2 'Management and Staffing', aspects of standard 5 'Planning for Young People', aspects of standard 6 'Care of the Young People' and Standard 10 'Premises and Safety' of the National Standards for Children's Residential Centre's (2001). This unannounced inspection took place on the 7th and 8th of March 2018.

1.2 Methodology

This unannounced inspection took place on the 7th and 8th of March 2018 and this report is based on a range of inspection techniques including:

- An examination of inspection questionnaire and related documentation completed by the Manager.

- An examination of the questionnaires completed by:

a) Fourteen of the care staff including ex staff members
b) The social worker(s) with responsibility for young person/people residing in the centre.
c) Other professionals e.g. General Practitioner's and therapists.

- An examination of the notes taken and provided by the lead inspector for the centre.

- An examination of the centre's files and recording process.

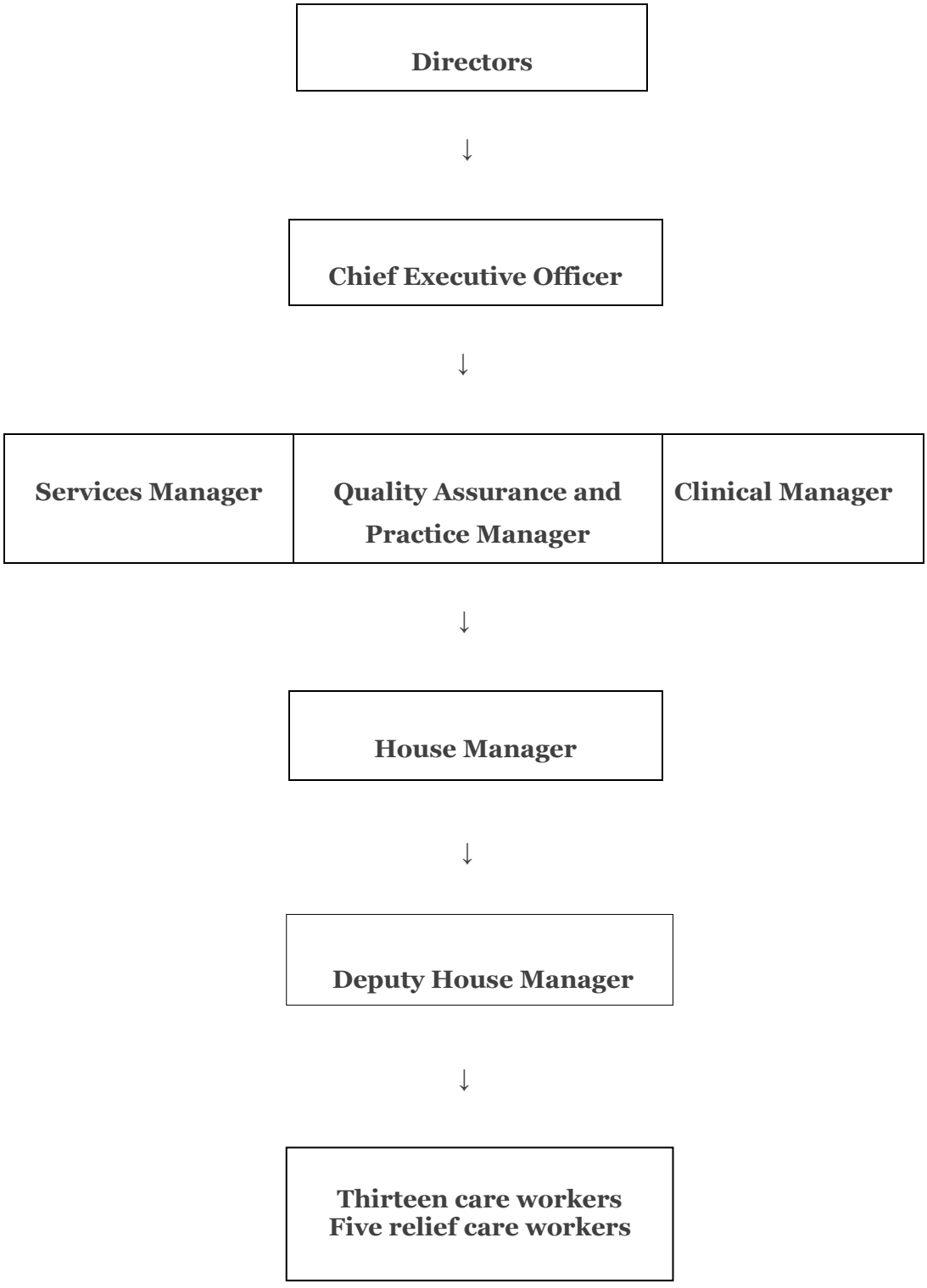
- Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

