



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

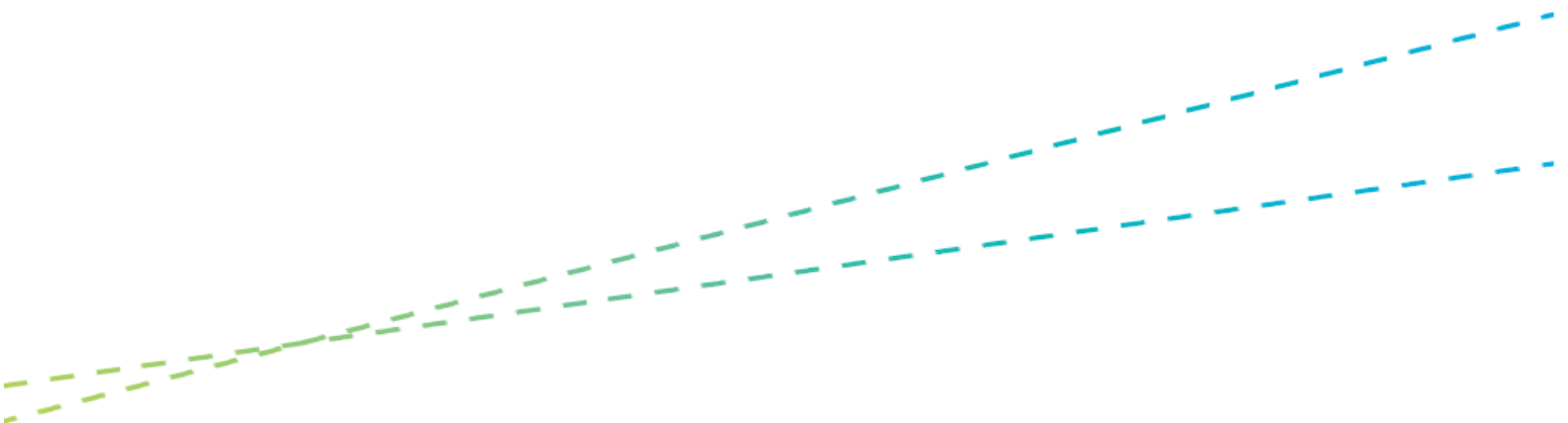
Registration and Inspection Service

Children's Residential Centre

Centre ID number: 027

Year: 2018

Lead inspector: Michael McGuigan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	11th and 12th of July 2018
Registration Status:	23rd of May 2016 to 23rd of May 2019 without attached conditions
Inspection Team:	Michael McGuigan Cora Kelly Linda McGuinness
Date Report Issued:	26th of October 2018

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.1 Purpose and Function	
3.2 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
4. Action Plan	20

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 on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in May 2013. At the time of this inspection the centre was in its' second registration and in year three of the cycle. The centre was registered without attached conditions from the 23rd of May 2016 to the 23rd of May 2019.

The centre's purpose and function was to provide short to medium care for up to four young people of mixed gender between the ages of thirteen and eighteen years on admission. Referrals were made through the Tusla National Private placement Team. The model of care being used in the centre was relationship based and the organisation had developed the Systemic Therapeutic Engagement Model (STEM) for use within its services.

This inspection was themed and examined standard 1 'purpose and function', standard 2 'management and staffing', aspects of standard 4 'children's rights' (complaints only) and standard 5 'planning for children and young people' of the National Standards for Children's Residential Centres, 2001. The inspection was unannounced and took place on the 11th and 12th of July 2018.

