



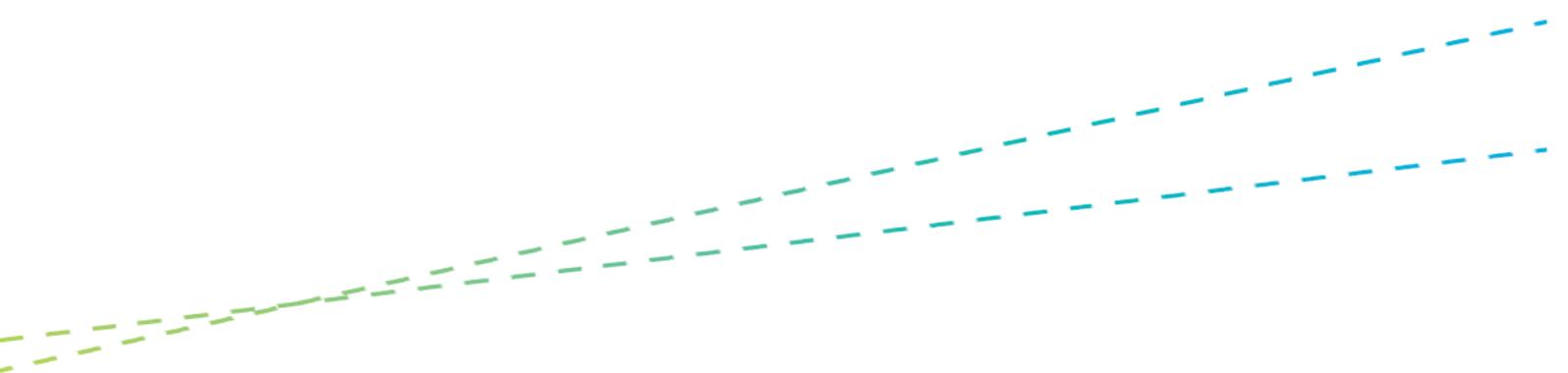
**An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency**

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number:144

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Ashdale Care
Registered Capacity:	Two young people
Dates of Inspection:	30th April and 01st May 2019
Registration Status:	Registered from 13th November 2018 to 13th November 2021
Inspection Team:	Linda Mc Guinness Michael McGuigan
Date Report Issued:	31st May 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going 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 report sets out the findings of an inspection carried out to monitor the on-going 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 November 2018. At the time of this inspection the centre was in its' first registration and in year one of the cycle. The centre was registered without attached conditions from the 13th November 2018 to 13th November 2021.

The centre's purpose and function was to accommodate two young people of both genders from age eleven to seventeen on admission. At the time of inspection there was one young person residing in the centre and another had been recently discharged. Their model of care was described as providing specialist residential care for young people with complex emotional and behavioural issues who could not be adequately cared for in a mainstream residential setting. The centre aimed to provide a responsive, specialist service as an alternative to more secure forms of care to meet the social, emotional, behavioural, therapeutic, health and educational needs of the young people. This was through a person-centred therapeutic service that had clinical direction and was based on emotional containment and positive reinforcement. The environment was designed to support young people in developing internal controls and promoting resilience and responsibility.

The inspectors examined standard 2 'management and staffing' and standard 5 'planning for children and young people' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 30th April and 01st May 2019. There was one young person living in the centre at the time of the inspection and one had recently been discharged.

