



**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:	West
Type of inspection:	Unannounced
Date of inspection:	05 and 06 November 2019
Centre ID:	OSV 5764
Fieldwork ID	MON 0027999

## About the centre

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

The centre was a large detached property on the outskirts of a major urban area in the West region. It provided a respite and support service for children and young people who were in foster care or living at home, and aged between eight and 17 years of age. The centre could accommodate up to four children on a nightly basis who had been assessed as requiring additional supports.

The service primarily worked with children and young people who would benefit from initiatives designed to provide alternatives to state care, a program known as 'Creative Community Alternatives'. The service provided was underpinned by a trauma informed approach to understanding the child in the context of their overall life experiences. An outcomes framework was in place to review the work of the centre and progress of the children availing of the service.

Number of children on the date of inspection:	One
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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
05 November 2019	10:30hrs to 17:00hrs	Ruadhan Hogan	Inspector
05 November 2019	10:30hrs to 17:00hrs	Sharron Austin	Inspector
06 November 2019	09:00hrs to 13:30hrs	Ruadhan Hogan	Inspector
06 November 2019	09:00hrs to 13:30hrs	Sharron Austin	Inspector

## Views of children who use the service

Inspectors spoke with two children who stayed at the centre for respite breaks. Their comments about the service they received, the centre and staff were very positive. They said:

- "Staff are very nice and I can talk to them if I have a problem."
- "I feel safe to talk to staff because there's no judgment, they are here to listen and give advice."
- "Having chats with the staff helps you with loads of stuff."
- "The staff help you if you're upset and help you find a way to sort it."

The centre also took the initiative to get written feedback from children on their experience of the centre, and their comments included:

- "Everything that happened has been great. I feel very welcome."
- "Great crack and banter, love the board games."
- "Feel very safe here."

Inspectors heard staff interacting with the child in an age appropriate manner throughout the day. Staff spoke warmly about the children and how they pre-planned for children to have individualised care prior to their stay.

Children said that exercising choice was central to everything that happened in the centre. The first choice children said they were given was whether they wished to stay for respite or not. Children could also exercise choice on day-to-day decisions such as meal choices and activities. One child told inspectors that they were not allowed to attend their child in care review and they really wanted to. The social worker, who was recently allocated to the child, told inspectors that the child would be invited to the upcoming review and they did not know why the child did not attend the previous child in care review.

Social workers said that they were happy with the care that children received. They said that the respite provided to children helped to ease tensions in children's foster placement or living at home arrangements, which brought stability to children's lives.

## Capacity and capability

The centre was well managed by strong leaders, and it was staffed by motivated social care workers who were clear on their roles and responsibilities. Management systems were well established and maintained. As a result, during periods of unexpected changes, a consistent service was delivered. There was a culture of learning and continuous improvement. The service had been in operation for just over a year, and, at the time of the inspection, managerial reviews of practice and centre documentation and quality

assurance audits were underway to identify where improvements could be made in service delivery.

There was a clear management structure in place that ensured clear lines of authority and accountability. The centre manager was appointed to the role in May 2019, having previously managed a different Tusla children's residential centre in the West region. She was suitably qualified and experienced. The centre manager was supported and supervised by an established and experienced regional manager. The centre had two deputy managers, one of whom was also appointed in May 2019. Both of these deputy managers were supervised by the centre manager. Roles and responsibilities between the management team were clearly defined and good working relationships were evident.

In spite of changes and disruptions to the management team in the centre over the six months prior to the inspection, a consistent service was maintained. In addition to the newly appointed managers, both the centre manager and deputy manager had been on extended leave for periods over the summer, which left the newly appointed deputy centre manager in charge. This deputy manager told inspectors she was very well supported by the regional manager in carrying out the centre manager role. Inspectors could see from a review of records that a consistent service was delivered during that period and there was little, if any, impact on quality of service provided to the children.

The management team had a clear vision of how the service should be delivered and provided strong leadership to see through changes required. During interviews with inspectors, the centre manager identified that changes in practice and documentation relating to placement planning were required. The model of care in the centre was based on a mainstream children's residential centre, where a small number of children live full time. However, this centre provided respite care for up to 25 children. Therefore, adjustments needed to be made to adapt this model and associated practices and documentation to ensure it was appropriate for the number of children using the service and the length of their stay. The centre manager clearly outlined a vision for new ways of working and what steps needed to be taken to see it through. Inspectors found work to achieve this was underway at the time of the inspection, for example, workshops had been scheduled with an external child care consultant on the changes to placement planning. This would bring changes in staff interactions with children so that keyworking and placement planning had a greater focus on outcomes for children.

