



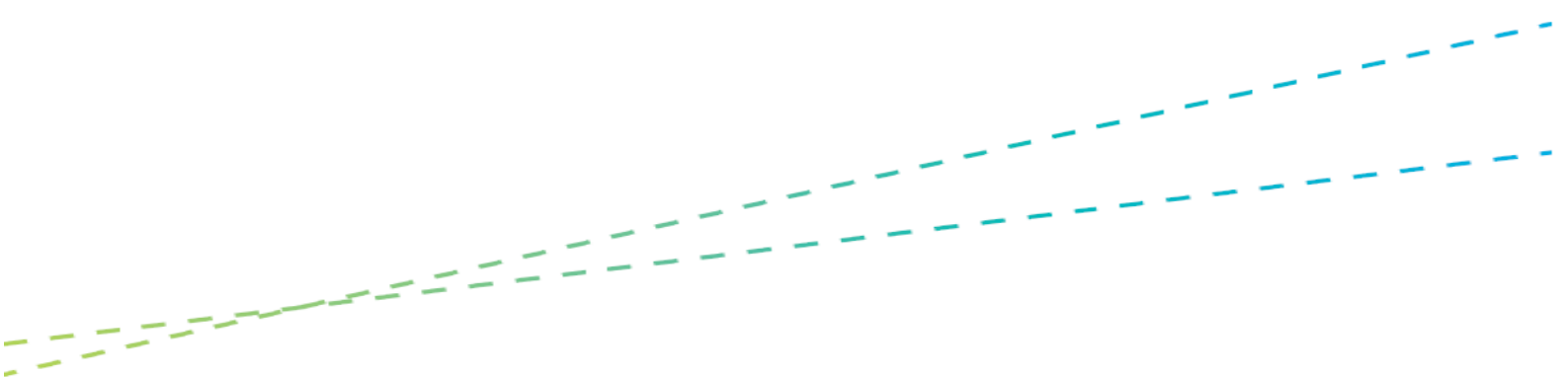
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 100

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Ashdale Care Ireland
Registered Capacity:	Three young people
Dates of Inspection:	23rd and 24th January 2019
Registration Status:	31st January 2018 to 31st January 2021
Inspection Team:	Cora Kelly Linda McGuinness
Date Report Issued:	5th April 2019

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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 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 31st of January 2006. At the time of this inspection the centre were in their fifth registration and were in year two of the cycle. The centre was registered without conditions from 31st January 2018 to 31st January 2021.

The centres purpose and function was to accommodate three young people of both genders from age eleven to seventeen years on admission. Their model of care was described as person centered therapeutic care that was clinically guided to provide high levels of support to young people on a medium to long term basis.

The inspectors examined standards two 'management and staffing', seven 'safeguarding and child protection', eight 'education' and nine 'health' of the National Standards for Children's Residential Centres (2001). During the review of young people's files, it was decided by the inspectors to expand the inspection to examine and report on aspects of standard five 'planning for children and young people'. This inspection was announced and took place on the 23rd and 24th January 2019. At the time of the inspection two young people were residing in the centre.

1.2 Methodology

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

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The acting deputy manager
 - c) Eight of the care staff
 - d) The CEO of the organisation
 - e) One young person residing in the centre
 - f) A social worker
 - g) A general practitioner
 - h) A school professional

- ◆ An examination of the centre's files and recording process:
 - Centre care files
 - Centre admissions and discharges and complaints registers
 - Internal and external management minutes
 - Internal audit reports
 - Staff personnel files

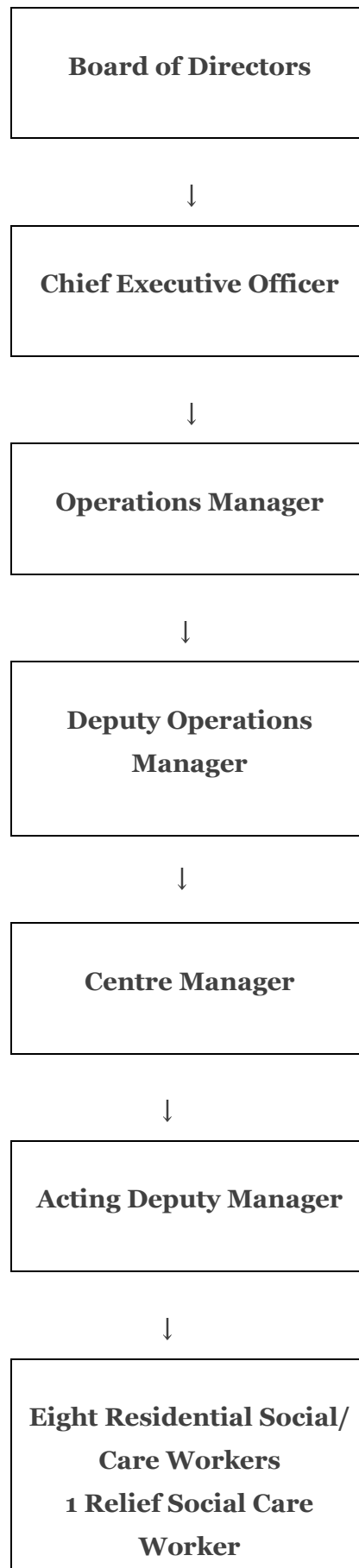
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Two social care staff
 - c) The deputy operations manager
 - d) A social worker
 - e) Teaching professional
 - f) Occupational therapist