1.2 Methodology

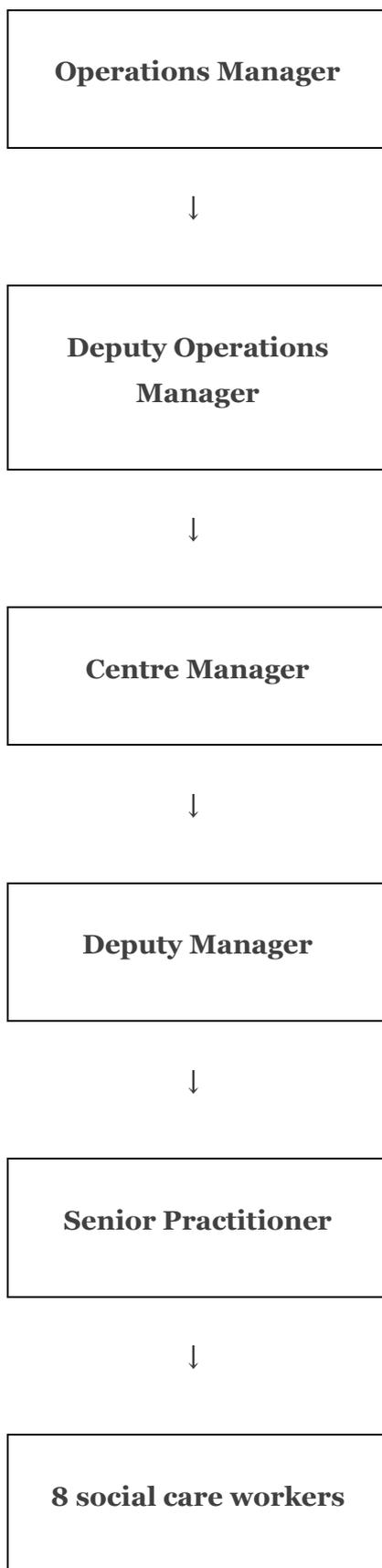
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Six of the care staff
 - b) The social care manager
 - c) The deputy manager
- An examination of the centre's files and recording process including:
 - The young people's care files
 - Staff supervision records
 - Personnel files
 - Handover book
 - Management meeting records
 - Operations visits
 - Centre audits
 - Team meeting minutes
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The deputy manager
 - c) Three social care staff
 - d) The social worker for the young person
 - e) A social work team leader for a recently discharged young person

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 person, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 15th of May 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 28th of May and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 144 without conditions from the 13th November 2018 to 13th November 2021 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The centre had a full time manager who had been in post for six months since this centre opened in November 2018. This person held a qualification in social care and had previous experience as a manager in other children’s residential centres within the organisation prior to taking up this role. The manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people’s daily logs, care files and centre registers as part of their governance of the centre. They also chaired staff team meetings, handover meetings and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who also generally worked normal office hours but had filled in for shifts if required. A trainee senior social care practitioner who had recently been accepted on to the ‘staff development’ senior practitioner programme was also allocated to the centre. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends when no manager was on site.

The centre manager reported to the deputy operations manager who had a regular presence in the centre. The centre manager was supervised by this person and also the organisation’s training officer as part of a dual process which had specific responsibilities and agendas for each. The training officers’ supervision had a greater emphasis on professional development while the other sessions were focused on organisational, operational and care practice issues. The organisation had recently established new governance structures and was in the process of implementing this system in operation. The previous system saw annual audits of the centre. However, the new system had a regular schedule of announced and unannounced audits against national standards. These audits required the creation of an action plan and the implementation of this was overseen by the deputy operations manager. The centre manager also created a weekly operations report that was forwarded to the

operations team and this included information on young people and operational and organisational issues. These reports included details on the placements and outcomes for young people, staffing, child protection and health and safety. Given the experience of the centre manager they also had a senior role within the organisation in the support of other managers, providing advice and peer to peer support around the placements of young people and care practice.

Records reflected seven operations manager visits to the centre and on-going regular communication between the centre managers and senior management both formally and informally. There was evidence that the operations managers were taking an organisational approach to responding to the findings of recent inspections across the organisation. Improvements required in respect of placement planning, supervision and staffing which were recommended were being addressed and implemented in each centre. There was a strong focus on supporting the staff team and managing team morale given a recent crisis in the centre prior to this inspection. Inspectors reviewed the records of manager's meetings which took place regularly and found that these were well attended. There were a wide number of operational and service delivery issues addressed at this forum and records also reflected discussions related to risk management, care practice and the planning of care for young people.

