



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 105

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	National Childcare Residential Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced
Date of inspection:	07th, 08th & 09th November 2022
Registration Status:	Registered from 15th August 2020 to 15th August 2023
Inspection Team:	Sinead Tierney Joanne Cogley
Date Report Issued:	10th February 2023

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 15th of August 2008. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 15th of August 2020 to the 15th of August 2023.

The centre was registered to provide multi occupancy care for four young people of all genders from age thirteen to seventeen on admission. The model of care was described as being tailored to the individual needs and characteristics of each young person. It was a '*whole person*' holistic approach and aimed to assist young people in developing physically, socially, morally, emotionally, cognitively and educationally. There were four 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
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.2

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 3rd of January 2023. 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 17th of January 2023. The CAPA was reviewed and all non-compliance with regulatory matters identified in the report have now been addressed to the satisfaction of the Alternative Care Inspection and Monitoring Service and the relevant regulations now deemed to be met.

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: 105 without attached conditions from the 15th of August 2020 to the 15th of August 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Regulation 17: Records

Theme 1: Child-centred Care and Support

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

The centre had structures and policies in place that recognised the rights of young people to be listened to and participate in decisions about their lives. These included information booklets for young people, parents and social workers, house meetings for young people, policies and complaints procedures. At the time of inspection, four young people were living in the centre. All young people completed questionnaires to inform the inspection and inspectors met two young people in person. Overall young people reported feeling listened to, stated the team were caring and supportive and were satisfied with how complaints they had made were dealt with. Social workers and parents were also satisfied with the care being provided.

Whilst the structures above were in place, improvements were required to embed them within the culture of the centre and not as stand-alone elements. For example, three young people were admitted to the centre between April and June this year and none had previous experience of living in residential care. Whilst the information booklet, rights and complaints procedures were discussed at the admission meetings, there was no evidence that these were explored post admission either individually or at house meetings. Social workers felt that the young people had adjusted well to living in residential care, however inspectors found that the young people may benefit from this information being explored again and inviting Empowering Young in Care (EPIC) to meet with them.

The centre had information booklets for young people, parents, and social workers. Information on rights, incentives, consequences, and complaints were detailed within. There was a list of support services that young people could contact, however some of this information required updating and information regarding Tusla's *Tell Us* Complaints and Feedback Procedure should be included. Inspectors spoke with the parents of one young person. Whilst some communication challenges existed due to

language differences, they expressed they were satisfied with how their child was being cared for.

House meetings were in place and held regularly and recorded as part of team meeting discussions. On review of the records, inspectors found that the space was dominated by the team's agenda with reminders regarding rules and expectations of behaviours. The voice of young people was limited from the records, however there was input into activity planning and incentives. Inspectors recommend that the team review how this meeting is utilised to ensure that it is young person centred and their voices are heard.

A complaints policy was in place; however, this was not congruent with practice. In practice, complaints were categorised as either informal or formal and this was not named within the policy. The appeals process also differed from practice. From a review of complaint records, inspectors found that there were a number of dissatisfactions raised by young people such as the internet quality, hot water system or broken television that were appropriately classified as informal and addressed in a timely manner. Young people stated they were satisfied with how these complaints were resolved for them.

There were other areas of dissatisfaction raised that were inappropriately classified and subsequently managed as informal complaints. These included a young person complaining about the visiting arrangements in place with their previous foster carers and time allowed with friends. As the recording procedures for informal complaints was minimal there were no records maintained as to how these complaints were managed and resolved, if young people were satisfied with the outcomes or if any changes to practice occurred. In interviews, social workers stated that the centre had notified them verbally or through email of the above complaints and plans were put in place to resolve these.

The minimal records maintained was a re-occurring theme found throughout the inspection and whilst the team meeting minutes recorded that conversations took place regarding young people views there was no detail as to what this conversation was or any actions emanating from the meeting as a whole.

Quarterly governance reports were compiled by the social care leaders and sent to the centre manager for oversight prior to being sent to the registered providers. The number of open and closed complaints was referenced in the report, but aside from

this there was no reference to complaints in team meetings, internal management or senior management meeting minutes.