1.2 Methodology

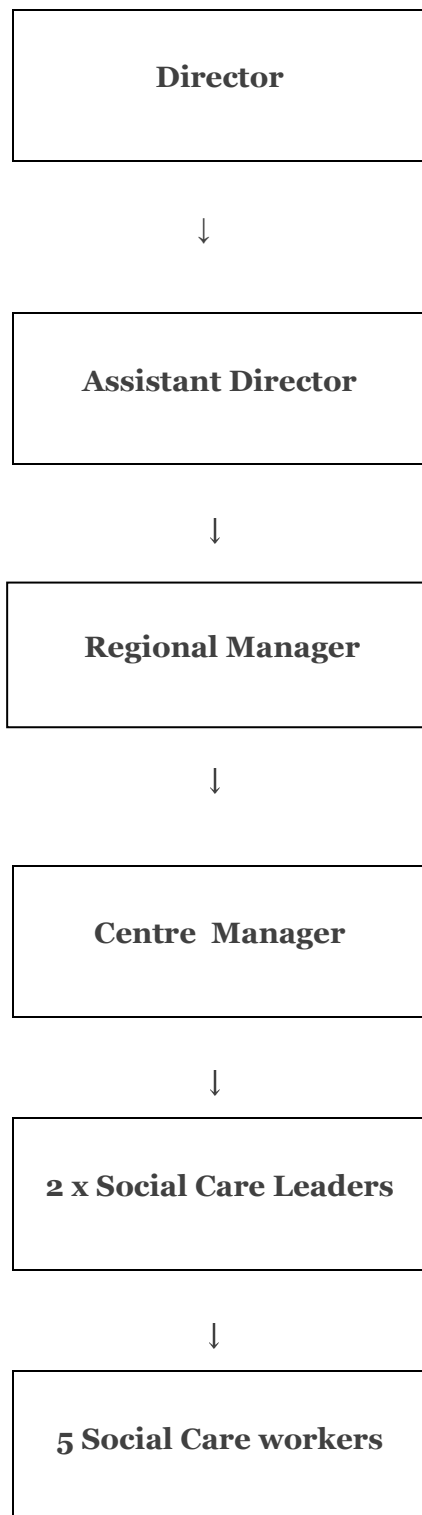
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires submitted by:
 - a) Two social care leaders
 - b) The organisation's regional manager
 - c) Four social care workers
 - d) Two young people
- ◆ An examination of the centre's files and recording process including care files; management documents; centre registers and planning documents.
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The regional manager
 - c) Three social care workers
 - d) The social workers for two young people
 - e) One 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, regional manager and the relevant social work departments on the 07th of September 2018. 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 21st of September 2018 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 027 without conditions from the 23rd of May 2016 to 23rd of May 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

There was a purpose and function in place that stated the centre would provide a therapeutically focused residential service for young people aged thirteen to eighteen. The model of care was noted as being based on positive interventions with young people, thus helping to create relationships that were focused on strengths based outcomes. This document also stated that the centre would have a small dedicated and flexible staff team.

Inspectors found that in general the purpose and function of the centre had operated well. However, it was observed at the time of the inspection that there had been a high turnover of staff in the preceding months and this had affected the ability of the staff team to fully implement the systemic therapeutic engagement model (STEM). During interview with the regional manager and the centre manager both acknowledged that there had been a high number of staff working there and this was at times affecting the delivery of the service to young people. The inconsistency and change within the staff team had been raised by senior staff members and the centre manager at the regional manager's meetings and at the organisation's STEM meetings. Steps had been taken by the regional manager to address staffing in the centre and a recruitment process was under way at the time of the inspection.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The centre had a full time manager who was in post for two years and held a recognised qualification in social care. This person was supported in their role by two social care leaders and reported to the regional manager for the organisation. As part of their governance in the centre, the manager had oversight of young people's daily logs, registers and documents in the care files. The centre manager also provided supervision to the staff team and attended daily handovers, child in care reviews and professionals meetings.

There was a significant amount of oversight by the centre manager and line managers for the service on the care files held in the centre. However, a substantial number of documents did not have staff signatures and this has not been noted or addressed by the centre manager. Quite a number of the plans created in the centre including developmental audits and pre-admission risk assessments did not have dates or signatures and this posed difficulties in the tracking and review of plans for young people. Inspectors recommend that the centre manager and regional manager ensure their on-going audits address issue.

