An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 099

Year: 2021

Inspection Report

Year:	**2021**
Name of Organisation:	**Fresh Start Ltd**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced**
Date of inspection:	**24th, 25th & 26th May 2021**
Registration Status:	**Registered from 20th September 2019 to 20th September 2022**
Inspection Team:	**Sinead Tierney** **Joanne Cogley**
Date Report Issued:	**6th October 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 20th of September 2013. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from the 20th of September 2019 to the 20th of September 2022.

The centre was registered to provide care for three young people of both genders from age eight to twelve years on admission on a medium to long term basis. Their model of care was described as providing a safe, nurturing and caring environment to help bring stability to the lives of young people through having clearly defined expectations and boundaries that are responsive to the needs of young people. 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
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 14th of September 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 24th of September 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: 099 without attached conditions from the 20th of September 2019 to the 20th of September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centres policies and procedures were updated in April 2021 by the chief executive officer and the senior management team. On review of the policies, inspectors found they continued to be structured under the previous national standards for children's residential centres, 2001. Whilst certain practices relating to behaviour management were mentioned within other policies, they were not sufficient in providing a full picture of the centre's policy. There was a policy in place to address all forms of bullying in line with Children First and relevant legislation. The centre had a cyber bullying policy however this did not meet the requirements of an online safety policy (including the use of mobile phones, gaming consoles, photography, video, social and digital media). A review of personnel files found that the centres policy in respect of vetting practices was adhered to however the centre must carry out and document an adequate risk assessment when vetting disclosures are notified and should update their policy to reflect this.

A child safeguarding statement was in place and displayed appropriately. This was supported by a letter of compliance from the Child Safeguarding Statement Compliance Unit. There was a risk assessment as required, and procedures in place to mitigate against risks occurring were outlined. The register of child protection concerns was examined. In general, inspectors found that concerns were appropriately managed, recorded and reported however noted that a specific incident was not reported in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Whilst a significant event notification was submitted for this incident, a child protection and welfare referral form should also have been completed. Staff interviewed identified the designated liaison person (DLP) and their role.

Staff training records evidenced that each staff member had completed the Tulsa's E-Learning module: Introduction to Children First, 2017 as well as the organisational child safeguarding training.

Inspectors found from interviews that while staff were familiar with child protection policies, they were less confident in regard to their statutory obligations as mandated persons under the Children First Act, 2015. Inspectors were not assured by staff that if the designated liaison person (DLP) advised them not to submit a child protection and welfare notification form and they disagreed, they would notify Tusla as mandated persons regardless. Staff interviewed did not display an understanding of recently reviewed policies. Whilst the centre manager stated that staff were emailed regarding the policies update, there was no evidence in team meetings minutes that these were discussed to ensure adequate implementation.

Following a review of young people's files and interviews with the centre manager and staff, the inspectors found that good relationships were formed with young people. The team focused on young people's strengths and responded to their individual needs. At the time of inspection, the team were managing an ongoing risk faced by one young person. There was evidence of multi-disciplinary discussion on areas of risk and significant event notifications sent to all relevant parties. An action plan to address the risks was in place, however inspectors found that this plan was not re-assessed as the risks increased. One young person with a history of making suicidal statements, had a pre-admission risk assessment completed and a follow up risk assessment completed three weeks after their admission. This risk assessment advised that staff discuss with the young person why they talk about dying and not to respond to conversations when they say they want to "kill themselves". A life space interview (LSI) completed with the young person following an incident of them putting a cord around their neck did not explore with the young person what need was behind this behaviour. A review of three significant conversations in the young person file found that that staff re-directed the conversation from death on each occasion the young person talked of death and wanting to die. The centre manager must ensure that risks faced by young people are adequately evaluated to ensure young people are safeguarded.

There was evidence across centre records that the management and team had worked collaboratively with young people's social workers and families to promote their safety and wellbeing. Plans were in place to update parents in line with young people's care plans and there were agreed procedures in place to inform parents of allegations of abuse. There was regular communication with social workers and evidence that relevant plans and reports were sent to them. Supervising social workers described the level of communication from the centre as excellent and a collaborative approach was well established.