There was also no auditing framework that allowed for an analysis of complaints or other structures for learning and improvement purposes. The impact of the lack of an auditing framework is discussed throughout this report. Given the deficits in recording and notification of significant events to all relevant parties, inspectors have found that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5.

Compliance with Regulation	
Regulation met	Regulation 16 Regulation 17
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.6
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure that information on the rights of young people is explored regularly with young people in a planned manner.
- The centre manager must update the young person's and parents' booklets.
- The registered provider must update the complaint policy to ensure it is aligned to practice.
- The registered provider must ensure that the threshold for formal complaints is clearly understood and applied.
- The centre manager must ensure that appropriate records are maintained of all complaints.
- The registered provider must ensure that an effective auditing framework is developed, that allows for an assessment of the centre's compliance with The National Standards for Children's Residential Centres, 2018 (HIQA).

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

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

The centre had a number of policies and procedures in place to support young people's needs and the management of their behaviour. Practice was supported by the centre's model of care and a behaviour management system. Updates were required to policies relevant to the notification and review of significant events, the reasons for which are outlined below.

All care team members with the exception of three newly appointed team members had a valid certificate in the centre behaviour management system. A plan was in place for these team members. Staff were knowledgeable in interview regarding the vulnerabilities of young people and the supports required to respond to behaviours that challenge. A range of planning documents were in place, including individual crisis support plans (ICSPs), absence management plans and risk assessment to supporting young people. However, improvements were required in all of these documents. Given that young people missing from care was a re-occurring concern at the time of inspection, ICSPs did not consider relevant safety concerns and absence management plans were not individualised or subject to monthly review in line with *Children Missing From Care: A Joint Protocol Between An Garda Síochána and the HSE, 2012*. Given that this was

A sample of significant events were reviewed, and inspectors found examples of good practice, whereby the team utilised their relationships with young people and adhered to interventions laid out in plans. Records of the events by team members were written to a good standard and all parties notified in a timely manner. However, inspectors found areas of vulnerabilities that resulted in behaviours of concern and significant events that been verbally reported to social workers but not notified to all relevant parties. Whilst varying reasons were provided to inspectors as to why these were not recorded and reported appropriately, inspectors found that the definition of what constitutes of significant event in the life a young person was not clear, and the policy must be updated to define this.

Concerns for one young person's safety outside of the centre were particularly high, and although a decision from multi-disciplinary strategy meeting in May 2022 noted that certain concerns must be notified as child protection and welfare referral notifications, this had not occurred.

Although the safety concerns for this young person were known and assessed as part of the pre-admission risk assessment process in April 2022, the centre had issued discharge notice in relation to the young person's placement as they felt they could no longer meet their needs. The young person's social worker was in the process of identifying an alternative care arrangement. From interviews and records reviewed, inspectors found that there was learning to be taken from this young person's placement and recommend a review take place for learning purposes.

There was evidence that young people were being supported to develop their understanding of behaviours and explore alternative coping strategies. Value was placed on an incentive programme that young people engaged well with, and consequences were limited. The centre had alarms on young people's bedroom doors which the team considered as a restrictive practice. One social worker informed inspectors they had provided feedback to the team as they felt that setting boundaries with the young person could be strengthened. Whilst this information was taken on-board, they continued to monitor the team's responses. Inspectors found that a young person's mobile phone usage was being monitored at the request of the social work department, however, no details were maintained in the care record as to what this monitoring entailed or how it was reviewed.

The previous inspection in 2021, identified deficits in the risk management system and that this required improvements; however, inspectors found that the framework remained not fit for purpose. Some risks were not identified, others were assessed and incorrectly rated, and a re-active risk register was in place that added no value to practice in terms of risk management. Social workers provided feedback to inspectors that they felt the team struggled to assess risks at times and the potential impact.

The structures and recording systems in place did not lend itself to demonstrating that a culture of learning, quality and safety was in place. Although staff and management interviewed understood the vulnerabilities of young people, it was not evident that learning from significant events took place. Team meetings, internal management and senior management meeting minutes noted significant events as standing agenda items; however, inspectors could not make a judgement on the value

of discussions as no detail was recorded. Whilst the centre manager signed the significant event notification record, there was no space within the template for their comments or oversight.