    a) The centre manager
    b) The clinical manager
    c) The services manager
    d) The quality assurance manager
    e) Six care staff
    f) Ex staff members
    g) The registration and inspection lead inspector

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, and the relevant social work departments on the 23rd of May 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 20th June 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 continue to register this centre, ID Number: 022 without attached conditions from the 6th of October 2017 to the 6th of October 2020 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.

Register

A register of all those who live in the centre was maintained by the centre and the admission details of the previous residents were properly recorded. The inspectors reviewed the centre register and found that all the young people's information had been recorded at the time of the inspection. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21.

Notification of Significant Events

The inspectors examined the centre records and found that significant event reports were promptly notified in line with the regulations. The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The social workers were satisfied that all significant events had been reported in a prompt manner.

Staffing

The staff team at the time of this inspection comprised of eighteen care staff of which five were relief staff members. Five staff members had left the centre since the last inspection in June 2017. Due to the centre's status at the time of the inspection having no residents, the team members were rostered to work in other centres or assigned outreach work with recently discharged young people.

The inspectors reviewed the centre rota and found evidence that there were adequate numbers of staff to meet its purpose and function. Staff worked twenty four hour

shifts which included a sleep over. The management and staff were very much aware of the change in the dynamic of the team in the past year. Inspectors found that there had been a significant number of changes to the staffing in the centre in the past two years. A number of experienced staff had left the service for various reasons and there was the recent resignation of the deputy manager who was experienced and had been with this service for a number of years. Though the deputy manager had left the post at the end of December 2017 the position had remained unfilled in March 2018. The inspectors recommend that this post is filled as soon as possible.

3.2.2 Practices that met the required standard in some respect only

Management

The inspectors found that the centre manager had been with the organisation for over ten years and in the role as manager for over a year having previously held a deputy manager post. The manager was suitably qualified with a social care degree.
The centre manager reported to the clinical manager and services manager who in turn reported to the company director.

The inspectors interviewed the clinical manager, the centre manager and members of staff and found that there was a lack of clarity regarding the roles of the clinical manger and operations manager. This was also evident in the oversight of the operation of the centre, the documentation and the supervision of the manager. The inspectors found that although the external managers had mechanisms in place for assessing the quality and effectiveness of the services provided by the centre, they were not clearly applied or effective. There was no evidence to show that the clinical team's recommendations for practice were being carried out appropriately by the staff team and there was a lack of evidence of the clinical work being done with the young people.

The centre manager was responsible for overseeing the appropriate and suitable care practices of the centre, including observation of staff practice, regular contact with young people, attendance at shift handovers, team meetings and reviewing records. The manager also had a duty to provide monthly monitoring audits on the centre which were forwarded to the quality assurance and practice manager. The inspectors reviewed the minutes of staff meetings, handovers, the young people's files, the monthly monitoring audits and significant event notifications and given the high levels of challenging incidents found that the oversight by management in a number of key operational areas was not satisfactory.

The young people's files were not maintained to a good enough standard. These deficits in the files were previously highlighted by the organization and had not been addressed at the time of the inspection. Significant event notifications were reviewed on a monthly basis by centre management team to monitor trends and the effectiveness of responses to them. The registration and inspection lead inspector on review of the significant event notifications, found that there was a pattern of risk minimisation resulting in an inadequate response to the risk taking behaviour. This was a factor that led to the unannounced inspection. The management must review the significant event review process to examine its effectiveness in identifying and altering trends in behaviour and monitoring the accountability of persons responsible for carrying out the incident review group's recommendations.

