



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 024

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Cottage Homes Child and Family Services
Registered Capacity:	Four young people
Type of Inspection:	Announced Inspection
Date of inspection:	26th, 27th April and 05th May 2022
Registration Status:	Registered from 31st October 2021 to 31st October 2024
Inspection Team:	Sinead Tierney Lorna Wogan
Date Report Issued:	24th June 2022

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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 in 2009 at this address. At the time of this inspection the centre was in its fifth registration and was in year one of the cycle. The centre was registered without attached conditions from the 31st of October 2021 to the 31st of October 2024.

The centre was registered as a multi-occupancy service to provide care for four young people of both genders from age thirteen to seventeen years on admission. The model of care was described as relationship based. There were four young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 31st of May 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 14th June 2022. The CAPA was reviewed and all non-compliance with regulatory matters identified in the report have now been addressed to the satisfaction of the Alternative Care Inspection and Monitoring Service and the relevant regulations now deemed to be met.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 024 without attached conditions from the 31st of October 2021 to the 31st of October 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

Inspectors met with all young people who provided insight into their experience of being listened to and making complaints. All young people were aware of how to make a complaint and the older young people knew of the Ombudsman for Children and EPIC as an external supportive body. Young people's meetings provided them with a structured space to raise their views and request changes however their engagement in these meetings varied and the outcome of the issues raised by them was not consistently recorded. A review of these meetings was planned by the centre, and the ideas of young people ought to inform any changes. Outside of these meetings, opportunities were provided to input into their overall placement planning, menu options, shopping lists and décor of their bedrooms.

The young people also offered examples of how they felt the complaint system was not effective. They felt at times, their dissatisfactions were heard from a defensive standpoint by staff, and they would like more influence attached to their views. They felt that complaints were often unresolved, and two young people spoke of having lost confidence and trust in the process. One young person's complaint took three months to be concluded and both they and the inspectors found this to be unnecessarily long. A social worker discussed with inspectors how they felt that a young person's relationships with staff was impacted as they had lost trust in them due to feeling their concerns were not valued. Both the centre manager and young people informed inspectors that their feedback on the complaint's procedure had not been sought. As will be discussed in standard 3.1, some young people felt that their concerns regarding their safety in the centre were not being acknowledged with them or taken seriously. One parent spoke with inspectors and expressed how they felt that concerns they had raised about consistency of rules and management of behaviours was not fully heard. They felt that their child's behaviours were the focus of the conversation rather than exploring how the parent felt about staff practice and how the feedback would be addressed by management.

The centre's updated complaints policy and procedure was issued to the team in February 2022. During interview, staff were aware of their supporting role in relation to young people accessing the complaints process, however they did not demonstrate clear understanding of the procedures in place from the outset of the complaint being made to its conclusion. Staff members informed inspectors that due to the demands within the centre in recent months, that there was little time available to read policies that had been recently issued. The complaints policy stated that all staff will be provided with ongoing comprehensive training however this was not in place. The current practice of issuing policies for staff to read when time or resources permit is not robust enough and a training plan will be required.

There was a level of openness to complaints in the centre, and this was evident from how young people's comments were recorded as complaints by staff on their behalf. A young person's complaints procedure and template had been developed to encourage young people to raise any concerns. On review of the complaints process and recording by inspectors, a number of improvements are required in order to provide full transparency and consistency and increase young people's trust in the process.

The centre had a policy of involving social workers in the management of complaints made against staff members that did not meet the threshold of a child protection concern or risk of harm to a child. However, inspectors found that the procedure followed in three complaints against staff members was inconsistent with policy and the role of the social worker and centre manager was not clear or recorded. No records were maintained of the investigation process including meetings with staff members and how the centre concluded on the complaint was unclear. The findings of complaints were logged as resolved in the complaints register but did not indicate if the complaint was upheld or not or if the young person was satisfied with the outcome. The centre's procedure on complaints against the centre manager was also not adhered to. Undue weight was assigned to young people completing a complaint form even though in one example, both they and their parent had raised serious dissatisfaction with a situation that arose. In this instance, the centre manager met with the young person 15 days after the complaint was verbally made and offered them a complaint form at which point the young person disconnected from the conversation. The centre was not in adherence to its own timelines for the investigation on complaints.

