



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 033**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Yeria Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>28<sup>th</sup> &amp; 29<sup>th</sup> of June 2022</b>
<b>Registration Status:</b>	<b>Registered from the 01<sup>st</sup> of November 2022 to the 01<sup>st</sup> of November 2025</b>
<b>Inspection Team:</b>	<b>Eileen Woods Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>29<sup>th</sup> September 2022</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

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

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

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

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in November 2007. At the time of this inspection the centre was in its fifth registration and was in year three of the cycle. The centre was registered without attached conditions from the 01<sup>st</sup> of November 2019 to the 01<sup>st</sup> of November 2022.

The centre was registered to provide multi occupancy, medium to long term care to up to four young people of both genders aged 8-14 years on admission. The model of care incorporated a widely used model of placement planning called the Welltree model which looks at building on the capacities of traumatised young people to lead to more positive experiences and outcomes. There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3

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

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

## 2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 01<sup>st</sup> of November 2019 to the 01<sup>st</sup> of November 2022.

A draft inspection report was issued to the registered provider, senior management, centre manager on the 20<sup>th</sup> of July 2022 and to the relevant social work departments on the 20<sup>th</sup> of July 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 25<sup>th</sup> of July 2022. The inspector requested evidence of the actions completed. A response was received and deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 033 without attached conditions from the 1<sup>st</sup> of November 2022 to 1<sup>st</sup> of November 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### Regulation 5: Care Practices and Operational Policies

#### Regulation 8: Accommodation

#### Regulation 13: Fire Precautions

#### Regulation 14: Safety Precautions

#### Regulation 15: Insurance

#### Regulation 17: Records

#### Theme 2: Effective Care and Support

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

Inspectors found that the centre was a suitable premises for the provision of care for children in the age range of the purpose and function of eight to fourteen years old. The property had sufficient dedicated space for the three children resident at the time of the inspection, with different assigned rooms for play and recreation. The children had their own rooms and bathrooms with an additional shared bathroom containing a bathtub which was good for the age group living at the centre. The staff did not have a policy on intimate care and the senior management should look at making a suitable one available to guide this work, there were individualised plans for some intimate care in place on file.

The centre had been painted and decorated to a good standard with some additional works planned. In the three years since their last registration application a full kitchen upgrade had taken place that added to the function of the centre in a positive manner by creating better communal space in that area. Inspectors found that the front small sitting room required new flooring which was not on the current maintenance audit list for completion. The garden area had a partially completed solid structure for storage and the garden overall required some remedial works once the building work is completed. The garden must be completed as soon as possible as this has been an outstanding item for a period of time and is a heavily used area by the children. It must be made safe, secure and well maintained as per the standard.

The garden did have plants, toys and a trampoline which was properly assembled, had a safety surround and was secured into the ground. The house inside had toys throughout in line with the current residents likes and interests. There were well decorated and well resourced sitting rooms and a games room. Inspectors were informed that there were further plans for additional sensory spaces within the house



once an attic area was cleared and developed. There was evidence of lots of indoor and outdoor activities in the community and the children had bikes and safety equipment that they used. All three children had plans in place for summer camps and summer activities tailored to their own individual interests and capacity.

The centre was in a busy urban area and the proprietor had taken prompt additional action to add to the existing house security systems following evidence of an intruder gaining brief access to the front of the property during works on the windows. There were now cameras added to the front and back access points and no other incidents have occurred. There were signs stating the presence of CCTV and the centre had a policy regarding same.

The centre had a health and safety statement in place and a health and safety recording and auditing system in operation. The centre manager and deputy manager oversaw this system. There were regular monthly audits conducted but the June action plan did not fully carry forward all the identified items, lacked some dates or named persons responsible. The centre manager and the service manager must ensure, with the proprietor who deals with all property and health and safety actions, that the system in place is reflective of the actions taken, the outstanding works and the reasons why if a job is delayed.

