



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Full inspection
Date of inspection:	02 March 2022
Centre ID:	OSV-0004174
Fieldwork ID	MON-0036254

## About the centre

The following information has been submitted by the centre and describes the service they provide.

The centre is a community based Child and Family Agency children's residential centre located in Dublin and is managed by the Child and Family Agency (TUSLA). The centre offers a residential service for young people requiring medium to long term care. In exceptional circumstances, the centre can accommodate children aged 12yrs and younger in accordance with the national policy. The overall aim for each young person, accommodated in the centre, is that they reach their full potential and that they develop the appropriate skills to live independently after they have moved on from the centre. The centre aims to achieve this goal through delivering a planned service that reflects the individual young person's physical, emotional, social, spiritual and educational needs. The centre also offers outreach support to children who have moved on to independent living or who have returned home.

Number of young people on the date of inspection:	4
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To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
02/03/2022	11:00 – 17:00	Niamh Greevy	Lead Inspector
03/03/2022	09:30 – 17:50	Niamh Greevy	Lead Inspector
03/03/2022	09:30 – 17:30	Hazel Hanrahan	Support Inspector

## Views of children who use the service

The centre was two storey house, located in an urban area with access to good amenities, including schools, shops and public transport. Young people were supported to use public transport to develop their independence. Staff had access to two vehicles which they used to transport young people to appointments, activities or to visit family or friends.

There were four young people living in the centre at the time of the inspection and they were described by staff to be eager to speak with the inspectors. Inspectors talked with three young people while onsite. They appeared interested in the inspection, and asked inspectors lots of questions, and appeared relaxed and willing to talk about their experience of the centre.

The premises offered a warm, positive and child friendly environment, and it was very nicely decorated. Paintings created by young people were displayed in the house along with blackboard areas. The blackboards showcased positive affirmations that both staff and young people co-constructed together. These affirmations observed by the inspector were positive statements offering encouragement and motivation to both young people and staff. It was clear from inspectors' observations and speaking with staff that managers had considered the positive impact a young person's living environment can have on them. Young people were included in the design of the environment, and had decorated their bedrooms on admission to the centre, along with creating artwork. The centre had an outdoor space which was equipped with a barbecue and seating area, a hammock and trampoline, all of which young people enjoyed.

The staff were described by a young person as 'easy and relaxed' which further added to the positive environment within the centre. When asked about the centre, young people said:

- *'they [staff] make you feel involved'*
- *'you get a budget on admission and can do chores to buy accessories'*
- *'very homely and comforting'*
- *'you know you are welcome'.*

Young people identified the centre as a safe place that gave them stability, and comments in relation to staff included, *'they keep me safe'*.

The centre were creative in the choices available to young people to have a voice. This was observed in the documentation reviewed and also through the voices of the young people who spoke to the inspectors. Although, some young people felt that there were times when they could be listened to more, they all said that they had staff that they *'can go to and feel safe and talk to'*. The majority of the young people who spoke with the inspectors felt their voices were heard and one young person said that, *'if I am upset I*

*can go to any of the staff, they listen and understand*'. It was evident that the centre empowered and respected a young person's choice to voluntarily participate in matters that affected them, and have their voice heard. As one young person put it, *'I like my Care Plan, I'm very involved in it'*. Another young person told inspectors that *'you don't have to participate'* and that *'young people are not forced'*. This demonstrated that young people's choice was respected. When young people expressed concern that they were not being heard, it was evident that the staff team took active steps to meet the young person's needs, through individual work, and communication with the young person's social worker.

The majority of young people were informed of social work visits and meetings related to their care, and they felt comfortable and confident to speak at these meetings. However, one young person expressed their dissatisfaction when meetings with their social worker did not go ahead as planned and alternative arrangements were not made. They described feeling *'overwhelmed and annoyed'* when this happened.

All young people were aware of the different types of plans in place for their care. Inspectors found that this was explained to them by their social worker and centre staff. All young people were aware of how to make a complaint and an independent advocacy service was accessible to the young people. Young people exercised their right to engage with this service or not. When talking about the independent advocacy service, one young person said they *'know who they are, don't need them'*.

All young people felt supported to keep in contact with their family, friends where appropriate, and in maintaining and strengthening these relationships. They *'[staff] support me to see them'*.

The centres model of care was embedded in practice, young people said that this way of working meant that you *'learn about yourself'* and that they had weekly direct working sessions with their keyworkers. They told inspectors that when doing direct work with staff that the staff team gave them *'respect and space'*.