In the six months since the centre opened there had been one themed audit by the organisation's internal quality assurance team. This audit specifically examined supervisions of new staff by the centre manager and deputy manager. There was one action stemming from the review and this related to the deputy operations manager reviewing the supervisions files. However, while this had been actioned inspectors noted that other deficits existed within supervision that required attention by external line managers. These had not been identified through the quality assurance auditing process.

Register

Inspectors conducted a review of the centre register and found this to contain details on the name, gender and date of birth of the young person as well as admission and discharge dates. The centre register met regulatory requirements. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system for the prompt notification of significant events. From interview with the social worker for the young person and a review of incidents by the lead inspector for the service, it was noted that reports were sent in a timely manner and contained appropriate information. The centre had a significant event notification register that provided details of each incident in the centre and there was evidence of oversight of this register by senior line managers.

Training and development

Inspectors reviewed the training log and certificates in the centre and found that staff had up-to-date training in children first e-learning, first aid, fire safety. Staff had received training in a recognised model of behaviour management and de-escalation which included the safe use of physical intervention. Some staff had also received training in suicide and self-harm prevention, domestic violence and alcohol awareness. The organisation also had a training programme that was overseen by the clinical team and there were monthly training days for staff which were incorporated into every second staff meeting. This training was linked to the supervision process and to the Individual Placement Planning (IPP) meetings which focused on the individual needs of young people. The organisation had a training officer who co-ordinated training needs analysis and the roll out of supplementary training. There was a computerised system in place to ensure that refresher training occurred in a timely manner for courses requiring updates. One member of staff did not have up-to-date fire safety training but this was scheduled at the time of this inspection.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. Inspectors found that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely. Records were found to facilitate effective communication and planning for young people. The social care manager and the quality assurance team had systems in place to monitor the quality of the records being kept in the centre and to rectify any deficits noted. Inspectors also noted that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Staffing

The organisation had a comprehensive policy relating to the recruitment and selection of staff. This centre had a staff complement of one manager, a deputy manager, a senior practitioner and seven social care workers. As there was only one

young person resident in the centre the roster was comprised of two overnight shifts each day. It was the intention of the organisation to again add an extra day shift if a second young person was admitted to the centre. Inspectors found that there were enough staff to meet the centre's purpose and function. However, while two staff members had experience working in children's residential centres, six of the staff team were relatively inexperienced in the field of residential care. A number of the team were still on probation and inspectors found that the centre did not have a balance of experience among the staff. Centre and senior organisational managers were aware of this inexperience and there was evidence through supervisions, operations reports and staff team meeting minutes that they were attempting to support staff. The centre manager was attempting to ensure that the more experienced staff were rostered to work alongside those who had less experience and that additional supports were available to newer staff. This was difficult to do with the current balance. Seven of the staff held a qualification in social care or related field and one staff member was unqualified. There was a focus on supporting all staff within the organisation to attain a relevant qualification. Through interview and the questionnaires completed, inspectors noted that the staff team had a good awareness of the needs of young people and were familiar with care practices and operational policies. Given the relative inexperience of the team the deficits which inspectors noted in supervision processes must be addressed promptly to ensure adequate support and direction.

The organisations' HR person was responsible for staff personnel files and these were well organised and managed professionally. Inspectors conducted a review of a sample of these files and found that they contained CVs, up-to-date Garda/Police vetting and three references (one from the most recent employer) which had been verbally verified as required. There were also copies of qualifications which had been verified and details of all mandatory and other supplementary training on file.

Supervision and support

Inspectors noted there was a comprehensive organisational induction programme and evidence of probationary reviews at three months and six months for staff members. The centre had a policy that stated supervision would be conducted every two weeks during the first six weeks of employment for new staff and four weekly thereafter. Inspectors found that supervision always took place within the required time frames. The function of supervision of the team was split across the manager and deputy manager. Both were trained in the provision of supervision through a recognised model and there were supervision contracts on file for each staff file reviewed.