There was evidence throughout the young people's records of individual work undertaken to develop understanding of their behaviour and support their growth and development. Each young person was allocated two key workers and the key workers developed an individual schedule of work that all staff were involved in. The schedule detailed the topic / area of work to be undertaken with the young person and the staff member allocated to complete this. Inspectors noted that young people had individual sessions carried out with them by all staff. Given the young age of the children, this system would benefit from review to ensure that key working is promoted as the primary role with responsibility in carrying out the majority of planned worked with young people. The centre's key working policy outlines that key working session are made available to young people on at least a fortnightly basis. The centre manager must ensure that these sessions take place and are reviewed to ensure that the activities of the session are in line with the centre policy. Social workers interviewed by inspectors noted that the needs of young people were being met and there was a good focus on developmental work that was benefiting the young people.

Young people's records highlighted that several areas of development were discussed with young people. This included work to prepare young people for new admissions, preparation for First Communion, peer pressure, personal boundaries, interactions with others and road safety. Inspectors found that this work was both re-active and followed a particular incident, and pro-active and planned around their stage of development and skills needed for self-care and protection. A young person who met with inspectors named areas of development that were discussed with them and spoke of having positive relationship with the staff team.

Inspectors found that individual areas of vulnerability were identified and understood by the staff team however safeguards were not consistently named in young people's plans. Individual absence management plans (IAMP) which were required under the *Children Missing from Care: A Joint protocol between An Garda Síochána and the Health Services Executive, Children and Family Services, 2012'* were incomplete for young people with no detail recorded other than the young person was not allowed out unsupervised. A review of significant events found that young people had been reported missing from care and their IAMP not updated to reflect this. Individual crisis support plans (ICSP) were on file with evidence that these were reviewed regularly and signed by all staff. However, ICSP's for one young people did not state safety concerns such as medication prescribed or if restraint could or could not be used if required.

The centre had a protected disclosures policy to facilitate staff to raise concerns or disclose information relating to poor practice. Inspectors found in interviews that staff members were familiar with the policy and would report concerns without fear of adverse consequences.

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

The centre's policy document referenced some practices on supporting positive behaviour and management of challenging behaviour. The centre had a number of plans in place for young people such as Individual Crisis Support Plans (ICSP's) and a client profile record that aimed to identify behaviours of concern and interventions to manage these. One young person also had a safety plan drawn up by their social worker. ICSP's were updated every 6 weeks by the in-house behaviour management trainer and signed by the centre manager and staff team. Each young person's ICSP had been updated within that timeframe however inspectors found that not all current behaviours of concern and intervention strategies were identified on plans.

A rewards register was in place and evidenced regular rewards given to young people in acknowledgement of positive behaviour. The young person who met with inspectors also discussed how they were rewarded for engaging in school work and attending appointments.

All staff had up to date training in a recognised model of behaviour management and were guided in their practice by a multi-disciplinary team consisting of the centre manager, clinical psychiatrist, psychologists, and in-house behaviour management trainer. Interviews with staff showed that whilst they named behaviours of concern, they may benefit from specialist advice in fully understanding the underlying causes of behaviour and a deeper awareness of how neglect, abuse and trauma can impact on behaviour. Training in the centres model of care framework was provided at induction and discussed at clinical meetings and inspectors found that there was guidance and direction from the clinical team to support them in their work with young people.

Inspectors found that good attempts were made by the staff team and centre manager in supporting young people to understand their behaviour through Life Space Interviews (LSI's). Given the young age of the children in placement, staff were creative and used social stories and charts as a method of engagement with young people. There was a focus on role modelling and evidence that staff used their

relationships with young people to support them to manage their behaviour. Individual work with young people also reflected conversations on the rights of others to feel safe and how their behaviour can impact those around them.

Records evidenced that staff were provided with relevant information to support young people and that the majority of records were signed by staff. One young person's client profile was signed by only one staff member. Minutes of all multi-disciplinary team meetings (MDTM) were on file and up to date however these were not signed by the clinical manager. There was evidence in team meeting minutes that relevant information was shared and discussed amongst the staff team.

