



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 157

Year: 2022

Inspection Report

Year:	2021
Name of Organisation:	Gateway Organisation Ltd.
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	15th & 16th February 2022
Registration Status:	Centre closed 30th of April 2022
Inspection Team:	Catherine Hanly Cora Kelly
Date Report Issued:	9th May 2022

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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 17th of June 2019. At the time of this inspection the centre was in its first registration and was in year three of a three-year cycle. The centre was registered without attached conditions from the 17th of June 2019 to the 17th of June 2022.

This centre originally commenced as a single service and later became part of an already established larger provider of residential care which, in turn, was taken over by a larger company. The centre was registered to provide medium to long term care as a multi-occupancy service for up to four young people, male and female, aged between 13 and 17 years of age on admission. The model of care was described as based on an integrated relationship-based approach which provided a framework for positive interventions with young people which meets their social, emotional, behavioural and therapeutic needs. The centre integrated the circle of courage and three pillars model of care in their work with young people. There was one young person living in the centre at the time of the inspection, with a second having commenced a transition to the centre.

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	3.1
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

Inspectors consulted with their line management following the completion of the onsite inspection process and assessment of findings therein. Senior management in the Alternative Care Inspection and Monitoring Service (ACIMS) supported inspectors' recommendation that immediate action was required and on the 16th of February an immediate action notice of a proposal to attach a condition with immediate effect to the centre's registration was issued by the ACIMS on the basis that preliminary findings were that the centre was not operating in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: Care Practices and Operational Policies. This proposed condition was that there be no further admissions to the centre until the inspection process was completed. The proposal was accepted by centre management and the ACIMS convened a compliance meeting with senior management on the 7th of March 2022. During this meeting, the CEO advised the ACIMS of their intended decision to close the centre at an identified date.

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 23rd of March 2022. The registered provider was required to submit the corrective actions taken in response to findings identified by the inspection and monitoring service to ensure that any immediate deficits with the potential to impact on the child's welfare were addressed which they duly did on 12th of April. Centre management informed the inspector that the young person was moved in a planned way to another centre within the company on April 20th, resulting in the formal closure of this centre.

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.

At the time of this inspection, there was one young person residing at the centre and a second young person had commenced their transition to it. Inspectors found evidence that the young person in residence was being given opportunities to have their say in aspects of their care and placement via their contribution to and attendance at their statutory Child in Care Review (CICR). Staff from the centre had been to meet with the young person transitioning into the centre in their current place of residence and had provided them with an information leaflet available to all young people residing there.

Inspectors found that the placement plan format as reviewed on centre's recently introduced online recording system didn't allow for inclusion of the young person's contribution to their own placement planning. Inspectors found that the young person in residence at the time of the inspection had a significant amount of autonomy regarding their day-to-day life including school, extracurricular activities, and family access, amongst others. There was no evidence to support that this had developed as a result of rounded discussions or was linked to the young person's age or stage of development, rather it appeared to have evolved over time and through their established relationships with certain members of staff and management at the centre. There was no evidence demonstrated through staff interviews as to how the young person could actively contribute to their own goal identification in meeting their needs and in a general way making progress within this placement. Centre management must take action to ensure that there are meaningful opportunities for young people to contribute to their own placement planning and that these contributions are recorded.

The existing resident and the new young person transitioning in had been provided with an information leaflet that outlined the complaints mechanism within the centre. Over the duration of the placement, the existing resident had also been provided with complaints forms for utilising within the centre as well as having been made aware of external supports such as EPIC and Ombudsman. There was no

record on files reviewed to indicate that the young person had ever sought to access either of these external support mechanisms for the purpose of resolving a complaint issue. Similarly, there was no evidence that the young person had made a complaint directly to their social worker since their placement commenced at this centre.

However, the social worker informed inspectors that two matters of complaint had been brought to their attention by the young person and that as these both related to matters at the centre, they were directed back to be addressed by staff with the young person. Inspectors could not locate records of these on the complaints log at the centre. Inspectors found that the current complaints form template needs significant development in order to be primarily child-friendly, but also to allow for clearer recording of the steps that may be involved and the associated timeframes. In addition, there should be different formats available for parents/family members and professionals/others.

