



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 121

Year: 2018

Lead inspector: Catherine Hanly

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Terra Glen Respite Services
Registered Capacity:	Four young people
Date of Inspection:	26th February 2018
Registration Status:	Registered from 21st October 2016 to 21st October 2019 with attached conditions
Inspection Team:	Catherine Hanly Sharon McLoughlin
Date Report Issued:	29th May 2018

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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 unannounced 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 in 2016. At the time of this inspection the centre were in their first period of registration and were in year 2 of the cycle. The centre was registered without conditions from 21st October 2016 to the 21st October 2019.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as being drawn from a pro-social approach to delivery of care.

The inspectors examined standards 2 'management and staffing' and 6 'care of individual young people' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 26th February 2018.

1.2 Methodology

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

- ◆ An examination of inspection related documentation completed by the manager.

- ◆ An examination of the questionnaires completed by:

- a) All four social workers with responsibility for the young people residing in the centre at the time of this inspection. None of the staff or young people returned completed questionnaires to inspectors.

- ◆ An examination of the following aspects of the centre's files and recording process including relevant sections of each of the four care files of the young people resident at the time of this inspection; centre registers; staff supervision records; hand over, team meeting and management meeting records.

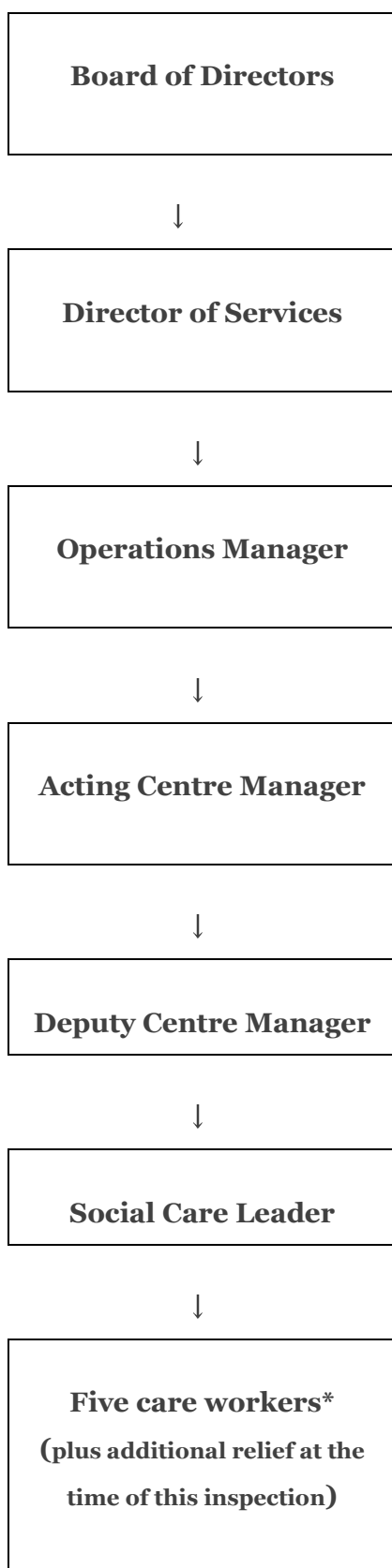
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) Two care staff
 - c) Two of the young people residing in the centre at the time of this inspection

- ◆ Observations of care practice routines and the staff/young person's interactions.

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



*This allocation will reportedly increase to 7 when centre at maximum capacity of 4 young people

2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work departments on the 6th of April 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a completed action plan (CAPA) on the 24th April 2018 however there was a lack of clarity regarding staffing compliment and inspectors sought further information and a meeting with both the operations manager and new centre manager. This took place on 25th May at which point 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 not to be operating in adherence to the Child Care (Standards in Children's Residential Centres) Part III, Article 5 Care and Operational Practices and Article 7 Staffing . As such it is the decision of the Child and Family Agency to register this centre, ID Number: 121 with attached conditions from the 28th May 2018 until the 28th November 2018 pursuant to Part VIII, 1991 Child Care Act.