Inspectors reviewed minutes for the internal management meetings in the centre and it was observed that the regional manager had reviewed and signed registers and documents in the young people's care files. This person also completed periodic audits in the centre and reviewed staff supervisions to ensure quality and content. A review of the audits evidenced that they had identified issues and that action had been taken where necessary. The governance system in place was designed to tie into the model of care in operation in the centre. Monthly regional centre manager meetings were also occurring where significant event reviews and a STEM practice review were incorporated.

STEM meetings that were occurring included follow up work to be carried out and had specific actions and strategies listed along with named persons and time frames

for completion. From interview and through a review of the young people's care files, inspectors observed that the centre manager provided day-to-day governance and was aware of the needs of young people and providing leadership and direction to the staff team.

Inspectors attended a staff handover meeting and found this to be centred on effective planning of care for each of the young people and an exchange of information to support this. From a review of the handover records, inspectors recommend that the section for shift review and improvement, that allows staff to comment on how their shift went, is used more effectively. This section should be used for staff learning and frequently it was not filled in or only noted positives from staff regarding their shift. Further, a review of the staff team meeting minutes evidenced that these were focused on placement planning for young people and planning of their care and were generally well attended by staff.

Register

Inspectors reviewed the centre register and found this to contain the required information in line with regulations and the National Standards for Children's Residential Centres, 2001. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. Information on archiving was contained in the register and there was evidence of line management oversight of this document.

Notification of Significant Events

This centre had a system for the prompt notification of significant events. There was evidence that the reports were forwarded in a timely manner to the required persons and contained appropriate information. The service had a significant event review group that was part of the regional management meeting. Interventions and outcomes for young people were discussed at this forum and practice learning for staff was included. Social workers for young people that were interviewed stated that they were happy with the content of these reports and the time frames for notifications.

Supervision and support

During this inspection a review of a sample of supervisions for staff was conducted. Inspectors found that supervision was being conducted in line with centre policy and was generally occurring every four to six weeks. Placement planning and case management was discussed with staff members and there was also a focus on performance management and learning and development for the staff member.

Goals and actions required were recorded clearly and reviewed in subsequent supervisions. Discussions on the model of care in use in the centre were evident and key working with young people, including placement progress, was often reflected in the supervision minutes. Supervision was split with one social care leader supervising the relief staff and the centre manager supervising the rest of the team. Inspectors found that performance management and staff learning and development were core aspects of the supervision being provided.

Inspectors noted that both the regional manager and centre manager were available to staff for support and debrief following serious incidents in the centre. Staff that were interviewed stated that they found line managers supportive and available to them when serious incidents occurred.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained and stored securely in line with the Freedom of Information Act, 1997 and that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Staffing

The centre had a whole time complement of five social care workers and two social care leaders with staff rostered on overnights and day shifts to cover busy periods and meet the needs of young people. Inspectors observed that one social care leader had significant experience and supported the manager in their role. The second social care leader been recently appointed to the post which had been vacant for a period. From a review of the young people's daily journals and centre rosters it was observed that 28 different staff had worked in the centre in the 14 weeks preceding the inspection. Inspectors noted that at times inexperienced staff were rostered together and centre manager's and regional manager's meeting minutes both reflected that staff recruitment was required to supplement the existing team. Issues on staff retention were also reflected at these meetings and the organisation was attempting to address the issue at the time of the inspection. There were also a number of unqualified staff working in the centre and the inconsistency in staffing was having an effect on the implementation of the model of care. During interview with the regional manager, they stated that the organisation was actively working on recruitment and that they were aware of the issues on staffing in the centre. The

service had conducted exit interviews and post-employment assessments to ascertain why staff were leaving and to incorporate this information into a staff retention plan.