In interviews, staff consistently referenced efforts to resolve informal complaints readily and in a responsive way however formal complaints in terms of recording, reporting and addressing was an area that inspectors found required work despite there being a written policy in place for staff and management to follow. One clear incident of a young person requesting to make a complaint to a staff member had not been directed to the manager for attention and was not processed in accordance with the centre policy. What transpired was that the staff about whom the complaint was made was informed by the person receiving the complaint and they approached the young person directly to resolve the issue. The records examined by inspectors stated that this complaint did not need to be escalated and had not been recorded and reported separately as a significant event, as per centre policy. This matter had not subsequently been picked up and addressed by the centre manager or the external line manager of the centre at the time the incident occurred. The evidence showed that this incident was mismanaged throughout; and thus has the potential to influence a young person's ability to trust in people and systems around them. It also is not representative of a culture of openness and transparency.

Inspectors were informed that no complaints had been made by parents. When asked whether parents were afforded the opportunity to give feedback on any aspect of their child's placement, they were informed that the parent of the current resident preferred to verbally relate or give feedback however there was no formal record of any such conversations maintained at the centre. Centre management must provide all parents/family members/professionals with appropriate opportunities to give feedback, raise issues and make suggestions or complaints to create and maintain a culture of openness and transparency.

Inspectors did not find any evidence that any complaints made by the young people or the system itself had been regularly reviewed with a view to implementing learning arising from any such review. Although there was evidence that safeguarding as a topic was discussed at team meetings, there was no specific reference to the code of behaviour expected of staff or the complaints mechanism as an identified safeguard for young people in this centre.

Inspectors found that the system in place, and its operation, was not sound and therefore could not be relied upon by any young person to have their concerns heard and appropriately responded to by relevant persons.

Compliance with regulations	
Regulation met	None identified
Regulation not met	Regulation 5 Regulation 16 Regulation 17

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

Actions required

- Centre management must take action to ensure that there are meaningful opportunities for young people to contribute to their own placement planning and that these contributions are recorded.
- Centre management must amend the current young person's complaint form to make it more user-friendly and allow for clearer recording. Additional complaints forms should be created for and distributed to professionals and parents.
- Centre management must ensure that there is a complaints process in place, consistent with policy, that ensures that all complaints are clearly recorded, managed, reviewed and investigated consistent with best practice guidelines.
- Centre management must provide all parents/family members/professionals with appropriate opportunities to give feedback, raise issues and make suggestions or complaints to create and maintain a culture of openness and transparency.

Regulation 5: Care practices and operational policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The last inspection of this centre in May 2021 identified significant deficits in practice and policy relating to the areas of safeguarding and child protection. Actions were outlined in the inspection report to be addressed by centre management which they committed to doing in their Corrective and Preventative Action (CAPA) document included in the final inspection report dated August 2021. Inspectors found that changes made to the policy documents as committed to in the CAPA and discussion relating to practices and interpretation of the policy had been followed through on at team meetings following that inspection. The centre also had a separate anti-bullying policy in line with Children First. There had been no reported incidences of bullying at the centre since the time of the last inspection. The centre had a Child Safeguarding Statement (CSS) on display in the office. Not all staff interviewed were familiar with this and some of the risks detailed therein. However, this statement still identified the former Director of Services as a point of contact even though they had left the employment of the company some months previous; and identified the centre manager as the DLP, although they had left the centre for an identified period of leave.

Inspectors noted during this inspection that many of the findings related to the understanding of and practices regarding safeguarding and child protection as identified in the previous inspection report and CAPA had not been realised. Inspectors found ongoing deficits in relation to the practices of, and records relating to, safeguarding and child protection matters. In addition, there were gaps in the child protection policy that needed to be rectified that will be detailed here. Inspectors experienced significant difficulties in tracking the records relating to complaints and child protection including the child protection register, corresponding significant event records (SEN's), complaints records, and one specific Child Protection and Welfare Report (CPWR) made and subsequent actions and information arising from same. Inspectors found that SEN referencing was incorrect where it related to this CPWR. Centre management must ensure that there is absolute clarity about how and where to record all such matters.

A young person had made a disclosure to a professional outside of this centre. This professional, as a mandated person, had made the CPWR via the Tusla portal and had informed the centre manager of same. Immediate protective action was taken in the form of removing the identified staff member from duty pending a full HR investigation of the matter in accordance with the centre's policy document. The young person's social worker and parent had been informed of the allegation. This report was described by centre management, and recorded as, a joint report on the basis that the external mandated person had made known to the centre manager that they were submitting a CPWR via the portal. The centre's child protection policy and procedure document does not account for reporting relationships between the centre and externally contracted agencies. Nor, in this case, was there a clearly understood agreement between the centre, the social work team and this voluntary service in terms of general information sharing or specific child protection reporting requirements. In addition, subsequent information shared with staff members by the young person relating to this disclosure, although recorded in various places in the care file and centre records including significant events, conversation records and daily log records, were not consistently recorded and reported to the social worker as child protection matters. The centre and social worker expectations, as relayed to inspectors in interview, on the reporting of these matter was incongruent. Inspectors advised that the social worker needed to take immediate action to address this.

