



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 209**

**Year: 2025**

## Inspection Report

<b>Year:</b>	<b>2025</b>
<b>Name of Organisation:</b>	<b>Solis GMC</b>
<b>Registered Capacity:</b>	<b>Three Young People</b>
<b>Type of Inspection:</b>	<b>Unannounced Inspection</b>
<b>Date of inspection:</b>	<b>8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> July 2025</b>
<b>Registration Status:</b>	<b>Registered from 27<sup>th</sup> September 2025 to 27<sup>th</sup> September 2028</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Sinead Tierney</b>
<b>Date Report Issued:</b>	<b>1<sup>st</sup> October 2025</b>

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## 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 27<sup>th</sup> September 2022. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 27<sup>th</sup> September 2022 to the 27<sup>th</sup> September 2025.

The centre was registered as a multi-occupancy, transition centre and provided three (two bed) apartments for single occupancy use in semi-independent living arrangements for young people aged 16.5 to 17 years on admission. The service aimed to provide a tailored level of support to each young person through a placement plan characterized by an orientation toward self-supported accommodation in their indigenous community or a community of their choice. The care programme focused on assessment of need, independent living skills, employment skills and access to family, advocacy and support to source self-supported accommodation. Referrals were processed through Tusla's National Placement Team. There were three young people living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
2: Effective Care and Support	2.5
6: Responsive Workforce	6.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 19<sup>th</sup> August 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 3<sup>rd</sup> September 2025. This was deemed not to be satisfactory, and the registered provider was provided with an opportunity to review and resubmit the CAPA. The revised CAPA was submitted to the inspectors on 11<sup>th</sup> September 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 209 without attached conditions from the 27<sup>th</sup> September 2025 to the 27<sup>th</sup> September 2028 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 9: Access Arrangements**

**Regulation 16: Notification of Significant Events**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

The inspectors found there were systems in place to facilitate the young people to exercise choice, access advocacy services and they were supported and encouraged to participate in making informed decisions about their care. Inspectors found young people attended house meetings and review meetings and were regularly consulted through individual work. In addition, young people were consulted with in advance of their child-in-care reviews and were encouraged to participate and attend. There was evidence the care plan developed following the statutory review was then used to inform the placement plans. The care plans on file were found to be detailed and of good quality. They reflected the voice of the young person and their parents where involved, and the supports in place to help them achieve the identified goals.

Young people had age-appropriate opportunities to spend time with peers and to participate in social and recreational activities to promote and support social experiences relevant to their age and maturity. However, the inspectors found that improvements were needed to further develop the programme of care in line with the centre's purpose and function. Given the bespoke nature of the centre the inspectors found there were limited educative and researched based reading resources and materials for the centre staff in terms of understanding the challenges for young people leaving care and the supports they require. Additionally, the inspectors found there were limited resources in the centre to guide and prepare young people on specific topics relevant to preparation for leaving care.

The inspectors found the structure of the current placement plan template did not facilitate or promote engagement of the young people in their placement planning process. The placement plans reviewed were lengthy and cumbersome documents that were not suitable for engaging young people in the planning process. The

placement plans reviewed did not evidence involvement or input of the young people in their plan. While the young people interviewed by the inspectors were broadly aware of the plan for their care, they could not identify specific goals to be achieved within their placement plan and stated they had not seen their placement plan. The centre managers and the team must ensure the placement planning documents are developed in a manner that makes them accessible and easily understood by the young people and facilitates their participation and consultation in the placement planning process. Placement plans were evidenced as regularly reviewed and updated by the managers and key workers, however as previously referenced there was no evidence of the young people's engagement in the placement plan reviews.

Two of the young people had an appointed Guardian ad Litem who visited them regularly and ascertained their views in relation to their care. There was evidence that the centre managers worked in a collaborative manner with the Guardian ad Litem to support the young people's care and there was effective information sharing between the Guardian and the centre managers. The social workers stated they received notifications of significant events and child protection and welfare concerns in a timely manner.