The centre had a monitoring system in place to review and learn from significant event. There was evidence that the centre manager consistently commented on significant events notification reports. These comments included how the young person's behaviour was managed by staff and if any learning could be taken from the event. The centre manager completed a monthly report that included the number of positive and significant events, LSI's, rewards, and sanctions for each young person. The centre had a post crisis review group and policy in place, which aimed to establish an environment of reflective practice, support and learning following significant events. A review of post crisis meeting minutes found that the meetings focused on understanding the needs and behaviours of young people, the feelings and refection's from staff and if additional resources were required in meeting the needs of the young people. Whilst thematic audits had been undertaken by external management, none related to centre's management of behaviour. The registered provider must ensure that an audit of the centre's approach to managing behaviour that challenges in undertaken.

There was a policy in respect of the use of restrictive practices which inspectors found was understood by the staff team. Records evidenced that restrictive practices were reviewed at handovers and team meetings and restrictive measures such as door alarms were appropriately recorded and reviewed. Supervising social workers confirmed they were consulted and aware of all restrictive practices in place. It was noted that the safe keeping of medication in a locked cabinet was recorded as a restrictive practice and should not be considered as such given the age and stage of development of the young people in placement.

The centre also recorded weekly health and safety checks and cleaning of young people's bedroom as a restrictive practice based on previous advice from the registration and inspection service. Whilst room searches that are carried out in

response to risk assessments may be viewed as a restrictive practice, the routine entering of a bedroom for cleaning purposes and to check for damaged fixture and fittings, is not an environmental restraint and does not limit the young person's activity of function. Thus, the inspectors recommend that the safe storage of medication and routine entering of young people's bedrooms for cleaning purpose are removed from the register of restrictive practices.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Inspectors found that an open culture was promoted in the centre and staff members who were interviewed were confident that they would challenge each other's practice if required. There was evidence that the staff and management team were in regular contact and worked closely with social workers, and family members where appropriate. Mechanisms were in place for social workers and parents to provide annual feedback on the care being provided. One supervising social worker stated in interview that a young person's parent had feedback to them that they were very happy with the centre and how their child's needs were being met.

The inspectors found that the centre had a written policy and procedure for the recording and notification of child protection and welfare concerns. The management and staffing policy contained a sub section on the notification of significant events however there was no procedure for the recording of significant events. From interview with staff and on review of records there was evidence of good practice of recording and notification of significant events to all relevant parties. There was confirmation on files that these notifications were sent in a timely manner to supervising social workers and senior management within the organisation.

Compliance with Regulation	
Regulation met	**Regulation 16**

Compliance with standards	
Practices met the required standard	**Standard 3.3**
Practices met the required standard in some respects only	**Standard 3.1** **Standard 3.2**
Practices did not meet the required standard	**None identified**

Actions required

- The registered provider must review the policies and procedures and include the development of
    - A policy on the management of positive behaviour and behaviour that challenges,
    - An online safety policy (including the use of photography, video, social and digital media)
    - A policy of the recording of significant events.
- The registered provider must ensure that a full risk assessment is undertaken following any staff Garda Vetting disclosures.
- The designated liaison person and the centre manager must assure themselves that all staff members fully understand their statutory responsibilities as mandated person's.
- The centre manager must ensure that policies and procedures are discussed with staff and assure themselves they are fully understood.
- The centre manager must ensure that risks faced by young people are adequately evaluated to ensure young people are safeguarded.
- The centre manager must assure that the role of keyworker is meeting the needs of the young people and is in line with centres policy.
- The centre manager and keyworkers must ensure that Individual Absence Management Plans are fully completed.
- The centre manager and the behaviour management in-house trainer must ensure that all safety concerns are named on young people's Individual Crisis Support Plans.
- The registered provider must ensure that there is an external audit of the centres approach to behaviour management.

Regulation 5: Care Practice s and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

The centre had updated their policies in April 2021 however inspectors found that some polices such as a behaviour management policy and online safety required development.

In interviews, inspectors found that the manager and staff were aware of centre policies and procedures and relevant legislation including Children First however all staff members interviewed did not fully demonstrate understanding of their statutory responsibilities as mandated person's. There was limited evidence of discussions relating to centre policies and procedures at team meetings however regional management meetings minutes evidenced discussion on the risk register, complaints, code of conduct and restrictive practice policies and procedures.