Inspectors reviewed a sample of supervision records and found that the general focus was the support of staff and discussion on events in the centre. While it was acknowledged that there had been a recent period of crisis in the centre, inspectors found that supervision did not adequately address placement planning, key working and care practice. Some supervision records contained substantial narrative on incidents and a number of the supervision records reviewed did not contain evidence of any decisions taken or actions agreed. Frequently there was no discussion on the placement plan or key work goals and the actions agreed did not provide specific direction to staff. Inspectors found that the quality and standard of supervision required improvements.

Staff team meetings in the centre were held fortnightly. The recording template for team meetings had recently been amended when findings of other inspections within the organisation were communicated to all centres. This now included a review of decisions from previous team meetings and action plans were now always created. There was a standing agenda that included items such as child protection, complaints, significant event review, consequences and the whistle blowing policy. Inspectors found that team meetings were generally well attended and there was evidence that members of the organisation's clinical team and senior line managers were present at times to discuss issues and provide guidance to staff. Individual development plan (IDP) meetings or training awareness programme meetings were also held every second team meeting to support the planning of care for young people. Inspectors found a strong focus at team meetings on organisational issues and policy and procedure review and noted core elements of learning and practice development for staff. There was also clear evidence of support for staff during difficult periods in the centre where one young person was in crisis and displaying challenging behaviour. However, inspectors found that at times more discussion and focus was required on supporting the management of challenging behaviours, care practice and the planning of care for young people rather than primarily staff support.

Inspectors reviewed the records for handover meetings and found these to be child focused and that they facilitated the effective exchange of information and planning of care for the young people. They included discussions about the meaning behind challenging behaviours, how to support young people and manage risk safely. Shift plans were created for each day and these were developed to include protected time for keyworking, activities, access arrangements and free time.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the *Child Care*

(Standards in Children’s Residential Centres) Regulations 1996

-Part III, Article 5, Care Practices and Operational Policies

-Part III, Article 6, Paragraph 2, Change of Person in Charge

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

Required Actions

- Centre management must ensure that the supervision process is balanced between discussions relating to the implementation of placement plans and support to staff members. The link to placement planning must be evident as required by national standards. Decisions must be recorded and there should be evidence of follow up to agreed actions and outcomes.
- Organisational auditing of supervision must focus on the quality of the process as well as assessing that sessions are in keeping with organisational policy. Support and direction of care and placement planning to an inexperienced team must be adequately evidenced through the supervision process.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Contact with families

There was one young person living in the centre at the time of inspection. Inspectors found from a review of care records that family access was being facilitated albeit not agreed through the care planning process as there was no up to date care plan on file. There was evidence that the staff team encouraged and practically supported contact with parents, family and significant others even though the young person was placed

a significant distance from their referring area and home place. All family contacts were recorded appropriately on care files in the centre.

Emotional and specialist support

The organisation had a dedicated clinical team which included psychologists, art psychotherapist, consultant social worker, occupational therapist and teaching staff. The clinical team attend the young people's individual planning meetings once per month and there was evidence that they gave guidance to the management and team in relation to understanding and responding to young people's challenging behaviours. Both young people who had been placed in the centre since opening had psychological support from the assessment and consultancy team (ACTS) prior to their admission which was extended into the new placement. The ACTS team had attended the team meeting prior to the placement to give an overview of the young person and guidance to the staff as to how best to manage presenting behaviours and risks. Discussions were taking place about the transfer of specialist support to the clinical team for the most recently admitted young person at the time of this inspection however these were decisions that needed to be made in the care planning arena and were somewhat delayed due to the limitations of social work involvement to date. An assessment had taken place prior to admission and the report was available to facilitate planning for this young person. There was a plan in place to keep this young person linked to disability services within the Health Service Executive and this was to be built into the forthcoming aftercare plan.

There was evidence that the staff were aware of the emotional and psychological needs of young people however the risks relating to one young person could not be managed safely. This young person was not engaging with the supports on offer from the staff team or the clinical team and the placement came to an unplanned end.

Preparation for leaving care and aftercare

At the time of the inspection there was one young person living in the centre who was aged over sixteen. This young person had an allocated aftercare worker and was due to meet with them in the weeks following inspection. As the young person had only recently been admitted the leaving care needs assessment and aftercare plan had not yet been completed. The young person was linked in with community services in their local area and the placement planning process was designed to prepare them for leaving the care of the centre.