The following conditions were attached to the centre's registration under Part VIII, Article 61, (5) (b) (I) (II) of the Child Care Act 1991, at that time. The conditions being that:

1. The staff team is stabilised and the number, experience and qualifications of staff are adequate to number of children residing in the centre and the nature of their needs.
2. The centre can not admit any other young person until such time as the inspectors are satisfied that the above condition has been satisfactorily addressed.

These conditions will be reviewed prior to the end of November 2018.

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

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

The acting centre manager had been in post since October 2017, a period of four months at the time of this inspection. They had previously worked for several years as a member of the care staff team at another centre within the organisation. The acting manager has a relevant social care qualification however does not have any previous relevant management experience for this role and is hence deemed to be in an acting capacity. The acting manager was engaged in an ongoing programme of training and development being delivered by an external consultant to all of the centre managers within the organisation. The centre had two social care leader posts, one of which was vacant at the time of this inspection, whose role is in part to support the delivery of the management function. The acting centre manager reported to an operations manager who in turn reported to the board of directors.

Inspectors found evidence of the acting manager making efforts to put in place structures around certain practices including team meetings, the implementation of revised placement plan formats and key working. The acting manager acknowledged that the centre was in the process of transferring across to newly implemented paperwork systems and this was evident from a review of the paperwork during this inspection. There was also evidence of a recently implemented audit system that is completed by the centre manager and reviewed by the operations manager. However inspectors noted that whilst this audit may identify deficits by either the centre manager or operations manager, there was no plan of action identified either within this document or elsewhere to address the deficits named. Inspectors noted in particular a disconnect with the model of care reportedly in operation at the centre and the lived experiences of young people residing there and recommend that

management review the approach to care delivery and the management of behaviour within the centre. Whilst inspectors acknowledge the efforts taken by the proprietors and senior management to address organisational deficits identified through inspections of other services operated, it must also be stated that there are significant developments that must occur in the area of oversight and governance that must be attended to across the organisation. One area in particular that must be addressed as a priority is communication. All four social workers for the young people resident at the time of this inspection raised dissatisfactions with their experiences of communicating with the acting manager and staff team. Inspectors also experienced difficulties obtaining clear and accurate information from the acting centre manager in a timely fashion both in relation to significant events and also for the purpose of this inspection. Centre management must ensure that they can at all times satisfy themselves that appropriate and suitable care practices and operational policies are in place.

Notification of Significant Events

The centre has a written policy regarding the notification of significant events to relevant personnel. In general, inspectors found that significant events are reported promptly however two social workers informed inspectors that they had not been satisfied with the manner and timeframe of reporting to them regarding two specific and separate significant events and had raised this with the acting centre manager. One social worker informed inspectors that action they had requested arising from this issue had not been addressed in full at the time of this draft report being issued. The acting centre manager must ensure that at all times significant events are notified promptly in accordance with the centre's own policy and to ensure compliance with the national standards and the relevant regulation.

Supervision and support

The minutes of team meetings reviewed were well structured with clear evidence of direction from the acting centre manager particularly evident in more recent records. There were regular agenda items including training, complaints, and risk assessments. Significant events were regularly discussed and the placement plans of each young person given close attention. There was emphasis through records on consistent staff practice.

Consistency and communication was a frequently occurring theme raised in supervision with staff members. All four social workers stated to inspectors that

communication amongst the team members needed to be improved in order to ensure consistency of practice with young people in the centre. Two social workers raised specific concerns about delayed communication relating to significant event notification. Both social workers had had to raise these concerns directly with the centre manager and were of the view that communication with social work teams needed to significantly improve. One social work team also cited several examples of poor or inefficient communication which they felt were contrary to consistent and coordinated approach to the delivery of care for the young person. The acting centre manager must consider this feedback in reviewing their internal and external communication systems and take any necessary action in order to address inconsistencies and deficits.