The centre had a statement of purpose that had not been reviewed since the centre opened in October 2018, and, as a result, it did not reflect the age of all children currently accessing the service.

There were effective systems of communication in the centre. Daily handover meetings between night staff, day staff and deputy managers were held. Team meetings were carried out weekly. The content of these meetings was comprehensive and covered all

upcoming periods of respite for each child. Management meetings were also held regularly and covered all aspects of the centre. House meetings were held with children, and both negative and positive comments were recorded along with responses to issues raised by children. Inspectors observed a team meeting and saw that issues raised at house meetings with children were subsequently raised at team meetings for discussion. The staff team told inspectors that managers were approachable and would listen to them if they had any particular concerns about the centre or children accessing the service.

The systems for monitoring and oversight were well developed and implemented, and the management team were reviewing these systems to identify further improvements. One member of the management team attended handover meetings each morning, and the centre manager was subsequently briefed by the deputy managers. The centre manager also carried out daily checks of key documents such as daily logs, rosters, keyworking records and significant event notifications. In this way, she assured herself that good quality care was provided to children during previous periods of respite. Records also showed that the regional manager for the West visited the centre at regular intervals to review documents. A new recording system for these visits began operating just prior to the inspection, where the regional manager and centre manager documented meeting with staff, attending a team meeting, walking around the centre and reviewing documentation. This was a good example of managerial oversight and showed that there were consistent efforts to embed a culture of learning and continuous improvement in the service.

A national auditing system had been introduced in the six months prior to the inspection. This set out an annual programme that required auditing of all documentation in the centre, including children's files, against specific themes. The centre manager told inspectors that while it did provide assurances on the service provided to children, it was a challenge to complete the individual audits given the large numbers of children attending for respite. She said that a review of this auditing system for respite centres was underway as it placed significant demands on the management team and negatively impacted on the time they had to engage with staff and children.

Record keeping in the centre required improvement as children's care records were missing key information, including up-to-date care plans. Audits of each child's care file were completed prior to the inspection, and gaps in documentation had been identified. Emails on children's files showed centre staff had requested the missing information prior to the inspection. The centre manager told inspectors that future admissions of children for respite would not proceed until all required documentation was submitted to the centre. Additionally, she was in the process of reviewing the format of care files to ensure key information was more readily available to staff prior to children's periods of respite.

Risks were well managed in the centre. Individual risk assessments were recorded prior to children staying for their first period of respite. Each time a child stayed for additional

respice, a risk assessment was completed. This meant that the centre was appropriately tailoring care practices and justifying any restrictions in accordance to the individualised needs of children. For example, some children were appropriately risk assessed as requiring checks throughout the night. Risks related to service delivery were identified, and measures were put in place to mitigate against them.

Significant events were well managed and notified appropriately. Staff recorded incidents as a significant event notification (SEN). The centre manager told inspectors that following her review of daily logs, she had on occasion requested that incidents also be recorded as a SEN. Once completed by staff, the SEN was reviewed by a manager and feedback was given to the team for future potential incidents. Inspectors saw that the relevant persons were notified of the SEN, such as the social worker, monitoring officer, guardian ad litem and parents. Tusla held a monthly regional significant event review group (SERG) which was attended by managers from the residential services. Individual SENs were selected for review and presented at the meeting, and recommendations were made where required. The minutes were recorded and made available to each centre in the region in order to share learning.

Tusla national policies and procedures for statutory residential centres had not been updated since 2009 and were not due for completion until 2020. In the interim, the centre manager maintained a suite of local policies and procedures that guided staff on procedures and practices.

The centre had sufficient staff to deliver the service and ensure children's needs were met. A review of rosters showed that there were 17 staff employed in the centre with one permanent and one temporary vacant posts. Agency staff were used to fill gaps on the roster. There was appropriate night staffing in place. There was a good mix of experienced and newer staff on the team. The centre manager told inspectors that they did their best to that ensure staff who had closer relationships to particular children were rostered to work during the child's stay.

Staff received an appropriate level of supervision. Sessions between supervisors and supervisees were held frequently in line with the Tusla policy. Supervision records had adequate detail, with clear tasks were recorded where required. In addition, inspectors found that actions from a previous HIQA inspection in October 2018 relating to the auditing of supervision and the development of personal development plans had been completed at the time of this inspection.