Children's case and care records

Inspectors found evidence that external line managers had reviewed the care files for young people and that these contained the required documents. Records were written to an appropriate standard and there was evidence that the social care manager reviewed files and noted where improvements were required.

Young people's daily log books contained a narrative of their day and noted any issues that had arisen for them. The care records were kept in a manner that facilitated ease of access and the tracking of information. Key work sessions also reflected that young people's views were sought around the care being provided to them.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

This centre opened in November 2018 and there had been two admissions since that time. The centre accepted referrals from the Tusla National Private Placement Team and also from social work departments in Northern Ireland. Referrals were reviewed and screened by senior managers and those they felt were suitable were passed to centre managers. The centre created both individual and collective preadmission risk assessments and there was evidence that staff had discussions at team meetings to plan for meeting the needs of young people. However, there was no evidence that the preadmission risk assessments were reviewed and agreed by social work departments in line with best practice. Inspectors recommend that this occurs in future.

Each young person was provided with information on the placement and there was evidence of planned transitions where young people were supported to move in to the centre in a structured way. While the centre received some referral information from the National Private Placement Team for one young person, there was evidence that they did not have complete details on specific incidents and high risk behaviours. This meant that the organisation could not carry out a fully informed preadmission risk assessment for the young person. Senior management and centre management indicated that they may not have deemed the placement suitable had all information been made available. A number of these high risk behaviours recurred in the early stages of the placement and the young person was subsequently discharged in an unplanned way. Both young people placed in the centre had moved there as they required a high level of supervision and support and it was deemed appropriate that this centre they could provide this being a dual occupancy. Inspectors found that the communication between the previous placement and the centre in preparation for the

step down was excellent in some respects and poor in others. There was no social work involvement in the transition of one young to the centre and inspectors require that some learning is taken from mistakes that were made relating to admissions and that this is communicated to all relevant persons.

3.5.3 Practices that did not meet the required standard

Statutory care planning

Inspectors reviewed the care files of both young people and found that neither had an up to date care plan pertaining to this placement. Previous care plans from other placements and placement plans had been made available to assist planning but the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23 in respect of care planning was not met. The social work departments had not clearly outlined the aims and objectives of this particular placement and the specific supports to be provided. The formal assessment of each young person's educational, social, emotional, and behavioural needs which were to be incorporated into the centre's placement plans had not taken place and been formally agreed. The young person recently discharged had one review meeting during the placement but no care plan was provided following this despite evidence that this had been requested by centre management. The social work department acknowledged this and explained that the focus shifted to finding a more suitable placement when it was recognised that this one would not be able to meet the needs of this young person.

Interviews with management and a number of staff members pointed to the lack of clarity in placement planning in the absence of formal care plans. There was good communication with a social work team leader in one case and a non-allocated social worker who was aware of the case in another, however, the child and family agency must ensure that statutory written care plans are drawn up in consultation with relevant persons and made available at the outset of placements.

A child in care review meeting had been scheduled for the week following inspection for the current young person residing in the centre. Their allocated social worker was on extended sick leave and there was no social work team leader so the department sent a social work team leader who is in an administrative role and frequently chairs child in care review meetings in order that the meeting could go ahead. While this meeting was useful in terms of sharing information and setting short term goals, inspectors were informed that only a basic initial care plan would be provided to the centre. This could not be considered adequate in terms of a statutory child in care

review and another one must be convened as soon as the social worker returns to their post.

Supervision and visiting of young people and Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors found that there were complicating factors relating to social work provision in the cases of both young people who had been placed in the centre. One young person did not have a strong relationship with the allocated social worker and the social work team leader had determined that there was high risk and that it would be more effective if they were to maintain oversight of the case. There was evidence of much communication between their department and the centre although a social worker did not visit the young person in the home until the placement had broken down.

