



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 059

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Misty Croft Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	2nd & 3rd of June 2021
Registration Status:	Registered from the 31st of May 2020 to the 31st of May 2023
Inspection Team:	Eileen Woods Cora Kelly
Date Report Issued:	13th September, 2021

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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 on the 31st of May 2008. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st of May 2020 to the 31st of May 2023.

The centre was registered to provide emergency, respite, short- and medium-term care for up to six young people. The centre is dedicated to the provision of placements for young people entering the country as separated children seeking asylum. There were six young people living in the centre at the time of the inspection. Their model of care was described as an individualised need led approach. The model was based on Maslow's hierarchy of needs, where physiological and safety needs are responded to and belonging, and esteem needs are explored with personal development being encouraged and supported.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
4: Health, Wellbeing and Development	4.1, 4.2, 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

A draft inspection report was issued to the registered provider, senior management, centre manager on the 19th of July 2021 and to the relevant social work department on the 19th of July 2021. 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 29th of July 2021. This was 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: 059 without attached conditions from the 31st of May 2020 to the 31st of May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 7: Staffing

Regulation 9: Access Arrangements

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 16: Notification of Significant Events

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The centre had a policy on children's rights, the policy document had been updated in 2021. The staff team were familiar with the rights as prescribed in the UN Convention on the Rights of the Child and that refugee children were rights bearers under the UN convention and staff were aware of the young people's individual legal status under Irish law.

Inspectors found that the staff informed young people of the relevant rights under the respective categories, for example education, healthcare and being heard. They did not exclusively complete work regarding the UN convention as a standalone piece of key work or individual work and should add this to their structured key working framework.

There were mechanisms in place at the centre to support young people in exercising their rights, through for example the weekly young people's meeting, their access to making complaints and comments, the provision of interpreters to ensure they understood the information provided. The young people's meeting and the placement plan meeting discussed young people's food and other preferences and agreed menus and activities choices.

The six young people engaged with the inspectors, five completed interviews and questionnaires, all stated that there was a culture of respect and safety in the centre and that the staff and management were caring and supportive. They noted this was a stressful and complicated period in their life but that they had been supported to understand what was going on at any one time by their key worker and the whole

team. They stated that where they had complaints or frustrations they were heard and that where possible to affect change, staff had responded to them.

The centre had policies on consultation and on diversity, inclusion and equality which the staff knew and worked within. The centre had a client service policy and a vision and values statement that outlined that young people's dignity and rights will be respected with value being placed in the lessons being learned from young people. It was evident to inspectors that as an intake and mainly short term centre that the staff team had learned and integrated lessons from the varied cultures, ethnicities, nationalities and religions of the young people, with almost twenty-two placements having been facilitated by the team since February 2020 alone. They were aware as a staff team of the emotional and practical impacts of the previous experiences on the young people in their care.

An item raised with inspectors by two young people was around a wish to have access to additional monies or contributions towards clothing and possessions. There were no formal or informal complaints about clothing recorded. The centre had an identified budget for each young person with an audit of clothing upon admission. The directors named that they had reviewed their budgets for clothing and maintained oversight of this at senior level. The centre and the external management had a system in place to encourage exit interviews with young people when they leave the centre and stated that they also utilised this to inform service development. Under standard 6.1 of this report inspectors have noted that the centre must review how they identify and track items arising for local resolution at the centre to ensure that there is recording and response recorded. If any trends do arise related to this area they should be collated to help further inform external managements forward planning.

Inspectors discussed with the director around the high volumes of young people that had been admitted during the pandemic period. The director added that as they track the numbers and pace of admissions, feedback from ex young people and all types of complaints that they would discuss any implications for budgets with Tusla.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

Each young person had their own room and access to suitable either private or shared bathroom facilities. Their belongings were safe and could be held on their behalf by staff upon request. The centre were sensitive to personal belongings of significance

and would organise the printing or maintaining of, for example, important photographs and personal items of significance.

There were two living rooms with one dedicated to games, computers, education and information and the young people could spend private time in their rooms should they wish to do so.