Following the building works completed in the kitchen the proprietor contacted the qualified architect to determine if this represented a material change. They stated that they will provide an updated written opinion of ongoing compliance with Part B of the Building Control Regulations in line with the registration renewal being completed alongside this inspection report. The existing centre plans had the previous configuration along with a small partition wall on the drawing that no longer exists. Fire exits signs and fire exits points had not been altered by the change.

The centre had separate logs for recording accidents and injuries for young people and staff. Inspectors found that the logs should be reviewed to ensure they comply with health and safety requirements for same. The centre need to ensure that they are clear about what qualifies as an accident. The significant event records detailed and reported most accidents and injuries to the relevant social workers but the accident log did not record falls in the park for example.

Inspectors reviewed the fire safety equipment, service records and records of fire drills held. The records reviewed of fire drills completed did not correlate to all admissions or new staff commencing but this was named as an individualised approach to low stimulus induction to fire alarm and exit points for children with sensory issues. Six new staff had started in employment in June and were completing

inductions at the time of the inspection, they will all require onsite fire safety training without delay.

The centre had one vehicle and arrangements in place to book a rented car where required. Its central location with a variety of public transport options was the centres main mode of transport. There were a low number of drivers for a period of time on the team and inspectors were informed that at a young person's request some access visits, quite a distance away, took place via public transport. The centre manager outlined that the roster takes account of planning for having drivers available for school days and that the means of transport for access visits will be reviewed with the relevant incoming social worker. There were vehicle checklists and car folders in place to ensure maintenance, legal documents and cleanliness was of a good standard.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 8</b> <b>Regulation 13</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

### **Actions required**

- The centre management must source and provide a policy and guideline on intimate care.
- The registered proprietor must ensure that the garden shed and remedial works are completed without delay and that items stored in the attic area are cleared where necessary.
- The registered proprietor must provide an updated statement of ongoing compliance with Part B of the Building Control Regulations.
- The centre management must ensure that roster planning takes account of the need for drivers to be available for access and other essential travel.

- The centre management must ensure that onsite fire safety training is promptly completed for all new staff.

#### **Regulation 5: Care practices and operational policies**

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

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

#### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

The centre had a policy on positive behaviour support with its aims and objectives well outlined within the policy. The policy would benefit from being reviewed to ensure it reflects the age group of the centre with regard to aims. The policy referred to self-learning by a young person which would need to be age appropriate and developmentally achievable. Inspectors also recommend that the policy reflects the role of physical comfort and boundaries and how the sensory approach related to activities and play may factor into the care approach. Those were positive interventions in practice being utilised by the staff. There was an emphasis on social learning in the policy which was reflected on file and the model of care, Well Tree, was noted in the policy also. The policy does not refer to the availability of other specialist supports through the company, such as a psychologist nor to the monthly consultation with the Well Tree consultant, both of which were in place.

Inspectors found that all three children had existing clinical specialist and/or assessment reports in place upon referral and ongoing. The centres behaviour management plans (BSPs) and the individual crisis management plans (ICSPs) did not reflect the specific guidance and advice received to a good standard. This was also identified in an external audit completed against Theme Three of the National Standards for Children's Residential Centres, 2018 (HIQA), this was completed in March 2022. The centre management responded to the actions in this audit but inspectors found that the measures taken have not proven effective in bringing through the clinical and therapeutic guidance to a better standard. Inspectors found that this must be a focus of development as there has been a fifty percent change in staff in May and June 2022. Some staff changes related to additional posts to increase the team size overall and some related to staff moving to other posts within the company, to external jobs or to travel. The proprietor had also recently appointed a service manager and they had commenced in their role in May of 2022.

The centre had a manager and a deputy manager in post, the deputy manager completed a mix of shifts and day work. Both the centre manager and the deputy had to commit significant time to working directly on the floor to model practice and provide support for periods of time since March 2022. Two of the children had been assigned two to one staffing to manage their behaviour for blocks of time. It was not always possible to provide the numbers of staff for this though. Six new staff members had commenced between May and June this year and the funding for one of the additional two to one staffing arrangements had now expired in July 2022. The service manager and proprietor informed inspectors that they reported all instances where they could not provide the level of cover to the Tusla national private placement team. Inspectors recommended that the centre manager also inform the relevant placing social workers as this can inform the profile of what works and not for young people.