Young people's educational and welfare needs were well met, and there was a good level of engagement with schools. Managers and staff were sensitive and creative in the ways in which they met the young people's needs, promoted their health and well-being, and supported integration into their local community. Young people said that they received a *'leap card money for transport'*, *'get pocket money'*, *'do washing by myself'*, and that staff have discussions with them around how to keep themselves safe online.

The staff were described by the young people as being *'creative'* during COVID 19 and *'always had something for us to do'*. One young person gave insight into living in the centre for any young person who may come to live there stating;

*'It's not how they [young people] think it is, the staff are nice, always there for you. You won't feel like a new kid, you'll enjoy it.'*

The inspectors spoke with three social workers and one guardian ad litem. These professionals reported positively on the service. One social worker described the team as '*fantastic, can't fault them*', and they were also described as '*very good at communicating*' with young people, supporting them and '*following up on things that the young person needs*'. Inspectors were told by these professionals that they were satisfied that the team '*really know the kids*', had developed good relationships with them and that their best interests were central to decision-making in the centre. They were also satisfied with the level of consultation with young people in relation to expressing their views. For example, when a young person did not wish to attend a meeting, their views were obtained by the centre staff and accounted for and relayed through their keyworker.

Inspectors spoke with one parent who said they were satisfied with the service. They told inspectors they were informed of any updates in relation to their child and were supported in their relationship with their child.

## Capacity and capability

This inspection found that management systems were effective at ensuring the care provided to young people was of good quality and in line with the centre statement of purpose.

Management structures were clearly set out and staff said they felt supported in their roles. Centre management was shared by two part-time managers, and one deputy social care manager. At the time of the inspection there were five social care leaders. A deputy regional manager oversaw the operation of the centre.

The centre was last inspected in March 2020 against 10 standards. Six were complaint, two were substantially compliant and two were found to be non-compliant moderate. The current inspection found good levels of compliance in the centre, with improvements needed regarding medication management, risk management and recording of restrictive practices.

A national suite of policies and procedures had been introduced since the last inspection but further work was required by managers for the service to fully comply with these policies. For example the service had yet to adopt the language of the policy in relation to reportable events and had not identified and assessed risks in line with policy. Inspectors reviewed records such as placement plans, records of reportable events and child protection referrals and found there was appropriate oversight by managers.

The centre had a statement of purpose and function that was due for review the month of inspection. Inspectors were provided with a copy of the statement and found that it

contained adequate information as required by the standards regarding aims, objectives, care and services to be provided to young people. Further information was needed in relation to the management and staff employed by the service, and arrangements for the safety of young people. While the statement referenced the new policies due to commence from April 2021, it was out of date at the time of inspection as it indicated the service were adhering to the previous policies in place in the region. The service also held a children's version of the statement of purpose that contained basic information for young people about the centre.

The centre had adopted and implemented a model of care that focused on meeting the individual needs of young people with particular consideration given to their attachment and trauma histories. The model of care was embedded in practice within the centre. Staff working in the centre were competent, experienced and knowledgeable on the model of care and the individual needs of young people.

The centre was adequately staffed by a consistent staff team. At the time of inspection the centre had two consistent agency staff who filled gaps in the roster. The centre had recently recruited for two permanent positions and managers reported that they were optimistic that they would fill all remaining vacancies soon.

### **Standard 5.3**

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The statement of purpose met some aspects of the standards but further information was required in relation to the management and staff employed by the service, and arrangements for the safety of young people. The centre's statement of purpose and function was due to be reviewed by the service and needed to be updated to reflect the new national policies for children's residential centres.

Judgment: Substantially compliant

### **Standard 6.1**

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

#### **Regulation 6: Staffing**

The centre was staffed by a committed and experienced staff team who provided consistent care to young people.

Judgment: Compliant

## Quality and safety

Young people in the centre received individualised, person-centred care. While inspectors found there were incidents that had impacted on the safety of some young people living the centre, staff had responded appropriately to these. Staff worked consistently with young people to address the underlying causes of their presenting behaviours. Young people were encouraged to pursue activities and staff worked collaboratively with relevant people to promote the safety, care and welfare of young people.