The company in the past six months had appointed a quality assurance and practice manager who had carried out their first centre audit on the 13th of November 2017 and a follow up visit on the 18th of January 2018. The audit highlighted a number of deficits in practice and set out an action plan to address these deficits; which was the manager's responsibility to complete and remained outstanding at the time of the inspection in March. The management must ensure that there is robust oversight of appropriate and suitable care practices of the centre and that the systems in place to identify any deficits that occur are effective in ensuring actions are completed in a timely fashion.

Supervision and support

The clinical manager provided supervision to the centre manager and attended staff meetings and monthly clinical meetings. However, the inspectors found the supervision provided to the centre manager was not in line with the company's supervision policy in terms of frequency. There were three supervision sessions recorded since September 2017 and there was little evidence in the notes to determine the quality of any oversight of the young people's placement plans. The clinical manager must ensure that the centre manager has a contract of supervision which is updated periodically, that the frequency of the manager's supervision is in line with company policy and that the supervision sessions are adequately recorded.

The manager and deputy manager supervised the staff team up until the deputy manager left at the end of December. The quality assurance manager reported that there were inconsistencies in frequency of supervision for staff which did not meet the company policy. Some staff members interviewed expressed dissatisfaction at the quality of their supervision. The inspectors also found the quality of supervision note taking to be of a poor standard and did not reflect the level of disruption or crisis

which was taking place in the centre through the periods recorded and the supervision contracts were not always reviewed. The management must ensure a consistency in the delivery of supervision to all staff, that the contract of supervision is updated periodically, that the frequency of the manager's supervision is in line with company policy and that the supervision sessions are adequately recorded.

All staff attended a staff meeting and clinical meeting once a month. The clinical meeting was attended by the organisation's consultant psychiatrist, psychologist, and clinical manager and the centre's Therapeutic Crisis Intervention coordinator along with the staff team. The purpose of this meeting was to provide clinical input, guidance and support to the staff in their work with the young people. It was not clear if the staff team were taking the advice and input from the clinical team and putting it into everyday practice. The inspectors examined the clinical meeting records which reflected the young people's needs and outlined tasks to be carried out by the team. The records did not reflect the agreed approaches and interventions adopted in practice, or what the outcomes were. In this regard it lacked coordination and accountability in its approach. The manager and clinical manager must ensure that there is a coordinated approach in dealing with the decisions, guidance and instruction of the clinical team, that there is accountability around this process and that the process is regularly reviewed.

Team meetings were held weekly and the team members contributed to the agenda of the meetings. The inspectors reviewed the team meeting minutes and found them to be vague in accounting the content of the meeting, decisions made, actions to be taken and responsibility for these actions clearly named. The inspectors found that the template used for recording the minutes was not a suitable tool to promote effective planning. The management must review the processes of recording minutes of staff team meetings to ensure the record reflects the attendance and agenda of each meeting.

Training and development

The inspectors examined the training records and found that staff had attended certified training organised centrally by the company, in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. There was also a calendar of planned training in place for the coming year. New team members were required to attend induction training. The staff members interviewed related that they had good access to training opportunities within the organisation. Inspectors were informed that one staff member had not been trained in the approved therapeutic physical intervention techniques and had been involved

in restraining a young person in the centre. The centre manager must ensure that all staff members are suitably trained in the approved physical intervention techniques and therapeutic interventions prior to carrying out or assisting in the restraint of a young person.

Administrative files

The administrative files were examined and many key records were in evidence. The inspectors did find however, that the files were not organised or facilitate ease of access for review purposes. There were gaps in the information in the files as they were not updated and key pieces of information such a risk assessments were not to be found on all the files. The folders were over filled and becoming tattered and torn in places. The quality assurance manager provided an internal audit report which was carried out in November 2017. The report highlighted the poor quality of the administration files to the centre manager. The quality assurance manager issued an action plan at that time for the manager to oversee and ensure the quality of the administration documents, logs and files, however there was no evidence that this was done. The centre manager and service manager must ensure that all administration files are organised and maintained to good standard and that all documents are signed by the relevant people before filing.