There were limits placed on the privacy of the young people upon admission and during their stay to a lesser extent based on the social work departments instruction. The main safety limits were to initially significantly limit going out without staff and later that there were curfews and requirements to check in frequently when out. The rationale for this was outlined as evidence based due to flight and exploitation risks, the centre had a policy on the human trafficking of vulnerable young people which addressed this well. The young people's personal phones were removed by the social workers for examination when they enter the country and no money was given directly to young person until more of the young person's personal story could be established and their level of flight risk measured by the social work department.

The social care team and manager all had experience in this aspect of the work including with young people who became and remain missing from care. All actions with regard to these rules were approved by the social work department and where delays occurred in the return of phones the social care team sought solutions to speed things up. Inspectors found that it would be helpful for the team if the social work department could identify timeframes for phone examination so that the team could reliably update the young people.

Within the centre there were regular room checks, identified as health and safety checks they could nonetheless represent an impingement on privacy so the reasons and regularity for these must be also viewed through a dignity perspective.

The young people were informed that information was shared with their social worker and the social work department about their day to day life, where they went and that a report would be made to either the Gardaí if something significant like an absence occurred and with the social work department for all types of events.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

There were weekly or bi-weekly young people's meetings held, the frequency was determined by the young people. There were policies and procedures in place for consultation and participation and inspectors found that these principles and policies were promoted and supported by the team. The inspectors recommended updates to the young people's meeting recording format to allow for feedback from the manager to young people regarding comments, requests or just for ongoing communication.

The team maintained good practices in place around introducing, holding, and managing house meetings, the groups of young people were regularly changing and had diverse ages, origins and interests and the team managed this with skill. The records evidenced discussions on foods, types of meals, life skills, activities, new experiences, mutual respect and daily life at the centre.

The key working role was prominent and skilled within the centre, each file evidenced action with the immediate assignment of a key worker and a system of key work support and information sharing that was well recorded and known by the young people and the staff team. The social workers were familiar with the system in place and complementary about the practices displayed by the team. The young people informed staff that their key worker was an important person who could help them get things done within the centre and would spend one to one time with them. The nature of the numbers of young people and volume of work did result in key workers and staff being stretched at times and unable to accompany young people to all the appointments that they might wish to but they always prioritised important medical, clinical, care related and legal status related appointments. The social workers also assisted with appointments and commitments on occasion.

The staff informed young people about the fact that information was recorded and maintained during their placement at the centre and that copies of documents like care plans would be on file from their social work department. The staff completed key work on access to information, it was named in the young person's booklet and there was evidence that the young people were offered access to relevant documents and several involved themselves in their placement plans and care plans. They were offered and provided with easy access to interpreters over the phone to ensure that important information was conveyed in their first language, the interpreters were utilised as much as was necessary based on age and circumstances and there was evidence that as English language skills grew that young people were supported to self-represent and self-advocate.

The staff informed young people about advocacy services such as EPIC, empowering people in care, and EPIC had been regularly invited to visit the centre. Information was available in an information corner in a living room at the house. The centre had information from the child's rights alliance, refugee projects and the ombudsman for children office. The young people had been linked to programmes run by legal firms to manage their status applications and a guardian ad litem was appointed as necessary for the protection of the rights of a child during proceedings.

Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.

Upon admission the young people go through a process of introduction to the centre. Young people arrived in a planned manner through EU and international agreements but can also arrive on an emergency basis through entry points at ports and airports. Admissions and intake meetings were scheduled and took place immediately with the core information and plans agreed to allow a young person to acclimatise and orient themselves with the support of staff. The roles for social workers and for the centre staff were clearly defined on the admissions documents, the young people were made aware of the decisions by attending these meetings with an interpreter.

As outlined earlier there was a young person's booklet in place and whilst informative and good regarding care and placement planning, the role of key worker and the nature of the support they would receive or where to access external supports inspectors found that elements of the booklet would benefit from review. For example, items that were rules in one part of the booklet would in another be described as being decided between the young person, the team and the social worker like bedtimes. Pocket money was described as conditional on specific chores being done which should also be reviewed. There was a short chart of rights and of responsibilities on the booklet and inspectors found that the UN Charter on the Rights of the Child could be better represented on the booklet. Inspectors were told that versions of the booklet were available in different languages and would be printed out on a case by case basis.