The centre was well-maintained, and furnished with the needs of the young people in mind. There were adequate communal areas for young people to meet with family or friends in private. Art created by young people was on display and young people told inspectors that they were included in the design of the environment, especially their bedrooms. Each young person had an ensuite bedroom. The indoor and outdoor environment was designed with the sensory needs of young people in mind and was used by staff as part of the model of care to nurture and support young people. There were recreational activities available to young people.

The model of care was fully implemented in the centre and staff had regular consultation with an external practitioner to support them in their implementation of the model. The service aimed to provide a therapeutic environment with interactions informed by attachment and trauma theory. The centre adopted a new theme from the model of care every two weeks and a designated staff member provided themed resources for the staff to use with all young people. Inspectors spoke with three members of staff, in addition to two managers, and all showed a consistent understanding of the model of care.

Young people were facilitated to maintain appropriate contact with their family and community, in line with their needs and wishes. Families were welcome to visit the centre according to plans and, where relevant, young people were supported to maintain relationships with siblings living elsewhere. Young people, parents, social workers and guardians ad litem told inspectors that staff were supportive of young people's relationships with family.

Three young people had an allocated social worker. One young person was allocated to a social work team leader, and their new social worker was due for allocation at the end of March. Inspectors reviewed two young people's files in relation to social work visits and found evidence of visits on one file but not on the other. Centre records showed regular phone contact between staff and both social workers. Where there were concerns in relation to specific risks, inspectors found the centre managers had held strategy meetings with social workers to manage these risks. Social workers told inspectors they were satisfied that measures in place were effective in addressing these risks.

While the quality of care plans reviewed as part of the inspection varied, the centre had identified this and were meeting the needs of young people. Inspectors reviewed two young people's care plans as part of the inspection and found one care plan was up to date and good quality while the second care plan referred to previous placements and had not been updated in line with timeframes set out in regulations.

Placement plans reviewed by inspectors were good quality, informed by care plans and the up-to-date needs of young people. A designated staff member oversaw placement planning in line with the model of care. Young people were allocated two keyworkers who undertook individualised direct work with young people based on their placement plan. Key working sessions with young people were aligned to the overall theme so in each two week period, all staff and young people were focused on the same theme. Young people's placement plans were reviewed every 12 weeks, at which point they were signed off by a centre manager and young people were reassessed against the model to identify the priorities for the placement plan in the subsequent 12 week period.

Inspectors reviewed one young person's file in relation to aftercare planning and found their assessment of need was completed and a plan was in place to support the young person's independent living skills. Inspectors found that staff worked with all young people to support them to develop independence and self-care skills in line with their age and development.

The centre's approach to the management of behaviour had been effective in dealing with many of the issues arising in the centre. Staff had effectively managed a significant volume of complex issues in the 12 months leading up to inspection. Their approach was underpinned by their model of care and relied on developing stable, secure relationships with young people. Professionals consulted as part of this inspection commended staff on the progress made with young people. All staff had up-to-date training in the Tusla-approved approach to managing behaviours that challenged. Three staff had additional training in relation to childhood sexual exploitation, which was evident in their management of related issues.

Challenges remained for the staff team in supporting young people with mental health issues. While the staff team had ensured young people were reviewed by a doctor as needed, there were significant delays in young people accessing mental health services. Managers had liaised with social workers regarding this issue. Staff were trained in an identified approach to managing behaviour, but would benefit from specialist training to support young people at risk of self-harm.

Risk management required improvement. Inspectors reviewed the centre's risk register and found that further risk assessment was needed in relation to managing the risk of children harming themselves. While the service had safety plans in place for young people, Tusla's policy identifies that all centres should conduct a ligature assessment but

this had not been done at the time of inspection. In addition, two risks had not been reviewed in line with changes in circumstances. One risk in relation to staffing was no longer a risk for the service and the risk in relation to bullying was not updated to reflect the developments since it was first put on the register in September 2021.

Recording in relation to restrictive practices was not consistent. Although there were restrictive measures in use in the centre without being informed by a formal risk assessment, records did demonstrate a rationale for their use. The restrictive practices log reflected some of the restrictive practices in place but needed to be updated to reflect all restrictions that were in use. This was required to ensure clear oversight and review of the use of restrictive practices so that managers could be assured the least restrictive measures were in place for reasons of risk and for the shortest duration possible.