There was a system in place to identify gaps in compliance and the audit framework was broadly aligned with the National Standards for Children's Residential Centres, 2018 (HIQA). The organisations quality assurance and practice manager had undertaken three thematic audits against the National Standards for Children's Residential Centres 2018 (HIQA) in the six months prior to the inspection.

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There was evidence of good management and leadership within the centre. The centre manager was the person in charge with overall accountability for the delivery of service and there was evidence of their oversight in centre records and in monthly reports to management. The centre manager worked with the company for 12 years and held a social care qualification. In interview staff members stated that they were supported by and expressed confidence in the centre manager. Supervising social

workers stated that the quality of leadership was good, and the staff team were stable and experienced with a low level of turnover. Each staff member had a job description appropriate to their position and they displayed a good understanding of their specific roles and responsibilities.

There were clearly defined governance arrangements and structures in place that set out the lines of authority and accountability and specified the roles and responsibilities of managers within the organisation. Oversight of the leadership in the centre was provided by the operations manager through regular contact and supervision with the centre manager. The staff team confirmed that the operations manager visited the centre primarily to meet with the centre manager. The centre manager was supported in their oversight of care practices by the quality assurance and practice manager. A review of records evidenced that the quality assurance and practice manager had recently reviewed young people's care records and the centre's registers.

A service level agreement was in place with the Child and Family Agency for the provision of service. There was evidence of regular review of policies and procedures to assess compliance with regulatory requirements taking account of national standards and guidelines however as previously noted, development is required in this area to ensure full compliance.

The centre had risk management framework in place. There was a centre risk register that utilised the likelihood/impact matrix scorings system, individual risk assessment for young people and associated risk management plans. The centre manager held the primary role for completing individual risk assessments for young people and there was evidence these were shared and communicated with the team and social workers. Inspectors assessed the centres response to the management of risks posed by the COVID-19 pandemic. The centre had a detailed crisis management plan in place and had adapted the centre procedures and practices to comply fully with public health protection measures.

There was a delegation of duties form in place to record managerial duties delegated to the deputy manager in the absence of the manager. The deputy manager was qualified, experienced and had been in post for 7 years.

There was a system in place to support staff members in the centre in managing risks or incidents outside of office hours. On call arrangements were in place and involved covering 9 centres within the organisation in total. On call was shared by both

centre's managers and deputy managers with senior management available if the on-call person required further guidance or support.

Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centres statement of purpose and function was updated in April 2021 and outlined the aims, objectives and ethos of the service, the care and support needs of young people, the services, and facilities available to young people as required. The management, staffing and governance structure and an overview of the model of care were also included. An understanding of the model of care as outlined in the statement of purpose was demonstrated by staff members during interview and was reflected in the planning and daily care of the young person. Whilst the statement was available in an accessible format to parents, guardians and social workers, younger children may find the current booklet difficult to read and understand. The centre manager must consult with younger children to assess the accessibility of the young person's booklet.

Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Inspectors found that the quality, safety and continuity of care provided to young people within the centre was regularly reviewed. The centre manager demonstrated a sound understanding of their role and responsibilities during interview and there was evidence that they monitored the quality of care in the centre. Centre records confirmed their oversight of relevant records, daily contact with young people, observation of staff practice, staff supervision and regular contact with external professionals and parents.

The centre manager reported directly to the operations manager and received practice guidance from the clinical manager and there was evidence of regular management meetings. Inspectors found that the quality assurance audits included commentary by the auditor on the quality of the information assessed and clear action plans. The organisation was in the process of developing a new online audit tool with the intention to identify improvements in a timelier manner and improve governance. The centre manager had attended a workshop in preparation for the roll out of the tool.

Inspectors found that young people were encouraged to make complaints and there was an open culture in discussing young people's concerns. One young person who met with inspectors also identified their social worker as a person they would complain to. There was evidence that complaints were managed in line with the centres policy, discussed at management meetings and the register of complaints was up to date. The complaints policy referred to the Tulsa Tell Us complaints policy however staff at interview did not identify this policy as a resource available to young people.