Inspectors noted that whilst centre management had convened an immediate HR investigation as a response to the allegation made by the young person, the report itself and actions arising from same were lacking. There was no clearly identified direction relating to expected safeguarding and child protection practices in the centre. Although the investigation was referenced in team meeting minutes, there was no records therein or evidence gathered during interviews for this inspection that the staff code of practice or professional practice was revisited with the staff team. There was no formal examination of practices in the centre to review staff practice identified by this investigation. There was no separate fulsome interview process with all staff and manager by an external party for learning following this allegation being made.

Inspectors found that a general lack of action by management in response to previously raised matters linked to child protection and safeguarding, these included previous incidents involving the staff member about whom the allegation by the young person was made; lack of completed qualifications of this staff member; matters raised during supervision with the staff member and questions raised by inspectors during the last inspection in May 2021. In addition, and as detailed under

standard 1.6 of this report, inspectors were not satisfied that the complaints system as operated at the centre was robust and supportive of safe and effective care for young people.

Inspectors reviewed a significant event report where a young person was dropped by staff to an agreed location for an overnight visit with friends and subsequently identified themselves as being in a separate location approximately 300km away the following morning having stayed overnight in a hotel with several peers. This matter was not reported as a child protection concern. Although it was reported to senior management and the allocated social worker, it was not picked up by either of those parties as a child protection concern.

Inspectors found a lack of clarity in terms of understanding the process for protected disclosures – to whom and how a protected disclosure could or should be made. It was reported to inspectors during interview that there were difficulties experienced with the staff member about whom the allegation was made; however, inspectors could not find any evidence that this had been formally reported or addressed. The centre had a written policy on whistleblowing which described the process for making a protected disclosure including and to whom a person could make the report.

Inspectors noted that the child protection policy did not list the Designated Liaison Person (DLP) or deputy DLP for this centre, although they had been identified for all other centres operated by the organisation. The acting manager reported that they had not yet completed DLP training, and that the centre's senior manager was the DLP. The senior manager was of the view that the acting centre manager was the DLP. It is imperative that this matter is clarified, along with the training status of the designated DLP and deputy DLP.

Inspectors reviewed a sample of keyworking records and found a lack of substantial pieces of work to support the young person in recognising their own vulnerabilities and how to keep themselves safe. A newly appointed key worker for the young person had not been provided with training in the centre's safeguarding and child protection policies.

Inspectors found that the actions taken by the staff and social work team in response to concerns noted, recorded and reported about drug use and excessive monies available to the young person were insufficiently robust and were ineffective in altering these behaviours in a positive way. Inspectors were informed that the young person had two phones, a situation that neither the centre's senior manager nor the

allocated social worker were aware of. This had not been documented or reported to be a matter of concern by the centre.

Inspectors reviewed the young person's crisis support plan (ICSP) that had been recently updated in response to new behaviours demonstrated by the young person. Whilst the behaviours had been reported to the social worker via an SEN, the document itself lacked identification of a robust intervention/management plan to respond appropriately and safely to these new behaviours and this was reflected in staff interviews where a robust response plan could not be consistently described.

Inspectors found that the overall planning for a new young person that was transitioning into the centre was significantly lacking. The referral and admission process had not been in accordance with the centre's own policy. There was no concrete educational attendance, social work visits or family access arrangements in place. With regards to risk assessment, the highest area of risk related to drug misuse and was rated in accordance with the centre's own risk matrix as 'extreme'. Despite this rating, no additional controls were identified. One of the existing control measures was monitoring of the young person and room searches – both of which were being implemented with the existing resident but were reporting as having no impact or effect in terms of reducing the presenting risk.

Compliance with regulations	
Regulation met	None identified
Regulation not met	Regulation 5 Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 3.1

Actions required

- Centre management must amend and develop the relevant policies to ensure that there is appropriate and necessary guidance in place for staff to follow in order to ensure that young people are protected from all forms of abuse in accordance with Children First. Staff must be clear on their reporting responsibilities and must know what to report and when.

