



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 082

Year: 2018

Lead inspector: Catherine Hanly

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857
D15 CF9K

Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Fresh Start
Registered Capacity:	Two young people
Dates of Inspection:	26th & 28th March 2018
Registration Status:	Registered from 16th December 2016 to 16th December 2019
Inspection Team:	Catherine Hanly Sharon McLoughlin
Date Report Issued:	7th June 2018

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1. Foreword

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

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

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

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

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

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

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in December 2013. At the time of this inspection the centre were in their second registration and were in year two of the cycle. The centre was registered without attached conditions from 16th December 2016 to the 16th December 2019.

The centre's purpose and function was to accommodate two young people of either gender from age thirteen to seventeen years on admission with the principal aim of the service stated as being to provide young people with the essential skills that will enable them to live in the least restrictive environment when they move on from this centre. The centre does not have a stated model of care, rather it states that individual therapeutic programmes are created for young people and the work of various professionals involved is coordinated to assist young people to achieve their potential.

The inspectors examined aspects of standards 2 'management and staffing', 5 'planning for children and young people' and 6 'care of young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 26th and 28th of March 2018.

1.2 Methodology

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

- ◆ An examination of the questionnaires completed by both of the social workers with responsibility for the young people that had resided/were residing in the centre.

- ◆ An examination of selected sections of the centre's files and recording process which included the following:
 - Statutory care and centre placement plans
 - Key working and individual work records
 - Absence management and individual crisis management plans
 - Weekly meal plans
 - Clinical review and team meeting minutes
 - Social work contact and professional meeting records
 - Petty cash receipts and clothing allowance records
 - Health and safety audits
 - Staff supervision records

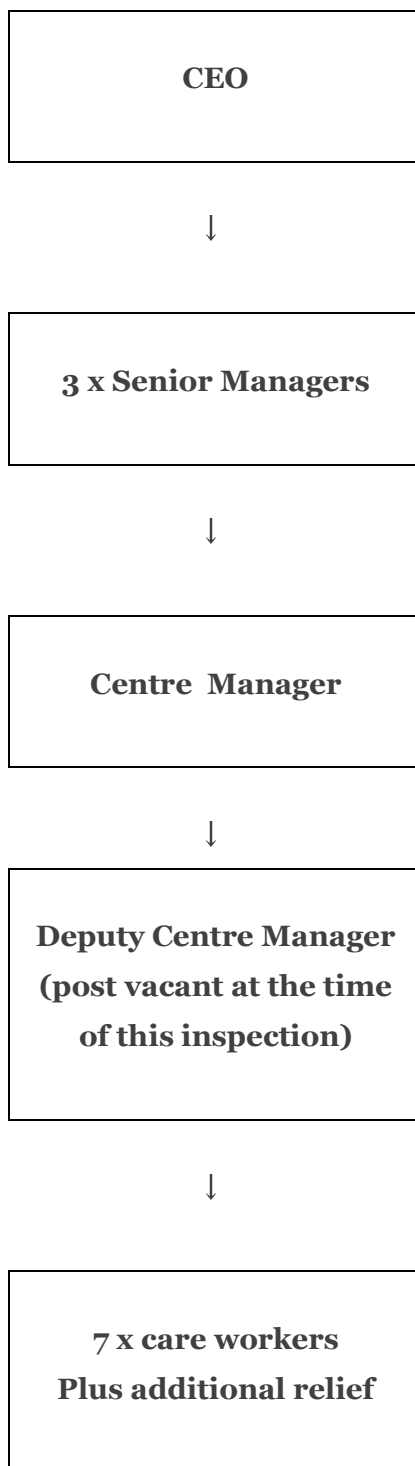
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) One care staff member
 - c) One young person that had been discharged from this centre one week prior to this inspection
 - d) Both allocated social workers and a social work team leader for the young people whose placements are referenced in this report

- ◆ 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, Quality Assurance and Practice Manager and relevant social work departments on the 24th April 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 8th of May and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 082 without conditions from the 16th December 2016 to the 16th December 2019 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

None identified.