#### **Standard 2.4**

The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

All of the 25 children attending the centre for respice had individualised care records that

were securely stored. Care records reviewed by inspectors were missing key documents such as an up-to-date care plan. The centre manager completed audits of all files prior to the inspection to identified deficits, and records showed that requests had been sent to social workers for these missing documents. This was the responsibility of the social work department and was outside the control of the centre. Given the nature of the service as a respite facility, the requirement for child in care documentation were not central to service provision.

Judgment: Compliant

### **Standard 3.3**

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Incidents recorded as significant event notifications were notified to all relevant persons including social workers and the children's parents or foster carers in their primary placements. There was oversight by the centre line management and additional external review systems. This ensured learning from incidents was implemented in the centre.

Judgment: Compliant

### **Standard 5.1**

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

The national policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation. A suite of local policies and procedures were in place and were reviewed regularly. This supported the centre manager to ensure the service was provided in line with national standards and legislation. Staff demonstrated an understanding of legislation, regulations and standards, and this was observed in the delivery of the service to children.

Judgment: Substantially compliant

### **Standard 5.2**

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre was well managed with clear lines of authority and accountability. The centre

manager, while new to the centre, was very experienced and provided strong leadership.

The management and governance arrangements were effective at ensuring a good quality and safe service was delivered.

The management team in the centre were well supported by a deputy regional manager and regional manager. This ensured that a consistent service was delivered while there were periods of absence by key members of the management team.

Judgment: Compliant

### **Standard 5.3**

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

There was a statement of purpose that accurately described the centre, its aims and the services provided. The model of care was outlined along with the management and staffing. According to the statement, the centre provided a respite and support service for children and young people who are living at home or in foster care aged between 8 and 17 years of age. However, at the time of the inspection, a child younger than eight years old was in receipt of a respite service. While this was in the best interests of the child and in line with their care plan, it was not in line with the statement of purpose.

Judgment: Substantially compliant

### **Standard 5.4**

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were effective systems in place for the monitoring and oversight of the service. A recently introduced auditing system was completed on an ongoing basis by the management team. Actions were created on foot of these audits which led to changes in management systems and service delivery. Children completed feedback forms which the staff team collated in order to evaluate and improve the service offered to children. Additionally, the model of care operating in the centre required feedback from key persons such as the child, the child's parent or foster carer and the allocated social worker with the aim of evaluating and improving placement planning for children.

Judgment: Compliant

## Quality and safety

A child-centred and safe service was provided to children while staying in the centre. There was a broad range of activities available to children on the premises, and the house was warm and welcoming. Improvements were required related specifically to placement plans. This was known to the centre management and was being addressed at the time of the inspection.

Children who stayed for respite at the centre lived at home with their parents or were placed with foster carers. The centre's statement of purpose outlined that the centre supported children to sustain them in their family and community life into the future. In practice, this meant that children may be referred to the centre for respite if their foster placement or living at home arrangements needed support to prevent it breaking down. Respite was put in place while direct work was carried out with children and their foster carers or parents. Children were subsequently discharged from the centre once their foster placement or living at home arrangements had been stabilised.

For children in care who were availing of service, the centre did not have up-to-date care plans for all children. Inspectors reviewed records for four children in care availing of a service and found that one child did not have a child in care review in line with regulations. Two out of four children's care plans reviewed by inspectors were not up to date, which was being addressed by the centre manager. The content of care plans reviewed by inspectors was broad and identified that 'support through the creative community alternatives' was required. Additional information was, therefore, needed to guide how staff interacted with children when placed in the centre.

A comprehensive referral form was completed by the child's social worker prior to the child being admitted to the service. This set out the purpose of the respite and what was to be achieved. In addition, ancillary assessments such as occupational health and educational psychology were held on children's files. These documents were used to inform the initial goals for respite, which were then outlined in placement plans.

