



**An Ghníomhaireacht um
Leanaí agus an Teaghlach**
Child and Family Agency

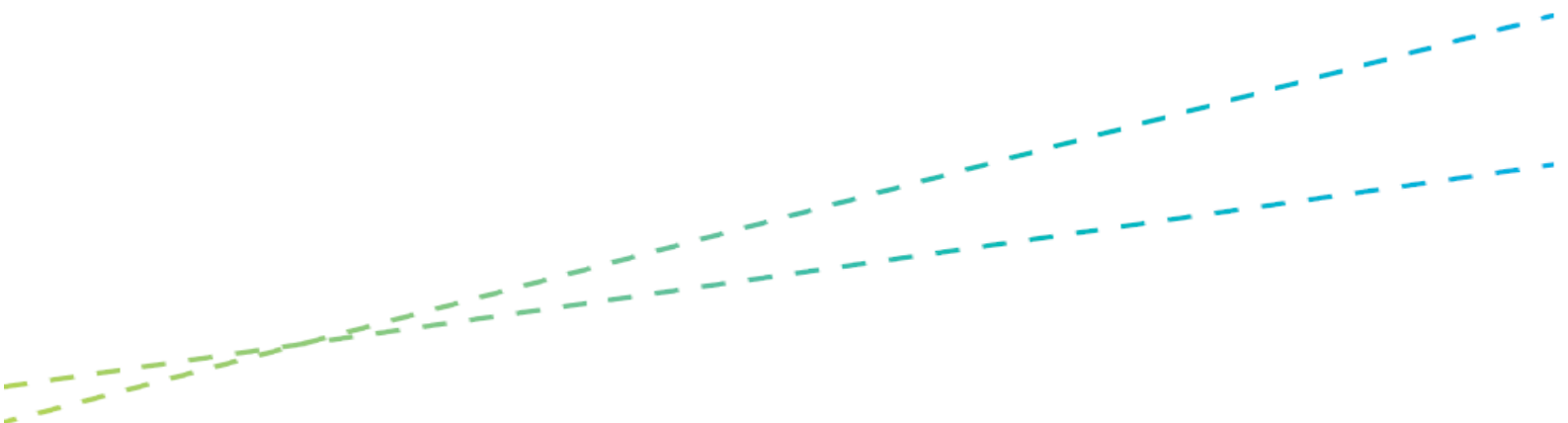
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 056

Year: 2017

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Ashdale Care
Registered Capacity:	4 young people
Dates of Inspection:	23rd & 24th October 2017
Registration Status:	Registered from 14th January 2018 to 14th January 2021
Inspection Team:	Catherine Hanly Linda McGuinness
Date Report Issued:	22nd December 2017

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

1.1 Methodology

This inspection report sets out the findings of a thematic inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection focussed on selected aspects of Standards 2, 5 and 6 of the National Standards. It was an announced inspection and took place on the 23rd and 24th of October 2017.

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

- ◆ An examination of the following documents at the centre:
 - Selected sections of all four young people's care records
 - Staff supervision records
 - Staff personnel files
 - Centre registers – admissions and discharges, complaints, grievances, and physical interventions
 - Management meeting minutes
 - Significant event review group meeting minutes
 - Internal quality audits and action plans
 - Team meeting minutes.