3.2.2 Practices that met the required standard in some respect only

Management

This centre was being managed at the time of this inspection by an appropriately qualified person that had been in post for a period of six months. They had been supported in their role by a full time deputy manager however this post was vacated immediately prior to this inspection and the manager stated that an internal process was underway to attempt to fill the vacancy. The manager described systems in place that enables them to have oversight of policy and practices at the centre. These included a presence in the centre, meeting with young people, supervision of staff, attendance at team meetings and staff hand over and a review of paperwork. The manager did highlight that there were ongoing challenges that they were attempting to address within the centre including communication amongst the staff team and evidencing of work in recording systems. Inspectors identified during this inspection that there were deficits in recording within care records, for example there were inconsistencies identified by inspectors relating to the completion of placement plans that had not been noted or addressed by the manager. In addition, the staff supervision records did not demonstrate a link to effective placement planning. Inspectors also found that the emotional and specialist needs of young people were not always evidenced as being fully understood by the staff team and integrated into day to day practices in the centre; in addition the oversight of this by management was inadequate. Centre management must ensure that there are adequate systems of governance and oversight in place in order to satisfy themselves that appropriate and suitable care practices and operational policies are in place.

The centre manager was accountable for practices in the centre to three senior managers with distinct responsibilities across the quality assurance, operations and clinical services aspects of service delivery and liaised with each accordingly. The manager referenced the new quality assurance role of the senior manager within the organisation and its impact on this centre indicating a new suite of documents and recording systems. The manager acknowledged that measuring and evidencing outcomes for young people in placement is an area of development for the organisation that was actively being addressed at the time of this inspection. Inspectors found that the work and insight described in staff interview was not translated into recorded practice in the records they reviewed. The input of the clinical team referred to by staff and manager was also not evident in the records examined and the clinical manager should make efforts to address this matter. Inspectors found that outcomes were not measured or evidenced either within the newly formatted placement plans or in other records reviewed during this inspection. The manager must ensure that there are robust mechanisms in place for assessing the quality and effectiveness of the services provided by the centre, particularly outcomes for young people.

Supervision and support

Inspectors only reviewed the files of staff members appointed as key workers at the time of this inspection. Records showed that supervision was occurring at regular intervals in accordance with the centre's own policy. Key workers were not readily identifiable within the records examined; where an action was identified relating to key working this was not consistently evidenced as having been followed through by individuals identified as responsible; and in general there were very few identifiable actions arising in discussions. Based on this review, inspectors were not satisfied that the records demonstrated an effective link between supervision and the implementation of placement plans for young people. The manager informed inspectors that a new system of supervision for key workers has recently been introduced within the organisation and is due to be rolled out. This will involve key workers liaising with the clinical manager regarding placement plans and the implementation of same. Centre management must ensure that this new system effectively demonstrates a link between supervision and placement plans.

Daily hand over takes place and team meetings occur twice monthly. Team meetings alternate on a rolling basis with every other one involving clinical input and oversight by the organisations' clinical manager, assistant psychologist (psychologist on leave at time of this inspection and their post was being filled on an interim basis by an

assistant psychologist who was also a care staff member within the organisation) and the consultant psychiatrist. From a review of the non-clinical team meetings inspectors found that young people are discussed and there are standing agenda items including child protection. There is clear direction given by management and actions named. However the overall view of inspectors was that the minutes do not reflect evidence of young people's progress within their placement or a discussion to achieve goals set.

Inspectors reviewed the records of clinical meetings provided. There were only five records available for 2017 although clinical meetings are reported to take place on a monthly basis. The manager stated that there was no meeting in December 2017 but was unable to account for the absence of other records despite liaising with the previous manager that was in post. Records from the end of 2017 and early in 2018 are better recorded and note some specific feedback from the consultant psychiatrist to the care team, earlier records however are brief and don't consistently demonstrate whether or not the clinical team gave specific input/direction to the care team to work with the young people to support them in addressing the difficulties and challenges presented. These matters should be considered by management to ensure that any input is consistently implemented by the entire staff team towards a specific outcome.

There are additional support mechanisms available to the staff team should these be required including post-crisis debriefing by trained personnel within the organisation.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The following regulations were not examined as part of this inspection:

***Child Care (Placement of Children in Residential Care) Regulations 1995
Part IV, Article 21, Register.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 5, Care Practices and Operational Policies
-Part III, Article 6, Paragraph 2, Change of Person in Charge.

The following regulations were not examined as part of this inspection:

***Child Care (Standards in Children’s Residential Centres) Regulations
1996***

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

-Part III, Article 16, Notification of Significant Events.