Inspectors found that the centre manager and their service manager must audit and track their implementation of positive behaviour support including staff knowledge and skills in the next two quarters to ensure that key areas identified are acted upon and the new team supported to fully implement the behaviour supports.

The daily logs maintained at the centre evidenced positive regard for the children and their individual presentations, with a record being kept of their thoughts and feelings during a major period of adjustment in their lives into residential care. Some staff had more experience in linking the purposeful use of activities, the centres resources and the daily routines to the development of emotional regulation for the children. There was evidence of the need to build on how they understand and respond to nonverbal behaviours such as banging of the head and exposure for example to build on the team's ongoing capacity to respond.

The centre had a policy on restrictive practices and a log in place for each young person listing those in place. There were well established routines for review and updating of any restrictive practices at team meetings and at senior manager meetings. Inspectors recommend that the centre review the listed restrictive practices they have logged for some of the children taking their age range into account, for example is having appropriate parental controls for the internet and television viewing restrictive or in fact good parenting.

With the expansion ongoing of the team a cohort of staff were booked for the five day initial training in the management of challenging behaviour. Existing staff refreshers had been completed up to date. There were individual crisis support plans, ICSP's, in place and trainers within the company who oversaw the roll out of the training programme. The ICSP's noted contraindicators in the children's histories inclusive of medications they may be taking. The types of hold to utilise, should this be required

in an emergency, were noted on the plans which had been reviewed monthly or more often where incidents occurred that required a change.

A number of restraints had taken place and safety management plans (SMPs) had been added to the behaviour management plans that identified what worked and what did not work in the first restraint implemented with a child. Communication at the centre in April '22 did not ensure that the updated SMP was known by staff who implemented an unsuccessful restraint seven days later. Inspectors found that this was reviewed by senior management for learning, the social worker was aware of the events and the discussions that took place afterwards. There have been no further restraints since that time and the staff were clear during interview that they noted the training status of staff at handover and no restraints would be completed if sufficient certified staff were not present, the Gardai would be called and had been called.

Inspectors could see from the records of significant event reports that there were multiple and ongoing incidents of physical altercations between the children, some minor but others less so. Staff were using their behaviour management techniques to reduce the frequency and the intensity of incidents, the efficacy of this was being tracked through the significant event review group. Feedback had been provided to the team and an analysis done with the consultant that will inform the ongoing interventions. The social workers were satisfied presently with the interventions in place.

The staff were utilising interventions from their certified training to break away from situations that may lead to harm and these were noted in the body of the incident reports. Inspectors found that they were not always recorded in the dedicated section on physical intervention and must be. There must also be more regular commentary added by the centre management team of the manager and their deputy.

Due to the frequency of the physical contact between the children, some of it robust play and age related and some not, these additional pieces were recorded on forms called 'further information forms'. These did not consistently have actions noted on them by management and were not correlated for reporting to the social workers in some format. As part of the inspectors process of checking if children were offered medical attention and a right to raise concerns or complaints after a restraint it was found that the centre did not categorise complaints as a reportable event. This has been rectified with an immediate change to the relevant policy and a commitment made to notifying social workers of complaints made by young people. There were no complaints found related to restraints but there were multiple complaints registered on file, by staff on children's behalf, related to the fights between the peers.

Inspectors noted that peer to peer impact predated this current group so must form an ongoing area of focus for centre group behaviour management.

Inspectors found that the new service manager was establishing core review to support the centre in collating and analysing trends. There was evidence of a learning approach that is essential as a central advisory for co-ordinating a largely new and inexperienced teams approach to the management of challenging behaviours. It is the organisations responsibility now to act accordingly to stabilise and offer the centre the opportunity to undertake the planned work with the children through consistent assignment of key workers.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre management team must audit and review the implementation of positive behaviour support including staff knowledge and skills in the next two quarters to ensure that key areas identified are acted upon and the new team supported to fully implement the behaviour supports.
- The registered proprietor and senior management must support the centre to ensure that there is a stable team in place in order to deliver on the model of behaviour management and on the plans for the young people.
- The centre management must ensure that all physical techniques are fully recorded and commented upon in the relevant section of the significant events reports.
- The centre management team must track effectively all additional physical fights happening between children at the centre to note actions, escalations and reporting to relevant professionals.