House meetings were conducted monthly involving all three young people. The young people were encouraged to lead these meetings and input items on the agenda for discussion. Two of the three young people were actively involved in chairing the house meetings which was a great initiative and provided lots of learning opportunities for living cooperatively with peers and managing group dynamics. Overall, the young people engaged in the forum and there was evidence of feedback and responses to the young people when issues were raised by them. There was also evidence of providing opportunities for the young people to have input into their weekly routines and to input their opinions and views. Following a review of the minutes of these meetings the inspectors found the records were written from the care workers perspective, using social care language, and this requires attention as the minutes of the young people's meeting should reflect their voice as it is their meeting. In addition, the records of the young people's meetings from earlier in the year showed the meeting was heavily influenced by the staff team agenda. However, the inspectors found that records of meetings in more recent months indicated a more creative process with the addition of key educative topics relevant to the young people for example internet safety and online safety tips, sexual health and drug and alcohol awareness. The two young people who spoke with the inspectors stated they did find these topics interesting however they stated they did not have access to the minutes of these meetings. The centre manager must ensure there is ongoing

evaluation of the young people's meetings to ensure they remain relevant and engaging for the young people, are recorded to reflect the voice of the young people and that young people have open access the minutes of these meetings.

There were good efforts by staff to link the young people in with community support workers and support and facilitate the young people to engage with these workers. Regular and effective communication with all professionals involved with the young people was recorded on their individual care records.

The managers and key workers recognised their role as advocates for the young people. There was evidence that the centre managers and staff team were strong advocates for the young people. They advocated robustly for one young person to ensure their disability needs were met in terms of safety in their apartment. The three social workers interviewed by the inspectors commended the managers for the way they supported the young people. They stated the managers, and key workers represented the needs and concerns of the young people in all communication and planning forums. Two social workers spoke about the managers capacity to look at all viable solutions to support the young people.

Written information on the national advocacy service Empowering People in Care (EPIC) was available to the young people in communal areas of the centre, and the team had recently emailed this service and invited the regional advocate to meet with the young people. However, given that the purpose of the centre was to support young people to transition into leaving and aftercare services young people should be supported by staff in the preliminary stages of their placement to register with the national advocacy group. The current resident group were in placement six, eight and ten months respectively and had not to date met with an EPIC advocate. The young people who met with the inspectors were unclear of the role of EPIC. In addition, some staff who were interviewed by the inspectors were not familiar with the role of EPIC and the advocacy services they provided to young people. The centre manager must ensure that the staff team familiarise themselves with the role of EPIC to ensure they can explain and promote this advocacy service to the young people.

All young people had an allocated key worker and co-keyworker. The centre manager carefully considered which staff member would be best suited to support each child dependent on their skills and strengths. There was evidence the young people were afforded opportunities to sit with the manager and discuss their issues if not happy with their key worker. The young people spoken to were able to identify their key workers. Key working records were maintained on the care records.

Following a review of the key work records the inspectors found that many samples of key work did not evidence of the voice of the young person and reflected a one-sided conversation with little exploration of the young person's response or understanding of the individual work. Given the age and stage of development of the young people the inspectors suggest the managers explore alternative and creative ways of engaging them in key working and educative pieces such as use of online learning resources and online websites specifically developed for teenagers. The inspectors suggest the purchase of a computer for the communal space in the centre to facilitate and support the young people's motivation and engagement in learning around key topics identified in their placement plan. In addition, the inspectors found that the young people should be facilitated to have more ownership of the communal area. Heretofore, there was a lot of emphasis on limiting and at times restricting access to this space as a sanction or consequence and this was a source of contention for the young people. There was evidence that oftentimes some of the young people had an emotional need to 'hang out' with the adult carers at times during the day of their choosing and this space should be accessible to them for this and other purposes. The restrictions on access to the communal area of the accommodation must be reviewed by the centre managers and the staff team.

The young people interviewed were aware the care team maintained written records and personal information about them and in interview with the inspectors they stated it was explained to them the reason staff maintained these records and how this information was secured. Additionally, this was outlined in the young people's information booklet. There was a record on each of the individual care records that evidenced the young people were offered access to their records monthly. The young people periodically accepted access to the records offered. The inspectors found there was lack of clarity amongst the managers and staff team about the centre records the young people could request access to. In interviews some staff stated the young people had access only to their daily logs while others stated they had access to individual work records, progress reports and placement plans. The young people informed the inspectors they could read only their daily logs, and this was on a specific day each month with their key worker. The centre manager must review the practice in the centre in relation to young people's access to the records maintained by the care team and ensure that there is reasonable flexibility in relation to when they can review their records and that both the care team and the young people have clarity in relation to what records they can review.

