



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 132**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Service</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>11<sup>th</sup>, 12<sup>th</sup> &amp; 15<sup>th</sup> July 2022</b>
<b>Registration Status:</b>	<b>Registered from the 20<sup>th</sup> November 2020 to the 20<sup>th</sup> November 2023</b>
<b>Inspection Team:</b>	<b>Sinead Tierney Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>3<sup>rd</sup> October 2022</b>

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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 20<sup>th</sup> of November 2017. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 20<sup>th</sup> November 2020 to the 20<sup>th</sup> November 2023.

The centre was registered to accommodate four young people of all genders from age thirteen to seventeen years. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were three young people in residence at the time of 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 23<sup>rd</sup> of August 2022 on. 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 6<sup>th</sup> of September. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 132 without attached conditions from the 20<sup>th</sup> November 2020 to the 20<sup>th</sup> November 2023 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care practices and operations 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 inspection found that a number of key elements were in place that promoted young people rights and their involvement in their care. The centre had up to date policies on children's rights, access to information, recognising diversity and consultation with young people. A complaints policy and procedure were in place and although the policy incorporated best practice principles it requires adjustment to ensure the handling of complaints is always child centred. Examples related to this finding are presented further on.

From speaking with a young person, reviewing records and interviews with team members, it was apparent that structures were in place for listening to young people and seeking their views. These included weekly young people's meetings, monthly consultation and team members listening out for cues during conversations. A number of key documents captured their comments and provided insight into their view, and it was evident that young people raised their concerns with the team. A young person's and parents' booklet were available and young people received a stamped address envelope if they wished to raise concerns with external services such as The Ombudsman for Children. Whilst both booklets outlined how to complain, they did not specify how complaints were dealt with or how to appeal.

There was a culture of openness in encouraging young people to raise issues and make suggestions. However, the inspection found that the procedure followed on receipt of a complaint was not always responsive or managed at the appropriate level to the issue raised by the young person. The complaints policy outlined two complaint pathways: informal and formal. Informal complaints were defined as those that should be resolved through the normal processes of discussion, negotiation, and compromise with social care workers and notified to social workers monthly via progress reports. Formal complaints required the attention of the social care manager and were notified to social workers and parents at the earliest

opportunity. Staff interviewed did not clearly provide examples of what issues or complaints met the threshold for a formal complaint. Some stated child protection concerns, complaints regarding the quality of social work provision or if the same informal complaint had been raised on three separate occasions. During the previous inspection, the registered provider was informed that child protection concerns could not be dealt with via the complaint's procedure. Given that this is a recurring theme in the centre, the registered provider must ensure that additional training is provided on what constitutes a complaint and how these should be notified.

On review of informal complaints, inspectors found that some matters raised by young people were appropriately discussed as per the policy. For example, their dissatisfaction with the requirements to keep in contact whilst out with friends or other young people keeping them awake late at night. The record maintained for these discussions was a generic individual work form but did not record if the young person was satisfied with the process and the outcome or if further action was required from the young person's point of view.

The informal complaint process was also used to manage concerns by young people that were beyond its scope and required investigating as a formal complaint. One young person who was approaching 18 years of age and who's care status was before the courts made three complaints about the lack of contact and communication from their social worker before this was viewed as a formal complaint. This complaint was investigated by the social care manager in November 2021 on the same day as the formal complaint was made and upheld. It was notified to the social work department as a significant event however there was no evidence of any involvement of the social work team leader or principal social worker in acknowledging the complaint directly with the young person or determining if the complaint was upheld or not. It was also noted on the complaint record that the young person was to be informed about Tusla's Tell Us Complaints and Feedback procedure but there was no corresponding individual work that this had been completed. Correspondence was on file dated May 2022 from the centre, requesting the social work department provide emails stating they were happy that it was investigated by the centre and considered closed.

The same young person also made a formal complaint about the lack of contact from their Guardian ad Litem (GAL) in May 2022. This complaint was also investigated by the social care manager and upheld however was not recorded in the formal complaint register. The social care manager informed inspectors it was also being investigated by the GAL's employer however there was no evidence on file of correspondence between the GAL's employer with either the young person or the

centre. Inspectors found that the investigation of complaints by the centre manager about outside agencies was not appropriate and thus the registered provider must identify the scope of complaints that can be investigated by the centre manager and ensure that those outside of the scope are notified to the relevant agency for investigation.