Placement plans reviewed by inspectors were not consistently specific enough to guide staff keyworking with children. Placement plans were developed in line with the centre's model of care. Some of the placement plans reviewed had specific actions such as helping children with self-care. Other placement plans had generic actions such as 'help children with homework'. The model of care in use in the centre included an outcome-based framework that helped to identify children's needs and review the impact of care on their wellbeing. Centre staff engaged with children and foster carers or parents to evaluate the progress of children's placements. This framework was intended for mainstream residential services where children lived full time. As a result, it was not fully effective at reviewing and updating placement plans for children who attended for respite. As stated, the centre manager had identified deficiencies in this process prior to the inspection, and a review was underway to bring greater focus to the placement planning process. It was hoped that, following this review, the actions outlined on placement plans would be more

individualised and realistic given the amount of time children spent in the centre on respite. The placement plans would also identify when a child was ready to be discharged from the service.

The centre had a range of approaches to promote positive behaviour and manage behaviour that challenged. Staff were trained in a Tusla-approved approach to managing behaviour. There were no incidents of behaviours that challenge that required a physical intervention. Staff maintained good relationships with children, promoting positive behaviour and updating interventions in line with individual crisis management plans as required. There was a low occurrence of SENs in the 12 months prior to the inspection. This demonstrated that the centre's approach was working and was having a positive outcome for children.

There were appropriate safeguarding measures in place in the centre. The centre had a safeguarding statement. All staff had been trained in Children First (2017), and they demonstrated appropriate knowledge in reporting child protection and welfare concerns to the relevant social work departments. Individual risk assessments were carried prior to a child coming in to the service for a respite break that identified potential risks and measures to reduce these risks. These risks were added to the safeguarding risk assessment for the centre, which demonstrated a proactive use of risk frameworks to ensure children were safe.

The premises were homely, very nicely decorated and welcoming for children. It had been refurbished in 2018 and was well maintained since then. Children's bedrooms were decorated well, with lots of storage space for personal items. There were a sufficient number of toilets and bathrooms. The centre had several communal spaces that had been individually decorated with pictures, rugs, cushions and other homely touches. A games room had a broad range of games and activities suitable for children of all ages. The positive atmosphere and environment of the centre was reflected in children's feedback, which was that they enjoyed their time in the centre.

Fire safety was adequate in the centre. Fire fighting equipment was in place, and appropriate checks were carried out annually. Staff had been trained in fire safety and fire drills. The fire register in the centre had records of fire drills involving staff, and children had personal egress plans completed prior to them staying for respite.

The centre vehicles were taxed, insured and had the necessary safety equipment. They underwent weekly checks with a local motor centre for a range of standard safety issues. The centre manager held copies of driving licences for staff that used the vehicles.

### **Standard 2.1**

Each child's identified needs informs their placement in the residential centre.

There was a clear admission policy and procedure which ensured children's needs informed the service they received. A regional residential referral forum met monthly to consider referrals to the service and which children would benefit from initiatives offered

in the centre. The forum consisted of the regional manager for the West Children Residential Services, the centre manager, a principal social worker, a social care manager for the programme offering alternatives to state care. The centre manager provided input into how children assessed needs could inform any potential admission to the service. Children visited the centre prior to their admission and were given the choice if they wish to engage with the centre, either staying for respite or for an outreach service. When children stayed for respite, colourful and informative booklets were available that let children know about all aspects of the centre.

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.

The centre did not have up-to-date care plans for all children who stayed for respite. Placement plans had been developed on children's identified needs. However, they were generic and needed to be more focused, individualised and proportionate to what could be achieved with children given the amount of time that they availed of a respite or outreach service. The centre manager had already identified this prior to the inspection and plans were underway to address deficiencies in the placement planning process.

Judgment: Substantially compliant

### **Standard 2.3**

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

The layout and design of the centre was suitable for the service delivery in line with the statement of purpose. The fire precautions in place ensured the centre was sufficiently prepared in the event of a fire. Centre vehicles were well maintained and underwent regular checks.

Judgment: Compliant

### **Standard 2.5**

Each child experiences integrated care which is coordinated effectively within and between services.

There was good communication between the centre staff and children's social workers and foster carers and or parents. Multi-disciplinary meetings were held when required and the centre contributed appropriately. The development and review of placement

planning involved liaising with those key individuals. The centre was also proactive at involving children in decision making where possible.

Judgment: Compliant

### **Standard 2.6**

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

Where a child was of leaving care age, the centre supported children to undertake specific tasks in the preparation for leaving care and transitioning to adulthood. Key working records showed that staff undertook work with children on budgeting or tasks that promoted independence. However, in line with the deficiencies found in the placement planning process, there was room for the centre staff to undertake more focused work with children. This was known to the centre management, and it was hoped that a review of placement planning would improve this area.