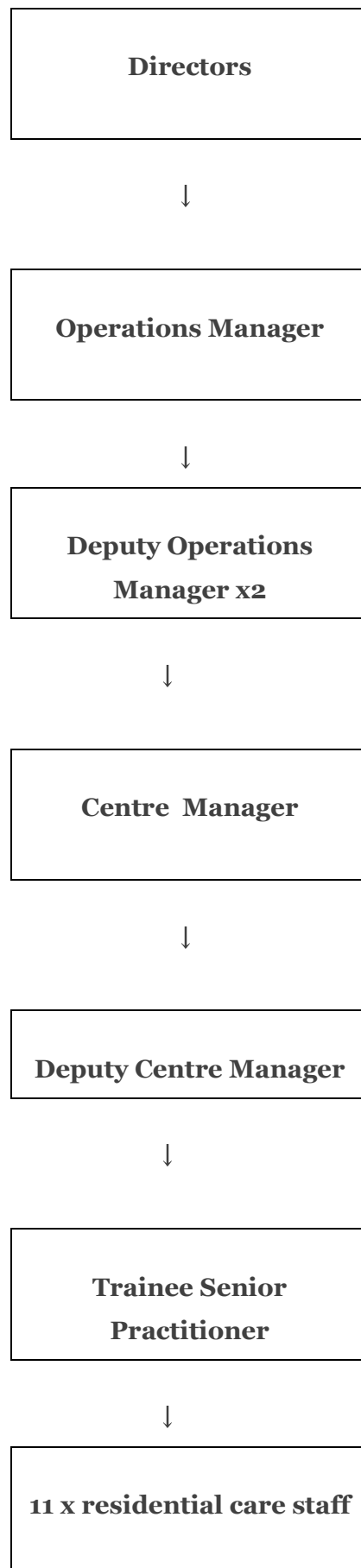
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) One staff member

- c) A joint interview with the organisation's two deputy operations managers
 - d) A formal interview with one of the four young people residing in the centre at the time of the announced inspection and informal conversation with a further two others.
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- ◆ Observations of care practice routines and the staff/young person's interactions.
 - ◆ Observation of the Individual Development Planning meeting for this centre.
 - ◆ A meeting with three members of the clinical team.
 - ◆ Communication with the lead inspector with responsibility for oversight of this centre.
 - ◆ Interviews with three of the four social workers for three of the young people resident at the time of the inspection. The fourth social worker submitted a written response to a number of questions put to them pertaining to their young person. (Several attempts had been made over a number of weeks to conduct an interview).
 - ◆ A review of three questionnaires completed by four of the young people resident at the time of the inspection.
 - ◆ A review of ten staff questionnaires completed by members of the current staff team.
 - ◆ A review of the questionnaires completed by the centre manager, centre deputy manager and director of the organisation.
 - ◆ A review of questionnaires completed by ex-staff.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 6th of December 2017. 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 completed action plan (CAPA) on the 19th of December.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 056 without conditions 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

Training and development

The organisation has an effective ongoing training and development programme in place for all care staff and management. This includes mandatory training as well as supplemental training that supports the work of the care staff in their engagement with the young people. There is an expectation that staff without a formal recognised and relevant qualification in the area of social care or related field would commit to continued training and development. At the time of the inspection there were six staff members that did not have a social care or relevant equivalent qualification and of these, three were studying towards achievement of such a qualification. This is a significant factor for the manager to consider when organising the staff rota.

3.2.2 Practices that met the required standard in some respect only

Management

Inspectors found that there was a clear management structure in place both within the centre and externally at senior management level within the organisation. The manager was qualified and experienced and provided clear leadership to the staff team. There were also clear systems of accountability and oversight however inspectors found that some of these governance structures were not consistently effective in altering practice or attending to some deficits that had been identified. These included in the areas of consequences and supervision. Some consequences had, on occasion been identified by the manager as ineffective and commented upon in the record however this had not prevented a re-use of the same consequence at a later date. With regard to supervision, an audit of supervision records had been conducted by the deputy operations manager yet this had not identified an inconsistent approach to effectively linking supervision to the implementation of

placement plans. There is commentary within the later sections of this report where some of these issues were identified. Senior management will need to review the delivery of their internal auditing system and ensure that they are effecting the necessary change and improvement.

Staffing

The manager informed inspectors that staffing levels currently are sufficient to meet the needs of the young people in the centre and overall inspectors found this to be the case. Inspectors found evidence in detailed key work and individual work records, and through onsite observations of interactions, of staff ability to communicate and engage effectively with the young people in the centre at this time. There has been a recent increase in the numbers of staff on shift and the deployment of a fourth staff member is at the discretion of the manager, in consultation with the staff team, dependant on the presenting needs on a day to day basis which is generally well planned. The manager is conscious of balancing the staff on each shift trying to ensure that gender, skills and experience is evenly distributed across all shifts. This planning will continue to require close monitoring by the manager.