Discussions about family history and life experiences mainly took place for the young people with their social workers, their legal representatives but also with the staff. Due to the nature of the asylum process for those young people who arrived at the centre with their refugee status completed they spoke more freely regarding family and their life. The young people told inspectors, and it was clear from the records, that where they wanted to share their stories that the team listened and emotionally supported them.

The centre had previously had copies of the young people's guide to the National Standards for Children's Residential Centre 2018 (HIQA) and hoped to source more for the young people to have free access to in their rights and information hub.

Standard 1.5 Each child develops and maintains positive attachments and links with family, the community and other significant people in their lives.

The staff team demonstrated knowledge and regard for the importance of the family of origin for the young people. They knew the increased importance of friends and significant others in the absence of family and pre pandemic would have been facilitated friends and others to visit. For the six young people at the centre, some who had been there a significant number of months, there was little direct contact by staff with parents or previous adult guardians. This communication was led by the social work department.

Where there were siblings or groups of close relatives in the country together this contact was well supported by the staff. Many of the young people were close to or had turned eighteen and they stated to inspectors that they could organise their friendships independently so long as they updated staff on their well-being and time of return. They added that when Covid 19 allowed it that the staff would welcome their friends and relatives and were respectful and kind in this regard. The centre provided international family phone access for young people and provided a temporary non internet enabled phone for young people upon admission until their own returned. The social care team did not generally have a role in routine updating of family members, the social workers took on this role. It would be positive to see that where it was possible for staff to do that it was reflected on the young people's records.

The care plan meetings discussed family and contact with the lead role laying with the social workers to verify information and to support with tracing family through applications to the International Red Cross, through social media and other international bodies with whom they maintain links. Family reunifications could be applied for by those with a relevant legal status in the country.

Inspectors found that in activities, sports, hobbies and clubs that the staff did what they could to promote and support these. They gave particular attention to new experiences, orienting to life in Ireland, helping young people locate clubs for their

favourite sport. There was a computer club and photography club that the young people all had access to, there was SARI 'soccer against racism' training and other regular activity links. The team were well versed in local, city wide and community links for religious observation, specialist shops and supermarkets. Special occasions like birthdays were celebrated with individual attention paid to each. Religious feast days or periods of religious observations, like Ramadan and national festival days like independence days were also fully resourced and supported by the team.

Despite there being internet in the centre the young people had raised the quality and stability of it as an issue. The directors noted that they had taken action to have it reviewed and boosted but that the properties of the building made it difficult to improve further. The internet access in the second sitting room was good and supported education and the homework space created during term times. It also supported access to channels that allowed young people view videos, news and programmes from their own country.

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

As stated throughout this report so far the centre had policies and practices implemented by the staff team designed to ensure that the young people had the information they needed, the support they required and opportunities to participate and influence aspects of daily choices on food and activities for example. Their key workers held a core role in consulting with them on their placement plans, maintaining the lists of tasks and legal matters that often needed attending to, preparing them for life beyond the centre in a variety of different settings and finally in their statutory care plan meetings. They advocated for their needs where they could and there were quarterly meetings between the directors and the principal social worker of the separated children seeking asylum team to review and address shared work practices and roles.

The manager and the staff team communicated the young people's preferences, comments and any complaints they may have had to the external management in a monthly governance report, a second report was also shared with the principal social worker. The copies of those seen by inspectors did not evidence the responses from the external management as clearly as they could, and inspectors recommended that these be improved regarding content.

The centre had a policy on complaints and all policies had been reviewed in 2020. The staff team were familiar with the policy and evidenced its implementation in

practice. Each key worker ensured that their young person knew about access to complaints internally and externally and they promoted the ombudsman for children office and EPIC as bodies to support with complaints. The young people's booklet outlined the Tusla complaints and feedback mechanism 'Tell Us'. The four formal complaints on the complaints register from 2020 to June 2021 were in fact related to social work department decision making, communication or policy. These were notified through the centres complaints procedure but it was not clear what the specific structure was of the social work department local resolution process and how or when something would be escalated to Tell Us if a young person remained dissatisfied. Inspectors recommend that there is clarity on matters the centre can directly address and matters that the social work department and Tusla are responsible for responding to and how these can be reflected on the centre records. The manager reported to the directors and the principal social worker monthly and this could be utilised to record responses from the social work department to evidence that these complaints were closed.