At the time of the inspection the inspectors found that some relevant records relating to the young people had not been archived as per the company's policy. The centre manager and services manager must ensure that all relevant young people's records are kept in perpetuity and that management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

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 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.

The centre has not 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

Required Action

- The management must review the significant event review process to examine its effectiveness in identifying and altering trends in behaviour and monitoring the accountability of persons responsible for carrying out the review group's recommendations.

- The clinical manager must ensure that the centre manager has a contract of supervision which is updated periodically, that the frequency of the manager's supervision is in line with company policy and that the supervision sessions are adequately recorded.

- The management must review the processes of recording minutes of staff team meetings to ensure the record reflects the attendance and agenda of each meeting.

- The management must ensure that there is robust oversight of appropriate and suitable care practices of the centre and that the systems in place to identify any deficits that occur are effective in ensuring actions are completed in a timely fashion.

- The manager and clinical manager must ensure that there is a coordinated approach in dealing with the decisions, guidance and instruction of the clinical team, that there is accountability around this process and that the process is regularly reviewed.

- The centre manager must ensure that all staff members are suitably trained in the approved physical intervention techniques and therapeutic interventions prior to carrying out or assisting in the restraint of a young person.

- The centre manager and service manager must ensure that all administration files are organised and maintained to good standard and that all documents are signed by the relevant people before filing.

- The centre manager and services manager must ensure that all relevant young people's records are securely locked away in the centre; that they are kept in perpetuity and that management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.5 Planning for Children and Young People

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

3.5.1 Practices that met the required standard in full.

Suitable placements and admissions

The centre had a written policy describing the admission process which was inclusive of the development of a pre-admission risk assessment. The inspectors reviewed the pre-admission risk assessments and found the information was not reflective of the trends in behaviour of the young people already resident in the centre and the level of risk that might be posed to a new admission, particularly around the drug culture that was obviously prevalent in the centre. The management must ensure that pre-admission risk assessments are more robust and show clearly how current risk taking behaviour in the centre can be minimised in respect to the impact on a new admission and vice versa.

The centre was registered to accommodate three young people male or female, aged between thirteen and seventeen years of age on admission. At the time of inspection there were no young people residing at the centre. Inspectors found that between November 2017 and February 2018 there had been four young people discharged from the centre, all in an unplanned way. One of these young people was under the age profile under the purpose and function. The centre had been granted derogation to the registration to admit a 12 year old young person. The inspectors through interviews with management and staff and a review of the documentation found that

there had been an awareness of high levels of drug misuse involving young people in the centre prior to the 12 year old being admitted. The registration and inspection lead inspector prior to admission had expressed concerns regarding the placement due to the ongoing challenges posed by the two young people in the centre. However, the centre and social work department were confident that the behaviours could be managed by the team and that it was an appropriate placement for the 12 year old.

3.5.2 Practices that met the required standard in some respect only

Discharges

The inspectors found that the last four young people admitted to the centre had been discharged in an unplanned way. One of the young people moved back home which may a have been the long term plan but happened prematurely, two went to other residential centres for safety reasons and the fourth was accommodated in a short stay centre which was been supported by the centre manager and staff at the time of the inspection. The inspectors found evidence that the suitability of admission, staff changes and the low levels of team cohesion appear to have contributed to the poor outcomes for these four young people.

The inspectors found that the allocated social workers of the young people acknowledged the complex needs of the young people and subsequent difficulties that the staff team had in managing their behaviours. The inspectors were informed by management, staff and social workers that the young people were involved in high risk behaviour that put them at risk in the community. An Garda Síochána expressed their serious concerns to the centre manager in writing regarding this risk taking behaviour and given the concerns expressed by An Garda Síochána, management and the social workers the young people were discharged from the centre to other safe accommodation and one of the young people returned home.