Inspectors reviewed a sample of staff supervision records made available and found that the frequency of these was in accordance with the centre's stated requirements of 4-6 weekly. However there were a number of occasions where supervision sessions were cancelled at short notice and this is a matter that the acting centre manager must endeavour to avoid where at all possible. Inspectors found that these records did not show a strong connection to a discussion of individual placement plans for young people or the implementation of same. There was repeated reference by the acting centre manager to the need for the model of care to be revisited with/delivered to the staff team from as far back as October 2017 however no evidence to indicate that this had occurred at the time of this inspection at the end of February 2018. There was significant focus on issues such as consistency, time management, attendance at team meetings and communication. The acting manager and senior management must ensure that these issues are being proactively addressed towards resolution.

The acting manager stated that the operations manager and proprietor are available to provide additional support to the staff team and there is also an external counselling service available should it be required.

Training and development

The acting manager informed inspectors that they had conducted an audit of staff training needs in January 2018 however there was no identified action arising from this. However inspectors noted that a number of staff had not completed a structured briefing in the centre's stated model of care and additionally there were some staff that were due to complete refresher training in the stated model of behaviour management used in the centre. Inspectors noted from the records

provided that three staff members were due to attend refresher training in the centre's stated model of behaviour management. This matter must be attended to. Inspectors noted that the new auditing system in place lacked evidence of action being taken as a result of any deficits identified; centre management must ensure that their own auditing systems and tools are effective in identifying and addressing any such matters arising.

3.2.3 Practices that did not meet the required standard

Staffing

The acting manager stated that the staffing compliment for this service is seven on a full time basis inclusive of two team leaders however at the time of this inspection the centre had four full time staff and one team leader. The acting manager stated that gaps in the rota were being filled on occasions by agency staff and the acting manager themselves. The team in place at the time of this inspection were mixed in terms of qualifications and length of experience. Six members of the staff team and the acting manager had been appointed to work in this centre inside the ten months prior to this inspection. Inspectors found that even if the allocated compliment of staff was to be in place it would not adequate to fulfil the centre's stated purpose and function with its maximum of four young people in residence. There were cited examples of staff having to facilitate access for young people with their family who resided significant distances from this centre. This resulted in a low staff to young person ratio at the centre whilst other staff facilitated access. In addition, the centre is not in a position to ensure that there is a staff member qualified and experienced to child care leader level on every shift. Inspectors recommend that centre management increase the compliment of staff assigned to work in this centre as a priority and in doing so they must proactively work to secure suitably qualified and experienced staff to increase the staff team compliment. They must also take steps to ensure there is a panel of relief staff available to cover any gaps that may arise in the rota.

Inspectors conducted a review of three personnel files of staff employed since the last inspection of this centre in September 2017. This review demonstrated that centre management were not in full compliance with the Department of Health and Children guidelines in relation to the sourcing and verification of references required to be in place prior to commencement of employment. The verification of references was also not of an acceptable standard. These matters must be addressed by centre management.

There is a formal induction process in place for new staff and staff interviewed reported this to be useful and informative.

3.2.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge-Part III, Article 16, Notification of Significant Events.***

The centre had not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- Centre management must demonstrate the implementation of robust mechanisms to ensure that appropriate and suitable care practices and operational policies are in place in this centre.
- Centre management must ensure that there are systems in place to assess the quality and effectiveness of the services being provided, including outcomes for young people.
- The acting centre manager must ensure that communication systems are capable of providing consistency and maintaining safety.
- Centre management must ensure that all staff members are fully up to date in all aspects of their core training.
- The acting centre manager must ensure that a clear and effective link to individual placement plans and their implementation is evidenced within the supervision process.
- The acting centre manager must ensure that at all times significant events are notified promptly.
- Centre management must increase the staff compliment in this centre as a matter of priority in order to fulfil its purpose and function and in doing so endeavour to recruit appropriately qualified and experienced personnel at child care leader level.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

There were four young people residing in this centre at the time of this unannounced inspection, the needs of each of which were reflected in their individual placement plans. Inspectors found overall that there was a level of congruence in content regarding individual needs across statutory care plans, centre placement plans and key working records completed with young people. Each of the young people had their own bedrooms, individual interests were supported and encouraged by staff and one young person was facilitated to have their dog stay over at the centre on regular occasions.