- ◆ Observations of care practice routines and the staff/young person's interactions at meal times and in general during the two inspection days.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 8th March 2019. 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 satisfactory completed action plan (CAPA) on the 21st March 2019 and the inspection service received evidence of the issues addressed.

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: 100 without attached conditions from the 31st January 2018 to 31st January 2021 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

Management

The suitably qualified centre manager had been in post in the centre for three years and five months to the time of the inspection. The centre manager held a permanent post with associated role and responsibilities that were carried out Monday to Friday in the centre and also the organisations head office. In interview it was evident to the inspectors that the centre manager was knowledgeable of the needs of the young people in the centre in addition to displaying a good understanding of the day-to-day running of the centre aimed at meeting these needs. This was also observed from questionnaires returned. There was evidence of the centre managers oversight across centre records namely centre registers, staff personnel files, centre daily logs, care files, attendance at daily handovers, facilitation of fortnightly team meetings, monthly individual placement plan meetings held for young people and training and awareness programme meetings. These governance mechanisms in place enabled the centre manager to observe staff practices, to evaluate the quality of care provided to ensure safe and best practices were implemented, monitored and developed on an on-going basis.

During 2018 and up until the time of the inspection the centre manager had received professional supervision from the organisations social work consultant on a monthly basis and also received monthly management supervision from the line manager. The file review showed that the frequency of supervision was found to be in line with the centres supervision policy and information returned by questionnaire. The inspectors found that the professional supervisions sessions were reflective of the centre manager role that included managing the staff team, developing a communication style, supporting the staff team and dealing with challenges presented. The professional supervision agreement in place was signed by both parties.

The review of management support meetings minutes showed that were held on a monthly basis during 2018 and agendas were set in advance. A sample of discussions and actions included staffing, recruitment and retention of staff, supervision, changes to policies and procedures, training, administration and internal audits.

The centre was found by the inspectors to have external governance systems in place namely a deputy operations manager and quality assurance personnel. In interview the centre manager advised the inspectors of reporting directly to the deputy operations manager who visited the centre monthly to meet with the staff team, the young people, complete supervision responsibility and review centre records. There was evidence of the deputy operations manager oversight across centre records and attendance at team meetings and handovers. With respect to the evaluation tool used by the deputy operations manager to review centre care practices the inspectors found that the template was limited. Notable to this inspection was the absence of supervision, training, the role of the social worker and young people's education and health needs in the template form. The quality assurance personnel completed four audits over a 13-month period with three that occurred very close. The inspectors found that one audit focused on actions compiled from the last Tusla, Child and Family Agency report completed by the inspection and monitoring service. There was clear evidence that centre management was accountable to responding to findings gathered during the quality assurance audits but inspectors recommend that a specific action plan that can be returned and reviewed would be beneficial to the process. The inspectors recommend that external centre management develop an effective template that identifies and addresses care practices in the centre.

Register

The centre had an up-to-date register in place. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

As returned in the pre-inspection questionnaire and confirmed in interview the centre manager was supported by an acting deputy manager and a staff team that comprised of eight social care workers and one relief residential social care worker. Two staff members were found to be unqualified with one having a considerable number of years' relevant experience and one due to return and complete studies in the social care field. Due to a number of changes within the organisation a number of staff departed the centre to other positions within the organisation and also to further employment. A further number of staff left due to being deemed not suited to the

social care role. This had resulted in four full-time staff and a relief social care worker being recruited to the team in 2018. The inspectors recommend that in order for the centre to effectively implement its model of care which was described as person centred therapeutic care a stable staff team to allow consistent relationships between staff and young people is essential. Otherwise, it will inevitably impact on the delivery of this model. Centre management advised that recent developments within the organisation namely the development of a recruitment and retention programme had improved staff turnover ratios. In interview the inspectors were informed that the two-week induction programme took place in the centre and the organisations head office where training was completed.