Judgment: Substantially compliant

### **Standard 3.1**

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

There were sufficient measures in place to ensure children were safeguarded in the centre and that their care and welfare was protected and promoted. Staff demonstrated a good understanding of safeguarding legislation, principals and procedures. The centre manager was the designated liaison person for the service and ensured child protection and welfare concerns were notified to the relevant social work department. Individualised risk assessments were in place prior to children staying for respite and restrictions were put in place where required, for example, access to the Internet where there was a risk of children accessing unsuitable content.

Judgment: Compliant

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Centre staff promoted positive behaviour. The majority of staff had been trained on the centre model of care, which provided a framework for positive behaviour. There were no incidents involving the use of physical restraint. There were 15 significant event notifications in the 12 months prior to the inspection relating to more than 25 different children. Given the number of children using the service, this was relatively low and indicated that the approach to behavioural support was largely working.

Judgment: Compliant

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

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 2.4</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Compliant
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
<b>Standard 5.1</b> The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Substantially compliant
<b>Standard 5.2</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Compliant
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially compliant
<b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
<b>Quality and safety</b>	
<b>Standard 2.1</b> Each child's identified needs inform their placement in the residential centre.	Compliant
<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.	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>	Compliant
<p><b>Standard 2.5</b> Each child experiences integrated care which is coordinated effectively within and between services.</p>	Compliant
<p><b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.</p>	Substantially 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>	Compliant

# Action Plan

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

<b>Action Plan ID:</b>	MON-0027999
<b>Provider's response to Inspection Report No:</b>	MON-0027999
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA West CRC
<b>Date of inspection:</b>	05 November 2019
<b>Date of response:</b>	20 <sup>th</sup> December 2019

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

## Capability and Capacity

### Standard : 5.1

#### Judgment: Substantially compliant

#### The Provider is failing to comply with a regulatory requirement in the following respect:

The national policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation.

#### Action Required:

Under Standard 5.1: You are required to ensure: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

#### Please state the actions you have taken or are planning to take:

**A National suite of Policies and Procedures for Children's Residential Services are in the process of being developed. The area has representation on the oversight group through whom the Managers and**

**Staff are contributing. The timescale for implementation of the new policies is Q4.**

**In the interim all new developments, practice improvements, changes to Policy and Regulations are discussed at National, Regional and local team meetings as well as through the supervision process to ensure that the Centre is kept informed and adjustments are made to practice to keep current and abreast of changes.**

**Proposed timescale:  
30/12/2020**

**Person responsible:  
Regional Manager**

### **Capability and Capacity**

**Standard : 5.3**

**Judgment: Substantially compliant**

**The Provider is failing to comply with a regulatory requirement in the following respect:**

The centre admitted a child that was outside of the age range specified in the statement of purpose.

**Action Required:**

Under Standard 5.3: You are required to ensure: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

**Please state the actions you have taken or are planning to take:**

**The statement of purpose will be revised to extend the age range given the exceptional needs of some younger children requiring respite to support their primary placement.**

**Proposed timescale:  
31/01/2020**

**Person responsible:  
Regional Manager**

### **Quality and Safety**

**Standard : 2.2**

**Judgment: Substantially compliant**

**The Provider is failing to comply with a regulatory requirement in the**

**following respect:**

Placement plans were generic and needed to be more focused, individualised and proportionate to what could be achieved with children, given the amount of time that they availed of a respite or outreach service.

**Action Required:**

Under Standard 2.2: You are required to ensure: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

**Please state the actions you have taken or are planning to take:**

**The national template for placement plans is being implemented for all young people in placement and the actions needed will be in line with the nature of respite care and these will be completed by the end of January 2020.**

**Proposed timescale:  
31/01/2020**

**Person responsible:  
Centre Manager**

**Quality and Safety**

**Standard : 2.6**

**Judgment: Substantially compliant**

**The Provider is failing to comply with a regulatory requirement in the following respect:**

Improvements could be made in how staff supported children in the transition from childhood to adulthood.

**Action Required:**

Under Standard 2.6: You are required to ensure: Each child is supported in the transition from childhood to adulthood.

**Please state the actions you have taken or are planning to take:**

**Preparation for adulthood will be a key focus in the placement plan for all young people receiving respite from aged 16 years up. This will be incorporated into the work currently being undertaken in the placement plans.**

**Proposed timescale:  
31/01/2020**

**Person responsible:  
Centre Manager**