Key working records did not demonstrate regular engagement by staff with young people regarding their emotional wellbeing and this is an area that requires development.

There was evidence within key working records of attention to areas of personal hygiene, respectful behaviour, individual hobbies and interests and familial relationships. At the time of this inspection active engagement by young people in progressing towards positive outcomes across a number of areas was proving to be a challenge for the staff team.

Restraint

The centre uses a recognised method of physical intervention that has a clear detailed policy associated with it. Physical restraint has not been a regular feature of the care experienced by young people in the centre although physical interventions have been utilised to keep young people separate on occasions. The training records provided to inspectors for the purpose of this inspection showed that there were two staff members of the current team that were due to attend refresher training. The

manager must ensure that there is a system of oversight in place that ensures all such training is refreshed regularly and within recommended timeframes.

3.6.2 Practices that met the required standard in some respect only

Provision of food and cooking facilities

The availability and quality of the food provided to young people was an issue that two of the young people raised separately as dissatisfaction with inspectors. Both also put forward the view that the experience of lunch provided to inspectors on the day of the unannounced inspection was not a fair representation of their daily lived experience at the centre. Inspectors noted that although there were menu plans drawn up on a weekly basis, these were not replicated in meals recorded in daily logs. Inspectors could not find evidence within records of dissatisfactions raised formally by young people with the manager or staff regarding food or meals at the centre. However the minutes of the most recent team meeting at the time of this inspection, the date was not recorded when this occurred, noted a direction by the manager that three daily meals were to be prepared for young people and staff should record if the young person refuses same.

The centre manager and staff team should work to create a culture within the centre of regular group meals that can be experienced as a positive social event by all. The centre manager must oversee that the staff team are encouraging healthy eating habits and support the acquisition of knowledge and skill development by young people in this area.

Managing behaviour

The manager and staff members cited a ‘pro-social modelling’ approach to care provision in this centre and the language used in recording would support some aspects of this. In addition to the delivery of the pro-social model, various planning documents aimed at supporting and responding to the individual behaviours demonstrated by young people are implemented at the centre. However the centre does not have one comprehensive written policy on behaviour management that brings together the various elements referred to and the approach named in operation in the centre regarding delivery of care. Inspectors found that the use of some of these planning documents did not correlate with the pro-social model. For example, behaviour support plans on file were generally aimed at addressing challenging or inappropriate behaviours rather than supporting and encouraging positive appropriate behaviours. Inspectors also found contradictions amongst some

plans and documents on file regarding the management of absences. The centre's purpose and function states that staff endeavour to work towards a trustful and respectful relationship. However inspectors interviewed two of the young people living in the centre at the time of this inspection, and their comments and feedback on their experience of life in the centre would not support their experiencing an effective pro-social modelling delivery of care. In addition, inspectors' observation on the day, as well as the content detailed in a high number of significant events does not support the existence of consistently trustful and respectful relationships between the staff team and young people. Records of significant events in particular do not support the finding that young people are clear about the behaviour that is expected of them. Centre management must devise a robust policy that encapsulates all aspects of behaviour management interventions and tools used in this centre and can give all staff a clear guide in this area of practice. Inspectors also recommend that centre management review the delivery of the pro-social model approach within the centre using outcomes as a measurement tool of its effectiveness and also consider re-training for the staff team in the delivery of this model.

There have been a number of significant events notified regarding bullying behaviour amongst young people in the centre. Both of the young people inspectors met with stated that they do not feel safe living in this centre. The centre's policy on anti-bullying was brief and inadequate and centre management must devise a policy on bullying that promotes a safe and positive living environment and provides clear direction to all staff to respond to this issue.

The centre had a written list of permissible consequences however there was no comprehensive policy on the use of sanctions in the centre explaining the reasoning behind the use of same and the practice of implementing them in a manner that fit with the delivery of the pro-social model of care. Inspectors did not find adequate evidence that the use of sanctions was entirely consistent with promoting the identified developmental needs of young people in the centre and there was not always a clear link between the behaviour demonstrated and the sanction implemented. Centre management must ensure that a robust policy is devised and implemented regarding the use of sanctions in this centre that is entirely consistent with promoting the developmental needs of young people as documented in their individual placement plans.