Social workers were interviewed by inspectors and whilst they gave examples of involvement in the management of complaints against staff, they were unclear on the centre's expectations of them other than meeting with the young person.

Both social workers and the centre management were unclear on what the role and responsibility were for each party during the investigation of a complaint within the centre.

The centre manager provided inspectors with an audit of complaints dated May 2022. This audit listed the dates of complaints, the name of the young person making the complaint, if it was resolved and if any further actions were required. Given the procedural issues mentioned above, the data examined as part of this audit must be strengthened.

The registered provider is required to engage the support of a person external to the organisation to undertake a full review of the management of complaints in the centre. The terms of reference of this review must include an examination of the areas raised above. On completion of this review and based on the findings of this inspection, the director of services must develop a specific action plan to address the deficits within the complaint's procedures.

It is the findings of inspectors having considered a range of evidence sources, that the centre is not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies* and Article 17: *Records*.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	Regulation 5 Regulation 17

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 1.6

Actions required

- The registered provider must engage the support of a person external to the organisation to undertake a full review of the management of complaints in the centre. The terms of reference of this review must include an examination of the areas raised above. On completion of this review and based on the findings of this inspection, the director of services must develop a specific action plan to address all identified deficits within the complaint's procedures.
- The director of services must ensure that all staff fully understand the complaints policy and procedure.
- The centre manager must ensure that where the support of a social worker is required in the investigation of complaints that the role expectations are discussed, agreed and documented.
- The director of services must ensure that the monitoring of complaints encompasses feedback from young people and assess the procedures undertaken against the centre's policy.
- The centre manager must ensure that full records are maintained during the investigation of a complaint.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre was not fully operating in compliance with their statutory obligations as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and The Children First Act, 2015. A child protection policy and set of procedures were in place and the child safeguarding statement was deemed compliant by the Tusla child safeguarding statement compliance unit. A child protection and welfare reporting register was up to date and allowed for the tracking of child protection and welfare notifications and responses by the social work department. A record of concerns the team felt did not meet the threshold for reporting in line with Children First, 2017 was also maintained. Good safeguarding recruitment practices were in place and all new staff files reviewed by inspectors held the required documents such as garda vetting, reference checks and copies of

qualifications. Staff had an awareness of the protected disclosures policy in place and who to inform in the event of concerns arising.

A bullying policy was in place, that outlined a three-step strategy for managing bullying but did not contain bullying and harassment by staff and visitors. There were concerns from young people, social workers, a parent, and staff members that bullying was occurring within the centre. Inspectors did not find that the three-step strategy as described in the policy took place. A significant event reviewed by inspectors that may have indicated bullying or peer pressure and involved exposure to drug taking was responded to with a directive approach to the possible victim rather than a supportive and exploring attitude as to what was happening for them at the time of the incident. Social workers were mixed in their thoughts regarding how the dynamics between the young people were being managed. One social worker felt that the weekly meetings taking place with all young people's social workers and the centre to address ongoing concerns was a good response however another social worker felt that few solutions emerged from these meetings in terms of supporting all of the young people.

Since the last inspection, the director of services had been creating a number of policies to strengthen the care and protection of young people. However, many of these remained in draft form and had not been implemented. These included a policy on internet safety, the management of behaviour that challenges and promotion of positive behaviour. Whilst some new policies had been developed, staff interviewed reported that some of these had not been read. Inspectors noted that the new policy layout was long with repeated information and recommend to the director of services that the policy format is user friendly for staff.

Although the inspection did not examine practices specifically related to the management of behaviour that challenges, it was found that staff training in the centre's behaviour management system was outdated with two staff members holding a valid certificate. The impact of the lack of refresher training on young people and staff was evident in the managing of significant events that involved behaviours that challenged, assaults and threatening behaviours. Similarly, some aspects of the accommodation and space used by young people did not comply with regulatory safety precautions and the registered provider was required to take immediate action in relation to this.