The centre had registers for internally resolvable matters as well as for the formal complaints. Inspectors found that a number of recurring issues noted from a review of the register, young people meetings and general records relating to things such as the internet, heating, finances available for young people did not make it onto the informal complaints records in a clear and consistent manner. Due to the structures in aspects of the monthly governance reporting some of this information may be lost regarding having an opportunity to review trends.

From a review of the wider files and in conversation with young people, inspectors found that children were being listened to and that where complaints were documented that resolutions were sought for a satisfactory outcome, records relating to these were on their care files. The manager, their directors and staff must review how they threshold items for informal response, where they record them, how they are collated for external manager review and how they inform practices overall for the centre.

Compliance with Regulations	
Regulation met	Regulation 7 Regulation 9 Regulation 11 Regulation 12 Regulation 16
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.2, 1.3, 1.5
Practices met the required standard in some respects only	Standard 1.1, 1.4, 1.6
Practices did not meet the required standard	None identified

Actions required

- The centre management must review how they include key working sessions on rights with the young people.
- The directors must gain the feedback of young people and collate their comments to further inform their review of best use of resources and any funding implications arising from that.
- The directors and centre manager must ensure that the young people's booklet is reviewed and updated in the inclusion of information on rights and clarity regarding the rules at the centre.
- The manager, their directors and staff must review how they threshold items for informal response, where they record them, how they are collated for external manager review and how they inform practices overall for the centre.
- The directors and principal social worker must agree a formal recorded response mechanism for complaints related to social work practice maintained on the centre register.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

The centres model of care was to focus on the primary care needs of the young people in particular safety, health, welfare and education, within a culture that values and respects diversity. Among the varied supporting policies there were policies for nutrition and healthy eating, general physical health and hobbies, activities and interests. The policies on child protection, human trafficking, placement planning and risk and behaviour management detailed how safety would be acted on.

These and the other policies operated by the centre had been developed and shared with Tusla through the social work department, contracting and the alternative care inspection and monitoring service. There had been no opportunities to consult with families on policy and planning.

There was good evidence around healthy eating, the importance of good diet in recovery and encouragement to engage in planning for meals or to cook. The young people got a small weekly discretionary amount of money to spend on a specific food item and the centre bought all other supplies. Food and menus were a regular item on the young people's meetings. Some young people told inspectors that they preferred to cook for themselves on occasion and this was open to them at any time. They also stated that they got help if they needed it. The staff had trained in food hygiene and the kitchen was well stocked and well presented. There were daily meals for the group to congregate together with staff and times were adjusted and accommodated education, sports and activities.

The placement plans maintained a structured focus on well-being and health, the staff team utilised their skills and experience to support the young people at times of distress. In response to this inspection, through interview and questionnaires, the staff displayed a strong interest in continuing to add to their training and tools in trauma informed care. The team had a good awareness of the role of resilience and recognised the existing resilience and life skills that brought the young people this far. The team aimed to supplement these with life skills for participation in education, Irish society and for leaving care. There was good evidence of co-working between the young people and their key workers on decision making and how to have mutual regard as a diverse group living and working together. Areas of tension and group conflict were identified, and strategies agreed to address same.

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

The young people were referred to an area medical officer of the HSE when they entered the care of the social work team and the social workers built their care records for medical data including immunisations required, thereafter a record was provided for the centre. All aspects of health and welfare were discussed and actioned from the statutory care plan meetings and onward into the placement plans. The centre worked with a GP who was familiar with the client group and experienced in their needs. A medical card had been sourced for all the current young people.

The young people's statutory care plans and review records were on file, there were a small number of delays to documents on foot of the HSE and Tusla cyber-attack constraints. The care plans addressed dental, optical and general health well. The young people's mental health needs were raised and some discussion took place, the main referral focus was the specialist SPIRASI service, they provided psychosocial support and counselling for victims of torture, displacement and trauma associated with such experiences. The GP was visited by young people where needed around any mood concerns and they were accompanied by staff by agreement. Their mental health and the physical effects of their experiences were reviewed with their GP and on occasion referral onwards to mental health services were made. The team and the social work department facilitated referrals to organisations geared to emotional support such Jigsaw and Pieta house.