As previously indicated, there were a high number of staff on the team without a social care or relevant equivalent qualification, only some of which were engaged on formal training programmes. As a result the manager indicated that currently they are not in a position to ensure that there is a staff member qualified to child care leader available on each shift. Centre and senior management will need to continue their efforts to ensure that they have a compliment of staff that will enable them to meet this requirement.

Vetting of staff is conducted by the Human Resource department within the organisation. Inspectors examined the personnel files of staff recruited within the last twelve months and found that practice in this area was compliant with requirements.

There is an induction process in place that aims to ensure the training and information needs of staff are attended to both before and in the early stages of their employment. The induction also includes fortnightly formal supervision for a period of six weeks. However inspectors noted from a review of the files that evidence of induction was inconsistent and the manager should ensure there is a clear record in each file of induction, including dates of completion.

Supervision and support

The manager and deputy share responsibility for staff supervision. There were records of formal and informal supervision on file for the staff team and these records demonstrated good attention by management to team dynamics and addressing any difficulties that may have arisen; attendance to performance management and probation. Individual formal supervision showed good evidence of discussions around reflective practice, training and the identification of any support needs for staff members. However there was inconsistency in the records in the area of case supervision and linking the supervision process to the implementation of the individual placement plans and goals within them. The manager and deputy operations managers through their governance systems will need to ensure greater accountability within the supervision forum of the delivery of the key work role towards the realisation of goals identified in individual development plans for young people.

Staff meetings take place fortnightly and the records of these demonstrated that although there were clear discussions regarding all relevant practice areas including individual young people, it was difficult to see clear decisions arising from these discussions and who was responsible for identified actions. On a monthly basis the individual development planning meetings are convened. This is a multi disciplinary meeting involving the care and clinical teams within the organisation as well as allocated social workers on occasion. The purpose of this meeting is to discuss and review/update each of the individual development plans for the young people in the centre. Staff, management and social workers reported this to be particularly purposeful in informing practice and inspectors' concur with this view based on their observation of one such meeting.

There are additional support mechanisms in place for the staff team separate to the supervision forum. Staff indicated through their questionnaires returned to inspectors that they felt supported by both the centre manager and senior management. There is an employee assistance programme that staff can avail of also if necessary and the clinical team are available to provide both individual and group support where necessary.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 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 5, Care Practices and Operational Policies.*

Required Action

- The deputy operations managers must ensure that their internal auditing systems are consistently effective in identifying and attending to deficits in practices.
- Centre management must ensure that the qualifications and experience across the staff team enables the manager to have at least one staff member qualified to child care leader level on each shift.
- Centre management must ensure that supervision and the records of same must consistently demonstrate an effective link to the implementation of individual placement plans within the centre.

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 placement and admissions

The centre manager and the allocated social workers for each of the young people stated to inspectors that they were satisfied the placement for each was currently suitable and was appropriately meeting their needs. Information reviewed in the respective files of all four young people, including individual work and risk assessment plans, confirmed that the placement was meeting their respective needs at this time.

Each of the young people's files contained comprehensive information that detailed their care histories prior to their admission to this centre and these enabled a robust

impact risk assessment to be completed to inform the suitability of admission. This is particularly important in light of the fact that there are two young people in the centre aged less than thirteen years.

There was age appropriate written information on file for the young people which provided them with the relevant details about living in this centre and informing them of the people that work there.

Contact with families

There are arrangements in place for each of the young people with regard to family access and contact that takes account of their individual circumstances including the need for supervision where necessary. The centre maintains comprehensive records regarding access that is supervised. Social workers were particularly complimentary of the efforts by staff to support and facilitate family contact.