The team were particularly attuned to the risks of harm and abuse present for one young person and appropriately notified their concerns. Team meeting minutes noted that child protection concerns were a standing agenda item and discussed at all weekly meetings. At these meetings, there were at least two occasions when concerns that were initially recorded as significant events were deemed to meet the threshold for a child protection and welfare notification and were subsequently submitted. One factor that may have contributed to some concerns not being reported appropriately, was that five members of the relief team had no Children First e-learning training and eight in total had not received training in the centre's child safeguarding policies and procedures. The centre manager must ensure that all staff, including relief team members have a valid Children First e-learning certificate and have completed additional training in the centre's child protection policies and procedures.

At the time of the inspection, inspectors found that the centre was experiencing a period of crisis with difficulty in keeping young people safe. Three young people informed inspectors that they did not feel safe, and a fourth young person did not know if they felt safe or not. The young people's feelings were acknowledged and echoed by their social workers during interview. One young person was shortly due to move from the centre as they had turned 18 years of age. Social workers for another young person were actively trying to source a service that would be more suitable given their high level of need.

The main causal factor for one young person not feeling safe related to their vulnerability and how this vulnerability resulted in them being exposed to potential abusive and harmful situations outside of the centre, drug misuse and several missing from care occurrences. There was significant engagement and leadership from this young person's social work department with several multi-disciplinary meetings taking place and involvement of their parent in an effort to reduce the risks and increase their safety. Safety plans were in place and a high level of support was required from the team. Alternative care arrangements were being sought for this young person given their high level of need.

It was acknowledged by the centre management and social workers interviewed that there was a knock-on effect in how this young person's needs impacted on the other young people feeling safe within the centre. One young person spoke to inspectors regarding an assault they suffered and how they made a complaint following this. A young person said they felt their mental health was declining and had requested their social worker to source them alternative care arrangements. Some social workers felt that the team had less availability to support all young people and that young people

felt that plans to maintain their safety and promote their wellbeing were not robust enough. One young person who had a child in care review in March did not have their placement plan updated for 6 weeks due to reported demands on staff time.

The level of staffing within the centre was also a safeguarding factor. Whilst additional funding had recently been made available for relief and agency staff, the centre was funded for eight full time social care workers. From a review of the needs of the four young people and the supervision arrangements required, the centre cannot meet these needs with eight core staff and therefore rely on an ongoing basis on relief staff. A review of the roster showed that in December 2021, there were 15 days in the month when only two staff were rostered daily to care for the four young people. There were improvements to the supervision levels in 2022 however additional funding for core staff is required on a permanent basis from Tusla.

Although several concerns have been raised above, there was evidence that the team were undertaking some work with the young people in developing their knowledge and understanding of self-care and protection. Inspectors reviewed discussions with young people relating to sexual health, risk of exploitation, family dynamics, drug use and making healthy choices. Nevertheless, there was a lack of evidence of conversations undertaken with them in response to the current environment and their safety concerns within the centre. One young person who was preparing for leaving care felt that they had been supported in developing their living skills but was feeling a lot of pressure with their impending move out of the centre as an adult and was not feeling supported by the team at this difficult time of transition from care to independent living.

Based on the inspectors visit to the centre, the director of services was required to immediately implement a number of actions and strategies to safeguard all the young people living in the centre. Safety plans were returned to the Inspectorate as required.

Having considered the views of young people, their social workers, care records, centre policies and interviews with staff members, inspectors have concluded that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies*.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The director of services must review the centre's approach to the management of bullying and support the centre manager to implement the approach as intended.
- The director of services must ensure that the full suite of policies and procedures is updated, and a training schedule is developed for all staff in relation to these policies.
- The centre manager must ensure that all staff including relief staff members have a valid certificate in the centre's behaviour management system.
- The centre manager must ensure that the premises and the space used by young people is compliant with regulatory safety precautions at all times.
- The centre manager must ensure that all staff including relief staff members have a valid Children First e-learning certificate and have completed training in the centre child safeguarding procedures.
- The director of services must ensure that the safety plans in place for all young people are robust enough to safeguard them and promote their wellbeing.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

Three of the four young people had an up-to-date care plan on file and the centre had requested the outstanding care plan from the social worker. All young people had attended a health assessment with a general practitioner (GP) on admission and had

ongoing access when required. Not all care records contained a clear and complete record of medical and health information, and this was due to the complexities with some young people's histories prior to living in the centre. It is recommended that the centre as part of the admission procedures, ensure that medical and health records, including immunisation records are requested from social workers. One young person had recently requested a change of GP and the supervising social worker was satisfied that the team were being proactive in achieving this.

