



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 147

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Kellsgrange Residential Services
Registered Capacity:	1 young person
Dates of Inspection:	16th ,17th & 21st May 2019
Registration Status:	Special Arrangement: Registered from 25th January 2019 to 25th January 2020
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	3rd July 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 inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on 25th January 2019. At the time of this inspection the centre were in their first registration and were in year 1 of the cycle. The centre was registered as a special arrangement without attached conditions from 25th January 2019 to 25th January 2020.

The centre's purpose and function was site specific. It highlighted that it was to accommodate one young person from age thirteen to seventeen years on admission. Their model of care was described as being built on a relationship based model which re-affirms the importance of working relationships between social care workers and young people within a contemporary perspective.

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 16th, 17th and 21st May 2019.

1.2 Methodology

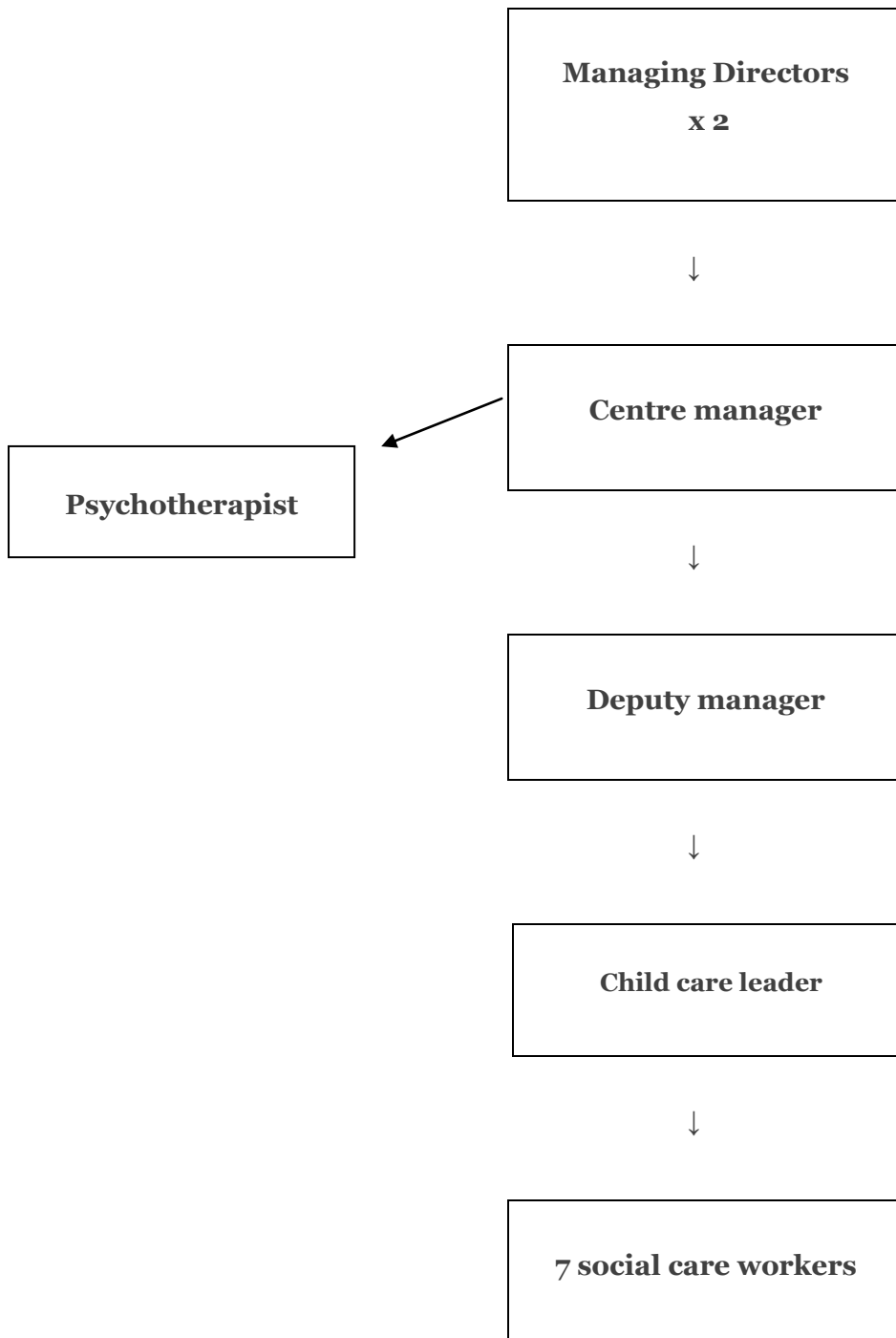
This report is based on a range of inspection techniques including:

- ◆ An examination of inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Four of the care staff
 - b) One young person residing in the centre
 - c) The social worker with responsibility for the young person residing in the centre.
- ◆ An examination of the centre's files and recording process.
 - Young Persons Care File
 - Staff Administrative Files
 - Supervision Records
 - Handover Book
 - Team Meeting Minutes
 - Young Persons Register
- ◆ 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) One of the directors for the organisation
 - b) The centre manager
 - c) The in-house psychotherapist
 - d) Three social care staff
 - e) One young person
 - f) The social worker for the young person
 - g) The guardian for the young person
- ◆ 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



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 11th June 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 20th June 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number 147 without attached conditions from the 25th January 2019 to 25th January 2020 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

Notification of Significant Events

The allocated social worker confirmed that the centre had a prompt notification procedure of any significant event affecting the young person. They also stated that they received verbal notification regarding significant events prior to the written notification. A review of the centre log for significant events was not undertaken by the centre manager to ensure effective oversight. The centre manager provided a monthly report to the company directors which included an overview of significant events. From a review of these documents, they were completed for the service overall as opposed to the individual centre; they also focused on operational aspects as opposed to reviewing the significant events in depth.

3.2.2 Practices that met the required standard in some respect only

Management

The centre manager was appropriately qualified with a degree in social care and had a number of years experience in the social care sector. They had five years experience in a management post and had been appointed manager within this organisation for the past two years. The manager assigned to the centre was also responsible for overseeing another service within the organisation. They informed the inspectors that this meant in practice that they were only spending approximately two days a week within this centre. As a result they confirmed they were not in a position to attend daily handover with staff members or to provide support and guidance to the team. No provision was made regarding a management presence in the centre for the days that they were absent. Management presence within the centre must be reviewed by the service directors.

The centre manager reported to the service directors. They were supported in their role by a deputy manager and a child care leader who formed part of the rostered core team and they were not allocated office days when the manager was not available on site. The role of the directors was to oversee the development of the service. One of the directors had responsibility for the management of the day to day operational activities. Their role included staff recruitment and management of the staff roster. They also had responsibility for maintaining oversight of staff training and development which was done in consultation with the centre manager. The role of the second director was to maintain an operational link with the manager, to offer support and direction and where necessary to appraise themselves on all aspects of the young people's care. Both directors provided an out-of-hours on-call service to the centre.

The director with responsibility for maintaining an operational link with the manager satisfied themselves of practices within the centre through visits to the centre. Being on-call gave them an insight into the working of the centre and in particular issues that arose for staff and young people. They held monthly meetings with the centre manager to discuss all aspects of the young person's care. From time to time they reviewed the significant event reports for the young people including their care files.

The service employed an external auditor whose role was to undertake quarterly audits of the centre. Due to the centre only being in operation for four months none had been completed at the time of inspection on this centre, there was evidence shown to inspectors of audits being completed on another centre within the service incorporating some operational aspects of the organisation as a whole.

The findings of the inspectors were that the systems of governance for the centre were not robust enough. This was evident to the inspectors following a review of administrative files and records. There was a lack of evident centre manager and director oversight on files and a lack of manager presence on site. There was also a large deficit in having a system of effective staff supervision in place. These issues are addressed in more detail further on in the report.

Register

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was up-to-date however did not note the gender of the young person admitted nor noted parents' details, instead noting next of kin details. It should however be noted that the young person currently in placement had been in placement since January 2019 and the Alternative Care Inspection and Monitoring Service had to request a register be created to reflect their admission the week prior to the inspectors visiting as the centre had no active young persons' register.

There was a system in place where duplicate records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Staffing

The centre was registered in January 2019 as a special arrangement. Whilst there was evidence of adequate staffing levels in place throughout this time, from 25th January to 1st May staff members were being called in from another service within the organisation to staff the centre. Since the 1st May the organisation had assigned a core staff team to this service consisting of a deputy manager, one child care leader and seven social care workers. One staff member had a degree in health promotion; the remaining eight staff members all had appropriate qualifications in the area of social care. There was evidence of a balance of experience on this newly assigned staff team and the centre had at least one qualified staff member at child care leader level on each shift. There was evidence of inductions occurring with all new staff members. This occurred in advance of any shifts being undertaken and allowed the new staff member time to familiarise themselves with the centre. It should be noted some of these core staff members transferred with the young person when they moved to the new centre. It is important that the staff team assigned remain consistent within the centre moving forward.