- Centre management must ensure clarity regarding the centre's identified Designated Liaison Person and that this is communicated to all persons and documented accordingly in all relevant records.
- Centre management must ensure that all staff are fully informed about and familiar with the relevant child protection and safeguarding policies and procedures and that these are always implemented.
- Centre management must ensure that planning for young people appropriately takes account of their identified risks and vulnerabilities, that appropriate safeguards are implemented and that children are supported to speak out where they feel vulnerable.
- Centre management must ensure that all staff are familiar with the centre's policy on whistleblowing.

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 statutory care plan on file for the young person residing in the centre at the time of the inspection had been developed in August 2021. It contained an assessment of overall needs and broadly outlined the needs of the young person within each identified category of health and development. In interview, the allocated social worker informed inspectors that they were of the view that the young person would benefit from an assessment to establish the root cause of some of the behaviours being presented by the young person. A psychological assessment completed in April 2021 had recommended further review/follow up at the six-month mark and the social worker was actively pursuing funding for this assessment. This information was not known by staff interviewed as part of this inspection and there was no reference to it, or its need, in the young person's placement plan. The social worker stated that they intend to continue to pursue the finding for this assessment through their line management system.

Inspectors reviewed the health and medical records on file at the centre and found that the records contained in the hard file were not consistently replicated in the online care recording system and vice versa. Inspectors noted that the information provided to them in interview relating to the young person's medical care did not match that in the written records demonstrating lack of familiarity with one aspect of

the young person's medical status. The young person was registered with a GP practice in the locality and inspectors were informed that the number of visits there were minimal. There were no recent records on file of their attendance with their GP. The young person had a medical card on file and there were some records of over-the-counter medication having been administered. Although this was something that acting centre manager was not familiar with in interview. Inspectors were informed that there was identified, and ongoing dental health needs being attended to although the records of this were not available in the health section of the young person's file. Centre management must ensure that there are unambiguous medical and health records in one known location and that all staff are familiar with the relevant aspects of this that they need to be in order to carry out their duties.

The centre had a detailed policy on medication management as was required by the national standards and in line with best practice. Inspectors found that the acting centre manager's view of storage or location was not concurrent with this policy. Inspectors also found medication in a filing cabinet and, although it was not explicitly stated in the policy document that this should not happen, medication should be stored in a dedicated locked cabinet in accordance with the policy.

The young person residing at the centre was known to have an established pattern of drug using. Records and interviews with staff showed that there had been some work done with the young person regarding their drug use however overall, this was found to be ad-hoc, and in the main opportunity-led conversations. An external drugs support service had been secured for the young person and they had been consistently attending there for therapy. Whilst the young person's social worker had a clear understanding of the expected level of sharing of information between the centre and this service, inspectors found that the same level of understanding was not in existence at the centre. Nothing was found to be in writing in terms of expectations at the centre.

Room searches of the young person's bedroom were being conducted on a weekly basis. Although the centre had a policy on searches, it stated that room searches should not be conducted as a matter of routine. This was contrary to the centre's policy on drugs and alcohol which stated that room searches should be conducted weekly. Inspectors were unable to obtain clear and consistently understood rationale for the weekly room searches that were being undertaken for the existing young person. These searches were consistently reported by the acting manager and staff in interviews as not being effective or having impact on the behaviour of the young person. Despite this, the use of room searches had been documented on a risk

assessment for the new young person transitioning to the centre as an identified intervention in response to drug use/drug related behaviour. Where illegal contraband had been located during a room search, the Gardaí had been called to come to the centre and remove these. Inspectors did not find evidence during this inspection of the impact of this having been discussed amongst the team about the young person developing and maintaining trusting relationships with staff. There had been one recorded strategy meeting, convened in October 2021, with the various professionals involved to discuss the matter of the young person drug taking and how it might be effectively addressed. There had been no subsequent meetings convened and the actions taken following that meeting had had no impact on the drug taking and related behaviours. Centre management and the allocated social worker must implement an effective programme of intervention with the current young person to adequately address the presenting issues related to drugs. This must include a review of centre policy on and approach to the conduct of room searches. Centre management must ensure that various policies are not contradictory of one another.

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

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

Actions required

- Centre management must ensure that the designated centre manager and staff team are fully aware of the status of the assessed needs of young people.
- Centre management must ensure that there are unambiguous medical and health records in one known location and that all staff are familiar with the relevant aspects of this that they need to be in order to carry out their duties.
- Centre management must ensure that the designated centre manager and staff team are implementing practices with regards to medication storage in accordance with centre policy.
- Centre management must ensure that there is clear understanding and agreements regarding the sharing of personal information with professionals contracted to work with young people.