A review of individual works completed following informal complaints found that social care workers often re-iterated a point of view or rule to the young person during the conversation. The record did not state if the young person was satisfied with the response of the social care worker and no insight was provided into how the young person felt post discussion, if the complaint was resolved or not, or if they wish to escalate it to the social care manager or appeal. By way of example, a young person complained they were not allowed access to the internet until 4pm even though school formally finished for them at 1pm and they found this unfair. The rule regarding internet use after 4pm was reiterated to them rather than the young person's individual needs and circumstances being fully considered.

The young person's monthly progress report was the method through which social workers were notified of informal complaints made by young people. On review of these reports, inspectors found that whilst a section of the voice of the young person was within the report, it was not clear that a complaint has been made. Reports also did not consistently state when complaints had been made and social workers interviewed were not aware of some informal complaints; therefore, inspectors were not satisfied that this notification system was effective.

An audit of complaints was completed by the regional manager in May 2022 that identified strengths and areas for improvement. Whilst it was a detailed audit that examined care records and interviewed a team member, there was a lack of gathering and analysing of valuable data such as feedback from young people on the procedure, trends, quality of decision making and its overall effectiveness. Deficits identified during this inspection were not highlighted and there was a lack of evidence that broader learning from complaints was incorporated into service development and improvement plans at senior management level.

On balance, although a policy was in place and a culture of encouraging young people to raise concerns was present, the inspection found that the informal procedure was being used as a 'catch all' system. This resulted in young people's concerns not being appropriately investigated and recorded in line with best practice and The National Standards for Children's Residential Centres, 2018 (HIQA).

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16 Regulation 17</b>
<b>Regulation not met</b>	<b>None identified</b>

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

### **Actions required**

- The centre manager must ensure that the young person's and parents' booklet is updated to fully outline the complaints process.
- The registered provider must ensure that additional training is provided on what constitutes a complaint and how these should be notified.
- The registered provider must identify the scope of complaints that can be investigated by the centre manager and ensure that those outside of the scope are notified to the relevant agency for investigation.
- The regional manager must review the complaints procedure and ensure that all concerns raised by young people are appropriately investigated, resolved, fully recorded, and reviewed.
- The centre manager must ensure that all complaints are clearly notified to key people in the young person's life in a timely manner.
- The centre manager must ensure that a mechanism for young people to provide feedback on the complaint's procedure is in place.
- The regional manager must ensure that data related to all areas of the complaints process is gathered and analysed as part of the complaints auditing framework.

**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 robust policies and procedures to guide the management of behaviour that challenges. Policies and practice were influenced by both the model of care, the behaviour management system, and a range of theoretical approaches. Staff and management were all appropriately trained in behaviour management and support. During interview they expressed their intentions to provide an environment that focused on positive behavioural support, teaching, and role modelling.

Each young person had an Individual Crisis Support and Practice Plan (ISCPP) that provided insight and direction to the team on how best to prevent and manage behaviour that challenges. Overall, these plans were individualised and provided sound guidance, however inspectors found some areas required attention in order to ensure they were an up-to-date support plan. One young person had a health condition that caused upper airway obstruction. Their ISCPP permitted three different types of physical restraint by team members however this had not been discussed at the medical on admission or approved as safe by a general practitioner. The document recorded active risks that were not congruent with the risk register and one young person's plan was not updated following an incident that had occurred several days prior to the inspection and this action was required.

A sample of significant event notifications were reviewed, with evidence that team members were utilising the agreed intervention laid out in ICSP's. Efforts to complete life space interviews with young people post significant event were apparent and confirmed by one young person who spoke with inspectors. Whilst many significant events were notified to social workers and other relevant people in a timely manner, the timeframe for this notification was generally outside the centre's policy of between 48-72 hours. On two occasions, inspectors found notifications that were sent 12 and 19 days following the incident.