The inspectors observed from the review of personnel files, information returned through questionnaires and were advised in interview that all new staff had participated in mandatory training i.e. a recognised behaviour management programme, fire safety and first aid. The organisations HR department held responsibility for maintaining staff personnel files that were securely stored in the head office. Recruitment processes evident during the review of the newly appointed staff personnel files included interview transcripts, up-to-date garda vetting and police vetting where required and robust reference checks. Further checks were also conducted with regard to verification of qualifications. Verification for one remains outstanding due to the individual having yet to complete their studies. The inspectors have advised the centre manager to contact the inspection and monitoring service when the individual is awarded a qualification.

The centre operated a double overnight shift system which was appropriate to the needs of the young people at this current time. The centre manager advised the inspectors in interview that additional staff are available when required and that it is generally planned well in advance. In the absence of management in the centre staff were supported by an on-call system.

The centre manager was supported by the recently appointed acting deputy manager (a/deputy manager) who was qualified and had worked in the centre for a number of years. Due to management changes within the centre and organisation the position will remain acting until staffing positions are resolved. The a/deputy manager had successfully engaged in the organisations 12-month senior practitioner programme prior to attaining the management post. Completion of this programme was core to the organisations process of induction to the post. Elements of the ten part programme included participants developing supervising skills, monitoring staff practice, undertaking budgetary responsibilities, assisting the centre manager in

attending, participating and facilitating in-house and external meetings and participating in mandatory training in addition to identifying staff training needs. The a/deputy manager undertook duties on a full-time basis consisting mostly of day shifts with some overnight shifts per month.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre 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 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*

Required Action

None identified.

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

None identified.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Both young people in the centre had care plans on file. In 2018 a statutory care plan review meetings were conducted in line with requirements in the young people's jurisdiction of origin i.e. looked after child reviews being held every six months after a certain period of time. However, with respect to statutory care planning review requirements in the jurisdiction of the centre where the young people are placed child in care reviews are required to take place monthly as per National Policy in relation to the Placement of Children aged 12 years and under in the Care or Custody of the Child and Family Agency. It was clear to the inspectors this was not occurring for one young person. Further, it was apparent during the overall inspection process that centre management and the social work department did not have clear expectations regarding their respective roles and responsibilities in ensuring child in care planning and reviews were held, monitored and tracked. Centre management and the social work department must immediately devise and agree a strategy that ensures both statutory and centre care planning requirements are met.

It was evident during the review of care files that the care plan for one young person was altered outside of the statutory child in care review process. The discussion at the statutory care plan review meeting, supported by minutes taken and reviewed by the inspectors, did not refer to a change in type of care suitable to the young person. However, when the plan was returned a different type of care was indicated. This decision appeared to have been made without full consultation with relevant parties. The social work department must ensure that prior to making changes to care plans young people's placements must be comprehensively discussed at the statutory care planning forum.

The centre completed reports for the reviews that provided feedback to the social work department on the young person's placements and their progression. These were found to be detailed and indicative of the young people's needs and development that was seen by the inspectors across key working reports, education reports, individual placement plans and outdoor and activity experiential learning programme.

Centre care planning included monthly individual placement plans (IPP's) and key working. IPP's were developed from care plans and outlined a young persons identified needs, actions required to meet the needs, person responsible for achieving actions, start dates and review dates across ten areas such as education, family/relationships, safety, activities/interests/hobbies, health and social skills. The voice of the young person was found to be represented in the IPP. In interview the

inspectors were advised that the plans were developed monthly by the young person's keyworker following review by the multidisciplinary therapeutic care team. The frequency of monthly reviews was found to be in line with centre policy. In interview the inspectors were advised that the key working responsibility included devising a key working schedule based on the young person's IPP and allocating key-working tasks amongst the staff team. These were found to have been conducted both in a planned and opportunity led manner.

Supervision and visiting of young people

Both young people in the centre had an allocated social worker with one newly allocated. The records of social workers visits with young people and providing the centre with formal updates following visits differed between the young people. It was clear from the care file review that for one young person their social worker visited the young person regularly and provided the centre with a written report. Feedback from one of the young people verified the visits and also that they could contact their social worker when they needed to.