The management must review the four discharges to determine the reasons for each breakdown in placement and to put in place safeguards against future occurrences.

3.5.3 Practices that did not meet the required standard

None identified.

Required Action

- The management must review all four discharges to determine the reasons for each breakdown in placement and to put in place safeguards against future occurrences.

- The management must ensure that pre-admission risk assessments are more robust and show clearly how current risk taking behaviour in the centre can be minimised in respect to the impact on a new admission and vice versa.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

None identified.

3.6.2 Practices that met the required standard in some respect only

Restraint

The centre used a recognised method of physical intervention and this included training on the use of physical restraint. Restraint was viewed by the team as a final intervention in a very serious incident. For one young person in the centre restraint became a regular occurrence for a short time near the end of the placement. All incidents of restraint were appropriately notified to the relevant people and recorded in the SEN register. The manager must record all incidents of physical restraint in a separate book to be closely monitored by the management.

The inspectors examined the training log and interview staff members and found that one of the staff members who had been involved in the restraint of a young person had not been trained in the appropriate physical intervention techniques. The management must ensure that all staff members are fully trained in the recognised method of physical intervention before taking up post to work with young people.

3.6.3 Practices that did not meet the required standard

Managing behavior

The inspectors found that the staff team were using the individual crisis management plans (ICMPs) which were overly detailed and were more like behaviour management or support plans. The document is intended to be a tool for staff to draw from when a young person is in crisis and should have relevant information which will provide guidance to staff to help the young person. The manager must ensure that the each young person's ICMP is a working tool for staff to deal with young people in crisis. It should contain the likely crisis flash points for the young person identified from knowledge and experience of the young person and an appropriate intervention to be used by staff in each instance. It must be reviewed regularly and particularly after crisis incidents as intervention strategies can change from incident to incident. The inspectors found evidence to support the need for the centre to develop more comprehensive behaviour support plans and practice guidelines for staff identifying specific long term strategies for individual young people.

The team received training in supporting the young people in managing their behaviour. There was a written policy on sanctions and the young people were encouraged to reflect within the context of house meetings upon the consequences of their behaviour. Records of sanctions were reviewed by the inspectors and it was found that there was repeated use of specific sanctions for the young people with no evidence that these were resulting in a change in behaviour. One young person had over a hundred recorded sanctions in a two month period and another had eighty sanctions recorded varying from loss of pocket money to restricted access to the centre vehicle or activities. There was no evidence that these sanctions were reviewed for appropriate use or effectiveness within the centre. This issue was highlighted by the internal audit and inspectors were informed by the services manager that the matter was being addressed. The manager must review the appropriateness of sanctions for each young person particularly where the young person's behaviour is clearly not altering. There was evidence that the positive behaviour of young people had been rewarded.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 16, Notifications of Physical Restraint as Significant Event.***

Required Action

- The manager must ensure that the each young person's ICMP is a working tool for staff to deal with young people in crisis. It should contain the likely crisis flash points for the young person identified from knowledge and experience of the young person and an appropriate intervention to be used by staff in each instance. It must be reviewed regularly and particularly after crisis incidents.

- The manager must review the appropriateness of sanctions for each young person particularly where the young person's behaviour is clearly not altering.

- The manager must record all incidents of physical restraint in a separate book to be closely monitored by the management team.

3.10 Premises and Safety

Standard
The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

3.10.1 Practices that met the required standard in full.
None identified.

3.10.2 Practices that met the required standard in some respect only

Safety

The inspectors noted that there was no buzzer alert system on bedroom windows or doors to alert staff on young people's movement during night time hours. There were also no restrictors on the upstairs bedroom windows which led out to a tiles roof over the bay window downstairs. Management must ensure that a system of alerting staff to young people's movement at night is in place and that young people do not have access to the roof area.

Fire Safety

There were a large amount of cigarette butts thrown around the roof and gutter where the young people had been smoking out their bedroom windows. Management

must ensure that a system of alerting staff to young people's movement at night is in place and that young people do not have access to the roof area. The centre manager and staff must ensure that the fire safety and smoking policy are adhered to and that training and education in these areas are up to date.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***
-Part III, Article 8, Accommodation
-Part III, Article 9, Access Arrangements (Privacy)
-Part III, Article 15, Insurance
-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)
-Part III, Article 13, Fire Precautions.