The operations manager and centre manager were aware of the requirement to conduct an annual review of compliance with the centre's objectives to promote improvements in work practices and to achieve better outcomes for young people. The registered provider planned to conduct the annual review of compliance following the roll out of the new auditing tool.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 5.1** **Standard 5.2** **Standard 5.3** **Standard 5.4**
Practices did not meet the required standard	**None identified**

Actions required

- The centre manager must ensure that policies and procedures are regularly discussed and reviewed at team meetings.
- The centre manager must consult with younger children to assess the accessibility of the young person's booklet.
- The registered provider must ensure that an annual review of compliance is carried out.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The registered provider must review the policies and procedures and include the development of ○ A policy on the management of positive behaviour and behaviour that challenges, ○ An online safety policy (including the use of photography, video, social and digital media) ○ A policy of the recording of significant events.	The registered provider will review the policies and procedures to include revisions to the identified policies. To be completed by 30/11/ 2021	The registered provider will review the policies annually or as the need arises with centre management and senior management team.
	The registered provider must ensure that a full risk assessment is undertaken following any staff Garda Vetting disclosures.	The registered provider will ensure that a full risk assessment is undertaken following any staff Garda Vetting disclosures. Immediate and ongoing.	Full risk assessments will be undertaken in the event of staff garda vetting disclosures and will be approved by the registered provider or designated person.

	The designated liaison person and the centre manager must assure themselves that all staff members fully understand their statutory responsibilities as mandated person's.	Responsibilities as mandated persons was reviewed with the staff team at the team meeting 09/09/2021.	The centre manager will ensure that care team members responsibilities as a mandated person is reviewed at team meetings biannually and in supervision with staff members during their annual appraisal or as the need arises.
	The centre manager must ensure that policies and procedures are discussed with staff and assure themselves they are fully understood.	Policies and procedures were discussed and reviewed with staff at the team meeting on 26/05/2021.	Policies and procedures have been added to the team meetings agenda for ongoing review by centre management.
	The centre manager must ensure that risks faced by young people are adequately evaluated to ensure young people are safeguarded.	The centre manager will re-evaluate risk as they change to ensure control measures in place are responsive.	This will be monitored as part of the centre's oversight structures.
	The centre manager must assure themselves that the role of keyworker is meeting the needs of the young people and is in line with centres policy.	The centre manager will continue to ensure this through supervision, keyworking meetings, handovers, planned 1:1 time with keyworkers, summer holidays and activities.	This will be monitored as part of the centre's oversight structures.

	The centre manager and keyworkers must ensure that Individual Absence Management Plans are fully completed.	The centre manager and keyworkers will ensure that Individual Absence Management Plans are fully completed. Centre Manager has requested social workers to fully complete the document. Immediate and ongoing.	The centre manager will continue to ensure that the Individual Absence Management Plans are reviewed and updated monthly with the relevant social worker.
	The centre manager and the behaviour management in-house trainer must ensure that all safety concerns are named on young people's Individual Crisis Support Plans.	The centre manager and the behaviour management in-house trainer have reviewed all safety concerns and are named on the young people's Individual Crisis Support Plans. Completed 04/06/2021.	The centre manager and the behaviour management in-house trainer will ensure that all safety concerns are named on the young people's Individual Crisis Support Plans.
	The registered provider must ensure that there is an external audit of the centres approach to behaviour management.	An external audit on the centres approach to behaviour management will be carried out by the quality assurance & practice manager. To be completed by 31/10/2021	The quality assurance & practice manager will complete an external audit of the centres approach to behaviour management annually.

5	The centre manager must ensure that policies and procedures are regularly discussed and reviewed at team meetings.	Policies and procedures have been added to the team meetings agenda for ongoing review. Immediate and ongoing.	Policies and procedures have been added to the team meetings agenda for ongoing review by centre management. Immediate and ongoing.
	The centre manager must consult with younger children to assess the accessibility of the young person's booklet.	The young person's booklet is currently under review with the children resident in the centre. To be completed by 31/10/2021	The young person's booklet will be reviewed annually by centre management, keyworkers, and children.
	The registered provider must ensure that an annual review of compliance is carried out.	The registered provider will ensure that an annual review of compliance is carried out by end of year 2021.	The registered provider will ensure that an annual review of compliance is carried out by end of year 2021 and annually thereafter.