There was a system in place to notify reportable events in line with Tusla national policy and procedures. There were 274 significant events reported in the 12 months prior to inspection regarding the children in the centre at the time of inspection. The centre collated information on significant events which supported oversight of trends in issues arising. Trends showed that behaviours such as going missing from care, being absent at risk and incidents of bullying had reduced over time and reflected the progress of the young people involved. The inspector reviewed a sample of reportable events in relation to all young people and found they were well-managed, including notifying An Garda Síochána when young people were missing from care. Records were good quality and signed by managers. The language in use by the centre around reportable events was not updated to reflect the new national policies. However, inspectors found reportable events were consistently reviewed for trends by an in-house review group. Area and regional review groups operated to review specific incidents and provide feedback on their management of incidents and advice in relation to the management of behaviour.

The centre promoted the safety and welfare of young people. Managers acted as the designated liaison people (DLP) for the centre. Child protection concerns reviewed by inspectors were referred to Tusla through the portal, and in line with Children First. Staff who spoke to inspectors were knowledgeable of their responsibilities in relation to reporting child protection concerns. There were incidents of bullying in the service that were witnessed by young people and notifications were made appropriately in these situations. The service responded to these incidents appropriately, held strategy meetings with relevant social workers and implemented safety plans to safeguard young people. There were no further incidents of this nature in the two months prior to inspection. Referrals were made for onward placements in line with the needs of one young person. Centre managers held a log of child protection referrals, including status and outcome of referrals, and inspectors saw they communicated with social workers regarding outcomes as needed.

There was an up-to-date safety statement in place. All staff had up-to-date training in fire safety. Inspectors were assured by the centre manager that all fire checks had taken place, despite a check in relation to fire doors not being reflected in centre records. On inspection of the centre, the inspector identified a potential fire risk related to fire safety checks which was addressed immediately by staff. Young people had a personal emergency evacuation plan (PEEP) in place which was aligned to their individualised needs. All young people had recently participated in a fire drill.

Inspectors reviewed the health needs of two young people and found their needs were identified and addressed in a timely way, with the exception of access to some specialist services. Access to specialist psychological and mental health services was delayed for young people. As an alternative in one case, private funding had been obtained for an assessment but the young person was waiting to access this service at the time of inspection. While staff brought young people to the GP or hospital for review in relation to mental health concerns, one child was waiting for a service and at the time of inspection it was unclear when they could expect to be seen. Apart from this issue, inspectors found that young people were supported to attend health services in a timely way as needed. Key working records also showed that young people were supported to develop knowledge and understanding around their health, including sexual health.

The centre were adhering to previous medication management policies, procedures and templates. The regional review group for significant events identified in January 2022 that residential units in the region were to continue to adhere to the old policy and templates because the current templates did not adhere to the new policy. Medication was overseen by an identified staff member and audited by a centre manager. However, inspectors identified medication errors during the inspection that were not detected through the centre's audits. Inspectors reviewed a sample of medication administration and reconciliation records and found they were appropriately maintained, with the exception of one medication held by the centre, which was repeatedly miscounted. Further review was required by the service to identify how the medication error went undetected. As a result of this oversight, appropriate notifications had not been made to the relevant social worker or through the national incident management system. One young person self-administered medication. This decision was based on a risk assessment and measures were in place to manage this safety.

**Standard 1.5**

Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.

**Regulation 8: Access arrangements**

Young people were supported to maintain contact with their families and significant others in line with their best interests.

Judgment: Compliant

**Standard 2.2**

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

**Regulation 23: Care Plan****Regulation 24: Supervision and visiting of children****Regulation 25: Review of cases****Regulation 26: Special review**

While one care plan reviewed was up to date, the second care plan contained out of date information and had not been updated in line with regulatory timeframes. Good quality placement plans were in place in two files reviewed by inspectors. These plans identified clear actions specific to the needs of each young person and were reviewed after 12 weeks. All but one young person had an allocated social worker at the time of inspection but it was not evident if one young person had a recent visit from their social worker. Regular and effective communication between the centre and relevant professionals was evident.

Judgment: Substantially compliant

**Standard 2.3**

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

**Regulation 7: Accommodation****Regulation 12: Fire precautions****Regulation 13: Safety precautions****Regulation 14: Insurance**

The centre provided a comfortable, safe and homely environment for young people. Young people had their own ensuite bedrooms which they told inspectors they chose how to decorate. The environment allowed for adequate privacy for young people, in addition to communal spaces that were tailored to the needs of young people. There was an up to date safety statement in place. Inspectors reviewed fire records and found that all but one were recorded appropriately. Managers assured inspectors that these

fire door checks had been completed by an appropriate professional but this had not been recorded as needed. A potential fire risk identified by inspectors was addressed immediately by staff at the time of inspection.