The young people were clear that they could speak to their families, foster carers, social workers or external professionals if they were not happy with their care. Additionally, the parent of one young person and the family member of another stated the managers and care staff were supportive to them and they were confident they could raise any concerns about the care of the young people and had effectively exercised this right.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 9 Regulation 16 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure there are sufficient resources available to the staff team to enhance learning and understanding of the needs of young people leaving care and source materials to promote learning on specific topics relevant to the cohort of young people admitted to the centre.
- The centre managers and the key workers must ensure the placement planning documents are developed in a manner that makes them accessible and easily understood by the young people and facilitates their participation and consultation.
- The centre manager must ensure there is ongoing evaluation of the young people's meetings to ensure they remain relevant and engaging, are recorded to reflect the voice of the young people, and that young people have open access to the minutes of the meeting.
- The centre manager must ensure that the young people are engaged with the national advocacy service in a timelier manner and that the staff team familiarise themselves with the role of EPIC.
- The centre manager must undertake a review of the restrictions on access to the communal area of the accommodation and monitor the individual needs of each young person in relation to their access to this space.

- The centre manager must review the practice in relation to young people's access to the care records and provide clarity in relation to what records can be reviewed by them.

## **Regulation 5: Care Practices and Operational Policies**

### **Regulation 17: Records**

## **Theme 2: Effective Care and Support**

### **Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.**

Overall, the inspectors found the centre staff had arrangements in place to allow for communication and cooperation within and between services to deliver better outcomes for each of the young people. Integrated work was evident in the management of risk. There was evidence of co-ordinated strategy plans, risk assessment and safety plans. There were adequate arrangements in place to ensure that the young people's transition into their onward placement was planned and delivered, in line with their aftercare needs. There was evidence that young people attended strategy meetings where there were concerns about their level of need and participated in the decision-making process about their future care.

The inspectors found there was no framework in place to assess the young people's independent living skills on admission. The centre managers and staff team must develop an independent living skills assessment framework to evaluate the young people's baseline independent living skills on admission and incorporate the identified outcomes of the assessment into the placement plans.

The two young people interviewed by the inspectors felt they were well looked after and were provided with comfortable living accommodation that they had independent ownership over. The social workers for all three young people confirmed that the centre managers and individual members of the staff team had to date built strong relationships with the young people.

There were regular meetings between all the professionals involved with the young people. The social workers and family members spoken to described the communications as excellent. Monthly progress reports were forwarded to the allocated social workers. The inspectors found these reports were comprehensive and detailed in relation to all aspects of the young people's care. The centre made positive

connections with other services in the community and voluntary sector to support the young people's needs.

The young people were supported to prepare for adulthood and had opportunities to learn appropriate life skills such as cooking, shopping, housekeeping and budgeting. While the young people were satisfied with the living allowances provided to them, two of the young people who spoke with the inspectors indicated that the clothing allowance was insufficient in terms of meeting their needs. This issue was also raised by one of the allocated social workers. The inspectors recommend the centre manager review the clothing allowance budget which the inspectors found was less than clothing allowances for young people of their age in other residential centres.

There was also evidence the care team supported the young people to create curricula vitae and complete job applications and ensure they attended their job and training placements. One young person was actively attending a youth training programme while the other two young people had previously secured employment however, at the time of the inspection the two young people were not in any structured daily activity which they informed the inspectors resulted in frustration and boredom. The centre was in a small rural village which presented challenges in terms of access to a range of employment or training opportunities in the locality. The inspectors recommend the centre manager and staff continue to explore and source work initiative programmes and contacts within the wider community where young people may be able to secure gainful employment and/or training suitable to their needs.

Individual work in areas such as coping with stress were conducted to strengthen the young people's resilience and develop their self-care skills. Staff were alerted to the possibility that the young people's vulnerability could be heightened due to their transition into adulthood and work was conducted to support them to manage these concerns. There were arrangements in place to support the young people to become more independent. The young people were provided with age-appropriate opportunities that allowed them to take developmentally appropriate risks, this was carefully balanced with minimising risk and keeping them safe. For example, the review of the young people's absence management plans demonstrated that they were provided with time out of the centre in accordance with their age, maturity and stage of development. There were appropriate plans in place to maintain contact with them while out of the centre. The young people's absence management plans were reviewed and updated in line with their developmental and safeguarding needs.



Systems were in place for effective communication and cooperation with other stakeholders such as staff from the statutory leaving and aftercare services. One young person had an allocated aftercare worker, and the social workers confirmed referrals were pending to the aftercare services for the other two young people. The inspectors found that the centre manager was not sufficiently familiar with Tusla's leaving and aftercare policy. The inspectors recommend the centre manager familiarise themselves with the placing agencies aftercare policy to ensure the young people's aftercare needs are met in line with this policy.