Each young person had an up-to-date placement plan. Each plan outlined their health needs in line with their care plan, including general wellbeing, dental and optical needs, sexual and mental health. Inspectors found that identified health needs were being met and that the centre sought timely access to GP and other emergency services when required.

Young people were linked to dental and ophthalmic services and there was good evidence of regular communication and a partnership approach with young people, medical professionals, social workers.

Where relevant, young people were encouraged to stop smoking in line with the centre's policy and efforts made to manage the environment so that smoking was not seen as a reason for young people to gather together. An audit completed by the director of services in March 2022 against theme 4 of the National Standards for Children's Residential Centres, 2018 (HIQA) found that young people should be provided with more health-related information in relation to vaping and smoking. At the time of inspection, the centre manager had not developed the action plan in response to the audit, therefore the steps to address this action were not clear. The director of services must outline a timeframe for the timely development of action plans following audits.

Young people were referred to specialist services and supported to attend appointments that related to emotional and psychological wellbeing. The staff team were also availing of support from specialist services. A structured space was created for the team and external specialists to discuss individual areas of vulnerability and how best to meet young people's needs.

As mentioned in standard 3.1, a particular vulnerability of a young person's mental health had not been risk assessed. This young person's social worker informed inspectors that they would communicate with the specialist service the young person was engaged with to ensure they received the support required. The centre manager

must ensure that a risk assessment is completed for this area of need and the young person consulted regarding the inclusion of this need in their placement plan.

As part of the development of policies within the centre, the director of services informed inspectors that some health-related policies were in draft form. These included a policy on pregnancy or suspected pregnancy, sexual and mental health, and general health promotion. The enactment of these policies is important in guiding staff practice and ensuring young people's needs are met appropriately.

The centre had a medicines management policy in place and the majority of the core team were trained in the safe administration of medicines. Two permanent staff members and six relief staff had not undertaken the training. The monthly audit on the medicine management identified in September 2021, that a number of staff had not read the medicine management policy. This remained an outstanding action at the time of the inspection and the centre manager must ensure that all staff have read the policy and undertake training in the safe administration of medicines.

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

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

Actions required

- The director of services must outline a timeframe for the timely development of action plans following audits.
- The centre manager must ensure that a risk assessment regarding one's young person's mental health and the young person consulted regarding the inclusion of this need in their placement plan.
- The centre manager must ensure that all staff have read the medication management policy and undertake training in the safe administration of medicines.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must engage the support of a person external to the organisation to undertake a full review of the management of complaints in the centre. The terms of reference of this review must include an examination of the areas raised above. On completion of this review and based on the findings of this inspection, the director of services must develop a specific action plan to address all identified deficits within the complaint's procedures.	An external review has been completed and we are in the process of implementing the recommended changes. The director has created an action plan to address any deficits in the complaints process. Staff have been provided with training on the complaint procedure. A new amended audit tool has been developed to review complaints. A defined terms of reference for dealing with complaints has been developed and given to social workers. Planned sessions to be held with young people re-establishing trust in complaints process. Amended logs developed to include recommended changes. New directors auditing tool created to review complaints.	A review will take place in July 2022 to evaluate the services improvements in relation to complaints. We will review complaints on an ongoing basis as part of managers meetings and director audits. Improved audit tools to include recommended changes.