Required Action

- Centre management must ensure that there are adequate systems of governance and oversight in place in order to satisfy themselves that appropriate and suitable care practices and operational policies are in place.
- The manager must ensure that there are robust mechanisms in place for assessing the quality and effectiveness of the services provided by the centre, particularly outcomes for young people.
- The centre manager must ensure that there is an effective link between supervision and the implementation of individual placement plans.

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

Social Work Role

Standard

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

The referral process via the National Private Placement Team ensures that all known relevant information is provided by social workers requesting a private placement for a young person and this information is in turn shared with the centre prior to admission. There were up to date statutory care plans on the centre files of both young people. These plans had been reviewed in accordance with the required timeframes and young people and their families had been consulted with regarding these plans and there was evidence to indicate that these views were represented. Both social workers confirmed they receive written notification of significant events relating to each young person. One social worker stated that they were not always satisfied with the content of these reports and did not always receive verbal communication in relation to same. They expressed the view that verbal discussion in relation to significant events would assist with communication and support in responding to the young person. In response to the draft report, centre management stated their position that social workers are always welcome to contact the centre to discuss any aspect of a young person's placement. This should be clearly communicated to all supervising social workers at the outset of placement. One social worker had not read records at the centre and was advised to do so on occasions by inspectors.

Both social workers confirmed that they maintain up to date case files in relation to the young person and these included records of all visits and contact with the respective young people.

One social worker stated that overall they were satisfied that the young person was safe and well cared for in the centre. The social work team for the second young person stated that they were not satisfied with the care that the young person had been provided with during the course of their two year placement. They stated they had raised their dissatisfactions on numerous occasions during this timeframe and although they were of the view that there had been some resolutions to specific issues raised, on the whole the social work team felt that there had been limited progress made by the young person in identified areas. The social work team had tried to source an alternative placement however were unsuccessful in doing so. The centre management had also been communicating to the social work team that their view was that this placement was no longer meeting the young person's needs; however an alternative placement could not be secured by the social work team for a significantly lengthy period of time and the young person had in fact just moved to another centre one week prior to this inspection.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Both care files reviewed for the purpose of this inspection had up to date statutory care plans on file. These plans were well detailed and inclusive of a thorough assessment of each of the young person's needs with the role of the current placement being cited. Each of the statutory care plans had been reviewed in accordance with the required timeframes throughout the duration of the respective placements and additionally there had been strategy meetings convened where difficulties arose or significant changes had presented within the placement. These had been convened to ensure that all parties involved with the respective young people were consistent in the delivery of actions or decisions arising.

Each young person had a current placement plan on file. These were reviewed on a monthly basis however inspectors found that there was a lot of repetition across these documents without acknowledgement of progress as well as outdated information that doesn't lend itself to a live document. The documents were not consistently applied and completed despite being signed off by the manager or deputy. The 'measurable outcomes' section of the placement plans was not consistently completed. Where there was content in the document, it could not be deemed to be a specified outcome; rather it was a generic statement referring to the 'ongoing' nature

of a placement. Interviews with the manager and the staff member during this inspection were indicative of progress or regression pertinent to young people and their identified goals which were not represented in the placement plans reviewed. This finding needs to be considered by centre management so that in future placement plans will broadly operate within the wider statutory care plans and will also represent the live work that is being done with young people as well as identifiable progress towards the achievement of specific goals.

Supervision and visiting of young people

Both social workers confirmed that they had visited the young people on a regular basis in addition to having regular telephone contact with them. One social worker confirmed that they had reviewed records in the centre and the inspectors advised the other social worker that they should take the opportunity to read the records in the centre also.

Inspectors noted that social work contact records available in the centre and provided by one social worker did not correlate. The centre manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of a visit.

Emotional and specialist support

In interviews, inspectors gathered information to support that there was a general awareness of the emotional needs of young people. There was some evidence that attempts had been made by the care team to respond to the emotional and behavioural needs of one young person as identified in their care plan, although the success of this as measured by change in behaviour was limited. The placement plans, key working records and supervision records of key workers reviewed did not demonstrate that the staff team was effectively and consistently meeting the emotional and psychological needs of young people. Interviews with the social work team for one young person that was identified as having complex emotional and specialist needs, and a young person themselves, also found that their specific needs had not been addressed. The information gathered demonstrated that staff in this centre, with the support of numerous specialists both internal and external to the organisation, was unable to effectively address the emotional and psychological needs of this one young person in particular.