During interviews with inspectors staff members were not able to clearly define roles, with the child care leader not appearing to be aware they had been appointed to the role. From speaking with the director and manager also there did not appear to be any clarity on roles and responsibilities with there also being a clear overlap and duplication of work with the directors taking on the centre manager role. The inspectors recommend a review of roles and responsibilities to ensure clarity and defined roles of all parties from directors, to management to social care workers. The inspectors reviewed a sample of staff files and found that all staff members had up to date garda vetting on file. One staff member had the required three references

on file however they did not have their most recent employer's reference; all other reference checks were in order. Copies of qualifications were evident on file for all staff members however not all had been verified with the college or awarding body. This should be followed up by the director responsible for overseeing the recruitment process.

Training and development

The service provided an effective ongoing staff development and training programme for all staff members. The inspectors examined the training attendance records and found that all staff were trained in a recognized model for de-escalation of behaviours and physical intervention. The inspectors identified a number of training deficits. Three staff required first aid training, one staff required fire safety training and three staff required online e-learning Children's First training. Individual members of the staff team had also received additional training in applied suicide intervention skills training, deliberate self-harm, safe administration of medication and supervision training.

Administrative files

The inspectors examined a range of administrative files and records including daily logs, significant event log, young persons' register, supervision records, handover records and minutes of staff meetings. The care files and centre records were generally well organised. There was no evidence that the centre manager had systems in place to monitor the care files and the centre administrative records to facilitate effective management and accountability. The centre manager must ensure there are systems in place to monitor the quality of all centre records and evidence any action taken to remedy deficiencies to safeguard the interests of young people and staff.

The centre had clear financial management systems in place. Oversight of the centre budget was maintained by the director and centre manager. The centre manager and staff members stated that the centre was adequately resourced.

3.2.3 Practices that did not meet the required standard

Supervision and support

The centre had a supervision policy which stated that staff members would be supervised at intervals no greater than every 4 weeks. Inspectors found this was not being adhered to. The centre manager supervised the deputy manager; however there were no written records of this occurring. One staff member interviewed stated they had no supervisor assigned to them at the time of inspection. There were four staff members noted to be without a supervision file. There was only one staff member with an active recording of supervision on their file. There were no other supervision records that could be reviewed at the time of inspection. The one example of supervision that could be reviewed focused on operational aspects and there was no evidence of care planning discussion taking place.

The inspectors were informed that a deputy manager from another service within the organisation supervised all social care workers within this centre. This deputy manager is not based within this centre and is not in a position to oversee care practice and address accountability. There must be a formal internal structure established for staff members to receive supervision in line with policy from a member of management situated within this centre. This must also be formally recorded and filed.

The centre manager and director informed inspectors that the centre manager did not receive any formal supervision from the directors of the company. The centre manager received supervision from a source external to the company and directors noted they did not receive copies of this supervision but did receive a verbal handover following each supervision. There was no formal mechanism in place internally to allow for the centre manager's accountability or oversight of care practices. While external supervision can be an additional support mechanism for professional development, a formal internal structure must be implemented to ensure adequate supervision of the centre manager.

Team meetings were held on a fortnightly basis with directors attending, along with the centre manager, staff members and psychotherapist. From a review of records there was consistent attendance at these meetings by staff members. There were clear discussions occurring around the young person's needs and an action plan created from the minutes. There was evidence of the psychotherapist offering additional support and guidance to the team through observation and direct work

with the young person. Young person's meetings also occurred after every staff meeting to ensure the young person was kept up to date also.

Handover meetings occurred daily, however due to the centre manager overseeing two services, they were not always in a position to attend daily handover. Staff members informed inspectors if there were difficulties around decisions and guidance they would make contact with the centre manager or directors through an on call system. Handover meetings were done verbally with a written handover form completed also. There was evidence of good communication and planning in order to meet the young person's needs at handover meetings.

3.2.4 Regulation Based Requirements

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

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 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.***

Required Action

- The directors must review management presence within the centre together with line management structure within the centre in order to satisfy themselves that appropriate care practises are in place and policies are being adhered to.
- The centre manager must ensure that the young person's register complies with the requirements of the Child Care (Placement of Children in Residential Care) Regulations 1995.
- Directors must ensure that all staff members have their most recent reference check completed.
- The centre manager and director responsible for training must ensure all training deficits are addressed.
- The centre manager must ensure there are systems in place to monitor the quality of all centre records and evidence any action taken to remedy deficiencies to safeguard the interests of young people and staff.

- The directors must ensure a formal internal structure for supervision is implemented to ensure adequate supervision of the centre manager and staff team.