For the other young person, the required monthly visits were found to occur in conjunction with other types of visits i.e. access visits and the centre was not provided with a written report. In line with statutory requirements social workers must visit young people in the centre/ privately on a monthly basis. Given the lack of documents to view the inspectors were not in a position to assess the quality of the social worker's consultation with the young person. In interview the allocated social worker advised the inspectors that internal IT issues within the social work department was preventing the social worker in providing a formal report following visits with the young person. The Child Care Placement of Children in Residential Care, Regulations 1995, Part IV, Article 22 requires that an up to date case file is kept by the supervising social work department including a record of every visit to the child. The social worker stated that they had completed notes of eighteen visits with the young person however the staff team in centre have not had sight of these records. The social workers advised of efforts being made to resolve the issue. In the meantime, the social work department and centre management must identify a way that the centre can be informed of the outcome of social work visits to facilitate co-ordinated and effective planning.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***
-Part IV, Article 23, Paragraphs 1 and 2, Care Plans
-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***
-Part III, Article 17, Records

Required Action

- Centre management and the social work department must immediately devise and agree a strategy that ensures both statutory and centre care planning requirements are met.
- The social work department must ensure that prior to making changes to care plans young people's placements must be comprehensively discussed at the statutory care plan forum.
- The social work department and centre management must identify a way that the centre can be informed of the outcome of social work visits to facilitate co-ordinated and effective planning.

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

3.7.1 Practices that met the required standard in full.

None identified.

3.7.2 Practices that met the required standard in some respect only

The inspectors found that the centre had a child protection policy document in place and a child safeguarding statement that was developed as required in 2018. With respect to the centres policy on child protection and its associated procedures the National Guidelines used to benchmark the policy was the 'Children First – National Guidelines for the Protection and Welfare of Children 2010'. Yet, the Child Safeguarding Statement referenced the current guidance in place, 'Children First:

National Guidance, 2017'. The key difference between both documents is the reporting procedures now in place i.e. child protection and welfare reports must be reported electronically to Tusla, Child and Family Agency. In order to prevent ambiguity around reporting procedures centre management must ensure that all centre child protection policy and procedures documentation is up-to-date and reflects current National Guidelines guidance.

Both in interview and gleaned from questionnaires staff named an array of the centres safeguarding policies that guided their work. A sample of the policies included lone working, recruitment, electronic communication, complaints and grievance, children's rights, family contact policy, child protection policy and training and supervision. Tools used by the centre to safeguard young people included risk assessments, individual safety plans, internet safety awareness, mobile phone contracts, garda vetting, visitors log, house alarm, alarms of young people's doors, fire alarm checks. Evidence of safeguarding mechanisms that were individualised to the needs of people were observed in the care files. Inspectors viewed the respective documentation in place to record daily checks on alarm systems in place and were deemed appropriate. As viewed by the inspectors the Garda vetting records, held in the organisations head office were up-to-date for centre staff. There was evidence of centre management oversight across a sample of staff files reviewed. Regarding complaints, a young person named in questionnaire the individuals a complaint could be made to. Inspectors also viewed collective pre-admission risk assessments on care files that took issues of risk and safeguarding into account between young people.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

The centre had trained safeguarding personnel that staff named in interview and via questionnaires as being centre management holding designated liaison personnel roles. The centre manager advised in interview that staff had completed the Tusla Children's First e-learning programme (2017). The review of a sample of staff files verified this. The inspectors were provided with the schedule of Children First training completed by staff which was tracked by the organisations training co-ordinator. Training was found to be up-to-date with refresher dates indicated. Child protection training for the organisation was sourced externally.

It was evident to the inspectors that there was ambiguity amongst staff regarding correct reporting procedures. In interview and as returned in questionnaires staff, including those holding mandated roles and responsibilities were not aware of the correct reporting of allegations procedures in place. For those with mandated responsibilities reference was made to the role of mandated person but not to what it actually meant for them. Centre management must fully satisfy themselves that all staff are fully knowledgeable of their role in reporting allegations including those holding mandated roles and responsibilities.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- Centre management must ensure that all centre child protection policy and procedures documentation is up-to-date and reflects current national guidelines.
- Centre management must fully satisfy themselves that all staff are fully knowledgeable of their role in reporting allegations including those holding mandated roles and responsibilities.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

None identified.

3.8.2 Practices that met the required standard in some respect only

Both young people had education placements with one a mainstream school and the second an education setting developed and provided by the organisation itself. The latter consisted of individualised learning based on the young person's needs and progress that was informed by a formal education programme. It was clear from the care file review and from interviews that centre management, staff and the organisations teaching and multidisciplinary staff supported and valued the importance of education in all of their work with the young people. Centre

management advised that there was good contact between teaching professionals in the two education settings and staff in the centre. This was verified by a teaching professional in interview and from data returned in a questionnaire.