Inspectors found that the significant event review group (SERG) was not in line with the policy and was not working effectively. In practice it was mainly attended by the social care manager and two social care leaders. The centre manager in turn discussed the outcomes with the registered provider. A review of the SERG records, reflected a summary of the young person's current circumstances rather than an analysis of the event. In particular two non-routine physical interventions carried out on two individual young people during one significant event, had not been effectively reviewed by centre management and the registered provider.

As mentioned, the centre's approach to managing behaviour that challenges and the provision of positive behavioural support was not monitored or audited as no framework existed beyond the quarterly internal governance report.

On balance, following a review of young people's care records, centre records, policies and interviews, inspectors have found that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	Regulation 5

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

Actions required

- The registered provider must update the policies on significant events, to include a definition and an effective procedure for the SERG process.
- The centre manager must ensure that all ICSP's consider relevant safety concerns and absence plans are individualised and reviewed monthly.

- The centre manager must ensure that all significant events are notified to relevant parties.
- The centre manager must ensure that the agreed monitoring of a young person's mobile phone is recorded and is subject to regular review in conjunction with the social worker and young person.
- The registered provider must ensure that a fit for purpose risk management system is in place and understood by all team members.
- The registered provider must ensure that significant events are effectively reviewed for learning purposes and in line with the centre's policy.
- The registered provider must ensure that regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

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

All young people had up to date statutory care plans on file and child in care reviews were taking place in line with the requirements. Placement plans for each young person were developed however inspectors found that these were not fully aligned to care plans. The majority for the information was a summary of the young person's circumstances and behaviours and distracted from meaningful goal setting. For example, inspectors found a number of care plan actions relating to young people including exploring the reasons for living in residential care, the need for a health screening and understanding menstruating that had no clear placement plan actions in place to achieve the goal. Notwithstanding this, there were good examples of key working taking place related to hygiene, safe sex, and consent. Social workers also reported that young people were making good progress with one social worker in particular stressing the positive changes that had taken place for one young person since admission. Improvements were required though to ensure that placement plans align to care plans, set out clear tangible goals, and outline the supports required to ensure the best outcomes for young people.

The centre had a number of policies relevant to the promotion of young people's health and developmental needs. There was no policy or procedure for supporting a young person with a suspected pregnancy and given this had arisen, the centre must devise one. All young people had access to a general practitioner (GP) and had been

offered or attended dental and ophthalmic services. Records of appointments with medical professionals were all maintained on file.

Young people's health was discussed in the context of healthy eating in team meeting minutes however there was no reference to the identified health and development needs outlined above or medication management.

One young person was actively engaging with specialist supports and arrangements were in place to source an alternative service location for another young person. Both the centre and social workers reported that communication was good however there were minimal records on file to evidence this. The parents who spoke with inspectors felt the health needs of their child were being met and the centre kept them updated on progress.

The centre had a policy on the safe handling, administration and storage of medication and medications were securely locked away and labelled. On review of medicine management records, inspectors found that the policy was not adhered to and relevant training had not been completed by all team members. There were no records maintained of medication brought into the centre or removed and no stock control system for when medication was administered. Medications prescribed and administered to young people were not consistently recorded in their care record and no records were maintained of the dosages administered. Where recorded; information was not always accurate, with inspectors finding incorrect dosage guidelines and incorrect names of medication. Inspectors found liquid anti-biotics prescribed for a deteriorating medical condition that were dispensed from a pharmacy four weeks prior to the inspection visit that had not been administered to the young person. The centre manager was required to take immediate remedial action on the latter concern.