- Centre management and the allocated social worker must implement an effective programme of intervention with the current young person to adequately address the presenting issues related to drugs. This must include a review of centre policy on and approach to the conduct of room searches.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	<p>Centre management must take action to ensure that there are meaningful opportunities for young people to contribute to their own placement planning and that these contributions are recorded.</p> <p>Centre management must amend the current young person's complaint form to make it more user-friendly and allow for clearer recording. Additional complaints forms should be created for and distributed to professionals and parents.</p> <p>Centre management must ensure that there is a complaints process in place, consistent with policy, that ensures that all complaints are clearly recorded, managed, reviewed and investigated</p>	<p>Centre management have reviewed this with keyworkers and discussed the importance of same. Keyworkers will make every effort to engage the young person in contributing to their placement plan and ensure this is recorded.</p> <p>Centre management will amend the young person's complaint form to ensure it is more user friendly. These will be distributed to all relevant professionals and parents to ensure any issues of dissatisfaction are addressed and recorded.</p> <p>Senior management have reviewed the complaints procedure with all staff and management to ensure the effective management and recording of complaints in the centre. This is overseen by the</p>	

	<p>consistent with best practice guidelines.</p> <p>Centre management must provide all parents/family members/professionals with appropriate opportunities to give feedback, raise issues and make suggestions or complaints to create and maintain a culture of openness and transparency.</p>	<p>centre manager and director of operations.</p> <p>Senior management have consulted with social work regarding feedback in relation to the young person in placement. Centre manager will ensure that the young persons family are afforded the same opportunity.</p>	
3	<p>Centre management must amend and develop the relevant policies to ensure that there is appropriate and necessary guidance in place for staff to follow in order to ensure that young people are protected from all forms of abuse in accordance with Children First. Staff must be clear on their reporting responsibilities and must know what to report and when.</p> <p>Centre management must ensure clarity regarding the centre's identified Designated Liaison Person and that this is communicated to all persons and documented accordingly in all relevant</p>	<p>Senior management and centre management have reviewed these with staff and continue to monitor the teams understanding with regards roles and responsibilities and staffs practice with regards to child safeguarding. The staff team have developed their understanding of this and all CPWRF are reported appropriately.</p> <p>Centre manager has clarified this with relevant staff members who were not clear. All relevant documentation has been updated.</p>	

	<p>records.</p> <p>Centre management must ensure that all staff are fully informed about and familiar with the relevant child protection and safeguarding policies and procedures and that these are always implemented.</p> <p>Centre management must ensure that planning for young people appropriately takes account of their identified risks and vulnerabilities, that appropriate safeguards are implemented and that children are supported to speak out where they feel vulnerable.</p> <p>Centre management must ensure that all staff are familiar with the centre's policy on whistleblowing.</p>	<p>All staff have been reminded of the relevant policies and the importance of the reviewal of these policies to ensure that staff are aware of and understand all relevant information.</p> <p>Centre manager has reviewed the previous planning for young person resident in consultation with relevant professionals and the staff team. Any identified risks and vulnerabilities have been taken into account in relation to these plans and appropriate supports/interventions have been introduced.</p> <p>Centre manager will ensure that this policy is reviewed and understood by the staff team.</p>	
4	<p>Centre management must ensure that the designated centre manager and staff team are fully aware of the status of the assessed needs of young people.</p>	<p>Centre management will ensure that all involved in the running of the centre are aware of the assessed needs of the young people.</p>	

	<p>Centre management must ensure that there are unambiguous medical and health records in one known location and that all staff are familiar with the relevant aspects of this that they need to be in order to carry out their duties.</p> <p>Centre management must ensure that the designated centre manager and staff team are implementing practices with regards to medication storage in accordance with centre policy.</p> <p>Centre management must ensure that there is clear understanding and agreements regarding the sharing of personal information with professionals contracted to work with young people.</p> <p>Centre management and the allocated social worker must implement an effective programme of intervention with the current young person to adequately address the presenting issues related to drugs. This must</p>	<p>This has been rectified by the centre manager. All records are in one known location and staff are familiar with their role and responsibilities in this.</p> <p>Current centre manager reviewed the centre' practice in relation to this all aspects are now in line with centre policy.</p> <p>This has been clarified with centre management and the staff team by both senior management and the young person's social worker.</p> <p>This program of care was reviewed by centre management, social work and the staff team and has been amended appropriately. Additional supports have been sourced from other relevant professionals. The centre manager will</p>	
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	include a review of centre policy on and approach to the conduct of room searches.	ensure the organisations policy on room searches is reviewed at senior management level in consultation with all involved.	
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