The centre tracked and monitored the young people's education through their individual placement plans. For one young person an education need remained unmet for a considerable amount of time. The inspectors were advised by centre management of the delays in securing an educational psychological assessment for one young person. It was outlined in a previous report that an assessment was required when a change in education provision was proposed. The young person's request to attend a mainstream school was outlined in a centre report prepared for a statutory care plan meeting held in 2018. The young person had further made a complaint regarding the issue. Efforts by the centre in securing the assessment with the young person's social worker over the second half of 2018 was evident across centre and care files in addition to seeking support from Voice of Young People in Care (VOYPIC). In interview the social worker advised that inspectors that a complaint was made by the social work department to relevant body regarding the issue. In the weeks following the inspection an educational psychological assessment was secured. The social work department and centre management must collectively ensure that young people's educational needs and rights are met in a timely manner.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- The social work department and centre management must collectively ensure that young people's educational needs and rights are met in a timely manner.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

Both young people were registered with a general practitioner, attended regular medical, dental and ophthalmic appointments and were in receipt of medical cards. There was evidence of medical needs being appropriately addressed by staff that involved follow up with in-house therapeutic professionals and a general practitioner.

Young people's medical records were organised with medication protocol set out at the start of folders and monthly medication audits being completed by centre management. The monthly medication audits included topics such as policy, prescriptions, storage, records, incidents and accidents. Health needs were identified, with actions outlined to meet needs in the young people's respective individual placements plans that were updated by keyworkers. There was evidence of individual work completed with young people on topics such as emotional well-being, personal hygiene, physical activity, healthy eating, good dental practice and age appropriate sex education. There was also evidence of staff conducting a smoking cessation programme.

The centre had a policy on the storage, administration and disposal of medication and policy on medical attention. The centre manager advised that staff had not engaged in formal administration of medication training but that it was an area currently being explored by the centre manager with the management team. There was evidence of this observed during the review of centre files. The inspectors recommend that the staff team engage in this training.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).***

Required Action

- None identified.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.5	<p>Centre management and the social work department must immediately devise and agree a strategy that ensures both statutory and centre care planning requirements are met.</p> <p>The social work department must ensure that prior to making changes to care plans young people's placements must be comprehensively discussed at the statutory care planning forum.</p> <p>The social work department and centre management must identify a</p>	<p>The operations manager and centre manager met with a social worker on 20.02.19, and then again with representation from the social work department (social worker, team leader and principal social worker) on 15.02.19. The importance of ensuring that care planning requirements are met was emphasised and an agreement was made that the social work department will adhere to the ROI regulations in relation to same.</p> <p>No response received from the relevant social work department.</p> <p>In consultation with centre management the social work department will provide initial</p>	<p>Operational management and centre management will closely monitor and review strategies, and ensure that appropriate support mechanisms are put in place. Ongoing auditing tools to be implemented. Operational management will liaise directly with principal social workers from outside the jurisdiction prior to commencement of placements.</p> <p>Operational management and centre management will closely monitor this to</p>

	way that the centre can be informed of the outcome of social work visits to facilitate co-ordinated and effective planning.	verbal handover immediately after visits. This will then be followed by a written report within a week following visit.	ensure it is being adhered to. Centre management will ensure that any issues are raised with the social worker. If issues continue the centre manager will pass on to operational management for them to follow up with the relevant PSW.
3.7	<p>Centre management must ensure that all centre child protection policy and procedures documentation is up-to-date and reflects current national guidelines.</p> <p>Centre management must fully satisfy themselves that all staff are fully knowledgeable of their role in reporting allegations including those holding mandated roles and responsibilities.</p>	<p>Ashdale Care child protection policy has been updated, initially to reflect the updated legislation. The policy is currently being reviewed by Ashdale operational management, who have sought advice from the Children's First trainer.</p> <p>Child protection is a permanent agenda item at every team meeting and in staff supervision. This will be ongoing for staff. As the child protection policy is being reviewed it is anticipated that it will provide a clear protocol for staff which will be used as a visual aid to ensure staff are fully knowledgeable of the mandated roles and responsibilities.</p>	<p>Operational management and centre management will closely monitor and review child protection policies and procedures to ensure they are up to date.</p> <p>Child protection will remain a permanent agenda item at every team meeting. Children's First training will continue to be provided frequently as per guidelines.</p>
3.8	The social work department and centre management must collectively ensure that young people's educational needs	Educational Psychologist's assessment has been completed and centre management await the report for same. It is hoped that	Operational management and centre management will closely monitor to ensure that young people's educational

	and rights are met in a timely manner.	this will identify the young person's specific educational needs, so future education plans can be discussed at the care planning meeting on 25.03.19.	needs and rights are met in a timely manner. Ongoing auditing tools to be implemented.
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