## Theme 4: Health, Wellbeing and Development

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

Inspectors did not find copies of the most recent statutory care plans or child in care reviews on file for all three young people. The social workers stated that they provided copies to the centre to their knowledge with any recent reviews pending completion and forwarding by social workers. The centre management stated that the copies were provided to the centre the day before and the day of the inspection visit and were therefore not on file. Another child was due to have their first statutory review and that had not been held as yet. The centre management must ensure that they check that they have the care plans, that they print them and if not available then to source these from the social workers for the files. Two of the children were the subject of monthly child in care reviews. The inspectors found comprehensive minutes, taken by the staff, of statutory meetings held. Interviews with the social workers confirmed that the education goals identified within these centre minutes and the placement plans on file were accurate.

There were copies of the children's existing educational psychological assessments on file and alongside other education records in advance of the placements. The previous school reports were on file for two of the children, a third also had an education record on file but the document was not titled as to its source. Two of the children had school placements and meetings had been held with those two schools since admission with minutes on file. The team operated, in consultation with the schools and social workers, reduced timetables where needed and one day home education for experiential learning. The meetings, collaboration and additional measures had been successful in maintaining positive school placements.

Inspectors found that a third young person had no school placement since their admission in March of 2022. The young person had moved a significant distance and could not retain their school placement. There had been existing significant attendance issues and the centre took action to inform the social work department of the education and welfare office details in the centre's region. An urgent educational psychological assessment was also required to clarify the type of second level school and the lack of clarity on this matter had hindered the centres efforts to locate a school in a position to offer a suitable school placement. The incoming social worker for this young person must prioritise these matters and support the centre and young



person to access the right learning environment to meet this young persons needs as a matter of urgency before September 2022.

Inspectors found that the young people's education folders did not reflect the level of communication with the schools, the school information and the work done by the team to provide some educational support to one young person. The daily logs evidenced work done with the young person and with all the young people on the day per week they completed at the centre. There was evidence in the daily logs of educational and historical trips and visits done to encourage interest and engagement.

The centre team must ensure to keep a good co-ordinated record of the actions taken to source a school placement for one young person and the communications back from the schools unable to offer a placement. The social worker who had temporarily held the young person's case had not been successful in accessing an EWO and nor had the centre. The outgoing social worker stated that the new social worker will be addressing this as a matter of priority.

There was evidence in the child in care review minutes maintained by the team that parents were involved where possible in education decisions, they were provided with information and updates by social workers and supported by the team in attending special school events.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>None examined</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 4.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre management must ensure that they check that they have the care plans, that they print them and if not available then to source these from the social workers for the files.
- The centre staff team must ensure to maintain good quality and up to date education folders to evidence their actions related to supporting the education requirements of all three young people.



## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre management must source and provide a policy and guideline on intimate care.</p> <p>The registered proprietor must ensure that the garden shed and remedial works are completed without delay and that items stored in the attic area are cleared where necessary.</p>	<p>The centre manager has already begun work on this and has assigned a group to work on this between staff, management and the occupational therapist.</p> <p>This will be completed by 1<sup>st</sup> August.</p> <p>This is completed. We are waiting on the grass to regrow and further shrubs will be planted in September as per the direction of the landscape gardener. Photos have been provided to the inspectors of the completed works to date.</p>	<p>Policies and guidelines will be drawn up which will ensure that intimate care is adapted as per the needs of the centre. Staff will be provided with additional training on the amendments to the policies and procedures document</p> <p>This issue was a once off as the shed we had was not appropriate. As we had difficulties with builders being out sick or not available, it slowed the process down. However, all safety measures were in place while we waited. The home and grounds will be monitored using the homes monthly audit under Theme 2.3</p> <p>The homes maintenance procedure will be enacted upon the identification of any further works required. The registered proprietor oversees this.</p>