In encouraging and responding to behaviours, the team used both incentives and consequences. Staff interviewed spoke of their intentions to respond positively and encourage positive choices and behaviours. Whilst this was the intent of the team and

management, inspectors found that the underlying causes of behaviour were not fully understood and thus a reliance on sanctions for one young person was noticeable. This young person had the support of an external psychologist who noted in a recent report that some behaviours were displayed when the young person's attachment system was activated due to stress, loneliness or missing their family. A number of recommendations were laid out including an emphasis on incentives. Knowing this information, the young person received three separate sanctions for not settling at night and seeking staff attention. There were two occasions the young person received a sanction when they displayed intent to do something that was not permitted. Rather than rewarding the learning that was evident as they did not follow through on their intent, a sanction was put in place. The social worker for this young person informed inspectors they felt there was more of an emphasis of centre rules rather than an individualised response based on the young person's needs. The centre manager must create a space with the team to reflect on their responses to young people, understand underlying needs through training and increase the emphasis on incentives.

Restrictive practices were in place mainly in relation to alarm sensors within the centre. Records reviewed noted that one young person had discussed the impact of this restrictive practice on them, and a measure had been put in place to reduce this impact whilst maintaining the practice. Whilst this measure was a positive response, the centre manager must ensure that where restrictive practices are in place, they are used for the shortest duration necessary and alternative measures are considered.

An audit of the centre's approach to behaviour that challenges was undertaken by a manager external to the centre in March 2022. Some areas for improvement and recommendations noted included assessing if a young person required a shortened version of the life space interview and if extra interventions relevant to developmental disabilities may be helpful. Whilst other actions related to recording issues were completed, any actions taken in response to the above were not noted. The audit did not identify that contraindications to physical restraint as described were not recorded and thus further audits should include this area for analysis.

Aside from the audit, team meeting minutes demonstrated evidence of reviewing significant events and revision of the associated standard operation procedure. A significant event review group (SERG) was in place monthly however reports from the centre were only reviewed quarterly. The regional manager reviewed reports in the intervening months and liaised with the centre manager when learning was identified. As per centre policies, the regional manager must ensure that restrictive

practices are monitored as are the notification timeframes of significant events at SERG meetings.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None identified</b>

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

### **Actions required**

- The centre manager must ensure that all Individual Crisis Support and Practice Plan are updated.
- The centre manager must ensure that all significant events are notified in line with the centre's policy.
- The centre manager must create a space with the team to reflect on their responses to young people, understand underlying needs through training and increase the emphasis on incentives.
- The centre manager must ensure that where restrictive practices are in place, they are used for the shortest duration necessary and alternative measures are considered.
- The regional manager must ensure that restrictive practices are monitored as are the notification timeframes of significant events at SERG meetings.

## **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.**

The centre had a number of policies relevant to the promotion of young people's health and developmental needs. Two young people had up to date statutory care plans on file and child in care reviews had taken place as required. The third young



person had turned 18 years of age and was receiving support through their allocated aftercare worker. The centre completed developmental audits with young people on admission and according to the policy this audit aimed to identify unmet needs and develop areas for growth. A review of these audits found that they did not meet this goal and contained little analysis of developmental needs or areas for growth. The regional manager agreed in interview that they were not informing the assessment of need and required a review. The regional manager must ensure that a review of developmental audits is completed and make recommendations based on the findings.

Monthly placement plans were in place, and these outlined general health and developmental needs, including self-care skills and specialist supports required. All young people had access to a general practitioner (GP) and were attending dental services. There was a good focus on promoting healthy living in the centre and encouraging young people to be involved in cooking and maintaining a healthy lifestyle. A social worker spoke of the efforts the team had made in encouraging a young person to engage in counselling supports. Incentives were in place to support one young person with their personal hygiene and improvements had been noted in the child in care review in relation to this. It was evident from records that one young person had a trusting relationship with team members and was comfortable in talking about their mental health. This young person's social worker confirmed to inspectors that the team were supportive in ensuring their health needs were met.

A review of one young person's health needs and diagnosed medical conditions found that whilst the initial placement plan identified that follow up was required due to a congenital disorder, subsequent placement plans did not identify this area of need. This oversight was recently discovered by the centre manager and at the time of inspection, efforts were being made to secure a specialist appointment at which a review of their condition could be undertaken.