Parents are given regular updates by centre staff on all relevant events in their child's lives and are assisted and supported to be involved and to have positive input to their child's care.

One young person expressed to inspectors their dissatisfaction with family contact arrangements. Inspectors raised this with the relevant social worker who indicated they understood the child's view and had made efforts to respond however was mindful of balancing the needs of the young person with the willingness and ability of family members to commit to arrangements.

Social work role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Each of the four young people residing in the centre at the time of this inspection had an allocated social worker. Care files at the centre contained comprehensive pre-admission information provided by the social worker. Up to date statutory care plans were in place for each of the young person and these were updated by convening regular care reviews which young people and their parents were prepared for and facilitated to contribute to.

Social workers meet the young people on a regular basis both in and outside of the centre. They were satisfied that they were in receipt of all relevant information,

including notification of all significant events, and overall stated that they were satisfied with the placement and its ability to meet the needs of each young person. Social workers maintain case files and were able to provide inspectors with relevant dates of visits and statutory care reviews.

Emotional and specialist support

Inspectors found from observation, interview and review of care files that there was a high level of awareness of the emotional and psychological needs of each of the young people. Key working records in particular evidenced the efforts made by staff on an ongoing basis to meet the needs of each young person.

The organisation has its own clinical team and some of the young people were accessing services within this team on an individual basis. In addition to this individualised specialist support, the clinical team contribute to the development and review of the Individual Development Plans (IDP) however their input and direction/guidance was not immediately evident to inspectors within the records. One inspector observed the IDP meeting a number of weeks after the onsite inspection. Having observed this process, the inspector had a better understanding of the role of the various members of the clinical team and their respective input to the care of the young people. However, the creation and implementation of individualised plans that will provide the framework for the delivery of care specifically within this placement needs to demonstrate robustly the input/direction of these various professionals and how this input will be delivered on by the care team.

Children's case and care records

Social workers confirmed that they maintain case files for each of the young person with all relevant data included therein.

Inspectors found all records at the centre to be well and clearly maintained and easy to navigate. They were maintained in a manner that supported confidentiality. Care files contained copies of relevant paperwork including birth certificates and care orders. They were demonstrative of the young people's views being sought and considered regarding all aspects of their care.

3.5.2 Practices that met the required standard in some respect only

Statutory care plans and reviews

Each of the young people had an up to date statutory care plan in place, however this information had to be ascertained from the social work files for two of the young people as the current care plans were not on file at the centre at the time of this inspection. Social work management must ensure that up to date statutory care plans are forwarded to all relevant parties, in particular the residential centre, as soon as is practicable after the statutory care review which informs same is convened.

In general the quality of the statutory care plans on file was good, with attendees identified, summary of the young person's needs being provided, and decisions agreed and clearly stated.

Reviews were conducted in accordance with statutory and policy requirements, including monthly for the two young people aged less than thirteen. The reviews considered the appropriateness of the placement for each and for the most part reflected the young person's views. Where this was not immediately apparent from the records, social workers were able to verify how young people had been consulted with and assisted to contribute to their respective care plans.

The clinical and care teams meet collectively on a monthly basis to discuss each young person individually within the context of their overall care and planning within this placement. Allocated social workers are also invited to attend this forum and do on occasion. At these meetings, an Individual Development Plan (IDP) for each young person is reviewed and updated accordingly based on the discussion and feedback from all present. Therapeutic planning and delivery of care is a core focus of this meeting and the forum allows a thorough discussion of how the young person is progressing within their placement. An inspector observed one such meeting and took the opportunity to meet with the organisations' art psychotherapist, clinical psychologist and clinical team leader for a discussion regarding the IDP theory and function. It was clear from this observation and meeting, as well as from a review of documents on files at the centre, that the IDP does not equate to a placement plan. It has a different function and purpose which is to capture the therapeutic approach to care delivery. However these plans do not accurately represent an individualised framework, inclusive of measurable outcomes, for the work being done in the current placement with each young person. Both the clinical team and senior management concur with this view. Senior management have committed to devising and implementing a placement plan document that will operate within the broader

context of the statutory care plan and will accurately represent planning for each young person within this centre.