As mentioned throughout the report, the impact of the lack of any meaningful oversight and auditing system resulted in deficits in care practices outlined above not being identified in a timely manner.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 4.2

Actions required

- The centre manager must ensure that placement plans are aligned to care plans and set out clear tangible goals and the supports required to achieve these.
- The registered provider must ensure that a policy of supporting a young person with a suspected pregnancy/ pregnancy is developed.
- The centre manager must ensure that all care team members complete medication management training.
- The registered provider must ensure that the safe handling, administration, and storage of medication policy is fully adhered to.
- The centre manager must ensure that a medical practitioner is consulted with regards to the non-administration of the young person prescribed medication.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>The centre manager must ensure that information on the rights of young people is explored regularly with young people in a planned manner.</p> <p>The centre manager must update the young person's and parents' booklets.</p> <p>The registered provider must update the complaint policy to ensure it is aligned to practice.</p>	<p>The centre manager will ensure that the rights of the young people is explored regularly with the young people in a planned manner through admissions meetings, key-working, individual work, and weekly young person's meetings. Ongoing.</p> <p>The centre manager has updated the young person's and parent's booklets to include all updated information. 22/11/2022.</p> <p>The registered provider has updated the complaints policy ensuring it is aligned with current practices. 22/11/2022.</p>	<p>The centre manager will have regular review of key-working/individual work following a young person's admission to the centre and ensure that information on the rights of a child will be explored and are outlined within a young person's placement plans, monthly plans, and key-working plans. This information will be discussed in weekly young person's meetings.</p> <p>The centre manager to review the young person's and parent's booklets regularly to ensure all information is correct and up to date.</p> <p>The registered provider will review the complaints policy regularly in line with the auditing framework that has been implemented to ensure it is aligned with current practices.</p>

	<p>The registered provider must ensure that the threshold for formal complaints is clearly understood and applied.</p> <p>The centre manager must ensure that appropriate records are maintained of all complaints.</p> <p>The registered provider must ensure that an effective auditing framework is developed, that allows for an assessment of the centre's compliance with The National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>The registered provider has updated the centres policies in relation to complaints outlining a clear definition and procedure of formal and informal complaints to ensure the threshold is clearly understood and applied. 22/11/2022.</p> <p>The centre manager will ensure that appropriate records are maintained of all complaints. All complaints whether formal or informal will be recorded on the complaints register, and in young people's care records. Ongoing.</p> <p>The registered provider has developed an auditing framework, that allows for an assessment of the centre's compliance with The National Standards for Children's Residential Centres, 2018 (HIQA). 04.01.2023.</p>	<p>The registered provider will carry out regular reviews of the centre's complaints register as part of the auditing framework to ensure the threshold has been met and applied.</p> <p>The centre manager will regularly review that all appropriate records of complaints are recorded, this will be done through review of the complaints register during weekly management meetings, and the complaints register will also be reviewed at senior management meetings monthly, between the registered providers, centre manager and social care leaders.</p> <p>An auditing framework has been developed whereby the registered provider will conduct an audit within the centre every 6-8 weeks to determine areas that require action, with designated timescales. The centre manager will provide the registered provider with a plan outlining the corrective actions.</p>
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<p>3</p>	<p>The registered provider must update the policies on significant events, to include a definition and an effective procedure for the SERG process.</p> <p>The centre manager must ensure that all ICSP's consider relevant safety concerns and absence plans are individualised and reviewed monthly.</p> <p>The centre manager must ensure that all significant events are notified to relevant parties.</p> <p>The centre manager must ensure that the agreed monitoring of a young person's mobile phone is recorded and is subject to regular review in</p>	<p>The registered provider has updated the policies on significant events, including a definition and the procedure for the SERG process. 11/01/2023.</p> <p>The centre manager has reviewed all ICSP's and relevant safety concerns and absence plans are individualised and these will be reviewed monthly. 10/01/2023/ongoing.</p> <p>The centre manager will ensure that all significant events are notified to all relevant parties. Ongoing.</p> <p>The centre manager ensures that the agreed monitoring of a young person's mobile phone is recorded within the young person's file and this practice is also</p>	<p>The registered provider will review the centres policies on significant events regularly in line with the auditing framework that has been implemented to ensure it is aligned with current practices.</p> <p>The centre manager will ensure all staff have a clear understanding of the required content to be included in young people's ICSP's and all young people's IAMP's are individualised and reviewed monthly in line with Children Missing From Care: A Joint Protocol Between An Garda Siochana and the HSE, 2012.</p> <p>The centre manager will ensure that all significant events are notified to all relevant parties in line with the centres policies and procedures. This will be reviewed at weekly staff meetings, weekly management meetings and monthly SERG meetings.</p> <p>The centre manager to discuss the monitoring of the young person's phone with the team at staff meetings. The centre manager will review the young person's file regularly to ensure that</p>
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	<p>conjunction with the social worker and young person.</p> <p>The registered provider must ensure that a fit for purpose risk management system is in place and understood by all team members.</p> <p>The registered provider must ensure that significant events are effectively reviewed for learning purposes and in line with the centre's policy.</p> <p>The registered provider must ensure that regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place.</p>	<p>reviewed in conjunction with the social worker and young person, regularly. Ongoing.</p> <p>The registered provider has ensured that there is a risk management system in place that is fit for purpose and understood by all team members, this risk management system is proactive in nature as opposed to been reactive as was the previous system. 12/01/2023.</p> <p>The registered provider will ensure that significant events are effectively reviewed for learning purposes and in line with the centre's policy. Ongoing.</p> <p>The registered provider will ensure that regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place in line with the</p>	<p>this has been recorded, reviewed with the young person's social worker and all review decisions are documented on young person's file.</p> <p>The registered provider will review the risk management framework monthly as part of management meetings between the registered provider, centre manager and social care leaders to ensure the framework is being effectively used.</p> <p>The registered provider will conduct monthly SERG meetings with the centre manager and social care leaders. All learning and discussions from these meetings will be discussed at the following staff meeting for learning purposes for the staff team and recorded efficiently.</p> <p>The registered provider will ensure regular auditing and monitoring of the centre's approach to managing behaviour that challenges take place as part of the auditing</p>
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		centres auditing framework. Monthly SERG meetings will be held involving the registered providers, centre manager and social care leaders, and behaviour management will be discussed as part of these meeting. Ongoing	framework developed by the registered provider to ensure practices are in line with current policies.
4	<p>The centre manager must ensure that placement plans are aligned to care plans and set out clear tangible goals and the supports required to achieve these.</p> <p>The registered provider must ensure that a policy of supporting a young person with a suspected pregnancy/ pregnancy is developed.</p>	<p>The centre manager has reviewed the placement plans to ensure that they are aligned to care plans and set out clear tangible goals and supports by staff that are required for the young people to achieve these goals, 09/01/2023.</p> <p>The registered provider has updated the centre's policies and procedures to include a policy of supporting a young person with a suspected pregnancy, and/or is pregnant. 10/01/2023.</p>	<p>Young people's placement plans will be reviewed regularly by the centre manager and the care team as part of staff meetings to ensure they are aligned with care plans and set out tangible goals and supports by staff that are required for the young people to meet these goals. The placement plans will also be reviewed by the registered provider as part of the auditing framework.</p> <p>The centre's policies and procedures will be reviewed regularly by the centre manager and will be further reviewed by the registered provider as part of the auditing framework.</p>