Inspectors found that one reason for this oversight was that health goals within placement plans had become broad statements such as "make appointments if necessary" rather than specific actions/goals to be achieved within the forthcoming month. The centre manager must ensure that monthly placement plans clearly outline specific actions related to areas of need and decrease the use of broad statements. There were further areas related to this young person's health and the use of physical restraint that had not been discussed with the GP during the admission to care medical. The centre manager must ensure that a return visit to the GP is



arranged at which all health needs are discussed including known contraindications to physical restraint.

A medicine management policy was in place and all staff were appropriately trained in the safe administration of medication. Team members interviewed were clear on the procedures to follow and inspectors observed that medicine management was a formal task during handover and systems were in place for the secure storage of medication. A significant event took place whereby one young person was storing their prescribed medication rather than swallowing them. Although appropriate actions were put in place following this to minimise the risk of re-occurrence, there was a significant delay in informing the young person social worker and senior management about this.

In summary, the centre had a good focus on health promotion, which could be strengthened to ensure the best possible care by improving the placement planning tools.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 10</b>
<b>Regulation not met</b>	<b>None Identified</b>

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

### **Actions required**

- The regional manager must ensure that a review of developmental audits is completed and make recommendations based on the findings.
- The centre manager must ensure that monthly placement plans clearly outline specific actions related to areas of need and decrease the use of broad statements
- The centre manager must ensure that a return visit to the GP is arranged at which all health needs are discussed including known contraindications to physical restraint.

## 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 the young person's and parents' booklet is updated to fully outline the complaints process.</p> <p>The registered provider must ensure that additional training is provided on what constitutes a complaint and how these should be notified.</p>	<p>The young person's and parent's leaflets, inclusive of information on complaints, has been updated. This updated leaflet has been sent to parents.</p> <p>The senior management team discussed the complaints system and policy (inclusive of a register) at a meeting on 11.08.22 and are committed to a review to enhance the complaints system. This will ensure that complaints are easily monitored, escalated appropriately as needed, and that all identified works are completed, and available to review in one location. This review is on the agenda of the next meeting which is scheduled to take place on 15.09.22. Once this review is completed, the revisions will be communicated to all centre teams.</p>	<p>As per organisational policy and procedure review mechanism, these documents are reviewed every two years and as such will be reviewed again in 2024.</p> <p>A presentation on the revised complaints policy and procedure will be completed with all centre teams. This will be supported by the completion of a regional management audit to ensure that compliance with expectations is in place.</p>

	<p>The registered provider must identify the scope of complaints that can be investigated by the centre manager and ensure that those outside of the scope are notified to the relevant agency for investigation.</p>	<p>The centre manager will ensure that complaints relating to outside agencies are communicated to the line manager within the service. The centre manager will also continue to support all young people to utilise Tusla Tell Us procedures to communicate their complaints in relation to social work provision. This will be discussed at the team meeting on 22.09.2022. In addition, the right to complain and the avenues available will be discussed at the young people's meeting on 20.09.2022 and 01.11.2022.</p>	<p>The regional manager and quality assurance manager will continue to oversee complaints within the centre and ensure that all avenues available to young people are clearly communicated to them.</p>
	<p>The regional manager must review the complaints procedure and ensure that all concerns raised by young people are appropriately investigated, resolved, fully recorded, and reviewed.</p>	<p>The complaints procedure will be reviewed at both the centre management and team meetings 06.10.2022 to ensure staff are confident with the complaints process and to ensure that outcomes of investigations is recorded in a clear manner.</p>	<p>A senior management themed audit on complaints is due to be completed November 2022 which will ensure all concerns raised by young people are appropriately investigated, resolved, recorded, and reviewed.</p>

	<p>The centre manager must ensure that all complaints are clearly notified to key people in the young person's life in a timely manner.</p>	<p>The centre manager will ensure that all complaints are clearly notified to key people in the young person's life in a timely manner. Significant events are reported to young people's families and other professionals as appropriate. This will be discussed at both the centre management and team meetings on 06.10.2022.</p>	<p>The regional manager reviews all significant events and provides feedback to the centre management team. The regional manager will ensure that key people in young person's life are noted as being notified.</p>
	<p>The centre manager must ensure that a mechanism for young people to provide feedback on the complaint's procedure is in place.</p>	<p>The complaints policy is currently being reviewed by senior management and will incorporate a mechanism for young people to provide feedback on the process. This revision will be communicated with the centre management and staff team and training provided.</p>	<p>A presentation on the revised complaints policy and procedure will be completed with all centre teams. This will be supported by the completion of a regional management audit to ensure that compliance with expectations is in place.</p>
	<p>The regional manager must ensure that data related to all areas of the complaints process is gathered and analysed as part of the complaints auditing framework.</p>	<p>The Senior Management Team are currently reviewing the complaints policy and procedure. This review will incorporate a mechanism to gather key information to measure the effectiveness of</p>	<p>The regional manager and quality assurance manager will continue to oversee complaints. A revised senior management themed audit on complaints is due to be completed November 2022</p>