3.5.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must review the format and content of individual development plans and ensure that these, or an alternative document, accurately reflect all relevant aspects of planning for each young person's placement at this centre.

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

Individual care in group living

The care provided to the young people in this centre was very much individualised and attentive to the needs, abilities, and developmental stage of each of the four residents at the time of this inspection. The individualised care was reflected, and evidenced through the care records, in family contact arrangements, education placements, hobbies and interests. In particular the emotional wellbeing of each young person was acknowledged and given the necessary attention through the establishment of positive working relationships with key workers and the clinical team.

Provision of food and cooking facilities

Individual preferences are considered in meal planning and there was evidence that young people were provided with opportunities to choose foods and meals of their liking. In an age and developmental appropriate manner, young people are encouraged to participate in food shopping and meal preparation. Due to the individualised nature of placements and daily schedules, opportunities for group meals are limited, however these do occur when possible and inspectors found them to be a positive experience.

Race, culture, religion, gender and disability

The individualised manner in which young people are cared for in this centre was reflected across these criteria and is supported by the organisation's policy on recognising diversity. Young people are supported and facilitated to learn about and share in all relevant aspects of their cultural identity. Matters of race and discrimination have been and continue to be appropriately addressed by management and staff so that these do not negatively impact on others. The manager and staff are mindful of the impact of bullying behaviour and endeavour to generate a positive ethos of inclusion.

Restraint

Each young person's file contains an individualised plan that sets out how crisis behaviour will be managed up to and including physical restraint. Physical restraint has been deployed on several occasions, with one young person; however the records and reviews of such events indicate that this measure was undertaken as a last resort. Inspectors found that there are robust reviews conducted following each individual episode of restraint and the feedback resulting from these is provided to the manager and staff team so that they can implement any necessary changes to their practice. There are also good support and debriefing mechanisms in place for staff in the event of physical restraints being conducted.

The use of physical restraint is recorded separately at the centre and is monitored by the centre manager and external management.

Staff attend full training and regular refresher training in a recognised model of physical intervention with an employee of the organisation who is a recognised trainer.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre has a written policy on behaviour management that describes the various plans, techniques, training and approaches in place which are used to assist and support young people to develop positive ways of expressing themselves and their feelings.

Staff endeavour to assist young people to know the behaviours that are expected of them in this centre; this is done through welcome booklets at the commencement of placement, within their individual development and behaviour management plans, and through ongoing conversation and individual work.

The centre has a policy on anti-bullying and staff are attuned to the possibility of bullying behaviours presenting amongst young people and are quick to respond to issues as they arise. One young person described to inspectors what they felt were bullying behaviours towards them by another resident. Management, staff and the young person's social worker were aware of the young person's expressed feelings on encounters they have had with the other resident. The records demonstrate that the concerns have been heard and there are ongoing efforts to address the issue with both young people.

The centre also has a written policy on the use of natural and logical consequences.

Inspectors found that practice was not in compliance with policy in this area.

Consequences are used and named as being 'natural' when they do not have any obvious correlation with the behaviour demonstrated by the young person. Although reviews of the use of consequences are conducted by the manager and overseen by external management, neither system of oversight has robustly identified these discrepancies. There was a separate record of consequences maintained in the centre and the manager had on occasions commented that the use of some were not appropriate as they did not relate directly to the behaviour displayed. However this was not consistently identified by the manager where there was no clear correlation between behaviour and consequence and the practice of oversight in this area needs to be more robust.

3.6.3 Practices that did not meet the required standard

None identified.