Required Action

- Management must ensure that a system of alerting staff to young people's movement at night is in place and that young people do not have access to the roof area.

- The centre manager and staff must ensure that the fire safety and smoking policy are adhered to and that training and education in these areas are up to date.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The management must review the significant event review process to examine its effectiveness in identifying and altering trends in behaviour and monitoring the accountability of persons responsible for carrying out the review group's recommendations.	All Significant Events will be reviewed by the TCI Monitor for the centre and Centre Manager who will identify any altering trends in behaviour. This will in turn be communicated to the Clinical Manager. The SEN system has gone through review internally within the service and all SEN's will be categorised to ensure altering trends in behaviour are identified and addressed. July 31st, 2018.	The Clinical Manager and multi-disciplinary team will meet with the care team on a monthly basis to review the young people in placement and their progress and ensure this system is effective.
	The clinical manager must ensure that the centre manager has a contract of supervision which is updated periodically, that the frequency of the manager's supervision is in line with company policy and that the supervision sessions are adequately recorded.	The supervision policy is currently being reviewed and will be in place by the end of July 2018 and an information session is scheduled with the management group on 26th July. Supervision sessions will take place and be recorded in line with Supervision policies.	Revised policy and documentation to be in place by 31st July. Supervision will take place in line with company policy.

	The management must review the processes of recording minutes of staff team meetings to ensure the record reflects the attendance and agenda of each meeting.	The centre manager and organisation have developed a new robust format for the team meetings. This includes a set agenda to ensure all key areas are addressed, recorded and responsibility for outcomes assigned. Implemented from the 1st of June 2018.	House Manager and Quality Assurance Manager will review this process on a quarterly basis to ensure it is robust and efficient.
	The management must ensure that there is effective oversight of appropriate and suitable care practices of the centre and systems are in place to identify any deficits that occur.	Revised monthly MDT (Multi-Disciplinary Team) meeting will address oversight of placement plans and review care practices from 1st July 2018 and will be overseen by the Clinical Manager. The Quality Assurance & Care Practice Manager will audit the centre monthly using the company's internal auditing tools to ensure appropriate care practices and systems are in place and identify any deficits that occur. The Operations manager will ensure that any shortcomings/deficits are appropriately addressed in a timely manner.	The revised MDT systems will be continually monitored and reviewed to ensure that effective oversight is maintained. The Quality Assurance & Care Practice Manager will audit the centre monthly using the company's internal auditing tools to ensure appropriate care practices and systems are in place and identify any deficits that occur. The Operations manager will ensure that any shortcomings/deficits are appropriately addressed in a timely manner.

	The manager and clinical manager must ensure that there is a coordinated approach in dealing with the decisions, guidance and instruction of the clinical team, that there is accountability around this process and that the process is regularly reviewed.	Revised MDT meetings will address oversight of placement plans and review care practices of the centre. The Centre Manager will ensure that the directions and guidance from the clinical team is evidenced appropriately and incorporated into the records for the centre and the young people. Interventions and directions provided by the clinical team will be reviewed monthly with the centre manager and care team at the MDT meeting. This will be implemented from 1st July 2018.	The process of the MDT review meetings will take place in line with policies and procedures for the service. The centre manager will ensure that appropriate records of the MDT meetings and clinical decisions are maintained and implemented into practice with the young people. The Quality Assurance & Care Practice Manager will audit the centre using the company's internal auditing tools to ensure effective systems and accountability are in place.
	The centre manager must ensure that all staff members are suitably trained in the approved physical intervention techniques and therapeutic interventions prior to carrying out or assisting in the restraint of a young person.	All new staff members will be suitably trained in the approved physical intervention techniques and therapeutic interventions prior to participating or assisting in physical restraint. Immediate and ongoing.	Fresh Start provides training to all staff to meet the needs of young people in line with the National Standards for Children's Residential Centres. This will include Therapeutic Crisis Intervention Training.
	The centre manager and service manager must ensure that all administration files are organised and maintained to good standard and that all documents are	Revised governance systems have been implemented within the centre through the use of internal audit tools and internal monitoring to ensure there is robust	Quality Assurance & Practice Manager reviews the centre manager's monthly auditing tool. This is then further audited and cross referenced with monitoring visits