	<p>The centre manager must ensure that all care team members complete medication management training.</p> <p>The registered provider must ensure that the safe handling, administration, and storage of medication policy is fully adhered to.</p> <p>The centre manager must ensure that a medical practitioner is consulted with regards to the non-administration of the young person prescribed medication.</p>	<p>The centre manager has sourced external medication management training for the care team this will be conducted on 20/02/2023.</p> <p>The registered provider will ensure that the safe handling, administration, and storage of medication policy is fully adhered to by the centre manager and the care team. External medication management training has been sourced for the care team and this training will cover the centre's safe handling, administration, and storage of medication policy this will be conducted on 20/02/2023.</p> <p>The centre manager has consulted with a medical practitioner with regards to the non-administration of the young person's prescribed medication, 10/11/2022.</p>	<p>The centre manager will regularly review the training needs of the staff team to ensure all staff receive required training to conduct their duties effectively.</p> <p>The registered provider will ensure that the centre's safe handling, administration, and storage of medication policy will be reviewed and audited effectively by the registered provider in line with the centre's auditing framework.</p> <p>The centre manager will ensure that all medication prescribed to young people is administered as per directions from the young person's medical practitioner and recorded effectively or is returned to the local pharmacy for disposal, in line with centre's policies and procedures.</p>
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