The service provider has a clinical team that meets with the care team on a monthly basis for the purpose of consultation, discussion and input regarding the placements of young people. Inspectors found from a review of the minutes of these meetings,

that they lacked evidence of significant or specific input by the clinicians in attendance and on this basis the recording of these meetings should be reviewed. In addition the care records reviewed at the centre do not evidence that direction by the clinical team is integrated with placement planning or key working. Centre management should determine the ability of the staff team to fully understand the input of the clinicians and demonstrate in practice and recording how this guidance is translated into practice.

One social worker stated that they had not been invited to attend this monthly clinical meeting which is contrary to findings by inspectors across other centres operated by this service provider. The clinical manager should ensure that there is consistency in their own practice in this matter.

Inspectors found that in the case of one young person, there was no evidence of a liaison between the service's clinical team and external clinicians engaged with the young person at various stages during their placement. Although efforts had been made by the social work team to coordinate the work of the various professionals at several junctures during the young person's placement, interdisciplinary differences had not been overcome and the young person was aware of these and their placement had been significantly affected by same. Social work and centre management will have to seriously review the experience of this placement and implement necessary changes to practice going forward.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The following regulations were not examined as part of this inspection:

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

- Centre management must ensure that placement plans are consistently implemented and are reflective of the individual specific aims of the placement.
- The centre manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of a visit.
- The centre manager must ensure that staff understand the emotional and psychological needs of young people, and through the key worker role and the general ethos of the centre, facilitate the assessment and meeting of those needs.
- The clinical and centre managers must ensure that the direction and input of the clinical team is appropriately reflected in records and integrated with placement planning and key work.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

None identified.

3.6.2 Practices that met the required standard in some respect only

Individual care in group living

Inspectors found evidence to support that the young people in this centre in some respects had been cared for in a manner that was responsive to individual needs as they arose and interests displayed by the young people themselves. Birthdays and festive occasions were celebrated with young people.

There were efforts by staff to record activities or task engaged in by young people that could be classified as 'life skills', however this was not integrated with the placement plans and was not individualised or at the pace required depending on where the young person was at and should be given further thought and attention.

Young people were encouraged by the staff team to attend to their self care and were on occasion provided with clear direction in this area. Inspectors were informed that one young person had consistently struggled in this area despite support from staff and guidance by various staff over a prolonged period of time. Having said this, no specific programme of intervention had been devised and implemented in an effort to address this issue throughout the young person's placement of two years in this centre.

One young person had on many documented occasions presented wearing clothing that was not appropriate for occasion and was unsuitable for weather. Staff and management had attempted to address this issue on several occasions, and there was evidence to support that suitable and required items of clothing were frequently purchased for both young people, however this issue was not successfully resolved for the one young person.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The following regulations were not examined as part of this inspection:

Child Care (Standards in Children’s Residential Centres) Regulations 1996

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- Centre management must ensure that placement plans for and related key working with young people takes cognisance of the identified needs within the statutory care plan.
- Centre management must ensure that where targeted interventions are required to address specific issues, these are promptly implemented and regularly reviewed to assess progress.

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>Centre management must ensure that there are adequate systems of governance and oversight in place in order to satisfy themselves that appropriate and suitable care practices and operational policies are in place.</p> <p>The manager must ensure that there are robust mechanisms in place for assessing the quality and effectiveness of the services provided by the centre, particularly outcomes for young people.</p>	<p>Revised governance systems have been implemented within the centre through the use of internal audit tools and internal monitoring to ensure there is robust governance of the centre. This has been further strengthened by the organisations appointment of the Quality Assurance & Practice Manager in January 2018.</p> <p>Team Meetings, Multi-Disciplinary Meetings, Key Working meetings, Handovers and Supervision have all been reviewed and strengthened to ensure the assessment for quality and effectiveness of the service the centre provides. These systems will have an added focus on the outcomes for young people effective from the 02-05-18.</p>	<p>Quality Assurance & Practice Manager reviews the centre manager’s monthly auditing tool. This is then further audited and cross referenced with monitoring visits to the centre by the Quality Assurance & Practice Manager. Clinical Manager holds governance over all clinical aspects of the centre. Operations Manager maintains governance of the overall running of the centre.</p> <p>The House Manager will oversee these systems which will be outcome focused with higher levels of recording and cross referencing to ensure they are clear and understood by all while delivering a quality and effective service.</p>