		the centre's response and will inform a revision of the associated audit.	which will gather key information to enhance service provision.
<b>3</b>	<p>The centre manager must ensure that all Individual Crisis Support and Practice Plan are updated.</p> <p>The centre manager must ensure that all significant events are notified in line with the centre's policy.</p> <p>The centre manager must create a space with the team to reflect on their responses to young people, understand underlying needs through training and increase the emphasis on incentives.</p>	<p>The centre manager completed a review on all ICSPPs on 01.09.2022 and all are updated.</p> <p>The centre manager will ensure that all significant events are notified in line with policies. When the centre manager is out of the centre/ on leave the deputy will ensure they are sent in a timely manner. This will be discussed at the centre management meeting on 22.09.2022</p> <p>The centre and deputy manager reviewed staff responses to young people, reviewed training needs and incentives at the centres team meeting on 15.09.2022.</p>	<p>The regional manager will continue to review placement planning documentation as part of their oversight, will provide feedback on their review and will ensure that documentation is updated as required.</p> <p>The regional manager reviews all SEN's for the centre and provides feedback to the centre. Regional manager will ensure that SEN's are sent in a timely fashion.</p> <p>The regional manager attends team meetings and reviews all team meeting minutes and will ensure that staff responses, needs and incentives are discussed regularly.</p>

	<p>The centre manager must ensure that where restrictive practices are in place, they are used for the shortest duration necessary and alternative measures are considered.</p> <p>The regional manager must ensure that restrictive practices are monitored as are the notification timeframes of significant events at SERG meetings.</p>	<p>The centre and deputy manager reviewed restrictive practices on 22.08.2022. Regular professionals' meetings are held in relation to the specific needs of one young person in the centre and a multidisciplinary approach to restrictions/sanctions is in place, ensuring that the shortest duration and alternative measures continued.</p> <p>Restrictive practices are discussed at regional management meetings each month and noted on meeting minutes. Timeframes for notification of SEN's will be monitored when regional manager is reviewing SEN's and providing feedback to the centre.</p>	<p>Senior management will review restrictive practices as part of auditing, regional meetings and as reported in fortnightly governance reports. The regional manager will ensure that restrictive practices are reviewed and used only as required with alternative measures considered.</p> <p>Restrictive practices and notification timeframes will be monitored by senior management through regional management monthly meetings and auditing.</p>
4	<p>The regional manager must ensure that a review of developmental audits is completed and make recommendations based on the findings.</p>	<p>A review of developmental audits will be completed by senior management by 30.09.22 and findings communicated to the centre.</p>	<p>Senior Management will review developmental audits as part of auditing and placement planning and provide feedback to the centre as required.</p>

	<p>The centre manager must ensure that monthly placement plans clearly outline specific actions related to areas of need and decrease the use of broad statements</p> <p>The centre manager must ensure that a return visit to the GP is arranged at which all health needs are discussed including known contraindications to physical restraint.</p>	<p>The centre and deputy manager reviewed monthly placement plans on 06.09.2022 and will ensure moving forward that specific actions are noted instead of broad statements.</p> <p>The centre manager organised a GP visit on 12.08.2022, 30.08.2022 and all health needs were discussed including contradictions to physical restraint.</p>	<p>Monthly placement planning documentation is sent to regional manager as well as social work departments. The regional manager will review and ensure that specific actions are noted instead of broad statements.</p> <p>The centre management team will ensure that medical needs are reviewed, and GP advice sought as appropriate. The senior management team will provide feedback on outstanding medical requirements that arise during auditing.</p>
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