	<p>The registered proprietor must provide an updated statement of ongoing compliance with Part B of the Building Control Regulations.</p> <p>The centre management must ensure that roster planning takes account of the need for drivers to be available for access and other essential travel.</p> <p>The centre management must ensure that onsite fire safety training is promptly completed for all new staff.</p>	<p>The registered proprietor will liaise with the architect to acquire the updated statement of compliance. This will be supplied to the ACIMS registration panel.</p> <p>We have changed our insurance policy which now allows all staff members with a licence to drive the house car.</p> <p>This is booked in for August 12<sup>th</sup></p>	<p>The Compliance Statement will be reviewed annually as part of the Directors Quality Improvement Plan (annual Audit).</p> <p>During our recruitment process we query regarding drivers licences. However, it is not a requirement for social care workers to have a licence so the organisation requires a balance between drivers and suitable social care workers.</p> <p>The centre manager and service manager have training on their monthly agenda to ensure all staff are up to date.</p>
<b>3</b>	<p>The centre management team must audit and review the implementation of positive behaviour support including staff knowledge and skills in the next two quarters to ensure that key areas identified are acted upon and the new team supported to fully implement the behaviour supports.</p>	<p>The centre manager and the deputy manager have revised the process in which monthly documents are reviewed. Key workers will be provided with training in how to best deliver their monthly documents. This will be completed throughout July and August's documents. The Service Manager will commence with quarterly audits in the centre. The audit</p>	<p>The keyworker process has been amended to ensure each young person's keyworking group includes a team leader, this is to ensure sufficient development and training is available to staff throughout the year. The quarterly Service Manager audits will culminate with a feedback meeting with the manager and a comprehensive action plan to be completed by specified dates.</p>

	<p>The registered proprietor and senior management must support the centre to ensure that there is a stable team in place in order to deliver on the model of behaviour management and on the plans for the young people.</p> <p>The centre management must ensure that all physical techniques are fully recorded and commented upon in the relevant section of the significant events reports.</p> <p>The centre management team must track effectively all additional physical fights happening between children at the centre to note actions, escalations and reporting to relevant professionals.</p>	<p>for the centre is scheduled for 27.07.2022</p> <p>The senior management team has successfully recruited several new staff members who are employed in the centre. The Service Manager is continuing to recruit suitably qualified and experienced candidates</p> <p>This will be put in place immediately and will be discussed in detail at the staff team meeting on August 2<sup>nd</sup> 2022.</p> <p>A log in the house will be set up to record such behaviours within the house and will be reported where necessary. Currently, there is regular contact with the social work teams for all young people.</p>	<p>Outcomes for the audit action plans will be reviewed in the monthly meeting between the Service Manager and the Centre manager to ensure actions are completed.</p> <p>All staff members employed in the centre will be required to engage in a professional development template. Centre management and the Service Manager will monitor the training logs to ensure all mandatory training is completed and up to date.</p> <p>Once this is put in place it will be routine procedure and overseen by the centre management.</p> <p>The log will be ongoing and added to the agenda for the monthly risk management meetings between the service manager and centre manager as a standing item.</p>
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4	<p>The centre management must ensure that they check that they have the care plans, that they print them and if not available then to source these from the social workers for the files.</p> <p>The centre staff team must ensure to maintain good quality and up to date education folders to evidence their actions related to supporting the education requirements of all three young people.</p>	<p>The social care manager and staff make every effort to source care plans and to follow up on booking and sourcing statutory care plan meetings. Actions had been completed regarding the care plans by the end of the inspection period.</p> <p>This has been discussed in detail with the staff team. It will be reviewed monthly by the deputy manager. Updated folders will be in place before the school year begins in September 2022</p>	<p>Efforts to maintain care plans on the young people files are regular and overseen by the management.</p> <p>This will be monitored regularly so as to avoid this happening again.</p> <p>As per the commencement of the quarterly audits, the Service Manager will review education folders in full under Theme 4 and make recommendations via action plan.</p>
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