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

Suitable placements and admissions

The centre had written policies and procedures for considering referrals and processing admissions. The centre considered referrals from the Tusla Child and Family Agency National Private Placement team. Referrals were considered initially by the registered proprietor and the centre manager and subsequently discussed at team level. The centre had one young person in placement and this was deemed to be an appropriate placement and was meeting their needs. There was a booklet evident on file that was provided to the young person upon admission and the young person confirmed they received information describing all aspects of the centre including information about visits, phone calls, house rules and pocket money. The young person, their family and the allocated social worker also expressed satisfaction to the inspectors in relation to this placement and were happy with the placement.

Statutory care planning and review

The young person moved to this placement in January 2019 and there was a statutory care review held in conjunction with this move and a care plan on file relating to this. A further care plan review was held two weeks prior to the inspectors visiting, whilst the care plan from this meeting was yet to be received there were clear minutes on file and the initial care plan relating to the move remains in date. The young person had attended these meetings and confirmed that they felt their voice was heard. The young person's grandparents also attended the meetings and there was evidence that the young person's mother was invited to attend also. There was also evidence of consultation with all significant parties for care planning purposes.

In conjunction with this there was evidence of regular teleconferences between all professionals to ensure appropriate care planning and all professionals kept up to date.

Placement plans had been drawn up in conjunction with the young person's care plan and there was a clear link between the care plan, placement plan, therapeutic plan and key working plan. The plan focused on areas such as education, anger management, boundaries and safety. There was evidence of these plans also being brought to team meetings for further discussion and exploration to ensure it was best meeting the needs of the young person.

Contact with families

Family contact was viewed as a very important part of the young person's placement in the centre. The young person in placement had access in the centre every weekend. There was evidence of the current access plans being reviewed by all professionals, with the young person working towards access occurring in alternative locations. The young person stated they had input into these plans and their views were sought also. The centre employed a psychotherapist who was also working with family members. They met on a weekly basis and were supported in rebuilding relationships and boundaries. The inspector spoke with the family members for the young person who stated they were happy with the placement, level of access in place between them and the young person and were satisfied with the level of communication from the centre. They confirmed they received weekly handover phone calls updating them on the young person's presentation, behaviours, and plans for the week ahead.

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.

The allocated social worker for the young person confirmed they had the opportunity to meet with the young person in private when they visited the centre. The social worker scheduled statutory reviews and teleconferences on a regular basis. They were satisfied they were informed of all relevant and appropriate information relating to the young person. The social worker confirmed that they were satisfied with the level of communication with the centre and there was evidence of this being upheld. The social worker stated they were satisfied with the staff team in place and had no concerns in relation to this and believed the young person had built positive relationships with the staff team in the centre. The social worker stated that the

young person had made significant progress since transferring to this centre and believed the placement was meeting the young person's needs to a satisfactory level. There was no evidence available to show that the social workers had access to the centre records and read and signed the relevant records from time to time. The allocated social worker for the young person must make arrangements to review the care records held in the centre.

Emotional and specialist support

The young person had recently completed a psychological assessment and was under the care of a forensic psychologist who was providing advice to the team working with them. A referral had also been made to the local CAMHS team.

The centre had an in-house psychotherapist who provided individual sessions to the young person on a weekly basis. The psychotherapist attended fortnightly team meetings and offered guidance and advice on approaches being used with the young person. They also allowed debriefing opportunities with the team should it be required. Following meetings with the young person the psychotherapist wrote up clinical notes which were kept confidential and discussed verbally with relevant parties where required.

There were additional notes provided to inspectors by the psychotherapist which did not detail clinical sessions but included observations of the young person in the centre and recommendations for the staff and keyworker. Both the centre manager and staff members interviewed confirmed they did not have access to this document and agreed it would be beneficial to have copies to work from. From review there appeared to be no sensitive material in these documents and instead focused on providing recommendations for the staff team. The inspectors recommend this particular document is shared directly with the centre manager when completed.

There had been a therapeutic plan devised in conjunction with the young person's care plan. This had been developed by the centre manager and psychotherapist and included a key working plan to give guidance to the team. The inspectors found evidence in key work records of a linkage to this plan. There was also evidence of unplanned opportunity led key working sessions occurring with the young person where appropriate.

Preparation for leaving care

There was evidence across the centre records that the staff team supported the young person to learn and practice the required skills in preparation for independent living in the future. There was evidence that staff provided opportunities for the young person to learn a range of life skills appropriate to their age and stage of development. The young person was encouraged and supported to take responsibility for budgeting, cooking, laundry, maintaining their bedrooms and learning a range of practical life skills.

Discharges

The centre is only open since January 2019 under a special arrangement therefore there had been no discharges to date. The centre had a written policy on discharges indicating its commitment to ensuring the young people leave the centre in a planned and structured way in accordance with their statutory care plan.