	<p>The director of services must ensure that all staff fully understand the complaints policy and procedure.</p> <p>The centre manager must ensure that where the support of a social worker is required in the investigation of complaints that the role expectations are discussed, agreed, and documented.</p> <p>The director of services must ensure that the monitoring of complaints encompasses feedback from young people and assess the procedures undertaken against the centre's policy.</p> <p>The centre manager must ensure that full records are maintained during the investigation of a complaint.</p>	<p>Staff training has been completed with full time staff and will be completed with relief staff in the coming weeks.</p> <p>A new protocol document has been developed and forwarded to all of the placing social workers and a discussion will take place around the social worker involvement each time a complaint needs to be investigated.</p> <p>Logs have been amended to include feedback from the young people regarding the complaints process. The manager and director audits will review this on an ongoing basis.</p> <p>The recording system was reviewed as part of the staff training and staff are clear on the process of recording. It is noted on the complaints log and as part of the manager reviewing process. An investigation</p>	<p>Complaints training will be part of the induction process. This will be reviewed as part of managers meeting to ensure its effectiveness.</p> <p>The manager will link with the social workers around the process and review this as part of the ongoing audit system.</p> <p>This will be reviewed on an ongoing basis by the manager and the director as part of the audit process.</p> <p>This will be reviewed as part of the manager's audit of complaints and as part of the young person's monthly file review.</p>
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		meeting form has been developed to record the necessary conversations that have taken place and the recording process has been clearly explained to the staff team.	
3	<p>The director of services must review the centre's approach to the management of bullying and support the centre manager to implement the approach as intended.</p> <p>The director of services must ensure that the full suite of policies and procedures is updated, and a training schedule is developed for all staff in relation to these policies.</p> <p>The centre manager must ensure that all staff including relief staff members have a valid certificate in the centre's</p>	<p>Training is being provided to the team on the bullying in the coming weeks. This will be completed by the end of July 2022.</p> <p>These are being rolled out currently with the staff team and each policy will be discussed as part of team meetings to ensure staff have a good understanding of the new policies.</p> <p>We are in the process of having all staff certified in the system. The majority of staff have already been refreshed with the</p>	<p>Both the manager and the director will review the effectiveness of the policy in September 2022.</p> <p>The manager and the director are developing a schedule for the roll out of policies and these policies will then be discussed as part of team meetings to ensure staff have a good understanding of the policies. We will review the effectiveness of this process in October 2022 and will adjust as required.</p> <p>The centre manager will identify which staff do not have the training from the outset of their employment and will then</p>

	behaviour management system.	remaining team members being refreshed by the end of June. We have booked 4 staff in for the full training in June and July. The remaining 3 relief staff will be trained in the autumn when there is a greater availability of courses.	source a course for the identified staff.
	The centre manager must ensure that the premises and the space used by young people is compliant with regulatory safety precautions at all times.	The Den was cleaned and inspected by an electrician and has been deemed safe to use. A new protocol has been developed around the use of the den. Staff ensure the house is cleaned on a daily basis. The house will have a deep clean later this month.	This is part of an updated cleaning schedule and will be reviewed on an ongoing basis by the centre manager.
	The centre manager must ensure that all staff including relief staff members have a valid Children First e-learning certificate and have completed training in the centre child safeguarding procedures.	All staff who needed to complete the e-learning are in the process of completing this. This will be complete by the end of week commencing on the 13 th of June 2022.	This is part of the induction process, and it will be reviewed by the deputy manager who will oversee training records.
	The director of services must ensure that the safety plans in place for all young people are robust enough to	We have adjusted the current safety plans for all of the young people. These are reviewed on a regular basis to ensure their	Safety plans will be updated and reviewed on a regular basis as required.

	safeguard them and promote their wellbeing.	effectiveness. We have increased our staffing levels to ensure high supervision levels and have assigned individual link in staff to each young person to ensure that the young people have a staff they can go to if they feel uncomfortable or unsafe.	
4	<p>The director of services must outline a timeframe for the timely development of action plans following audits.</p> <p>The centre manager must ensure that a risk assessment regarding one's young person's mental health and the young person consulted regarding the inclusion of this need in their placement plan.</p> <p>The centre manager must ensure that all staff have read the medication management policy and undertake training in the safe administration of medicines.</p>	<p>A response form for audits has been developed.</p> <p>A risk assessment has been completed and this has been noted in their placement plan.</p> <p>The manager is in the process of getting all staff to read the medication policy and to complete the medication training. This will be completed by the end of June 2022.</p>	<p>A clear timeframe will be given to manager upon completion of the directors' audit.</p> <p>This risk assessment will be reviewed on a 5 weekly basis to ensure effectiveness. Staff are aware of young people's mental health.</p> <p>As part of the monthly medication audit the manager will ensure that any issues identified will be resolved before the next monthly audit.</p>