Absence without authority

The centre had a written policy regarding the management of absences by young people. The acting manager stated that absences are not a regular feature in the centre however there have been some and on the day of this inspection one young person had been reported as a missing child from care. Staff on duty informed inspectors that all relevant persons had been informed of the absence and they were continuing in their efforts to contact the young person directly. Inspectors were subsequently informed by the allocated social worker for the young person involved, that they had not been informed of this absence by the centre and instead had received the information from the young person's parent. The social worker later raised this deficit in communication with the acting centre manager.

Inspectors noted that although individual absence management plans were on file for the young people, not all presented as having been reviewed and updated in conjunction with the allocated social worker. In addition, one absence management plan on file contradicted the content of young person's placement plan. The centre manager must ensure that all such plans are updated and agreed by the relevant social worker and also ensure that all events of absence by a young person are reported in accordance with agreed policy and absence management plan.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager must ensure that there is an active plan in place to address dissatisfactions regarding provision of food and that healthy eating habits are encouraged.
- Centre management must devise and implement a robust policy that encapsulates all aspects of behaviour management interventions and tools used in this centre.

- Centre management must devise a policy on bullying that promotes a safe and positive living environment and provides clear direction to all staff to respond to this issue.
- Centre management must ensure that a robust policy is devised and implemented regarding the use of sanctions in this centre that is entirely consistent with promoting the developmental needs of young people as documented in their individual placement plans.
- The centre manager must ensure that individual absence management plans updated accordingly in consultation with allocated social workers and that all episodes of unauthorised absence are reported in accordance with the policy and plan.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre management must demonstrate the implementation of robust mechanisms to ensure that appropriate and suitable care practices and operational policies are in place in this centre.</p> <p>Centre management must ensure that there are systems in place to assess the quality and effectiveness of the services being provided, including outcomes for young people.</p>	<p>The Centre Manager holds weekly team meetings and attendance at these are compulsory. The placement plans, and all supports for all young people are discussed and updated. The Centre Manager supervises staff in line with the organisation's policies and procedures. The centre Manager completes a monthly report for the Operations Manager which provides details on care practices within the centre and ensures oversight by the Centre Manager.</p> <p>New integrative care planning systems were introduced across the service in January 2018 resulting in a change to placement plans (reviewed 3 monthly) which now links in to a monthly individual plan, monthly review of the individual plan and monthly progress report. Social workers are invited to attend</p>	<p>The organisation has developed a Positive Behaviour Support and Management Policy due to be implemented 4th May 2018. Training will be arranged for all staff across the service in its delivery due to commence 28th May 2018.</p> <p>Following inspection, the Operations Manager has revised the monthly report submitted by the Centre Manager, and has also revised the monthly auditing systems to ensure robust oversight and governance.</p> <p>Following inspection, the Operations Manager has revised the monthly report submitted by the Centre Manager. Following inspection, the Operations Manager has revised the monthly auditing systems to ensure robust oversight and governance.</p>