There were a range of feedback forms developed to ascertain feedback from the young people, social workers and families at the end of the placement. Exit interviews from former residents were not viewed by the inspectors as they were archived along with their care records following their discharge. The inspectors viewed feedback from the aftercare worker who provided both positive and constructive feedback to the centre following a young person's discharge in 2024.

The inspectors found that the young people were supported in their transition to independent living, and this was coordinated with relevant stakeholders. The end of placement report for the young person most recently discharged from the centre was reviewed by the inspectors. This report outlined the placement objectives and the outcomes of the placement. The report indicated that the placement objectives were met. The transition and discharge plan were set out in the report and evidenced a phased and supportive transition plan. Members of the care team were available to the young person following the initial stages of their transition to ensure a level of continuity of care and the completion of final tasks to be undertaken by the team before their final discharge. The voice of the young person was reflected in the report and evidenced the young person was appreciative of the staff support as they transitioned from the centre.

There was a discharge policy in place that outlined the process for managing planned and unplanned discharges. At the time of writing this report the centre manager had given notice of the discharge of one young person from the centre. The social worker stated that the centre managers had made every effort to engage and support the young person to resolve current concerns and advocated on their behalf. The social worker stated the managers were solution focused in their approach and made every effort to facilitate and support the young person and their family in strategy planning meetings. The centre manager maintained a register of all admissions and discharges since the commencement of operations. The register was maintained up to date.



The inspectors found there was active involvement of family members in planning for the young people's onward care. For one young person their parent participated in planning for their child's future care. Where parents or family members struggled to understand and accept the care approach there was evidence that the managers were considerate and respectful in listening to their views. There were opportunities for parents or other family members, where they involved in their child's care, to stay overnight with their child in the young person's accommodation. Both family members with whom the inspectors spoke confirmed this. One of the young people stated they would like to have friends visit however the centre manager stated that this had not happened to date. The practice of letting young people visit them in their apartment should be given consideration subject to careful risk assessment and consideration of specific concerns and vulnerabilities related to each individual young person.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 17</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 2.5</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre managers and staff team must develop an independent living skills assessment framework on admission and incorporate the identified outcomes of the assessment into the placement plan.

## Regulation 6: Person in Charge

## Regulation 7: Staffing

### Theme 6: Responsive Workforce

#### **Standard 6.2 The registered provider recruits people with required competencies to manage and deliver child – centred, safe and effective care and support.**

The recruitment and retention of staff was found to be in line with relevant Irish legislation and was informed by evidenced-based human practice resources. The inspectors found the practices for the safe recruitment of staff members were robust and effective. All staff had a valid Garda vetting disclosures and UK police vetting disclosures as required. The service provider ensured that accurate personnel files were held securely and included role profiles and terms and conditions of employment for each staff member. The HR manager had responsibility for the oversight of all staff personnel files.

Staff were appropriately qualified to undertake their respective roles and there was an appropriate mix of skills, work experience and life experiences within the team to meet the needs of the young people. The team comprised of one social care leader, six social care workers and two support workers. The centre had a significant number of relief staff available to them to ensure that there were sufficient staffing resources to meet the needs of the young people. There were three staff on each day with two staff overnight one providing live night cover. There was evidence that some staff had undertaken additional hours of work when staffing resources were depleted and the centre manager should monitor this to ensure staff are compliant with the Working Time Act 1997.

There were three changes in the management of the centre since the last inspection in August 2024. An escalation in behaviours that challenged, changes in management, resignations, staff shortages, increased levels of sick leave impacted on the provision of consistent and safe care of young people at points over the previous twelve months. At the time of inspection there was a return to greater stability, instances of challenging behaviour had reduced somewhat, and staff shortages had been addressed in part. The centre required an additional social care leader and a social care worker to ensure the full complement of staff. There were no resignations from the care team to date in 2025. The inspector found that the current acting centre manager, who was appointed in December 2024, had sufficient practice and

management experience to manage the centre and meet its stated purpose, aims and objectives. There was good collaboration between the centre manager and the deputy manager. The deputy manager worked in the centre since the commencement of operations in 2022 and was an experienced manager and social care practitioner. There was evidence that both managers were highly regarded by the staff team, the young people and their families and the allocated social workers.