From a review of a sample of personnel files, inspectors observed that these generally contained up-to-date Garda vetting, copies of CVs, verified references, qualifications for staff and training certificates. Further, there was evidence of comprehensive staff inductions including fire safety, report writing, policies and procedures, behaviour management and an introduction to the model of care in use in the centre. However, it was observed that issues existed with Garda vetting in the centre and inspectors did not find accompanying risk assessments where required. Inspectors also observed that one staff member had two references from the same organisation for their period of time working there. However, one reference was completed by a person who was not their line manager in the organisation and who did not have management responsibility or supervision remit.

3.2.3 Practices that did not meet the required standard

Training and development

Inspectors reviewed the training log for centre staff and noted that some gaps existed. It was observed that four staff required fire safety training and three staff required first aid training. Further, one staff member had not received training in the model of care until six months after they began working in the centre. There were Children First E-learning certificates on file for some staff but others had not completed this training and TCI was out of date for one staff member.

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 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 16, Notification of Significant Events.

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The regional manager must ensure that the centre has an adequate number of experienced staff to fulfil the purpose and function.
- The centre manager must ensure that risk assessments in relation to Garda vetting are in place where required.
- The centre manager must ensure that vetting is in line with the Department of Health Recruitment and Selection Circular, 1995.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

None identified.

3.4.2 Practices that met the required standard in some respect only

Complaints

This centre had an appropriate policy on complaints and young people were provided with information on complaints on admission to the centre. Complaints were also dealt with through key working and individual work. There had not been any formal complaints since May 2016 and inspectors did not find any complaints in their review of the young people's daily journals or care files. Further, the young person that met with inspectors stated that they knew how to make a complaint and were happy that this would be listened to.

However, inspectors observed that while a system for recording informal complaints existed in the centre this was not being used effectively. There were twelve entries on the register for informal complaints from September 2014. Both the centre manager and staff stated during interview that efforts would be made to address informal complaints with young people as soon as they arose. However, it was acknowledged by the centre manager that recording practices in this area needed to improve to support the tracking and oversight of informal complaints. Both registers for complaints had evidence of internal and external line manager oversight through routine review and audit processes.

3.4.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that there is an effective system for the recording, tracking and oversight of informal complaints in the centre.

3.5 Planning for Children and Young People

Standard

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

3.5.1 Practices that met the required standard in full

Contact with families

Inspectors noted that contact with families was on-going. Social workers for young people that were interviewed stated that the centre was facilitating this contact where necessary and if difficulties existed they were attempting to support young people with these relationships. There was space in the centre for young people to meet family members in private. Inspectors also noted that the centre communicated with parents about events in young people's lives and the care being provided.

Supervision and visiting of young people

The social workers that were interviewed provided information on their meetings with young people and these were occurring regularly. There was also evidence in the care files of visits by social workers and records of each visit to the centre were kept. It should be noted that information on the visits to one young person was not provided by their allocated social worker.

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.

Social Work Role

Inspectors found that care plans were in place for each young person and that social workers convened reviews where appropriate. However, two care plans for young people in the centre were out of date. Young people met with social workers both on site and off site and there was evidence that they responded to significant event notifications where necessary. Inspectors also noted that social workers had read the care files and logs for young people. It was observed that appropriate referral information had been provided and the social workers of young people that were interviewed stated they were happy that the placements were suitable and could meet the young people's needs.

Emotional and specialist support

Each of the resident young people had a key worker to support them and they were variously linked into psychology and substance misuse programmes in the community. A developmental audit had been carried out with one young person and work was being undertaken to support self-esteem and key working was focusing on emotional and social development. No issues were noted with access to services for young people.

Preparation for leaving care

Inspectors reviewed the placement plans of the young people and observed that there was a focus on independent living skills and preparation for leaving the care of the centre. This was also reflected in the individual work and key working that was being carried out with young people including a strengths-based focus on health and emotional and social development.