	signed by the relevant people before filing.	governance of the centre, including that all administration files are organised and maintained to good standard and that all documents are signed by the relevant people before filing. This has been implemented from the 1st of June 2018.	to the centre by the Quality Assurance & Practice Manager this will ensure that the highest standards are being maintained. Findings from the audit are notified to the Operations Manager for the service.
3.5	The management must review all four discharges to determine the reasons for each breakdown in placement and to put in place safeguards against future occurrences.	This review was completed and sent to Registration and Inspection in February 2018. This review informed the revised MDT systems	All future discharges from the centre will be reviewed by the Centre Manager, Care Team and MDT to inform areas for further enhancement and development.
	The management must ensure that pre-admission risk assessments are more robust and show clearly how current risk taking behaviour in the centre can be minimised in respect to the impact on a new admission and vice versa.	This will be addressed in supervision with the new centre manager. Risk assessments will be robust and reflect the views of the young people's social workers.	The revised MDT systems and systems for reviewing SEN's (Significant Event Notifications) will accurately capture behaviours within the centre which will contribute to the impact risk assessments for the young people within the centre or for young people being considered for admission to the centre.
3.6	The manager must ensure that the each young person's ICMP is a working tool for	Every young person will have an ICMP that is a working tool for staff to deal with crisis and	The TCI monitor will regularly review the ICMP at Team Meetings and Multi-

	staff to deal with young people in crisis. It should contain the likely crisis flash points for the young person identified from knowledge and experience of the young person and an appropriate intervention to be used by staff in each instance. It must be reviewed regularly and particularly after crisis incidents.	this will be coordinated by the House Manager and TCI Monitor for the centre in consultation with the young person's social worker. It will clearly identify the appropriate interventions to be used by staff and will be reviewed regularly and following crisis incidents. This is in place as of the 1st of June 2018.	Disciplinary meetings to ensure it is an effective working tool for the care team
	The manager must review the appropriateness of sanctions for each young person particularly where the young person's behaviour is clearly not altering.	Every team meeting will have a dedicated time space for reviewing sanctions to ensure they are appropriate and demonstrate learning and whether or not they should be changed or altered where the young person's behaviour is clearly not altering. In place as of 1st of June 2018.	Quality Assurance & Practice Manager will review the sanctions on a monthly basis when reviewing the centre manager's monthly auditing tool which includes sanctions. This is then further audited and cross referenced with monitoring visits to the centre by the Quality Assurance & Practice Manager where sanctions will be reviewed if required.
	The manager must record all incidents of physical restraint in a separate book to be closely monitored by the management team.	This has been implemented and there is a separate book for the recording of restraints from the 01-06-18	Will be reviewed monthly by the Quality Assurance & Practice Manager.
3.10	Management must ensure that a system of	The organisation has undertaken this work	This system will be tested weekly and form

	alerting staff to young people's movement at night is in place and that young people do not have access to the roof area.	and there is now a system in place to alert the staff to the young people's movement at night and restrictors have been fitted on the upstairs windows to remove access to the roof area as of the 7th of June 2018	part of the centres Health and Safety Checks
	The centre manager and staff must ensure that the fire safety and smoking policy are adhered to and that training and education in these areas are up to date.	Young people under the age of 18 years of age are not permitted to purchase tobacco or E cigarette products. The staff and management are committed to the health and welfare of children and young people placed in our care. Therefore, we operate a strict no smoking policy which prohibits staff and young people from smoking or 'vaping' in the centre or when sharing transport.	The no smoking policy that we operate will be regularly reviewed to ensure it is effective and operational. Should issues around smoking arise they will be addressed in the house meetings and the team meetings.