The staff team demonstrated their ability to offer support and immediate crisis response to emotional distress and were present and available to young people. They incorporated their responses into the young people's plans regarding what worked and thereafter reviewed and discussed this with the young person and their social worker. Inspectors found that with regard to safety planning and risk assessment around expressions of low mood accompanied by a risk of self-harm that there were plans in place but that these could more robustly have evidenced review and updating in line with the changing events.

The staff team managed the medications at the centre having regard to the large numbers of young people and rapidly changing admissions and discharges. There were systems and policies for medication management, these had been audited and any items required for attention like signing had been addressed. The team had been majority trained in the safe administration of medication and there were sufficient numbers of trained staff to have one trained person on duty.

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

The City of Dublin Education and Training Board (CDETb) have since 2001 run a youth and education service for refugee children. All of the young people who were admitted to the centre were enrolled and attended the programmes and assessments being offered by the CDETb. From here they could progress through a number of stages and move onto mainstream school, three of the current young people were attending mainstream school at the time of this inspection. There were full records of communication between CDETb co-ordinator, the social workers and the team at the

centre. Where any concerns were identified regarding learning deficits these were identified for additional referral onwards for educational psychological assessment. The young people had all been facilitated with extra digital devices from the centre or the schools during the remote learning phases of the pandemic.

There were some communications with the mainstream schools and these school placements were sourced by the social workers, this had on a recent occasion resulted in a complaint by a young person following a delay in identifying a school. Inspectors found that this could be included for discussion and agreement with the principal social worker regarding division of tasks to allow for timely completion to avoid such issues recurring.

The educational needs for each young person were discussed and reviewed through statutory care planning and through the monthly placement plan progress reports. The social workers were updated on positive educational achievements and progression. The CDETB and the centre staff provided homework support, a study space and resources for the young people and all young people told inspectors that they were very happy with the assistance and feedback they got regarding their educational progress and plans. Inspectors noted that the directors had reviewed the main living spaces including the area used for computers, homework group and study and had identified the benefit of a redecoration of this heavily used area, they hope to plan for this in the coming year.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.3
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that risk assessments and safety plans for specific low mood related risks evidenced review and updating in a clear manner.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre management must review how they include key working sessions on rights with the young people.	Key working sessions 'Know your Rights' has been added to the care plan template, PP, progress report and key work supervision documents.	'Know your Rights' key work is now scheduled as part of the young people's care planning. Including same in key work supervision ensures oversight by all responsible parties inclusive of Social Care Team Leader, Social Care Manager, Director of Service and Managing Director.
	The directors must gain the feedback of young people and collate their comments to further inform their review of best use of resources and any funding implications arising from that.	Progress reports are specific in portraying the young people's voice, these are routinely sent to SW department and directors as they are completed. Exit interviews with young people are encouraged and the findings will now be collated and reviewed bi-annually at management meetings.	Information gathered by the young people's exit interviews will be reviewed at the management meetings.
	The directors and centre manager must ensure that the young people's booklet is reviewed and updated in the	Young person's booklet has been reviewed clarifying rules in the centre and include UN convention on the rights of the child.	Young people have been asked for their opinion on the reviewed booklet, all of their opinions/suggestions will be

	<p>inclusion of information on rights and clarity regarding the rules at the centre.</p> <p>The manager, their directors and staff must review how they threshold items for informal response, where they record them, how they are collated for external manager review and how they inform practices overall for the centre.</p> <p>The directors and principal social worker must agree a formal recorded response mechanism for complaints related to social work practice maintained on the centre register.</p>	<p>Copy provided to inspectors.</p> <p>Issues young people raise are now recorded in the weekly team meeting minutes and a young person's issues log. These will then be sent to the director of service and the managing director in the monthly reports.</p> <p>Awaiting date with PSW to discuss protocol and procedures for complaints related to the social work department.</p>	<p>considered for further review.</p> <p>Young people's issues raised will be collated and reviewed quarterly at management meeting.</p> <p>Directions will be followed from the procedures and protocols agreed upon.</p>
4	<p>The centre manager must ensure that risk assessments and safety plans for specific low mood related risks evidence review and updating in a clear manner.</p>	<p>All risk assessments and safety plans relating to low mood will be reviewed at weekly team meetings and sooner if required.</p>	<p>Risk assessments and safety plans reviewed at team meetings and also reviewed at risk assessments review panel.</p>