Aftercare

There was evidence of aftercare planning for one young person aged 17 and they were awaiting the allocation of an aftercare worker. The aftercare manager in the area was scheduled to attend the upcoming child in care review. Aftercare planning for a second young person was on-going and a referral had been submitted to a dedicated aftercare placement in the region. The third young person living in the centre was under sixteen.

Children's case and care records

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

Young people's daily log books contained a narrative of their day and noted any issues that had arisen for them. The case and care records were kept in a manner that facilitated ease of access and the tracking of information. Key work sessions also reflected that young people's views were sought around the care being provided to them. Records were held as required in line with regulations and the Freedom of Information Act, 1997.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Young people were referred to the centre through the National Private Placement Team and referrals were accepted from social work departments nationally. Each referral was reviewed by the assistant director who then forwarded suitable referrals to the regional manager and centre manager for consideration. Placements were for an initial three month period with a review after this time to agree whether the placement would continue.

There was evidence that social work departments provided significant referral information on young people prior to their placement in the centre and the records reflected structured transitions. However, inspectors observed that the pre-admission risk assessments for two resident young people noted significant high risk behaviours. While there were some preventative strategies in place there was no evidence that the social workers for other resident young people were consulted prior to the admission. One young person with high risk behaviours was due to be discharged in the coming weeks due to their behaviours. Inspectors did not find that the pre-admission risk assessments underpinned the rationale for admitting the young person. Risk management plans were in place but were not robust enough and inspectors found that at times they were not effective. These documents did not provide sufficient direction on the actions to be taken if risk taking behaviours escalated.

These documents were specifically discussed during interview with the regional manager and they provided extra information on the strengths of young people that

had not been included in the written assessments. Inspectors found that pre-admission risk assessments needed to improve to reflect the strengths for young people and include mitigating factors that indicate that placements should go ahead.

Statutory care planning and review

From a review of the care plans held in the centre inspectors found that one young person had a care plan that was in-date and contained appropriate information. There was a care plan on file for a second young person dated 03/10/17 and previous plans indicated on-going review of the plan through 2017. This document stated that a further review of the plan was scheduled for April 2018, however this had not occurred. This plan contained good information on the assessment of needs for the young person and had clear goals for the placement. Inspectors found that the care plan for a third young person did not contain sufficient information and did not adequately address the issues that existed for them. This plan was also out of date. Inspectors observed evidence that young people were consulted on their care prior to statutory reviews and they were encouraged to attend these meetings.

It was noted that placement plans were developed from care plans following child in care reviews and the plans were updated each month and supported by case management meetings every two weeks. Each young person had a key worker. Monthly goals were broken down to reflect the model of care in use in the centre and focused on the social and emotional development of the young person. Inspectors found regular review of plans and they were specific to the needs of each of the young people. Each monthly plan also had a direct focus and contained goals for growth, interventions and individual work. A section was also included for the evaluation of the work completed and the success of the interventions. Learning from these plans was brought into supervisions and staff team meetings to support the planning of care for young people.

Inspectors reviewed a sample of the key working undertaken with the young people and noted that this was directly related to the placement plans and that young people were engaged in the process.

Discharges

Inspectors found that there had been three discharges from the centre in the twelve months prior to inspection. Two of these discharges were unplanned due to the behaviours of the young people and not in line with their care plans. A third young person was discharged to a recognised aftercare placement. During the inspection it was noted that a discharge notice had been issued for one young person living in the