There was a written code of conduct that was detailed and clear in setting out the expectations in relation to professional practice. The policy indicated that violations of the code of conduct may result in disciplinary action up to and including dismissal. Staff and managers interviewed were not familiar with the code of conduct and the centre manager must ensure the code of conduct is reviewed with staff in supervision and at the team meeting. The inspectors found that concerns around staff practice were not dealt with effectively and in line with staff disciplinary policies. The centre manager and service director must review how they manage staff practice issues and address them in line with centre policy.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

#### **Actions required**

- The centre manager and service director must review how they manage staff practice issues and address them in line with centre policy.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure there are sufficient resources available to the staff team to enhance learning and understanding of the needs of young people leaving care and source materials to promote learning on specific topics relevant to the cohort of young people admitted to the centre.	A resources area has been set up in the staff office with relevant reading resources to enhance staff learning. Staff can utilise time on night duty to review reading resources which will then be discussed in monthly supervision.	The centre manager/deputy manager will monitor and update reading materials monthly which will be completed on the first week of every month.
	The centre managers and the key workers must ensure the placement planning documents are developed in a manner that makes them accessible and easily understood by the young people and facilitates their participation and consultation.	Placement plans have now been updated to reflect the recommendations of the inspection. Completed on 15 <sup>th</sup> August 2025.	The centre manager/deputy manager will review placement plans monthly to ensure continued adherence to the recommendations. With the next new admission, we will further review the placement plan and tailor it accordingly.
	The centre manager must ensure there is ongoing evaluation of the young people's meetings to ensure they remain relevant and engaging, are	Each young person will be encouraged to chair the house meeting. All minutes are now to be written in an age-appropriate manner, each meeting will now have an	Key workers will liaise with each young person to highlight any issues/items they would like added to the meeting agenda. The centre manager will review, and

	<p>recorded to reflect the voice of the young people, and that young people have open access to the minutes of the meeting.</p> <p>The centre manager must ensure that the young people are engaged with the national advocacy service in a timelier manner and that the staff team familiarise themselves with the role of EPIC.</p> <p>The centre manager must undertake a review of the restrictions on access to the communal area of the accommodation and monitor the individual needs of each young person in relation to their access to this space.</p>	<p>individual agenda, and the young people can set the agenda. Each young person will be given a written anonymised copy of the meeting minutes, and a copy will also be available in the communal area. This is scheduled to commence on Friday 12<sup>th</sup> September 2025.</p> <p>Advocacy request forms were submitted on 27<sup>th</sup> August 2025 to register current young people with EPIC and schedule a meeting via teams or in person.</p> <p>The closing of the communal area is no longer used as a sanction and will remain open for all young people unless there are significant health and safety concerns for staff or other residents. This has been implemented from 10<sup>th</sup> July 2025.</p>	<p>quality assure the young people's meeting records before circulating to the young people.</p> <p>The centre manager/deputy manager will ensure that going forward the young people are registered with EPIC on admission.</p> <p>Should a young person become dysregulated whilst in the communal area a staff member may ask them to leave to minimise risk. However, consent must be given by the centre manager/deputy manager or on call manager. This should be the least restrictive option and for the minimum time to allow young person back in the communal when assessed as safe to do so.</p>
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	The centre manager must review the practice in relation to young people's access to the care records and provide clarity in relation to what records can be reviewed by them.	All young people will be offered access to their records monthly. Young people will be offered opportunity to review their daily logs, placement plans, placement support plans and care plan. The centre policy and procedure was updated on 1 <sup>st</sup> August 2025 and evidenced in young person updated Welcome Pack.	Each young person will be offered access to their records. This will be explained to the young people as part of the admission process. This also forms part of the Admission Booklet. Consent to offer young people access to their statutory care plan will be requested from the social work team as part of the admission process.
<b>2</b>	The centre managers and staff team must develop an independent living skills assessment framework on admission and incorporate the identified outcomes of the assessment into the placement plan.	An independent skills assessment tool was formulated on 27 <sup>th</sup> August 2025 and will be used going forward by keyworkers to assess individual needs, develop goals and progress indicators with the young people.	Young people will complete the independent skills tool in conjunction with the social worker and the centre manager/deputy manager as part of the admission process. The centre manager/deputy manager will ensure that the skills assessment form is completed at the point of admission.
<b>6</b>	The centre manager and service director must review how they manage staff practice issues and address them in line with centre policy.	A review of the disciplinary process has taken place on involving centre management, service co-ordinator and the director. Completed 28 <sup>th</sup> August 2025.	The service co-ordinator will ensure escalation of staff practice concerns to the HR department in a timely manner.