	<p>The centre manager must ensure that communication systems are capable of providing consistency and maintaining safety.</p> <p>Centre management must ensure that all staff members are fully up to date in all aspects of their core training.</p> <p>The acting centre manager must ensure that a clear and effective link to individual placement plans and their implementation is evidenced within the supervision</p>	<p>the placement planning meeting and the individual monthly planning meeting where the monthly review for the previous month also takes place. This system tracks the outcomes for young people. This system is now fully implemented within the centre.</p> <p>The centre manager now ensures they sit in on daily handovers to improve communication and consistency. The centre manager now ensures that they are reviewing emails and other communications received from social workers.</p> <p>Dates were provided to inspectors for outstanding core training.</p> <p>A revised supervision template has been rolled out across the service. This ensures that placement plans and individual monthly plans for all young people are implemented</p>	<p>The centre manager has ensured that all social workers have contact details of the operations manager. The operations manager is now cc'd in all electronic communications from the centre.</p> <p>An IT system is currently being developed across the service whereby the training needs of all staff across the service that is due for refresher will be notified to the individual staff and the Centre Manager giving a six week lead to ensure sufficient time for the scheduling of training.</p> <p>The manager's monthly report submitted to the Operations Manager confirms that supervision is taking place as per organisation policy.</p>
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	<p>process.</p> <p>The acting centre manager must ensure that at all times significant events are notified promptly.</p> <p>Centre management must increase the staff compliment in this centre as a matter of priority in order to fulfil its purpose and function and in doing so endeavour to recruit appropriately qualified and experienced personnel at child care leader level.</p>	<p>with all staff in the centre as in line with organisation policy and procedures, supervision takes place every 4 – 6 weeks.</p> <p>The Centre Manager has agreed with social workers how they want to be notified of all significant events at the time of the event and in particular, during out of hours.</p> <p>Recruitment for the centre remains ongoing</p> <p>The current structure within the centre is</p> <p>1 x Centre Manager 1 x Deputy Manager 5 x Social Care Workers 2 x Relief Social Care Workers</p>	<p>Operations Manger is now cc'd on all electronic communications from the staff and centre manager to social workers.</p> <p>Recruitment across the service remains a priority for the service.</p>
3.6	<p>The centre manager must ensure that there is an active plan in place to address dissatisfactions regarding provision of food and that healthy eating habits are encouraged.</p> <p>Centre management must devise and</p>	<p>Young people are offered to engage and have input into the weekly meal plans for the centre. The young people are encouraged to participate in the weekly shopping for the centre.</p> <p>A Positive Support and Behaviour</p>	<p>The Centre Manager will ensure that all staff on shift adheres to the routine around meal times and will sit down to eat at the designated meal times for the centre to improve the experience for young people. Centre manger will ensure that young people's participation in this routine is evidenced in the young person's daily log.</p> <p>The organisation has developed a Positive</p>

	<p>implement a robust policy that encapsulates all aspects of behaviour management interventions and tools used in this centre.</p> <p>Centre management must devise a policy on bullying that promotes a safe and positive living environment and provides clear direction to all staff to respond to this issue.</p> <p>Centre management must ensure that a robust policy is devised and implemented regarding the use of sanctions in this centre that is entirely consistent with promoting the developmental needs of young people as documented in their individual placement plans.</p> <p>The centre manager must ensure that individual absence management plans updated accordingly in consultation with allocated social workers and that all episodes of unauthorised absence are reported in accordance with the policy and</p>	<p>Management Policy has been devised and due to be rolled out across the service. Once implemented the Centre Manager will ensure its delivery and this will be evidenced within the centre.</p> <p>The organisation's anti bullying policy has been revised. Once implemented the Centre Manager will ensure it is implemented and evidenced within the centre.</p> <p>A Positive Support and Behaviour Management Policy has been devised. Once implemented the Centre Manager will ensure its delivery and this will be evidenced within the centre.</p> <p>The Centre Manager has updated all AMP's in consultation with the allocated social workers. There is a section on the monthly manager's report requesting information on young people's AMPs. This will ensure oversight by the centre manager.</p>	<p>Behaviour Support and Management Policy due to be implemented 4th May 2018. Training will be arranged for all staff across the service in its delivery due to commence on 28th May 2018.</p> <p>The organisation has revised its anti-bullying policy across the service. Once implemented all staff across the will receive training in its implementation</p> <p>The use of sanctions has been addressed within the new Behaviour Support and Management policy. Training will be arranged for all staff across the service in its delivery due to commence on 28th May 2018</p> <p>The manager's monthly report submitted to the Operations Manager requests if AMP's have been updated. Following inspection, the Operations Manager has revised the monthly report submitted by the Centre Manager. The Operations Manager has also revised the</p>
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	plan.	Furthermore, the AMP's will now be forwarded to Social Workers on a monthly basis with the monthly progress report.	monthly auditing systems to ensure robust oversight and governance.
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