centre. This was due to their behaviours and this placement was scheduled to end shortly after the inspection. It is important that steps are taken by senior managers to ensure that staffing issues are addressed and more effective behaviour management planning occurs. This should support young people to sustain their placements in the centre.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 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 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 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 regional manager must ensure that pre-admission risk assessments adequately reflect the risks and behaviours of young people and that suitable strategies are in place to manage these.
- The social workers for two young people must ensure that care plans are kept up-to-date.
- The regional manager must address issues with staffing and behaviour management planning to ensure that young people's placements are sustainable in the centre.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The regional manager must ensure that the centre has an adequate number of experienced staff to fulfil the purpose and function.</p> <p>The centre manager must ensure that risk assessments in relation to Garda vetting are in place where required.</p>	<p>Recruitment and staff retention continues to be an ongoing priority for Daffodil Care both within the centre and regionally. Vacancies are advertised both internally and externally at regional and national level using a variety of mediums including print, online, targeted schemes and in cooperation with identified recruitment partners. Staff retention is key to ensuring an adequate number of experienced staff and a suite of staff retention measures were introduced in June 2018. Additional measures are currently under review.</p> <p>The Garda vetting indicating the requirement for a risk assessment was completed on 12th May 2018 and placed in the associated staff member's file.</p>	<p>Daffodil Care have recently invested in its Human Resource department (August 2018) to assist with both recruitment and retention. Strong working relationships exist with our recruitment partners. A suite of staff retention measures were introduced in June 2018 which have had a positive impact. Additional retention efforts are currently being developed and under review.</p> <p>The Recruitment & Selection policy has been reviewed to explicitly indicate the requirement for any returned Garda vetting with a disclosure to be reviewed and risk assessed in conjunction with the Regional Manager and the Director of Services.</p>

	The centre manager must ensure that vetting is in line with the Department of Health Recruitment and Selection Circular, 1995.	All staff members Garda vetting forms are in date and on file.	The Centre Manager, Regional Manager & Quality Assurance department conduct regular audits to ensure all aspects of personnel files are in line with the company's Recruitment & Selection Policy.
3.4	The centre manager must ensure that there is an effective system for the recording, tracking and oversight of informal complaints in the centre.	Procedures for recording grievances and complaints were discussed and agreed at a team meeting on 27.07.18. SCM has completed a review and audit of the Grievance Register in the centre and is satisfied that it is up to date as of 18.9.18. The centre manager will ensure the grievance register is updated as required, in conjunction with the SCM's oversight of all daily reports and individual work with young people.	Complaints and Grievances are a standing item on the team meeting agenda. The Regional Manager & Quality Assurance department will conduct regular reviews of the centres records and cross reference with the Grievance & Complaints register to ensure effective tracking and oversight of informal complaints. SCM will continue to update registers and other centre documents on a daily basis and weekly basis.
3.5	The regional manager must ensure that pre-admission risk assessments adequately reflect the risks and behaviours of young people and that suitable strategies are in place to manage these.	The procedures for preparing and developing the pre-admission risk assessments were reviewed in August 2018. A procedure, inclusive of a multi-disciplinary approach to recording risk and associated management of same was agreed. This procedure also involves centre and senior management. As part of the pre-admission process, all identified risks will be noted and recorded in the pre-admission impact risk assessment.	The involvement of both the senior management team and the centre management team will facilitate opportunity to ensure that pre-admission risk assessments adequately reflect the risks and behaviours of young people and that suitable strategies are in place to manage these.

	<p>The social workers for two young people must ensure that care plans are kept up-to-date.</p> <p>The regional manager must address issues with staffing and behaviour management planning to ensure that young people's placements are sustainable in the centre.</p>	<p>The risk management plan is completed in conjunction with all relevant professionals. The pre-admission risk assessment will be used to formulate the placement plan overview along with the young person's care plan.</p> <p><i>No response was received from the relevant social work departments.</i></p> <p>Further to the response to recommendation in 3.2, the centre is committed to developing a small number of highly skilled and professional social care staff. The centre will continue to do this through the provision of training opportunities, professional supervision, professional de-briefing, and evidence based therapeutic supports designed to meet the young people's needs.</p>	<p>As indicated in response to recommendation 3.2, the company is committed to continuing its staff retention efforts.</p>
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