	<p>The centre manager must ensure that there is an effective link between supervision and the implementation of individual placement plans.</p>	<p>Centre Manager has reviewed the supervision process and has implemented changes to ensure an effective link between supervision and the implementation of individual placement plans as of April 1st 2018.</p>	<p>This will be reviewed by the Supervisor and supervisee every quarter to ensure this process is effective and it remains on the Supervision Agenda.</p>
<p>3.5</p>	<p>Centre management must ensure that placement plans are consistently implemented and are reflective of the individual specific aims of the placement.</p> <p>The centre manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of a visit.</p> <p>The centre manager must ensure that staff understand the emotional and</p>	<p>Placement plans have been reviewed and revised to reflect the individual specific aims of the placement. A Multi-Disciplinary Team Meeting for Key Workers occurred on the 02-05-18 where more effective placement planning was reviewed for implementation.</p> <p>Every Social Work visit will be logged and recorded in the young person's files under professional contacts with actions listed. The centre will continue to use the visitor's book to record every Social Work visit to the centre all effective from the 02-05-18.</p> <p>Stronger emphasis reflecting staff's knowledge and understanding of the</p>	<p>Regular Key Work meetings and Multi-Disciplinary Team Meetings with the Clinical Manager are scheduled throughout 2018 to ensure effective placement planning and key working.</p> <p>Social Work contacts are recorded on the Young Person's file as well as in the visitor log for each visit. Details of any action taken following these visits will be recorded in the young person's file with identified persons responsible for actions identified.</p> <p>Centre Manager will ensure that the care team have an understanding of young</p>

	<p>psychological needs of young people, and through the key worker role and the general ethos of the centre, facilitate the assessment and meeting of those needs.</p> <p>The clinical and centre managers must ensure that the direction and input of the clinical team is appropriately reflected in records and integrated with placement planning and key work.</p>	<p>emotional and psychological needs of the young people have been implemented as of the 02-05-18 through the linking and cross referencing of the Multi-Disciplinary Team Meeting's and the Clinical input into placement plans and key working sessions for the young people.</p> <p>Centre manager will oversee the recording of accurate minutes for each Multi-Disciplinary Team Meeting. A Multi-Disciplinary Team Meeting for Key Workers occurred on the 02-05-18 where more effective placement planning was reviewed for implementation; this included the incorporation of input from the clinical team.</p>	<p>people's emotional and psychological needs and these will be discussed and reviewed in team and Multi-Disciplinary Team meetings. Scheduled Multi-Disciplinary Team Meetings & Key Worker Meetings are also in place with the Clinical Manager for the remainder of the year where this topic will be reviewed to ensure staff's understanding.</p> <p>Regular Key Work meetings and Multi-Disciplinary Team Meetings with the Clinical Manager are scheduled throughout 2018 to ensure that placement planning is occurring more effectively and that clinical input is integrated with placement planning and key work.</p>
<p>3.6</p>	<p>Centre management must ensure that placement plans for and related key working with young people takes cognisance of the identified needs within the statutory care plan.</p>	<p>Placement Plans have been reviewed and changes have been conducted to highlight identified needs within the Care Plan.</p> <p>The Centre conducted a Multi-Disciplinary Team Meeting for Key Worker's and care staff in relation to key working and placement</p>	<p>Placement plans have been reviewed. A Multi-Disciplinary Team Meeting for Key Worker's and care staff occurred on the 02-05-18 and further meetings are scheduled for the remainder of 2018 which will ensure continued review of the Placement Plans.</p>

	<p>Centre management must ensure that where targeted interventions are required to address specific issues, these are promptly implemented and regularly reviewed to assess progress.</p>	<p>planning on the 02-05-18 where more effective placement planning was implemented.</p> <p>Centre manager has addressed the area of targeted interventions to ensure that where they are required to address specific issues, they are promptly implemented and regularly reviewed to assess progress. Higher levels of accountability from those who are carrying out the tasks is required and has been implemented from the 02-05-18.</p>	<p>Centre Manager will directly address any difficulties in the delivery of targeted interventions and hold individuals directly responsibility should delivery of these not occur.</p>
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