The other young person had an allocated social worker however they had been on sick leave since prior to the placement and there was no social work involvement in their transition to the centre. Inspectors met with a representative of the social work department who had an administrative role and had attended the child in care review meeting. They acknowledged the lack of social work input and were hopeful that the allocated social worker would return imminently and resume appropriate involvement in the case. A social work team leader had also just been appointed following the inspection so it was envisaged that things would improve in respect of social work role.

Social workers who were interviewed following the onsite inspection spoke highly about the commitment of the team and the high quality of care being provided by the centre. The social worker who met with inspectors in relation to the young person recently placed stressed that they were very happy in the placement and that they were confident that it was suitable and would be able to meet their needs.

Discharges

There had been one discharge from the centre since it opened in November 2018. This was an emergency discharge and was as a result of the behaviours of the young

person and the risks posed to themselves and others. As noted in the section on suitable placements and admissions, the centre had agreed to admit the young person following a review of the referral information provided. However, information on specific incidents and behaviours had subsequently been provided that was not made available at the time of referral. During interview with the operations manager they stated that had all of the information been available they would not have admitted the young person as the centre would not have been able to manage the presenting risks. Inspectors have requested that the organisation conduct a review of the young person's placement for future learning and that the outcome of this review is communicated to relevant persons and used for service improvement.

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The child and family agency must ensure that it meets all its responsibilities under the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23 and Part V, Articles 25 & 26 in respect of care plans and care plan reviews. A care plan must be in place before or as soon as is practicable after the young person comes to live in the centre and these must be subject to formal, systematic and regular review in accordance with the regulations.

- Supervising social work departments must ensure that visits to young people are in accordance with timeframes identified in regulations
- The organisation must the organisation conduct a review of a recent young person's placement for future learning and that the outcome of this review should be communicated to relevant persons and used for service improvement.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>Centre management must ensure that the supervision process is balanced between discussions relating to the implementation of placement plans and support to staff members. The link to placement planning must be evident as required by national standards. Decisions must be recorded and there should be evidence of follow up to agreed actions and outcomes.</p> <p>Organisation management must ensure that auditing of supervision focuses on the quality of the process as well as assessing that sessions are in keeping with organisational policy. Support and direction of care and placement planning to an inexperienced team must be adequately evidenced through the supervision process.</p>	<p>Centre management will ensure the noted deficits in the supervising of staff are corrected immediately. Management will ensure a more balanced approach is utilised and that sessions have a clear focus on placement planning, goals, outcomes and follow up with time frames in addition to a focus on supporting and guiding staff.</p>	<p>A new supervision template is being devised to lead to better recording of supervision sessions. This will help to create more focus on placement planning and related topics.</p> <p>Audits on supervision will focus on the quality of the sessions ensuring the link to placement planning is evident as per the national standards.</p>

<p>3.5</p>	<p>The child and family agency must ensure that it meets all its responsibilities under the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23 and Part V, Articles 25 & 26 in respect of care plans and care plan reviews. A care plan must be in place before or as soon as is practicable after the young person comes to live in the centre and these must be subject to formal, systematic and regular review in accordance with the regulations.</p> <p>Supervising social work departments must ensure that visits to young people are in accordance with timeframes identified in regulations.</p> <p>The organisation must the organisation conduct a review of a recent young person's placement for future learning and that the outcome of this review should be communicated to relevant</p>	<p>No response received from the social work departments. Centre management have requested care plans for the young people that have been admitted to the centre.</p> <p>No response received from the social work department. Centre management have liaised with the relevant Social Workers regarding same.</p> <p>This review took place with senior management on May 13th 2019 where the difficulties with this young person's placement were discussed in detail. The report will be sent to the alternative care</p>	<p>Centre management will ensure the expectations and requirement for an up to date care plan are communicated to relevant Social Work Departments at an early stage. Any undue delay will be escalated to senior management within the social work department</p> <p>Centre management will ensure the expectations and requirements for visits to the young people are communicated to social workers. Any undue delay will be escalated to senior management within the social work department</p> <p>The organisation will not accept referrals with a similar profile in future based on the learning that has been obtained from this young person's placement.</p>
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	persons and used for service improvement.	inspection and monitoring team.	
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