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

- Centre management must ensure that their review mechanisms are adequately thorough.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The deputy operations managers must ensure that their internal auditing systems are consistently effective in identifying and attending to deficits in practices.	<p>Operational Team will continue to ensure that oversight of their systems is effective. As below training pertaining to Ashdale’s Therapeutic Model of care, review of induction process, and specific training relating to keyworkers as identified, will support the teams with their accountability of practice, and also management in their monitoring of and attending to any areas which need to be addressed.</p> <p>A working party group has being formed to review and revise the model of care. It is acknowledged that the model of care needs to be embedded into the induction process to ensure full understanding and accountability for model implementation in practice. It is envisaged that on reviewing and revising the model that training will be delivered across all homes in March 2018. In collaboration with same the management team will work to ensure effective oversight of supervision to ensure that greater accountability is reflected in supervision records of effective adherence to roles within the team, in their implementation of the therapeutic model of care through their practice and directives as identified through the IDP process.</p> <p>Operations Team had reviewed their Audit Templates prior to inspection which reflects a</p>	<p>Operational Management will continue to closely audit and work to ensure accountability and responsibility of practice across the homes.</p> <p>Operational Management will ensure that there is adequate training and resources allocated to colleagues in their ability to fulfill their roles.</p> <p>Supervision remains a constant on management meeting agenda’s which will include any findings from audits and subsequent follow-up or action if necessary.</p>

	<p>Centre management must ensure that the qualifications and experience across the staff team enables the manager to have at least one staff member qualified to child care leader level on each shift.</p> <p>Centre management must ensure that supervision and the records of same must consistently demonstrate an effective link to the implementation of individual placement plans within the centre.</p>	<p>specific Action Plan following an audit, areas of deficit and person responsible for ensuring that any areas identified are attended to. All audits are communicated in house with managers and any learnings or follow up can be placed on agendas at management meetings.</p> <p>Identified at a management meeting in Nov 17 – Training to be delivered to Keyworkers across the organisation pertaining to their role and responsibilities. The organisation aims to provide a supportive frame work around keyworkers to ensure High support and High accountability is achieved. This training is scheduled for February 2018.</p> <p>Centre management alongside the Operational Team will strive in our efforts to ensure that this compliment of staffing is attained. The organisation continues to support colleagues in their attaining of qualifications to meet the requirement for their role.</p> <p>Supervision templates are to be reviewed with Home Management with input from the clinical team. It is envisaged that the Supervision Template will support both supervision of Operational and Therapeutic roles. With a more structured Placement Planning Framework in place it is hoped that this will prove to be more effective.</p> <p>Supervision Template to reflect clear Action Plan pertaining to Placement Plan and IDP directives outlining clear goals and identifying persons responsible for achieving/ responding to same. (Jan 2018)</p>	<p>Operations and Home Management will continue to closely monitor the patterns of staffing in the home.</p> <p>Senior and Home Management on implementing Placement Plan document will monitor its utilisation to ensure that it is effective. As mentioned Operational Management</p>
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3.5	Centre management must review the format and content of individual development plans and ensure that these, or an alternative document, accurately reflect all relevant aspects of planning for each young person's placement at this centre.	As per report Senior Management and Home Management are committed to devising a placement plan template to ensure that there is a frame work which informs how the individual needs of the young person are being met, within their placement, who is involved and achievements/outcomes to date. This document will work in tangent with the IDP. (January 2018).	Operational Management will closely monitor and review this document to ensure that it is appropriately utilised and effective in practice.
3.6	Centre management must ensure that their review mechanisms are adequately thorough.	Centre management will continue to review systems in place to ensure implementation of policies and procedures in practice. An auditing review relating to consequences was conducted prior to the inspection, however, the completion of findings was not in place pertaining to changes of templates and reviewing of policies and procedures to reflect practice and procedure.	Consequences are reviewed monthly as reflected in young person's monthly report. This was agreed to ensure involvement of young person and social workers in reviewing of consequences and measuring outcomes/learnings relating to same. Reviewing of consequences is now a confirmed as part of the Team Meeting agenda, to ensure learning and effective response to young people's behaviour. Operational Management will continue to work alongside Home Management to ensure that review systems in house are adequately thorough and reflecting change.