Judgment: Substantially compliant

### **Standard 2.6**

Each child is supported in the transition from childhood to adulthood.

Young people were supported in their transition to adulthood. Staff supported young people to develop independent living skills appropriate to their age and development.

Judgment: Compliant

### **Standard 3.1**

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

While there were incidents that impacted the safety of young people in the 12 months prior to inspection, staff responded appropriately to these and reported child protection concerns in line with Children First. Staff demonstrated knowledge in relation to the management of child protection concerns and young people told inspectors that they felt staff kept them safe.

Judgment: Compliant

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

The centres used a positive approach to the management of behaviour and professionals reported that the approach had made a positive difference in the lives of the young people placed there.

The centre had not identified, assessed and reviewed all risks in a timely way. Measures were in place to ensure the safety of children but further assessments of risks relating to self-harming behaviour was needed. The risk register had not be reviewed and updated to reflect the situation at the time of inspection.

The restrictive practices log reflected some of the restrictive practices in place but needed to be updated to reflect all restrictions that were used by the service. A new

policy in relation to reportable events was introduced since the last inspection but records needed to be updated to reflect this policy.

Judgment: Not compliant

**Standard 4.2**

Each child is supported to meet any identified health and development needs.

**Regulation 9: Health care**

**Regulation 20: Medical examination**

Young people were supported to meet their health and development needs. In line with directions from the regional review group, the centre were adhering to older policy, procedures and templates. However, medication audits had not detected the medication errors identified by this inspection. Further work was required to transition to new national policies in relation to medication management.

Judgment: Not compliant

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<p><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Substantially compliant
<p><b>Standard 6.1</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Compliant
<b>Quality and safety</b>	
<p><b>Standard 1.5</b> Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.</p>	Compliant
<p><b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p>	Substantially compliant
<p><b>Standard 2.3</b> The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Substantially compliant
<p><b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.</p>	Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.</p>	Non-compliant moderate
<p><b>Standard 4.2</b> Each child is supported to meet any identified health and development needs.</p>	Non-compliant moderate

# Compliance Plan

**This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.**

<b>Compliance Plan ID:</b>	MON-0036254
<b>Provider's response to Inspection Report No:</b>	MON-0036254
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin North East CRC
<b>Date of inspection:</b>	02 March 2022
<b>Date of response:</b>	11 April 2022

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

**Capacity and Capability**

<b>Standard : 3.2</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b>                  Each child experiences care and support that promotes positive behaviour.</p> <p>All restrictive practices will be recorded on the restrictive practice register to allow for clear oversight and monitoring by centre management.</p> <p>The team will be supported through supervision and team meetings to enhance their understanding of the correct reporting and recording of restrictive practices.</p> <p>In house SERG will look specifically at restrictive practices to identify any further areas of learning.</p> <p>Risk register will continue to be reviewed quarterly, however, where a restrictive practice has taken place this will trigger a timely review of the risk register by centre management. This review will take place within 1 week of the implementation of the restrictive practice.</p> <p>All reportable events will continue to be recorded and reported to the relevant parties in line with policy, and current regional directives. The centre will seek regular updates in relation to any changes to be made to how we record significant events, including the language used as it relates to policy. Such updates will be requested at a minimum of quarterly. It is expected that the updated recording systems will be in place by the end of the 3<sup>rd</sup> Quarter 2022</p>	
<b>Proposed timescale:</b> <b>30<sup>th</sup> Sept 2022</b>	<b>Person responsible:</b> <b>Social Care Manager</b>

<b>Standard : 4.2</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 4.2:</b>                  Each child is supported to meet any identified health and development needs.</p> <p>The centre will conduct an in-house review of the procedures relating to the medication management policy. As per regional agreement the centre will continue to use the approved recording and reporting systems. These will be reviewed regularly and any changes will be made following direction from the office of the National Director. The centre will seek updates in relation to these changes within the next quarter. It is expected that the updated recording systems will be in place by the end of the 3<sup>rd</sup> quarter 2022.</p>	

There will be an external line management review of the medication count error.

A medication count will happen twice a week by two different staff members to allow for a comparison.

**Proposed timescale:  
30<sup>th</sup> September 2022**

**Person responsible:  
Social Care Manager  
Deputy Regional Manager**