Aftercare

The young person in placement had not reached the age to be referred to aftercare services. There was evidence across centre records that the staff team were preparing the young person for independent living.

Children's case and care records

The young person had an individual care file that was securely stored in the centre. Records were written in an appropriate professional manner. The centre manager and staff demonstrated an understanding and awareness for maintaining appropriate levels of privacy and confidentiality about the young person's circumstances.

The care file contained a copy of the young person's birth certificate, care order and social history. The care files were well maintained and information was easy to access on the files. The records were written in a professional manner and information about the young people was expressed in a clear manner. The inspector found evidence across the records that the young people's views were actively sought and recorded.

Supervision and visiting of young people

The young person in placement had an allocated social worker and there was evidence they were appropriately supported by them. The social worker had visited the young person at the centre on two occasions since January and also met with the young person at their two child in care review meetings. The centre staff maintained a record of all social work visits and the outcome of such visits.

3.5.2 Practices that met the required standard in some respect only

None identified

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 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

-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 allocated social worker for the young person must make arrangements to review the care records held in the centre.
- The in-house psychotherapist must share their specialist notes with the centre manager, where there is no breach of confidentiality, specifically in relation to the areas of recommendations for staff approaches.

3 Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The directors must review management presence within the centre together with line management structure within the centre in order to satisfy themselves that appropriate care practises are in place and policies are being adhered to.</p> <p>The centre manager must ensure that the young person’s register complies with the requirements of the Child Care (Placement of Children in Residential Care) Regulations 1995.</p> <p>Directors must ensure that all staff members have their most recent reference check</p>	<p>New acting manager currently assigned. Relevant documentation forwarded to registration/ inspection for review.</p> <p>Now includes Gender subsection- Next of Kin on register across company to incorporate diverse ‘parental’ circumstances of y/p in our care.</p> <p>Review of staff personnel files will be undertaken by Centre Manager to ensure the 3 references secured for each staff</p>	<p>Manager in situ. 5 days per week pending approval by registration/inspection. Acting Manager will also participate in on-call support for the centre.</p> <p>Gender subsection included on register.</p> <p>As each new employee is subject to having 3 references, the Centre Manager will ensure going forward that 1 of the 3 references</p>

	<p>completed.</p> <p>The centre manager and director responsible for training must ensure all training deficits are addressed.</p> <p>The centre manager must ensure there are systems in place to monitor the quality of all centre records and evidence any action taken to remedy deficiencies to safeguard the interests of young people and staff.</p> <p>The directors must ensure a formal internal structure for supervision is implemented to ensure adequate supervision of the centre manager and staff team.</p>	<p>member incorporate reference from last employee.</p> <p>Training audit complete by Managing Director and any outstanding trainings sourced, scheduled and staff team notified. (Please see attached Training Log)</p> <p>Centre management meeting in place monthly- Template has been devised- Auditing tools being implemented by Acting Manager.</p> <p>SERG/Therapeutic Overview meetings scheduled going forward and all relevant participants notified regarding dates for same.</p> <p>Supervision schedule in place.</p> <p>Centre Manager & CCL have undertaken training in Formal Supervision. Regular, formal supervision will be undertaken as per policies within the unit.</p>	<p>received will be from most recent employee.</p> <p>On- going training is being examined regularly and updated accordingly. Plan to be implemented regarding staff members that have missed relevant trainings.</p> <p>Monthly SERG/Therapeutic Overview meetings in place.</p> <p>Management meetings undertaken monthly- records maintained internally and available for inspection by relevant parties.</p> <p>Auditing tools currently being implemented- efficacy of same will be subject to regular review.</p> <p>Supervision will be subject to regular review/auditing by Managing Director to ensure it is timely, productive and relevant to tasks assigned.</p>
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<p>3.5</p>	<p>The allocated social worker for the young person must make arrangements to review the care records held in the centre.</p> <p>The in-house psychotherapist must share their specialist notes with the centre manager, where there is no breach of confidentiality, specifically in relation to the areas of recommendations for staff approaches.</p>	<p>New sign in template for all files currently in place- this will ensure a clear reviewing system for all potential viewers and will ensure more visible oversight of files by relevant multi-disciplinary professionals.</p> <p>Therapeutic Observation notes now shared between management team- these are initially viewed and discussed at SERG/Therapeutic Overview meetings and thereafter at staff meetings.</p>	<p>Centre Manager will be responsible for ensuring all persons sign in on same upon review of any file or report within section of files.</p> <p>Now available for management viewing- Consideration being given regarding the filing of same in Y/P files.</p>
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